

Western Health and Social Care Trust Substance Use Needs Assessment - Survey for Family Members and Loved Ones

SURVEY INFORMATION:

Figure 8 Consultancy has been commissioned to carry out a comprehensive health and social care needs assessment and gap analysis for the population of Western Health and Social Care Trust (WHST) in relation to substance use issues, that can be used to inform strategic planning and future service delivery models across the area. This means that we are looking at lots of information about the types of help and support that are available to individuals experiencing problems with drugs and/or alcohol across the area to see what works well, what could be better, and to identify how things can be improved in the future. As someone who is supporting and/or caring for a loved one or friend who is receiving help and support for problematic substance use (alcohol and/or drugs), your views are very important. We would like to ask you for your views of the services your loved one/friend currently uses (or has used), based on your personal experiences. The information you provide will be very helpful in letting us know if there is anything that can be done differently or improved to help you, your family, your loved and other people with similar needs. Please answer the following questions as best as you can and be honest with your feedback. The survey is completely confidential and your responses will be fully anonymised.

WHAT IS IN THE SURVEY?

- 1. Personal Information – about the person you care for.** There are a number of questions about the person you care for which are **OPTIONAL**, but it would really help the research if you could answer them.
- 2. Your loved one’s Substance Use and Mental Health** – We will ask about your loved one/friend’s substance use and any current mental health conditions they may have.
- 3. Services/Support Provisions** – We will ask which services or other forms of support (e.g. community groups) your loved one/friend is attending or has recently attended. We will also ask you about other services and/or support they have received. We will also ask you about any family/carer support you receive or have received.
- 4. Quality and Improvements Questions** – We will ask you some final questions about your views on the quality of services and improvements that can be made to the support available for those with substance use issues (and family members/carers) in East Renfrewshire.
- 5. Personal Information – about you.** There are a number of questions about you which are **OPTIONAL**, but it would really help the research if you could answer them.

This survey should take no longer than 10-15 minutes to complete. If you have any questions about the survey, please contact:

☎ Phone: 07949 775026

✉ Email: enquiries@f8c.co.uk

Thank you for your contribution which will directly influence the study's deliberations, findings and recommendations.

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To be entered into the prize draw for a chance to win a £50 voucher, please enter your details below. (Your details will only be used for the purpose of the prize draw ONLY and will then be destroyed by a member of the research team).

NAME:

PHONE NO:

EMAIL ADDRESS

PRIVACY AND DATA PROTECTION STATEMENT

General Data Protection Regulation (GDPR)

Figure 8 Consultancy ('Figure 8') is carrying out this research and will act as Data Controller for this study. This means that Figure 8 is responsible for looking after your information and using it properly. The General Data Protection Regulation (GDPR) came into force in 2018, bringing with it increased expectations of organisations processing personal data. The GDPR contains explicit provisions about documenting an organisation's processing activities. Organisations must maintain records on several things such as processing purposes, data sharing and retention. [For more information, please visit <https://ico.org.uk/>] In line with the GDPR:

Figure 8 will only collect the personal data we require

We will conduct one-to-one interviews, stakeholder events, working/ focus groups and online survey questionnaires to inform our specific research purposes, and then ask participants questions about their opinions and/or experiences related to the specific research.

Figure 8 will inform people of the way we hold personal data so they understand how we use it

Figure 8 is fully compliant with UK Data Protection Act 2018 [<https://www.gov.uk/data-protection>] and all participants' responses are returned directly to the Figure 8 research team. We will only use your data for the purposes of this particular research project. Answers are stored securely and access to this personal data is limited to the research team. We will not pass your information to any other organisation, without permission. We may use information that is provided to produce a report, presentation and/or academic publications, but the data included in any report is anonymised and no information is included that could be used to identify you. The information you provide will be combined with that of other, anonymised information.

Figure 8 will only keep personal data for as long as it is required

Your personal data will be deleted at the end of this research project (April 2023).

Figure 8 will always keep personal data accurate and up to date

The personal data obtained by the research team will be accurate and, where necessary, kept up to date.

Figure 8 Consultancy will always keep personal data secure

The research team will secure your personal data so that it is handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage. All research documents and IT equipment will be kept secure.

Figure 8 Consultancy will allow people to exercise their rights regarding the personal data we hold about them

Your participation is entirely voluntary. When taking part (in any of the evidence gathering activities) you can withdraw at any point and you do not have to answer all the questions that are asked. We will ensure that all individuals are treated fairly if they decide to exercise their rights over their data. You can obtain a copy of your personal data as well as other supplementary information. You can raise an objection to Figure 8 (verbally or in writing) and request that we delete the information that we hold.

The whole team at Figure 8 understand their data protection responsibilities

The team will regularly review, and where necessary, update relevant privacy information. Where necessary, we will bring any new uses of an individual's personal data to their attention before we begin processing.

Possible risk of taking part in research

We may ask you about topics which you may find difficult to answer (e.g. if you or a loved one have lived experience of substance use). If you seem upset, we will check with you to find out if you wish to continue.

Complaints

If you have any concerns about any aspect of this study or are unhappy with the way the fieldwork was conducted and wish to make a complaint, please contact the Research Co-ordinator, Andy Perkins, Director, Figure 8 Consultancy at andyperkins@f8c.co.uk / **07949 755026**

Further information

Should you require further information about this study please ask a member of the research team or contact us at: enquiries@f8c.co.uk

Thank you for taking the time to read this and considering taking part.

Personal Information (Questions about the person you care for)

Please provide us with some basic information about **the person you care for**:

<p>1. What is their sex (as registered at birth)? (Please tick <input checked="" type="checkbox"/>)</p> <p>A question about gender identity follows this one.</p> <p>Female Male Prefer not to say</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>	<p>2. Is the gender they identify with the same as their sex as registered at birth?</p> <p>Yes No If no, please enter gender identity</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> _____ </p>																																						
<p>3. What is their ethnic background? (Please tick <input checked="" type="checkbox"/>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>White Northern Irish, English, Welsh, Scottish, or British</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White Irish</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White Gypsy or Irish Traveller</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White Roma</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Any other White background</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White and Black Caribbean</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White and Black African</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>White and Asian</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Any other Mixed or Multiple ethnic background</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Indian</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pakistani</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Bangladeshi</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Chinese</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Any other Asian background</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Caribbean</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>African</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Any other Black, Black British, or Caribbean background</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Arab</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Any other ethnic group, please describe:</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>		White Northern Irish, English, Welsh, Scottish, or British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Gypsy or Irish Traveller	<input type="checkbox"/>	White Roma	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed or Multiple ethnic background	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black, Black British, or Caribbean background	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group, please describe:	<input type="checkbox"/>
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<p>6. Does your loved one/friend currently use the following (if no to BOTH, please continue to question 10).</p> <p>YES Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/></p> <p>NO Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/></p>	<p>7. Do you consider your loved one/friend's substance use to be problematic (alcohol and/or drugs)?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	
<p>8. Are they accessing drug and/or alcohol support from local services?</p> <p>YES Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/></p> <p>NO Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/></p>		
<p>9. How are you affected by your loved one/friend's substance use?</p>	<div style="border: 1px solid black; height: 200px;"></div>	
<p>10. Has the person you care for/family member been diagnosed with a mental health condition(s)? (Please tick <input checked="" type="checkbox"/>)</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>11. If so, what kind of mental health condition have they been diagnosed with?</p> <div style="border: 1px solid black; height: 200px;"></div>	
<p>12. Does your loved one/friend see a mental health professional (e.g. GP, Community Psychiatric Nurse, Psychologist, etc.) in relation to their mental health condition?</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>

Services and supports

13. Which substance use, mental health and/or other support service(s), if any, have you been in contact with in your role as a carer/family member in the last 2 years?
(Please give details)

14. What is the name of the main service that you and/or the person you care for have been using / accessing?

15. Does the service involve you directly as a carer / family member in the following processes? (Please tick)

	Yes	No		Yes	No
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Care Delivery	<input type="checkbox"/>	<input type="checkbox"/>
Care Planning	<input type="checkbox"/>	<input type="checkbox"/>	Review of Care	<input type="checkbox"/>	<input type="checkbox"/>
Service redesign / development / evaluation	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, what has been the benefit(s) of such involvement:

16. Have you had contact with a family/carers support service/group in the past 2 years? (Please tick)

Yes No

If yes, please give details:

17. What support did you receive?

18. What other sources of information and/or support have you had as a family member / carer of someone who experiences problematic substance?

Please give details:

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19. Please tell us how much you agree or disagree with the following statements, thinking about the service(s) you/your family member/friend uses most: (Rating: Strongly Agree, Agree, Don't Know, Disagree, Strongly Disagree). Please tick one rating for each statement.

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree	N/A
My loved one/friend was given sufficient information about the range of services in the area						
Their referral to the service was straightforward and dealt with quickly						
My loved one/friend finds it easy and convenient to get to the service						
My loved one/friend feels safe and comfortable when they attend the service						
The service is available at the times my loved one/friend needs it						
The assessment/initial discussion helped my loved one/friend to work out their needs; and how they can best be met						
The service my loved one/friend attends encourages and supports clients to talk honestly about their substance use and/or mental health needs						
The service my loved one/friend attends encourages and supports clients to talk honestly about their general wellbeing						

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree	N/A
The service my loved one/friend attends encourages and supports clients to seek help from other services						
The service my loved one/friend attends has assisted them to get involved with the community						
Services work well together in this area						
The service meets the needs of my loved one/friend and helps them to achieve desired outcomes						

20. What works well in the Western Health and Social Care Trust area for people who experience problems with substance use?

21. What improvements/new services would benefit people who experience problems with substance use?

**22. On a scale of 1 to 10, how happy are you with the level of support there is for your loved one/friend relating to their substance use, mental health and general wellbeing?
Rating Scale: 1= Not happy at all and 10 = Very happy.**

(Please tick)

1 2 3 4 5 6 7 8 9 10

23. On a scale of 1 to 10, how happy are you with the level of help there is for YOU, as a family member/carer/friend of someone who experiences problems with substance use (including their mental health and wellbeing)? *Rating Scale: 1= Not happy at all and 10 = Very happy.*

(Please tick)

1 2 3 4 5 6 7 8 9 10

24. Finally, is there anything else you would like to tell us?

THANK YOU FOR COMPLETING THIS SURVEY

Please hand your completed survey back to the service you received it from, or post it direct to the research team at Figure 8 Consultancy:

Figure 8 Consultancy, The Signpost Centre, Lothian Crescent, Dundee, DD4 0HU

Information About You

These questions are **OPTIONAL**. By answering them it will help us to know who is using which services across the Western Health and Social Care Trust area. It will not affect in any manner the way we work with you if you do not give us this information.

<p>16. What is your sex (as registered at birth)? (Please tick <input checked="" type="checkbox"/>) A question about gender identity follows this one.</p> <p>Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p> <p>17. Is the gender you identify with the same as your sex registered at birth?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>If no, please enter gender identity _____</p> <p>18. What age are you? (Please tick <input checked="" type="checkbox"/>)</p> <p>16-17 <input type="checkbox"/> 36-45 <input type="checkbox"/></p> <p>18-20 <input type="checkbox"/> 46-55 <input type="checkbox"/></p> <p>21-25 <input type="checkbox"/> 56-65 <input type="checkbox"/></p> <p>26-35 <input type="checkbox"/> 66+ <input type="checkbox"/></p>	<p>19. What is your ethnic background? (Please tick <input checked="" type="checkbox"/>)</p> <table border="1"> <tr><td>White Northern Irish, English, Welsh, Scottish, or British</td><td><input type="checkbox"/></td></tr> <tr><td>White Irish</td><td><input type="checkbox"/></td></tr> <tr><td>White Gypsy or Irish Traveller</td><td><input type="checkbox"/></td></tr> <tr><td>White Roma</td><td><input type="checkbox"/></td></tr> <tr><td>Any other White background, please describe: _____</td><td><input type="checkbox"/></td></tr> <tr><td>White and Black Caribbean</td><td><input type="checkbox"/></td></tr> <tr><td>White and Black African</td><td><input type="checkbox"/></td></tr> <tr><td>White and Asian</td><td><input type="checkbox"/></td></tr> <tr><td>Any other Mixed or Multiple ethnic background, please describe: _____</td><td><input type="checkbox"/></td></tr> <tr><td>Indian</td><td><input type="checkbox"/></td></tr> <tr><td>Pakistani</td><td><input type="checkbox"/></td></tr> <tr><td>Bangladeshi</td><td><input type="checkbox"/></td></tr> <tr><td>Chinese</td><td><input type="checkbox"/></td></tr> <tr><td>Any other Asian background, please describe: _____</td><td><input type="checkbox"/></td></tr> <tr><td>Caribbean</td><td><input type="checkbox"/></td></tr> <tr><td>African</td><td><input type="checkbox"/></td></tr> <tr><td>Any other Black, Black British, or Caribbean background, please describe: _____</td><td><input type="checkbox"/></td></tr> <tr><td>Arab</td><td><input type="checkbox"/></td></tr> <tr><td>Any other ethnic group, please describe: _____</td><td><input type="checkbox"/></td></tr> </table> <p>20. Do you have a religion or belief?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes please specify: _____</p>	White Northern Irish, English, Welsh, Scottish, or British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Gypsy or Irish Traveller	<input type="checkbox"/>	White Roma	<input type="checkbox"/>	Any other White background, please describe: _____	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Any other Mixed or Multiple ethnic background, please describe: _____	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other Asian background, please describe: _____	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Black, Black British, or Caribbean background, please describe: _____	<input type="checkbox"/>	Arab	<input type="checkbox"/>	Any other ethnic group, please describe: _____	<input type="checkbox"/>
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21. Do you have a disability?

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term effect (i.e. has lasted or is expected to last at least 12 months) on the person’s ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

Yes No Prefer not to say

22. If you have answered **yes**, please indicate the type of impairment which applies to you. If you experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark 'Other' and specify:

- Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches
- Visual impairment, such as being blind or having a serious visual impairment
- Hearing impairment, such as being deaf or having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability/difficulty, such as Down’s syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder (ASD)
- Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart condition or epilepsy
- Other (please specify):

23. Please indicate the first part of the postcode area in which you live (e.g., BT47 6, BT79 0).

FOLLOW-UP CONTACT

If you would like to discuss any of the issues raised in the survey with a member of the Needs Assessment research team please give us your name and contact details below and we will contact you. These details will not be attributed in any way to the answers you have given to the survey (in order to maintain anonymity of responses).

Consent to be contacted for participation in an interview	
I confirm that I am interested in speaking to a member of the research team to explore my survey answers in more detail. I am willing to provide my contact details for this purpose. These may be used only to contact me to arrange a convenient time for a further discussion.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name	
Email address	
Phone Number	