Alcohol, Tobacco and Other Drugs: Have your say on how we can reduce harm in West Dunbartonshire

Report on Community Engagement undertaken November 2019 to March 2020

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Contents

Executive Summary

Purpose

West Dunbartonshire Alcohol and Drugs Partnership (ADP) is in the process of developing a strategy and delivery plans in line with the Scottish Government Partnership Delivery Framework[1]. This will include an update of the whole-system priorities as part of the Community Planning West Dunbartonshire Substance Use Prevention Strategy. This engagement exercise was designed to enable local people and service users to share their views to inform this process.

What did we need/want to know?

The aim was to:

- find out what local people and service users feel are the priorities for action
- decide who we should be targeting
- gather suggestions for what will have the biggest impact locally and;
- identify any potential equality impacts.

Timescales

The community engagement exercise was launched during Co-production Week Scotland 18-22 November 2019 https://coproweek.coproductionscotland.org.uk/ and ran until the end of February 2020. The ADP Strategy and Delivery Plans are due for publication on 21 September 2020.

Engagement Activities

There were a range of engagement activities designed to reach different groups as follows:

- 126 people took part in 20 workshop discussions/focus groups with identified groups e.g. people with lived experience, service users, WD Youth Council, WD Equalities Forum
- Questions included in Service User Survey (see separate report)
- 186 people completed and online survey promoted via social media, partner agencies and Community Councils. 25 of these people provided their contact details asking to keep informed and be invited to a workshop (2 attended).

Findings

Priorities

From the workshops. the highest priority areas suggested were:

1st   Improved options for recovery
2nd   Focussed support aimed at preventing alcohol related and drug related deaths and
More positive alternative activities to do instead of drinking alcohol or taking drugs
3rd   Improved support to divert people from the criminal justice system

This was followed by:

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[1]   https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/

4th   Better support for people leaving prison or completing a community order

     Support for parents, carers and families
     & Improved access to support for individuals who need it

5th   Preventing adults buying alcohol or tobacco for young people

6th   Community-led activity to tackle alcohol and drug issues in local area

The lowest priority areas were seen as:

7th   Reduced alcohol availability &
     Stopping smoking in front of children (e.g. a ban on smoking in play parks)

8th   Public information campaigns on alcohol, tobacco and drugs in local media

From the survey the priorities were similar, as demonstrated by the graph below:

Priorities for Action Areas

Legend:
- Low Priority
- Medium Priority
- High Priority
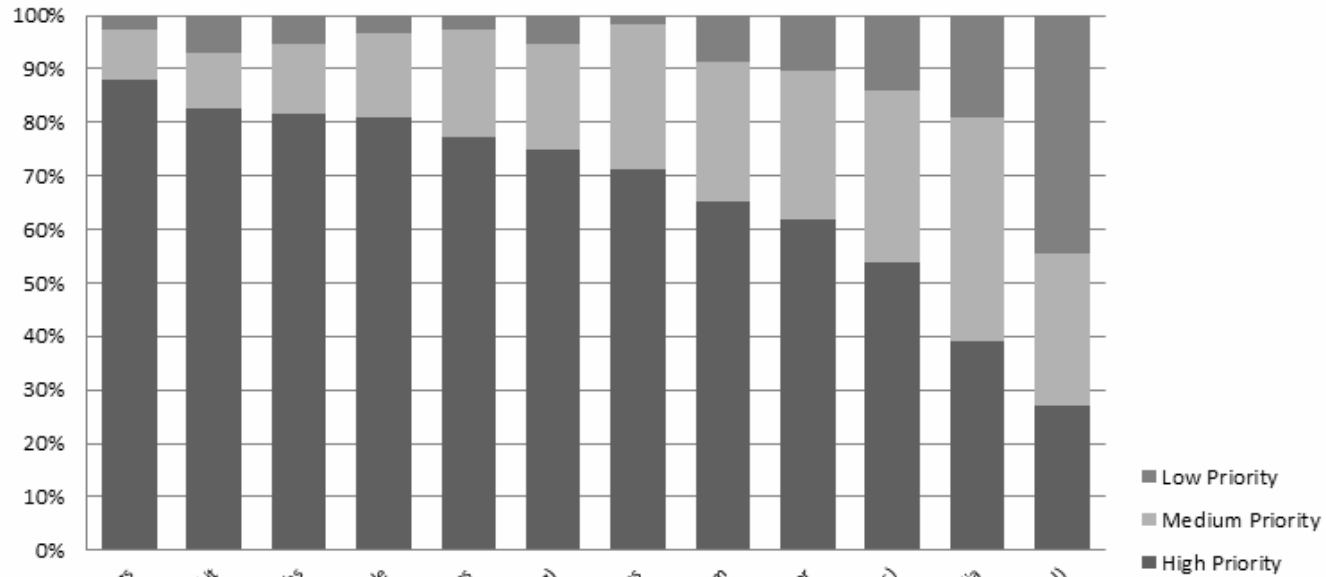
Categories (x-axis):
- More positive alternative activities to do instead of drinking alcohol or taking drugs
- Improved access to support for individuals who need it
- Focussed support aimed at preventing alcohol related and drug related deaths
- Preventing adults buying alcohol or tobacco for young people
- Support for parents, carers and families
- Improved options for recovery (e.g. support into work and training)
- Community-led activity to tackle alcohol and drug issues in local areas
- Improved support to divert people from the criminal justice system
- Better support for people leaving prison or completing a community order
- Stopping people smoking in front of children (e.g. a ban on smoking in play parks)
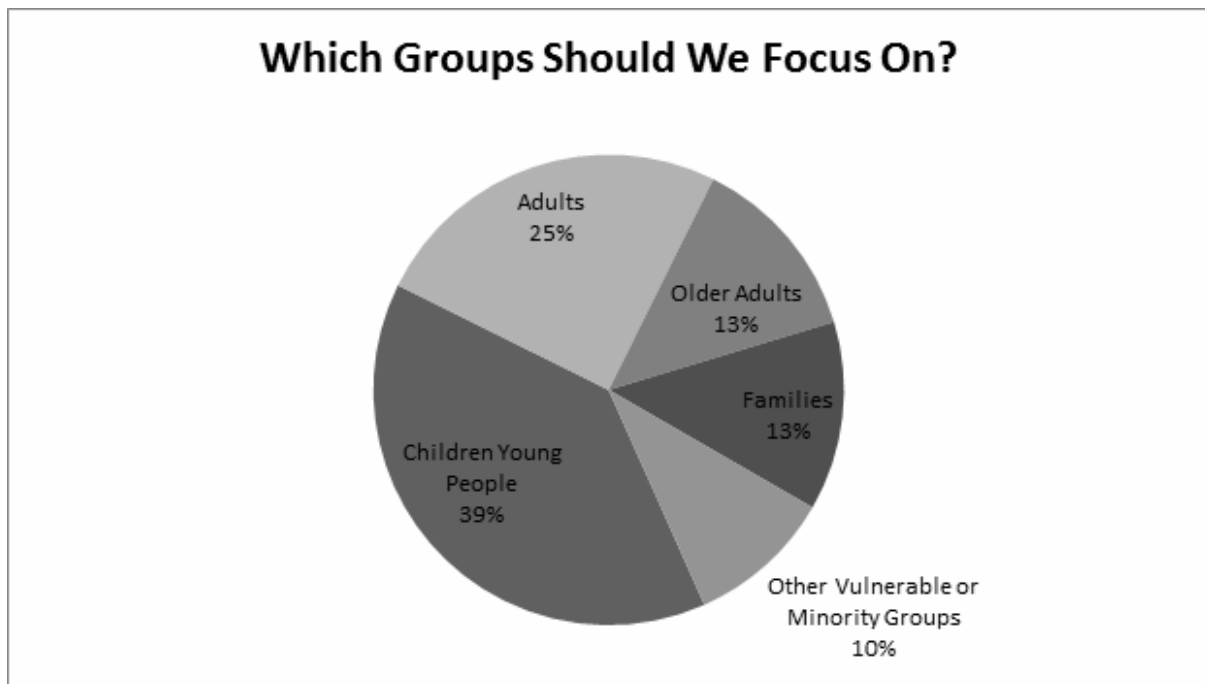- Public information campaigns on alcohol, tobacco and drugs in local media
- Reduced alcohol availability (e.g. fewer shops that sell alcohol)

Target Groups

From the workshops the priorities identified were as follows:

1) Young people who may smoke tobacco or use other drugs (No. of votes = 136)
2) Children (early years) affected by second hand smoke or exposure to drugs (No. of votes = 111)
3) Pregnant women who may drink alcohol (No. of votes = 92)
4) Men who drink alcohol (No. of votes = 54)

The focus on children and young people was also reflected in the survey findings as shown in the chart below:

Which Groups Should We Focus On?

Adults 25%
Older Adults 13%
Families 13%
Children Young People 39%
Other Vulnerable or Minority Groups 10%

Evaluation

Evaluation was undertaken to assess process in relation to the National Standards for Community Engagement.

Feedback

Feedback on how the consultation has influenced the plans will be provided in appropriate formats to those who took part.

1. Introduction

1.1 Policy Context

Alcohol and Drug Partnership Strategy and Delivery Plans

The West Dunbartonshire Alcohol and Drug Partnership (ADP) Strategic Priorities (as developed at the January 2019 planning session and agreed at the April 2019 meeting) identifies "Involvement" as a key cross cutting theme. This commitment to involve children, young people and service users in co-production of plans, initiatives and evaluation of services that affect them is in line with good practice and fundamental to the successful achievement of outcomes. It demonstrates the ADPs response to the actions in the recently published national strategies as follows:

Alcohol Framework 2018: Preventing Harm[2] - which has a focus on prevention and involving Children and Young People at the heart (Action 1)

Rights, respect and recovery: alcohol and drug treatment strategy[3]" commitments:

- C3 – Involve children parents and other family members in the planning, development and delivery of services
- R4 – Involving people with lived experience
- R11 – Co-produced action plan to deliver commitments

The new Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs[4] (replacing the 2009 Memorandum of Understanding for ADPs) emphasises the importance of involving people affected by alcohol and drugs in the planning, development and delivery of services to deliver shared outcomes.

In addition, ADP Ministerial Priority 1 requires that ADPs ensure mechanisms are in place for people with lived and living experience of addiction/recovery to be involved in delivering, planning and developing services.

Community Planning West Dunbartonshire Substance Use Prevention Strategy

In tandem with this, the Community Planning West Dunbartonshire (CPWD) Substance Use Prevention Strategy (SUPS) has adopted a whole system approach to prevention and recognises that stakeholder and community engagement are an ongoing and dynamic process. SUPS action area 3.2 commits to working through

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[2]   https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/
[3]   https://www.gov.scot/publications/rights-respect-recovery/
[4]   https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/

the "Your Community" approach to ensure that engagement and involvement of local residents at a local community level provides a mechanism to address issues in relation to substance use. This work is reported to the CPWD Safe Delivery Improvement Group (DIG), chaired by Police Scotland.

Engagement activity proposed for earlier in 2019 was postponed due to the large number of other consultations underway at the same time. Following this, the work to develop and implement the Substance Use Prevention Strategy was recognised as an "early adopter" of a "Whole Systems Approach[5]" as part of the Public Health Reform programme. This recognises the need for a dynamic and flexible approach to engagement and as such the planned timeframe for this was extended to the end of March 2020. The deadline for the finalised ADP Strategy to be submitted to Scottish Government is 21 September 2020. However, as these are both long term strategies it is recognised that any engagement will need to take the form of a continuous process.

West Dunbartonshire HSCP Strategic Plan

The West Dunbartonshire HSCP Strategic Plan already highlights that:

> "*A key principle of the Partnership's planning process is a co-productive approach that is equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers and providers*".

Community Empowerment Strategy and Action Plan

WDC and CPWD have developed a Community Empowerment Strategy and Action Plan, designed to transform the way the Council (and their partners) work with communities. The strategy has adopted a set of definitions (see appendix 1). The strategy and action plan aim to support communities to be more resilient and take more control over the issues that matter to them. They set out the key things that need to be done in communities and by local services to make this happen. This will also enable implementation of the Community Empowerment Act, which is designed to make it easier for communities to influence how local services are delivered and how to make direct use of resources, like buildings, which Councils and other agencies own.

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[5]   https://publichealthreform.scot/delivering-reform

1.2 The voice of lived and living experience

The commitment to involving people with lived and living experience is clear in a national and local policy. This is further explored in recent research published by SHAAP[6]. This report highlighted findings from a literature review and interviews with representatives of non-governmental agencies across Scotland throughout 2019. Several recommendations were outlined for the Scottish Government and stakeholders' on utilising, in a meaningful way, the lived experience of individuals. The report indicates that a human rights approach can positively influence policies, services, environments and structures as often systems are 'unresponsive' to the people they are created to support.

One of their four recommendations (Recommendation 4) is clearly directed at ADPs to engage with those with lived experience in their communities to develop policies and practice. This should be monitored via annual reporting demonstrating engagement activities and providing evidence of what has changed as a result of this engagement. This exercise is part of a process designed to address this.

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[6] '*Stand up and tell me your story'* – *Meanings and importance of lived and living experiences for alcohol and drug policy: finds from a qualitative study* Scottish Health Action on Alcohol Problems – SHAAP, February 2020 (www.shaap.org.uk)

1.3 National Standards for Community Engagement

Guidance for community planning partners is provided in the Community Empowerment (Scotland) Act 2015, part 2 Community Planning: guidance7, which states that "*The refreshed National Standards for Community Engagement will set out best practice guidance for engagement and participation between communities and agencies delivering public services.*"

The following terms are used:
• 'We' refers to the leaders or organisers of the community engagement process.
• 'Partners' are any organisation or group who is involved.
• 'Participants' are all of the people or groups who are actively involved at any level throughout the community engagement process.

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7   https://www.gov.scot/publications/community-empowerment-scotland-act-2015-part-2-community-planning-guidance/

1.4 VOiCE – Visioning Outcomes in Community Engagement

The VOiCE system provides a common approach for analysing, planning, monitoring, evaluating and recording community engagement in line with the national standards and has therefore be used this to guide this engagement work.

ANALYSE

Engagement Title	Alcohol, Tobacco and Other Drugs – have your say on how we reduce harm in West Dunbartonshire
Our purpose for engaging is:	We are in the process of developing action plans as part of the Community Planning West Dunbartonshire Substance Use Prevention Strategy and the West Dunbartonshire Alcohol and Drugs Partnership Strategy and we want local people and service users to share their views to inform this process.
What do we already know about the community and the issue?	We know from health and other data that people in West Dunbartonshire experience significant harm from alcohol, tobacco and other drugs. We know what the evidence suggests will make a difference.
What do we still need to know?	We need to know what local people and service users feel are the priorities for action and who we should be targeting. We want to find out what suggestions people have for what will have the biggest impact locally. We also want to identify any potential equality impacts.
Who are the community participants in the engagement? (eg, carers, old people, young people)	The community is everyone living in West Dunbartonshire, especially equality groups. This is detailed further in the "Plan" section below.
Who are the agency participants in the engagement? (eg, health board, community planning partnership)	Community Planning West Dunbartonshire West Dunbartonshire Alcohol and Drug Partnership

PLAN

What outcomes are Partners looking for, and what will the success look like?

Outcomes (what are we trying to achieve)	Indicators (what does success look like)
We want to ensure that evidence based action to reduce use and harm is implemented in a way that is meaningful to local people and tackles health inequalities.	The priority actions, target groups and activities in the strategies reflect the views of local people. It will be possible to track how the consultation has influenced the plans and we will feed back in appropriate formats to participants regarding this

What barriers might affect anyone who should be involved and what resources do we have to overcome them?	Access to online survey - will provide face to face workshops for "easy to ignore" groups and on request Literacy skills – will provide facilitators and scribes to support participation. It is recognised that those facing inequalities are often easy to ignore due to the complexity of their situation[8]. Therefore, engagement needs to consider communities that exist beyond geographical areas and reach out to communities of identity (such as LGBT+ groups) and communities of interest (such as women's groups).
What actions will be taken to meet our engagement outcomes?	See below – section 2

1.5 Co-Production Week Scotland

The community engagement work was launched during Co-production Week Scotland (18th – 22nd November 2019). The vision for co-production week is that all people are valued and supported to meaningfully participate in shaping and delivering services, building and strengthening their communities, and creating change. This ethos that has aligns with this approach to engagement.

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[8] http://whatworksscotland.ac.uk/wp-content/uploads/2017/12/WWSHardToReachOrEasyToIgnoreEvidenceReview.pdf

2. Community Engagement Approach

Using VOiCE it was clear that there needed to be a universal and targeted approach to capture the views of the whole community, particularly those of equality groups and those with lived/living experience.

2.1 Workshops

A workshop guide was produced for those facilitating the sessions. This guide contained information on three group activities (Diamond Nine for priority setting, Dot Voting for target groups and How, How, How for suggesting solutions) along with a list of materials required and advice for facilitators. The purpose of the guide was to ensure that the approach taken by each facilitator was consistent.

Table 1: Engagement Activity – Workshop Groups

Group	Detail	Number of Participants	Male	Female
People with Lived Experience	Ashton View – 1 Workshop	6	5	1
	Blue Triangle – 1 Workshop	5	2	3
	DACA – 1 Workshop	11	10	1
	Alternatives – 4 Workshops (Safe as Houses, Recovery coach, Peer Team, Scatter Flat)	26	19	7
Young People	Youth Council – 2 Workshops	11	5	6
	Champions Board – 1 Workshop	5	2	3
	Young Carers & Management Board Y-sort it – 1 Workshop	13	6	7
Carers	Carers of West Dunbartonshire – 6 Workshops (Men's group, Dementia group, Learning Disability group, Long Term Conditions groups (2 workshops), SEARCH group)	37	14	23
WDHSCP staff groups	Children & Criminal Justice – 2 Workshops	10	5	5
Whole Population (Digital Users)	1 Workshop (for those who completed the survey and indicated they would like to take part in a workshop)	2	0	2
	TOTAL	**126**	**68**	**58**

Table 2 lists the groups that were not able to take part for a range of reasons including a lack of interest from the group, no response or staffing issues

Table 2: Engagement Activity – Groups <u>not</u> engaged with

Group	Type of Engagement
People with lived experience	FAST Group
Young People	Looked after young people (Children's Houses, Throughcare Team)
	Schools (in line with Golden Rules)
Parents	Family Opportunity Hubs
Equalities Groups	Clydebank Women's Aid
	Disabilities Groups
	LGBT+
	BSL Users
Health and Social Care Service Users	HSCP Local Engagement Networks
WDHSCP Staff Groups	Children and Families
West Dun Council - Staff Groups	Housing
	Working 4 U
	Greenspace
	Community Engagement (Rangers)
	School Liaison Officers (Police Scotland)
Third Sector Organisations	Stepping Stones
Communities of Place	5 areas without Community Councils • Alexandria; Dumbarton North; Dumbarton West; Duntocher and Hardgate; Renton

2.2 Online Survey

An online questionnaire was created using webropol (see appendix 2). The survey took no longer than ten minutes to complete and consisted of nine questions with a range of open box and tick box style questions. All questions were written to be as accessible as possible. The questionnaire was widely distributed via email, social media platforms and promoted by staff at meetings (more information on this in Table 3).

Table 3: Engagement Activity - Distribution of survey

Group	Method
People with lived experience	ADP Service User Involvement Survey (n=138)
Young People	Youth Alliance - presentation
Equalities Groups	West Dunbartonshire Equalities Forum - presentation
Whole Population	Web Based Survey (n=186)
Licensed Trade	Licensing Forum - presentation
West Dun Council – staff groups	Education – Information added to Our Cloud
Third Sector Organisations	WDCVS – Meeting
	Tenants and Residents Associations - Information issued by the Communities Team
	Neighbourhood Alerts - Email
	Clydebank Senior Citizens - Call & Email
	Age Concern Dumbarton - Email
	Age Concern Clydebank – Email
Communities of Place	**12 Areas with Community Councils** (Communication issued by Communities Team about the on-line survey) Balloch and Haldane; Bonhill and Dalmonach; Bowling and Milton; Clydebank East; Dalmuir and Mountblow; Dumbarton East and Central; Faifley; Kilmaronock; Linnvale and Drumry; Old Kilpatrick; Parkhall, North Kilbowie and Central; Silverton and Overtoun
	Housing Providers (Communication issued by Housing & Communities Team about the on-line survey) • WDC RSLs/Housing Associations - Dunbritton, Cube, Cordale, Bield, Bellsmyre, Clydebank, Dalmuir Park, Faifley, Knowes, Rosshead House
	Community Days and Events • WD Carers Event (Stall & Voting Activity) Community Alliance - Surveys & flyers distributed

3. Findings

3.1 Priorities – Findings from Workshops and Survey

Prevention and Early Intervention

Workshops	Survey
Respondents felt that the priorities should be having more positive alternative activities, preventing adults buying alcohol or tobacco for young people and community-led activity to tackle alcohol and drug issues.	Respondents felt having more positive alternative activities and education for young people should be a priority.

Developing Recovery Oriented Systems of Care

Workshops	Survey
Respondents felt very strongly that improved recovery options and access to support (for individuals who need it) should be a priority, with the hope of preventing alcohol related and drug related deaths.	Respondents felt strongly that people who needed and wanted more support should have it when they need it, for as long as they need it.

Getting it Right for Children, Young People and Families

Workshops	Survey
Respondents felt strongly that there should be more support for parents, carers and families, with some respondents uncertain on who to turn to for support. It was also reported that parental drinking was normal for young people to see and that parents providing alcohol in the home was viewed as an acceptable way of controlling their child/young person's drinking behaviour. An underpinning factor that was strongly voiced was the need to address the mental health and wellbeing of children and young people.	Respondents felt children of families affected by substance use need support along with the person directly affected. It was also felt that alcohol and tobacco use was seen as a 'normal behaviour', and it was important to educate and change this culture.

A Public Health Approach to Justice

Workshops	Survey
Respondents felt that where possible diverting people from the criminal justice system and providing better support for people on liberation from prison or completing a community order was vital to reducing reoffending	Respondents thought it was important to target drugs as a health issue rather than a criminal one.

3.2 Target Groups – Findings from Workshops and Survey

Workshops

Responses were categorised by population groupings where the most effort should be placed to address the issues of alcohol, tobacco and other drugs as follows:

1st   Young people who may smoke tobacco or use other drugs (n = 136)
2nd   Children (early years) affected by second hand smoke or exposure to drugs (n = 111)
3rd   Pregnant women who may drink alcohol (n = 92)
4th   Men who drink alcohol (n = 54)

Other suggested target groups from the workshops were as follows:

Group	Number of Votes
Vulnerable Adults, Children and Young People	50
People with mental health issues	28
Families including single parents	22
Women who drink alcohol and take drugs including in pregnancy	21
Those affected by abuse	17
People who use substances	10
Working population/Workplaces	4

Survey

Responses from the survey showed that 39% thought that children and young people should be the focus, followed by 25% suggesting adults, 13% older adults, 13% families and 10% other vulnerable or minority groups.

Which Groups Should We Focus On?
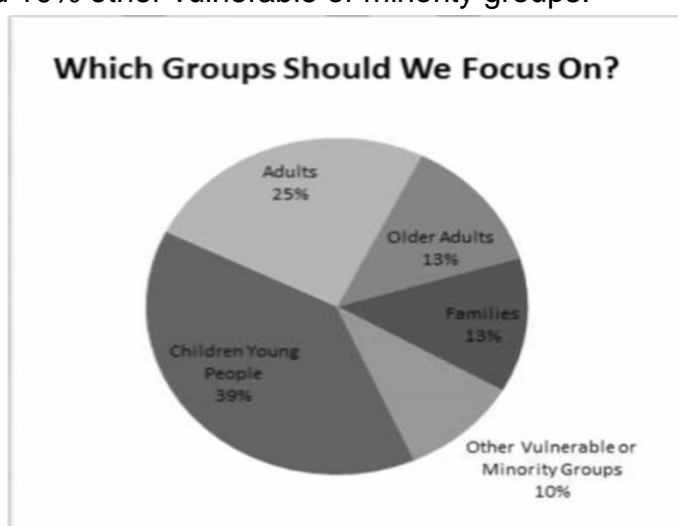
Survey respondents also suggested a wide range of groups they felt were important to target, and made suggestions such as prevention and education for children and young people, support for parents and families, and improved networks to combat loneliness for older people.

3.3 Suggestions for action from Workshops and Survey

Prevention and Early Intervention

<u>Workshops</u>

Reduced alcohol availability (e.g fewer shops that sell alcohol) - Feedback from workshops suggested that replicating the success of the tobacco ban to reduce availability may have an impact on alcohol use, particularly any action to reduce advertising. Advertising has an important role to play in not only consumption but in creating a culture where alcohol use is accepted. Whilst advertising is a national issue, there is work that can be done locally to reduce access to substances such as limiting the issue of liquor licenses, reducing the hours of sale and tackling online sales (including those on social media channels).

Preventing adults buying alcohol or tobacco for young people - Workshop participants suggested that role modelling is important when preventing adults from buying alcohol or tobacco for young people. If young people had more positive adult role models that did not use or overtly use substances, and refused to provide young people with substances, then they would be less likely to partake in substance use. One method to address this could be a public information campaign.

More positive alternative activities to do instead of drinking alcohol or taking drugs - Social isolation and a lack of community cohesion featured strongly in feedback from participants as a potential reason as to why people use substances. Increasing the number and types of positive alternative activities for all age groups and having them widely promoted so individuals knew where to access activities could address this.

Stopping people smoking in front of children (e.g a ban on smoking in play parks) - Adults as positive role-models featured strongly. Whilst participants felt that a ban on smoking in play parks would be good idea, it was felt that this should be in extended to other public areas (e.g. paths) however enforcement would be difficult without legislation. Discouraging adults from smoking in front of children at all, in any environment, would have a bigger impact.

Community-led activity to tackle alcohol and drug issues in local areas - Activities that are community-led, ran by local people for local people, featured strongly in workshop responses. It was suggested that this could improve the sense of community; making people feel included alongside those with similar issues or shared experiences. Community-led activity provides the opportunity for people to get to know the natural leaders and positive role-models within their community, which could encourage individuals to adopt positive behaviours.

Public information campaigns on alcohol, tobacco and drugs in local media - Overall workshop participants viewed public information campaigns as a low priority and ineffective. However, they felt that public campaigns could benefit the community if they were locally designed, tackling local issues, easy to understand and in appropriate places (e.g. social media, library screens). There was also the suggestion that public information campaigns could have role to play in addressing

the culture perpetuated by media, where drug deaths are sensationalised and alcohol deaths are just socially accepted.

Other - Participant feedback had additional ideas that do not naturally belong within the above categories but are important to include:

- Education: Substance use education in schools featured many times in regards to the content and delivery style. Age-appropriate material is important as well as an acceptance that young people may experiment and need to know how to do so in a lower risk way. It was suggested that including those with lived experience may deter young people from using substances.
- Environment: Some people suggested that the area around the community is important with the view that if you live in a nice area, with neighbours that have community spirit, you will feel good about that and less likely to use substances to 'escape'.
- Drug Testing: Having a local facility for people to test drugs before taking them could reduce drug deaths.
- Funding: There needs to be funding for community based support.

Survey

Respondents said they would like to see a focus on improved and more meaningful activities provided free of charge, as well as improved education and awareness.

Developing Recovery Oriented Systems of Care

Workshops

Improved access to support individuals who need it

Awareness of services - Feedback from workshops indicated that there was a mixed understanding of what is available in West Dunbartonshire. There was also a feeling that more needs to be done to raise the profile of services and how to access them. *"It's out there and folk need to know".*

Service Provision & Access - Participants acknowledged that there are some services available in West Dunbartonshire but there needs to be more provision, increased variety, clear information and signposting. Services need to be more flexible to cover evening and weekends when potentially more vulnerable situations can arise. Access to mental health services was a concern to many participants saying waiting lists are too long particularly for children and young people. Service providers need consider how they become more reactive to vulnerable people who have built up the courage to ask for help i.e. right help, right service, right time. Waiting 21 days for a referral to service may lead to disengagement and reluctance to seek help again. The window of opportunity to help someone may be closed if they wait too long.

Holistic Support - Some participants felt that a more person-centred approach is needed, to link people into other services e.g. housing, welfare, mental health services, training and work. Several said that having social networks and social activities e.g. group walks, art, trips to cinema, going for a coffee plays a big part in recovery as you are less isolated and connected with people who understand your recovery journey. Funding was muted as a challenge for this approach but that the personal benefits to the individual is priceless *"....having other things in your life gives you an alternative to focus on..."*

Improved options for recovery (e.g. support into work and training)

Availability of training and jobs - Feedback from participants was clear that in theory providing training is a good idea and there should be more opportunities but this does not necessarily lead into employment. There was also a concern about how gaining employment would affect benefits, particularly disability living allowance.

Types of Recovery - Workshop participants suggested a number of options for recovery; from linking with local support services; outreach work leading people into recovery; to expressing the need for greater connectivity to community services and community assets offering person-centred recovery. There was also a very strong comment made about hospital discharge not meeting the needs of people, in particular being refused detox and being released from hospital with no support given.

Lived Experience - Some people suggested that hearing from others with lived experience could help to make things 'real' and that by sharing first-hand accounts of their lives may discourage people from health-harming choices.

Focussed support aimed at preventing alcohol related and drug related deaths

Safe Consumption - Some people felt that the provision of a safe environment for consumption would be beneficial, allowing opportunities for other health and social interventions to be offered to vulnerable individuals.

Other

Participant feedback had additional ideas that did not naturally belong within the above categories but are important to include:

- Culture - A few comments were made by participants on the lack of public sympathy and empathy toward people with addictions. This needs to be addressed to enable more people to come forward for help. There was a sense that children and young people will always push the boundaries to do something which is illegal and that role-modelling and positive alternative things to do could address this. Whilst participants agreed that smoking around children was unacceptable, they felt that enforcement and human rights is an issue.

- Training - Overall participants felt that there was lack of empathy and understanding from certain staff groups when parents sought help and support. A few felt stigmatised and blamed for their child/young person's substance use and this resulted in their life being put under the microscope and misconstrued. Participants felt that staff should be trained on how to be sincere, respectful and non-judgemental.
- Gambling - There needs to be links made between gambling and substance use.
- Prescribed Medications - Comments were made on the role of GPs in over-prescribing certain addictive drugs and that action needs to be taken to make it more clear to patients that their medication is addictive and more support to cease the use of these medicines.

Survey

There was a strong feeling that more money should be invested in recovery services to improve access and support.

Getting it Right for Children, Young People and Families

Workshops

Availability of Support - Overall respondents said that more needs to be done to support parents, carers and their families' particularly in regards to what services are available. To make support services more accessible participants said there was the need for provision to be available at more flexible times of the day and at weekends. It was felt that the provision of positive alternatives could go some way to reduce young people's experimental behaviours with alcohol and street drugs. However, it was unclear what services are available for young people with alcohol problems.

Alcohol-free Childhood - There was some discussion on parental drinking being seen as the cultural norm for many young people. Participants said that parents providing alcohol to their children in the home were giving the message that it is acceptable to drink. For many parents providing alcohol at home is seen as a way to control their child's drinking rather than allow them to go out and drink whatever they could get their hands on. Education was suggested as the best way to challenge this culture.

Mental Health - A few participants said that peer pressure, trauma and anxiety are huge issues for children and young people and more needs to be done in schools to address this. They also felt that there is a great need for quicker and better access to services for children and young people to resolve grassroots issues before addiction sets in.

There were no suggestions under this heading

A Public Health Approach to Justice

Workshops

Better support for people leaving prison or completing a community order - Overall participants said that rehabilitation of prisoners needs to happen well in advance of release. By increasing prisoner skills during their sentence this could lead to job opportunities on liberation and hopefully reduce the incidence of re-offending. Focused priority should be given to service development of Prison Throughcare to help those leaving the comfort of the system. Examples were given of models used in Switzerland and Germany where prisoners earn money in prison which they are then given on release. Another example discussed the benefit of a Mentoring Service to support prisoners on a one-to-one basis with many of the issues they might face in the community prior to liberation.

Improved support to divert people from the criminal justice system - A few participants said that more policing is needed in 'hot spot' areas known to the Police to deter criminal behaviours. There was acknowledgement that the Prison system is under pressure and there needs to be more innovative ways to rehabilitate prisoners. The deterrent of wearing 'a tag' does not work as this is seen by some offenders as a badge of honour and they are not embarrassed to show it off to the public. Reference was made to SACRO which is a Scottish community justice organisation which works to create safer and more cohesive communities across Scotland. Their aim is to work with children and young people to prevent offending.

Decriminalisation of Drugs - There was a view from a few participants that by legalising some drugs this would automatically divert some people from the criminal justice system and into support services instead. There was also a consensus that cannabis possession should be decriminalised and that financial resources should be invested in addiction support.

Survey

Respondents felt it was important to consider legalising the use of less harmful drugs and using the tax to combat the problems created from alcohol and tobacco.

4. VOiCE Review

The Review process was carried out in line with VOiCE recommendations to assess how well the National Standards for Community Engagement had been met. The project team assessed what worked and what did not and allocated a score on the following scale:
1 Unsatisfactory, 2 Weak, 3 Satisfactory, 4 Good, 5 Very Good, 6 Excellent

Standard	Key Question	Example	Score	Comments
Inclusion	How well did we involve the people and organisations that are affected by the engagement?	For example, did we think about those excluded from participating due to disadvantage relating to social or economic factors?	5	The Equalities Forum were supportive of the approach taken. An online and paper based survey available, it was possible to make a request for more information, there was social media communication, workshops were accessible
Support	How good were we at identifying and overcoming any barriers to participation?	For example, were actions taken to remove any barrier to participating in engagement activities?	5	Actions were taken to be accessible to vulnerable groups by going to them in their own environment. Facilitators delivering were adaptable to the needs of the group (literacy, understanding, timing and sensitivities)
Planning	How clear were we about the purpose for the engagement?	For example, was there a clear engagement plan in place? Was there enough time and resources to support an effective engagement process?	4	Although we managed to reach a good diverse range of groups in the community we could have reached out more to children and families, community councils, tenant associations and mental health groups
Working Together	How well did we work together to achieve the aims of the engagement?	For example, were roles and responsibilities clear and understood for all those involved? Did the methods of communication during the engagement process meet the needs of all partners?	5	Using Whats App sharing photos, having clear roles and responsibilities from the start helped with this.
Methods	How good were our methods of engagement?	For example, did we use a variety of methods of engagement to ensure that all voices are heard? Did we make use of creative approaches to encourage participation and effective dialogue? Did we obtain feedback on the methods	5	Being adaptable and rephrasing some of the wording of the priorities for the audience, Our approach adapted as we gained experiencing using diamond nine

		to ensure that we are learning and adapting?		
Communic ation	How well did we communicate with the people, organisations and communities affected by the engagement?	For example, was information clear and accessible? Did we provide feedback to the community on the engagement process, options which have been considered and any decisions and actions which have been agreed and the reasons why?	6	Communication was clear, accessible and it was stated feedback would be publicly available in a realistic time frame.
Impact	How well did we assess the impact of the engagement and use what we have learned to improve our future community engagement?	For example, is the community more involved and influential in decision making, have local outcomes or services improved as a result of the process?	TBC after plans are produc ed	WDC is working in line with the Community Empowerment Act and this work supported that. It is not possible to access the impact of the engagement until we see the resulting delivery plans

5. Recommendations

Recommendation 1 – West Dunbartonshire ADP Strategy should be updated to reflect the priorities highlighted through this work.

Recommendation 2 – The West Dunbartonshire ADP Strategy should outline the continued commitment and mechanisms for involvement of local communities and people with lived and living experience.

Recommendation 3 - West Dunbartonshire ADP Sub-Groups should consider the findings of this exercise in developing their delivery plans

Appendix 1

Definitions adopted by WDC Community Empowerment Strategy

Community Engagement: This is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding and taking joint action to achieve positive change.

Co-production: A positive way for communities to become more empowered is through the process of co-production of services, processes or projects. The process of co-production is to involve local people in the design and delivery of public services. It means learning from the service provider and service user to combine one another's strengths to develop an improved approach or process.

Community Resilience: In order to empower all of our communities we need to invest in building individual and community resilience. This is the process of supporting community members to develop their skills and increase their capacity to take more control of their circumstances, essentially developing individual skills to strengthen communities.

Community Capacity Building: This is the support that community groups can access to help them participate fully in local matters. This may include training, meeting space, practical support and/or resources which can help groups to develop.

Alcohol, Tobacco and Other Drugs:
Have your say about how we reduce harm in West Dunbartonshire.

This survey aims to gather the views of people in West Dunbartonshire on what can be done to reduce the harm from alcohol, tobacco and other drugs. The information gathered will be used to develop detailed plans as part of the Community Planning West Dunbartonshire Substance Use Prevention Strategy and West Dunbartonshire Alcohol and Drug Partnership Strategy.

For further information please contact WDHSCP@ggc.scot.nhs.uk or phone 01389 776990.

Thank you for your time.

1. A number of different areas for action have been suggested as a priority. Of these listed below, please indicate whether you feel these should be high, medium or low priority. *

	High Priority	Medium Priority	Low Priority
Reduced alcohol availability (e.g. fewer shops that sell alcohol)	○	○	○
Preventing adults buying alcohol or tobacco for young people	○	○	○
More positive alternative activities to do instead of drinking alcohol or taking drugs	○	○	○
Stopping people smoking in front of children (e.g. a ban on smoking in play parks)	○	○	○
Community-led activity to tackle alcohol and drug issues in local areas	○	○	○
Support for parents, carers and families	○	○	○
Public information campaigns on alcohol, tobacco and drugs in local media	○	○	○
Improved access to support for individuals who need it	○	○	○
Focussed support aimed at preventing alcohol related and drug related deaths	○	○	○
Improved options for recovery (e.g. support into work and training)	○	○	○
Improved support to divert people from the criminal justice system	○	○	○
Better support for people leaving prison or completing a community order	○	○	○

2. Are there any other areas for action that should be a priority? Please write below.

3. Based on local information, a number of target groups have been suggested. Please indicate if you agree or disagree with the target groups suggested. *

	Agree	Disagree
Men who drink alcohol	○	○
Pregnant women who may drink alcohol	○	○
Young people who may smoke tobacco or use other drugs	○	○
Children (early years) affected by second hand smoke or exposure to drugs	○	○

4. What other groups do you feel should be a particular focus and why? Please write below.

5. Please share your suggestions of what you would like to see in local action plans to reduce the harm from alcohol, tobacco and other drugs.

Please tell us a little about yourself. It helps us to know if we have reached a variety of people.

6. What age are you? *

○ 12-17
○ 18-24
○ 25-34
○ 35-44
○ 45-54
○ 55-64
○ 65-74
○ 75+
○ Prefer not to answer

7. What is your gender?
*

    ○ Female

    ○ Male

    ○ Other

    ○ Prefer not to answer

8. Please enter the first 4 digits of your postcode (e.g. G814) *

Postcode [   ]

9. If you would like to take part in a discussion workshop, please provide your contact details:

Name [   ]

Phone Number [   ]

Email [   ]