



**Alcohol and Drug Partnerships
Validated Self-Evaluation
File Reading Analysis
Aberdeenshire**

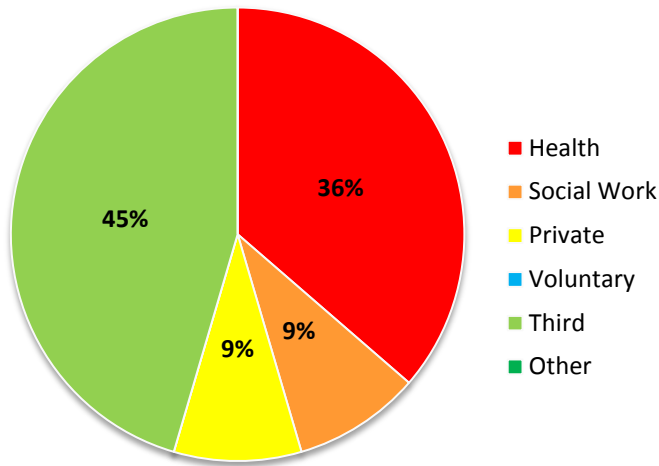
Adele Seabourne & Sophie Siegel May 2016

Aberdeenshire Alcohol and Drug Partnerships Validated Self-Evaluation File Reading Analysis

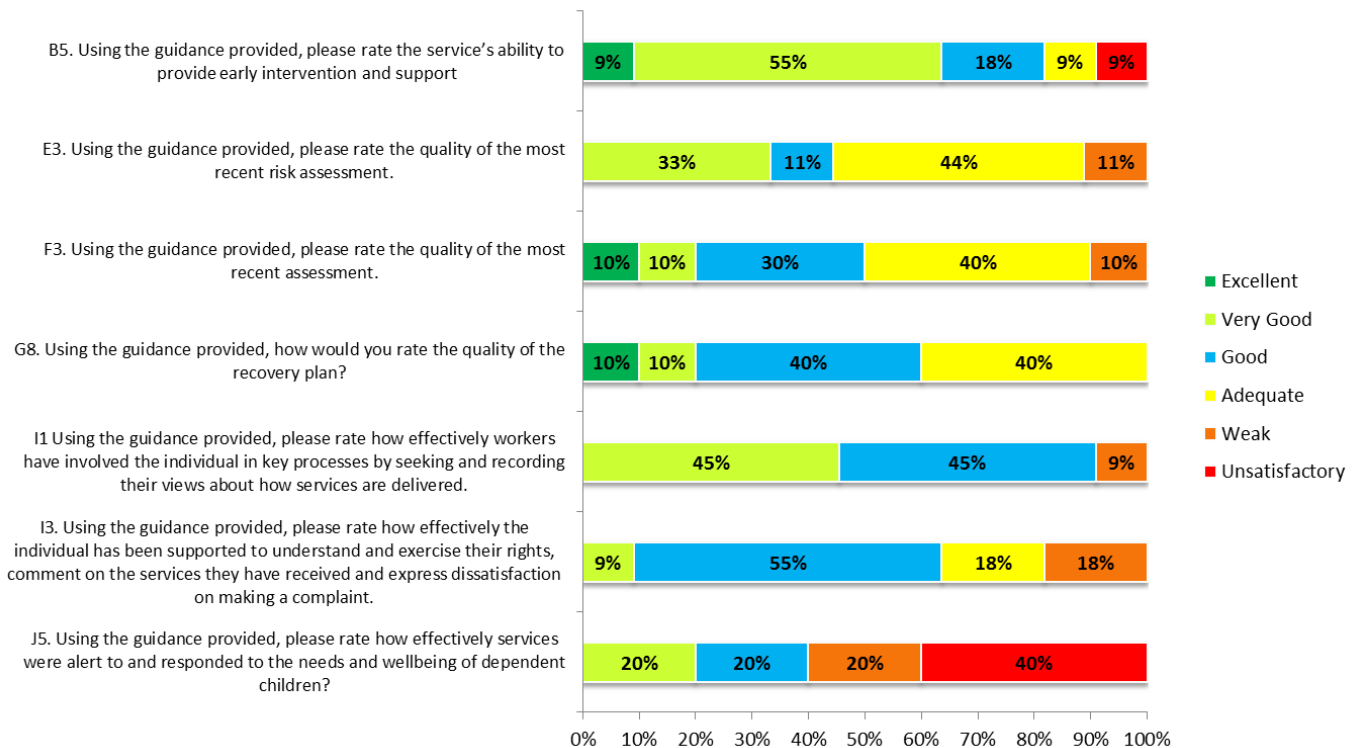
Please note:

- Percentages have been rounded and may not total 100% for some of the responses due to rounding error.
- Only minor spelling and punctuation amendments have been made to the file readers' recorded comments.
- There were several opportunities for file readers to make comments. However file readers have occasionally made a comment rather than recording a response to a specific question. These comments have not been included in this report.

Summary of type of case files that were read for Aberdeenshire ADP

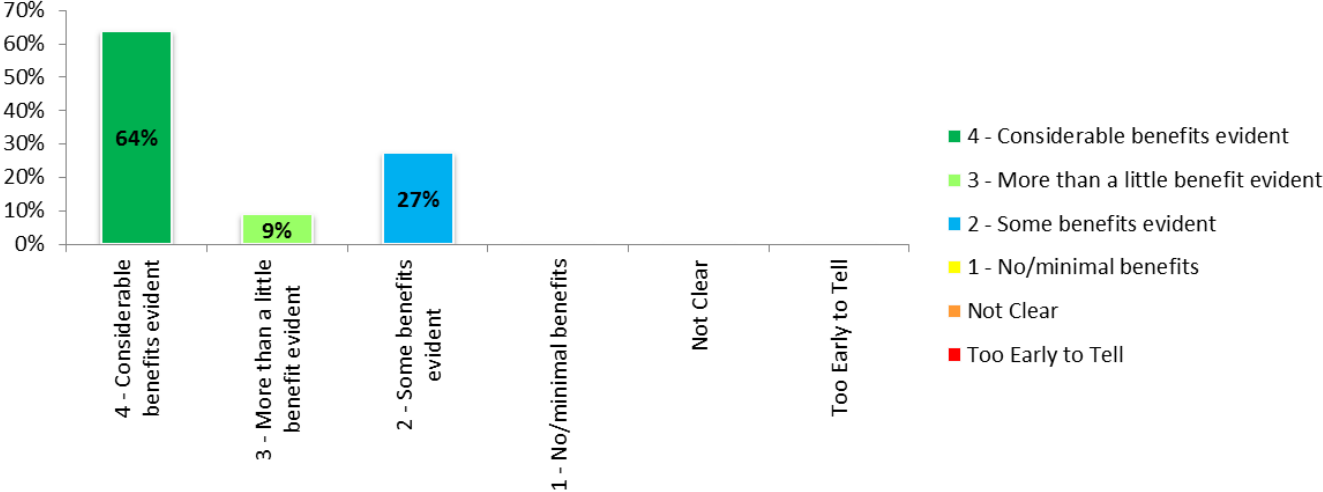


Summary of responses to opinion questions for Aberdeenshire ADP



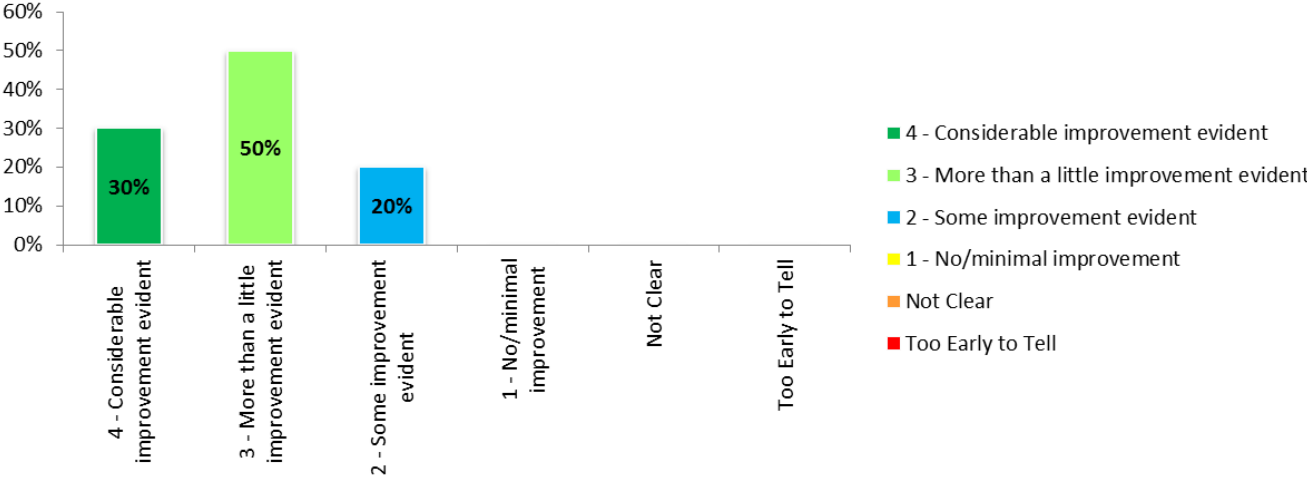
Summary of benefits of effective communication and relationships for Aberdeenshire ADP

D10. Using the guidance provided, to what extent do you think the individual is benefiting (or has benefited) from effective communication and helpful relationships with workers providing support?



Summary of Recovery Outcomes for Aberdeenshire ADP

L1. Using the guidance provided, to what extent has the individual’s wellbeing improved (or is improving) as a result of the care, treatment and support provided?



Section A: Case Type Information:

A5 Type of case file read

	Frequency	%
Health	4	36%
Social Work	1	9%
Private	1	9%
Voluntary	0	0%
Third	5	45%
Other (please specify)	0	0%
Total	11	100%

A6 Age of Individual

	Frequency	%
Under 16	0	0%
16 – 17	0	0%
15 – 25	2	18%
26 – 39	4	36%
40 – 55	3	27%
55+	2	18%
Total	11	100%

A7 Gender

	Frequency	%
Male	6	55%
Female	5	45%
Total	11	100%

A8 Is Ethnicity Recorded

	Frequency	%
Yes	8	73%
No	3	27%
Total	11	100%

A9 Please select ethnicity

	Frequency	%
White Scottish	6	75%
With Other British	2	25%
White Irish	0	0%
White Gypsy/Traveller	0	0%
White Polish	0	0%
Any other White Ethnic Group	0	0%
Mixed or Multiple Ethnic Groups	0	0%
Pakistani, Pakistani Scottish or Pakistani British	0	0%
Indian, Indian Scottish or Indian British	0	0%
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	0	0%
Chinese, Chinese Scottish or Chinese British	0	0%
African, African Scottish or African British	0	0%
Other African	0	0%
Caribbean, Caribbean Scottish or Caribbean British	0	0%
Black, Black Scottish or Black British	0	0%
Other Caribbean or Black	0	0%
Arab, Arab Scottish or Arab British	0	0%
Other Ethnic Group	0	0%
Not Known	0	0%
Total	8	100%

A10 What are the individual's needs?

	Frequency	%
Alcohol issues only	5	45%
Drug issues only	6	55%
Both alcohol and drug issues	0	0%
Total	11	100%

Section B: Intervening Early/Access to services:

B1 Did the individual using the service have to wait longer than three weeks from referral received to the appropriate drug or alcohol treatment?

	Frequency	%
Yes	3	27%
No	8	73%
Not Clear	0	0%
Total	11	100%

Based on question B1 the following question was answered for 3 cases

B2 If you answered yes to B1, did the service make contact with the service user to explain the reason for the delay?

	Frequency	%
Yes	1	33%
No	2	67%
Not Clear	0	0%
Total	3	100%

B3 Did the individual using the service have to wait longer than six weeks from referral received to the appropriate drug or alcohol treatment?

	Frequency	%
Yes	2	18%
No	9	82%
Not Clear	0	0%
Total	11	100%

Based on question B3 the following question was answered for 2 cases

B4 If you answered yes to B3, did the service make contact with the service user to explain the reason for the delay?

	Frequency	%
Yes	1	50%
No	1	50%
Not Clear	0	0%
Total	2	100%

B5 Using the guidance provided, please rate the service’s ability to provide early intervention and support

	Frequency	%
6 Excellent	1	9%
5 Very Good	6	55%
4 Good	2	18%
3 Adequate	1	9%
2 Weak	0	0%
1 Unsatisfactory	1	9%
Total	11	100%

Section C: Access to care, treatment and support:

C1 Did the individual have access to a range of recovery treatments and therapies to help them improve different areas of their life and move forward at their own pace?

	Frequency	%
Yes	11	100%
No	0	0%
Not Clear	0	0%
Total	11	100%

C2 Is there evidence that the individual had access to harm reduction advice (this can include safer use, managed use and abstinence)?

	Frequency	%
Yes	11	100%
No	0	0%
Not Clear	0	0%
Total	11	100%

C3 Is there evidence that the individual's consent has been sought to share information with other services?

	Frequency	%
Yes	8	73%
No	3	27%
Not Clear	0	0%
Total	11	100%

Based on question C3 the following question was answered for 8 cases

C4. Is there evidence that the individual was told when information might be shared without their agreement?

	Frequency	%
Yes	7	64%
No	3	27%
Not Clear	1	9%
Total	11	100%

Section D: Person-centred care and support:

D1 Has the individual had regular, meaningful contact with those workers who have provided treatment and support?

	Frequency	%
Yes	10	91%
No	0	0%
Not Clear	1	9%
Too early to tell	0	0%
Total	11	100%

D2 Is there evidence that workers have provided timely, effective treatment and support that is right for the individual?

	Frequency	%
Yes	10	91%
No	0	0%
Not Clear	1	9%
Too early to tell	0	0%
Total	11	100%

D3 Is there evidence that workers have provided support that recognises any current or previous trauma that the individual may be dealing with?

	Frequency	%
Yes	8	73%
No	2	18%
Not Clear	1	9%
Too early to tell	0	0%
Total	11	100%

D4 Is there evidence that workers have provided harm reduction advice such as safer use, managed use and abstinence?

	Frequency	%
Yes	10	91%
No	1	9%
Not Clear	0	0%
Too early to tell	0	0%
Total	11	100%

D5 Is there evidence that the individual has control over the kind of support they receive (co-production)?

	Frequency	%
Yes	10	91%
No	1	9%
Not Clear	0	0%
Total	11	100%

D6 Is there evidence that the individual has been supported to set their own recovery goals and self-manage their recovery?

	Frequency	%
Yes	10	91%
No	1	9%
Total	11	100%

D7 What services are providing this support?

	Frequency	%
Health	10	100%
Social Work	3	30%
Private Sector	1	10%
Voluntary Sector	0	0%
Third Sector	7	70%
Other (please specify)	2	20%
Total	10	

The total percentage of services providing support is greater than 100% as multiple responses possible

D8 Is there evidence that workers have spoken to the individual about plans for them moving towards reducing or ending their current contact with the service?

	Frequency	%
Yes	8	80%
No	1	10%
Not Clear	1	10%
Too early to tell	0	0%
Total	10	100%

Not applicable = 1

D9 Have workers encouraged and helped the individual to connect with community support/recovery groups?

	Frequency	%
Yes	7	70%
No	2	20%
Not Clear	1	10%
Too early to tell	0	0%
Total	10	100%

Not applicable = 1

D10 Using the guidance provided, to what extent do you think the individual is benefiting (or has benefited) from effective communication and helpful relationships with workers providing support?

	Frequency	%
4 - Considerable benefits evident	7	64%
3 - More than a little benefit evident	1	9%
2 - Some benefits evident	3	27%
1 - No/minimal benefits	0	0%
Not Clear	0	0%
Too Early to Tell	0	0%
Total	11	100%

Section E: Assessing and managing risks to reduce harm:

E1 Is there evidence in the records that an assessment has been made of risks to, or presented by, the individual?

	Frequency	%
Yes	9	82%
No	2	18%
Total	11	100%

Based on question E1 the following questions were answered for 9 cases

E2 Is the timing of the most recent risk assessment in keeping with the risk experienced/presented by the individual?

	Frequency	%
Yes	8	89%
No	1	11%
Total	9	100%

E3. Using the guidance provided, please rate the quality of the most recent risk assessment.

	Frequency	%
6 Excellent	0	0%
5 Very Good	3	33%
4 Good	1	11%
3 Adequate	4	44%
2 Weak	1	11%
1 Unsatisfactory	0	0%
Total	9	100%

E4 In respect of assessment of risk please record Key Strengths:

- All identified risks clearly recorded and impact on individual should these not be reduced/mitigated. Actions to reduce risks identified relating to alcohol use impacting on emotional and physical health and wellbeing.
- Holistic Risk assessment looking at all key areas, all involved agencies and client input. Regularly reviewed.
- Key risks identified to individual's safety and wellbeing rated and identified actions with dates and review updates signed.
- Risk assessment tool provides a good format for structuring an assessment
- Risk management plan is structured in a meaningful way.
- Risk of relapse identified and risk to clients mental health if relapse occurs.
- Risk recorded updated in patient assessment / review notes & referral to other agencies support required at that time actioned.
- Some risks identified in case notes and 'listed for services such as mental health.

In respect of assessment of risk please record Areas for Development:

- Analysis of risk. No clear risk management plan in place for liberation.
- Elements of the Risk assessment focusses on generic risks associated within the premises and not specifically to the individual.
- Frequency of review. Lack of detail in analysis of risk. Risks not identified. Protective factors not identified. No clear recommendation on way forward.
- It would be useful to evidence in case notes if advice or support was given at appointments to manage risks identified (such as low mood/ anxiety) as well as being 'listed' for appropriate services.
- No evidence of protective factors being detailed. Lack of detail as to the risks to the individual i.e. the nature of risks.
- Risk assessment needs to be more specific to that individual noting the risks and identifying protective factors and risk management strategies.
- Separate risk assessment would be ideal for clearly and quickly identifying risk , protective factors and risk management strategies.

Section F: Assessing Needs:

F1 Does the individual have an assessment in the primary file?

	Frequency	%
Yes	10	91%
No	1	9%
Total	11	100%

Based on question F1 the following questions were answered for 10 cases

F2 Is there evidence of any difficulty in accessing services quickly because of delays in the individual being assessed for key services?

	Frequency	%
Yes	1	11%
No	8	89%
Total	9	100%

No response = 1

F3 Using the guidance provided, please rate the quality of the most recent assessment.

	Frequency	%
6 Excellent	1	10%
5 Very Good	1	10%
4 Good	3	30%
3 Adequate	4	40%
2 Weak	1	10%
1 Unsatisfactory	0	0%
Total	10	100%

F4 In respect of needs assessment please record Key Strengths:

- Admission assessment covers holistic needs and issues identified from individual's perspective which evidences involvement of individual in completing admission assessment which has been signed by them and worker.
- Assessment focuses on personal, social and community capital and individual's aspirations and seeks their views. Holistic covering wide range of wellbeing needs.
- Assessment is person centred with clear goals identified.
- Comprehensive assessment of individual's needs, views clearly evidenced and goals and aspirations identified.
- Evidence of contribution from other agencies.
- Good record of background information and identified strengths and previous treatments accessed.
- Identifies traumatic events. Anticipates future needs. Looks at physical, mental and social aspects of life used to develop recovery plan. Part of on going process. Regular reviews evidenced. Clear evidence that consent has been sought to share information.
- Looking at Moving On and Out of Services using client's strengths and skills.
- Some attempt to use specialist assessments. Regular reviews done as part of on-going process. Evidence of contact with appropriate services in planning liberation.
- Very good assessment specifically designed for community Alcohol Detox

In respect of needs assessment please record Areas for Development:

- Assessment tool (ROW) in file but not completed. Some boxes ticked but no additional information added
- Could be made more specific with regard to areas of concern, action plan required to counteract this and progress made. A concern noted was a lapse and non engagement with appointments but then details progress at 1 to 1 appointments. Although this is progress in some areas concerns may persist if the client is not attending treatment appointments.
- Dependent YP (17yrs) not fully identified i.e. no name just an age and does not detail how their needs and wellbeing will/are being addressed or the impact of father's alcohol use on YP.
- If treatments or support options were clearly identified for each area this would make the assessment more SMART.
- Lacking in detail of analysis of problems identified. Focuses on problems rather than being based on a client's strengths and recovery capital. No evidence of family/supportive individuals being involved in process.
- Lacks detailed analysis of issues.
- Need to indicate sharing of assessment information between services.
- Quality of assessment poor. Lacks any detailed information. Scores only completed in some areas. NHS assessments done in community not shared with HMP Peterhead NHS staff on incarceration. Little analysis of needs and aspirations of the individual. Due to little information on assessment difficult to link care plan/risk plan.
- SDS comprehensive assessment completed by CSMS does not appear to have been shared with Alexander Clinic on admission. Admission assessment does not have a focus on individual's recovery capital.

Section G: Recovery/Care Plan:

G1 Is there a recovery plan in place?

	Frequency	%
Yes	10	91%
No	1	9%
Total	11	100%

Based on question G1 the following questions were answered for 10 cases

G2 Is the recovery plan up to date?

	Frequency	%
Yes	8	80%
No	2	20%
Total	10	100%

G3 Is the recovery plan SMART?

	Frequency	%
Yes	5	50%
No	5	50%
Total	10	100%

G4 If no, please describe why the plan is not SMART?

	Frequency	%
Not Specific	0	0%
Not Measureable	2	40%
Not Achievable	1	20%
Not Reliable	1	20%
Not Time Bound	4	80%
Total	5	

The total percentage of services providing support is greater than 100% as multiple responses possible

G5 Does the recovery plan set out the desired outcomes for the individual?

	Frequency	%
Yes	9	90%
No	1	10%
Total	10	100%

G6 If no, please describe in what way(s) the plan is not outcome focussed:

- Recovery/treatment plan uses 12 Step structured approach - short term and long term goals are generic and not specifically person-cantered/focussed to the individual.

G7 Is there evidence that the individual is offered a copy of their recovery plan?

	Frequency	%
Yes	2	20%
No	8	80%
Total	10	100%

G8 Using the guidance provided, how would you rate the quality of the recovery plan?

	Frequency	%
6 Excellent	1	10%
5 Very Good	1	10%
4 Good	4	40%
3 Adequate	4	40%
2 Weak	0	0%
1 Unsatisfactory	0	0%
Total	10	100%

Section H: Implementing and reviewing the plan:

H1 Do reviews include an assessment of the effectiveness of current treatment or interventions towards achieving the individual's recovery goals?

	Frequency	%
Yes	9	82%
No	1	9%
Not Clear	0	0%
Too Early to Tell	1	9%
Total	11	100%

H2 Is there evidence that workers supporting the individual are working to agreed actions in the plan?

	Frequency	%
Yes	11	100%
No	0	0%
Not Clear	0	0%
Too Early to Tell	0	0%
Total	11	100%

H3 Is there evidence that the plan is reviewed at intervals appropriate to the individual's needs that reflect any changes in their situation?

	Frequency	%
Yes	10	91%
No	0	0%
Not Clear	0	0%
Too Early to Tell	1	9%
Total	11	100%

H4 Does the plan address other areas in the individual's life identified from their assessment including wider health needs, family, children, finances, education, employment and housing?

	Frequency	%
Yes	10	91%
No	1	9%
Not Clear	0	0%
Too Early to Tell	0	0%
Total	11	100%

H5 Is there an appropriate level of partnership/collaborative working in implementing the plan for the individual?

	Frequency	%
Yes	11	100%
No	0	0%
Total	11	100%

H6 Is there evidence of any difficulty in implementing key actions in the individual's plan because of delays in providing key services, following assessment?

	Frequency	%
Yes	2	18%
No	9	82%
Total	11	100%

H7 Are the records of reviews included in the primary file?

	Frequency	%
Yes	9	82%
No	2	18%
Total	11	100%

Section I: Involvement:

I1 Using the guidance provided, please rate how effectively workers have involved the individual in key processes by seeking and recording their views about how services are delivered.

	Frequency	%
6 Excellent	0	0%
5 Very Good	5	45%
4 Good	5	45%
3 Adequate	0	0%
2 Weak	1	9%
1 Unsatisfactory	0	0%
Total	11	100%

I2 Is there evidence that individuals are told about their responsibilities and what they can expect from the service?

	Frequency	%
Yes	8	73%
No	3	27%
Total	11	100%

I3 Using the guidance provided, please rate how effectively the individual has been supported to understand and exercise their rights, comment on the services they have received and express dissatisfaction on making a complaint.

	Frequency	%
6 Excellent	0	0%
5 Very Good	1	9%
4 Good	6	55%
3 Adequate	2	18%
2 Weak	2	18%
1 Unsatisfactory	0	0%
Total	11	100%

I4 Is there evidence that the individual has been told about independent advocacy services that can help them be heard?

	Frequency	%
Yes	0	0%
No	8	100%
Total	8	100%

Not applicable = 3

Section J: Family Inclusive:

J1 Is there evidence that the individual has been told that family members can only be involved in their treatment/recovery journey if they want them to be?

	Frequency	%
Yes	3	30%
No	3	30%
Not Clear	4	40%
Total	10	100%

Not applicable = 1

J2 Is there evidence that workers have advised and supported the individual to involve others who can support their recovery?

	Frequency	%
Yes	4	40%
No	4	40%
Not Clear	2	20%
Total	10	100%

Not applicable = 1

J3 Is there evidence that workers have helped the individual to minimise the impact that their drug or alcohol use may have on those around them?

	Frequency	%
Yes	6	67%
No	2	22%
Not Clear	1	11%
Total	9	100%

Not applicable = 1

No response = 1

J4 Where there are dependent children, is there evidence that the individual has been told that the needs and wellbeing of their children are a primary concern?

	Frequency	%
Yes	2	33%
No	4	67%
Total	6	100%

Not applicable = 5

J5 Using the guidance provided, please rate how effectively services were alert to and responded to the needs and wellbeing of dependent children?

	Frequency	%
6 Excellent	0	0%
5 Very Good	1	20%
4 Good	1	20%
3 Adequate	0	0%
2 Weak	1	20%
1 Unsatisfactory	2	40%
Total	5	100%

Not applicable = 6

J6 Where appropriate, is there evidence that workers were aware of the needs of other family members and sought support for them if this was needed?

	Frequency	%
Yes	1	13%
No	4	50%
Not Clear	3	38%
Total	8	100%

Not applicable = 3

Section K: Supervision and Quality Assurance:

K1 Is there evidence that the key worker has opportunities to discuss their work with a supervisor, manager or other appropriate staff?

	Frequency	%
Yes	4	36%
No	5	45%
Not Clear	2	18%
Too Early to Tell	0	0%
Total	11	100%

K2 Is there evidence that the key worker’s case file record is reviewed regularly by their manager, supervisor or staff with quality assurance responsibilities?

	Frequency	%
Yes	2	18%
No	5	45%
Not Clear	4	36%
Too Early to Tell	0	0%
Total	11	100%

Section L: Impact and Outcomes for Individuals:

L1 Using the guidance provided, to what extent has the individual's wellbeing improved (or is improving) as a result of the care, treatment and support provided?

	Frequency	%
4 - Considerable improvement evident	3	30%
3 - More than a little improvement evident	5	50%
2 - Some improvement evident	2	20%
1 - No/minimal improvement	0	0%
Not Clear	0	0%
Too Early to Tell	0	0%
Total	10	100%

No response = 1

L2 Please note key areas of strengths and/or development under the following recovery indicators:

Substance Use

Strengths:

- Accessing support
- Benefiting from reducing alcohol intake through 1-1 therapeutic interventions and hospital detox successfully completed and individual alcohol free.
- Clear assessment and referral to a variety of treatments required.
- Currently abstinent. Strong evidence of regular reviews and support. Taking action.
- Harm and frequency of use decreased.
- Improved
- Individual benefiting from Community Alcohol Support and NHS Substance Misuse Service to reduce alcohol use and improved control over use. Using drink diary to identify triggers.
- Initial substance use assessment undertaken and monitoring of methadone prescription thereafter.
- Is abstinent. Regular reviews held. Attends appointments.
- Residential rehabilitation programme addressing long term substance misuse issues. Completed 12 step approach programme.
- Treatment plan in place via NHS.

Areas for Development:

- Assessment tool (ROW) in file but not completed. Some boxes ticked but no additional information added. Personal outcome plan or risk assessment not evident. I would suggest completion of these tools to ensure a recovery plan is evident.
- Continue with relapse prevention supports.
- Robust risk management plan for liberation.
- Separate risk assessment would be ideal for clearly and quickly identifying risk, protective factors and risk management strategies. Separate recovery plan would enhance the SMART objectives - sharing and identifying responsibility for recovery.
- This could be identified by Foyer in the action plan.

Self Care & Nutrition

Strengths:

- Accomplished Level 2 award training in food safety.
- Diabetes better controlled due to increased appetite and controlled eating and medication.
- Good self care.
- Improved
- Improved diet.
- Improved nutrition and weight gain, diet issues being addressed.
- Improved physical health. Attends appointments. Diet okay. Taking care of self.

Areas for Development:

- Regular monitoring of weight/BMI/health checks.

Relationships

Strengths:

- Confidence Building and self esteem work being undertaken.
- Feels safe and supported.
- Identifies positive relationship with 17 yr. old daughter and extended family members.
- Improved contact with child. Formed positive relationship with new partner.
- Improved relationships with children and parents.
- Improved social supports. Involvement in community groups.
- No evidence.

Areas for Development:

- Become more family inclusive when care planning.
- Needs to develop strong relationships in the community on release.
- No specific assessment and little recording within contact sheets of discussion with individual regarding his daughter and how his alcohol/emotional wellbeing impacts on her.

Physical Health & Wellbeing

Strengths:

- Adhering to prescribed medication.
- Improved contact with child. Formed positive relationship with new partner.
- Improved health and wellbeing.
- Improved physical health. Taking medication as prescribed.
- Improved sleep and mood. Maintaining appointments with GP and consultant psychiatrist. Complimentary therapies aiding physical and emotional wellbeing. Pursuing leisure pass and bike scheme to increase exercise.
- Improving physical health by accessing community activities
- Needs continuing support with this
- Takes medication as directed. Attends medical appointments.

Areas for Development:

- Struggled to access funding to attend some activities though.

Mental Health & Emotional Wellbeing

Strengths:

- Made some good progress.
- Attending CPN appointments and relevant groups and taking prescribed meds.
- Benefiting from group work and 1:1 therapy on past issues.
- Discharged from CPN care following successful detox. Improved motivation and mood.
- Mental health has improved but still has impact on drinking levels.
- Moods okay. Takes medication as prescribed and attends reviews.
- Psychosocial and psychotherapy support helping individual with loss and bereavement issues. Stable on prescribed medication.
- Reviews with consultant psychiatrist. Improved coping skills. Taking medication as prescribed.
- Treatment plan in place via CPN.

Areas for Development:

- Better links with CMHT.
- Ensure supports are in place for liberation to monitor mental health.
- Needs on-going monitoring. Specialist assessment/referral.
- This could be identified by Foyer in the action plan.

Occupying Time & Fulfilling Goals

Strengths:

- Action plan focuses mainly in this area clearly identifying the client's aspirations and goals.
- Attending AA and counselling. Completed befriending course.
- Attending peer groups within rehab placement.
- Being supported to go to college.
- Involvement in a wide range of recovery based activities outwith home impacting positively on reducing isolation i.e. attending music group, Pilot light Project, SMART group, ADP forums
- No evidence.
- Participating in activities identified in recovery plan including community groups and peer led support.
- Struggles with leaving house and requires continuing support but slight improvement.
- Working and recent promotion.

Areas for Development:

- Continue to review and adjust accordingly to goals and aspirations.
- Could be more specific identifying: date, time, responsibility, support required.
- Lacks structure in community. Needs to develop strong relationships/supports.

Housing & Independent Living

Strengths:

- General statement in the action plan 'make flat my own'
- Lives independently. No concerns.
- No issues with this.
- Referral done for support on liberation.
- Stable housing/tenancy. Housing benefit issues identified and being addressed.

Areas for Development:

- Could be more specific at identifying goals.

Offending

Strengths:

- Not offending.

Areas for Development:

- Develop supports in community on release.

Money Matters

Strengths:

- Financial difficulties/pressures impacting on individual's recovery from depression. however individual receiving help from appropriate services to address these.
- Manages well
- No evidence.
- Noted in the assessment.

Areas for Development:

- Could be more specific as to current issues/ concerns and strategies in place.
- No evidence.

Children

Strengths:

- Case notes/ assessment identifies daughter in foster care and clients contact with his daughter.
- Client identified in ROW assessment as 'babysitting grandson when required'
- Identification on initial assessment that client is pregnant with an EDD.
- Increased access time with his child and quality time spent together.
- Noted in contact sheet of positive relationship with daughter.
- Regular contact with children, improved quality time.

Areas for Development:

- It would be beneficial if the SA - CPN had noted if she had shared relevant information about the client's progress or not with the child's named person which would have contributed significantly to the LAC review that was being held and noted in his case files.
- No indication in case notes if the pregnancy is still viable or being taking into consideration with regard to the client's recovery plan. No indication that the worker has identified risk to the unborn baby or given relevant harm reduction advice to follow during her pregnancy. There is no note in the file that information has been shared with relevant colleagues or that an unborn baby protocol has been followed. Case note should record progress of the pregnancy and evidence that unborn baby protocols have been followed.
- Risk assessment needs to be undertaken and noted in case notes / separate assessment (GOPR) to ensure contact with children is relevant and no risks apparent.
- YP's wellbeing not asked about from CAIR Scotland as part of involvement.

Section M: Comments and General Assessment:

Please enter any additional, relevant comments about aspects of practice in this case. Include any services making exceptional contribution to improving outcomes for the individual and any examples of good practice:

Key Strengths:

- Clear evidence of regular care plan reviews that are adjusted according to position in recovery and care plan signed by client. Recovery plan has clear short term goals.
- Delay in accessing treatment was due to the client cancelling appointments and not the service. The service responded quickly and offered alternative access/support via duty/phone etc. Assessment and intervention continued to be thorough and person focused. Good discussion / sharing information between NHS colleagues.
- Effective communication and contact taking place between CAIR and individual, supporting him to connect to range of local activities in community to reduce social isolation. Liaison with other services i.e. housing, health, DWP to address wider social issues.
- Foyer assessment is person centred focusing on recovery in area's of social development / social integration.
- Good evidence of multi-disciplinary work when planning detox.
- Some good joint working between the services involved and the client.
- Staff from clinic attend CSMS review. Individual signed copy of individual treatment plan. Structured 12 Step Approach links to treatment plan.
- System for Community Alcohol Detox set up well with appropriate assessment, risk plan and support plan. Involves client, NHS staff, 3rd Sector, GP and family.
- Timely access to services.
- Work place supported individual during treatment to keep job.

Areas for Development:

- A separate SMART recovery plan, risk assessment and evidence that SA - CPN is sharing information with the child's named person would make this very good.
- Assessment should be shared with all services involved with the client.
- Become more family inclusive. Better links with health services. Recovery plan lacks detail as to interventions.
- Client has a multi agency approach in her recovery journey. The Foyer assessment would benefit from naming other services identified for support, frequency of contact and reason for contact to show areas of concern/ treatment are addressed. Risk assessment needs to be specific to that individuals risk posed i.e. lapse/relapse / type of drug etc. and strategy in place to counteract this opposed to using a list of all possible areas and general statements to counteract this. Excellent risk assessment and risk management strategy within the file from NHS.
- Comprehensive risk management plans. Assessment on admission. Develop family inclusive release plans.
- Copies of SDS Assessment and Care Plan undertaken by CSMS not evidenced within Alexander Clinic file. Review minutes x2 of support plan undertaken by CSMS - no record within Alexander Clinic file. Individual Treatment Plan from Alexander Clinic is not shared with CSMS team.
- Risk assessment lacks detailed analysis of risk and management plan.

- The assessment seems to focus on the treatment aspect of prescribing and monitoring a methadone prescription. If the available assessment tools (ROW) , and GIRFEC were used as well as having a separate risk assessment and SMART personal outcome plan this would ensure the service provided was good.
- Whilst the CAIR recovery plan addresses key dimensions identified by individual from Recovery Web, alcohol use which is being addressed by health is not recorded in the Recovery Plan. Family member (daughter) not considered within assessment and care planning process.

Emerging Themes:

- Appears to well thought out and planned with successful outcomes.
- Need to record clients views more clearly. Need for joint reviews where possible. Need to ensure family members/significant others also offered support where appropriate
- Need to record if client has been offered copy of recovery plan.
- Areas of unmet need to be highlighted i.e. in this case funding issues.
- Evidence of Line Manager and senior manager input required.

Report Notes

QG4 This question was not answered with one of the response options but a written comment was made by 1 file reader

Various written comments were made throughout the file reading templates for this ADP area. Comments made in other places than the dedicated comments boxes are not included in this analysis.