



SCOTTISH EXECUTIVE

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Dear Colleague,

NATIONAL QUALITY STANDARDS FOR SUBSTANCE MISUSE SERVICES

The Action Plan in October 2004 which followed the Executive's Review of Drug Treatment and Rehabilitation Services recommended development of national standards with an emphasis on outcomes for service users, together with systems for monitoring and evaluation. To begin this process representatives of drug and alcohol services, service commissioners and regulatory bodies such as the Care Commission and the Social Work Inspection Agency met with the Executive and produced a set of Draft Quality Standards and underpinning statements.

In February 2006 a consultation on these draft standards was held and the three main points arising from it were -

- The standards were generally welcomed though some changes were suggested and further clarification requested.
- Standards should be revised to place more importance on the needs of children and young people and to indicate more precisely the responsibilities of service users.
- Monitoring tools and a national framework should be developed which will recognise different types of service and link to existing inspection structures but will not impose any additional burden on services.

Scottish Ministers are now pleased to publish the National Quality Standards for Substance Misuse Services which have been revised in line with these recommendations.

The standards are expected to improve the consistency and quality of substance misuse service provision in Scotland. They will form the foundation of a framework that is intended to enable service providers to examine and continuously improve their service delivery, increase accountability, and assist service commissioners to make evidence based funding decisions. They will provide a benchmark for the level of quality that should be consistently reached for all services working with substance misusers.

These standards will form part of the background for the forthcoming stocktaking exercise to assess the current performance of ADATs and examine their capability to deliver Ministerial priorities on drugs and alcohol against the principles of best value. It is expected that ADATs and commissioners will incorporate them into their monitoring arrangements and the Scottish Executive is considering whether in future there should be a link between adherence to the standards and the allocation of funding. This would ensure that decisions about service provision are based on evidence of good practice.

Currently service providers should examine and adjust existing methods they use for evaluating current effectiveness of service delivery to incorporate the standards, and use these to assess and improve the quality of their provision. The evidence produced by this process can then be used to inform any external monitoring of the service, demonstrate quality of service provision and underpin any funding bids.

The next stage in the process, building on pilot projects conducted during the consultation on the draft standards, is to develop an evaluation framework over the next year which allows services to monitor improvements in their delivery of support. To facilitate this the Scottish Executive has appointed a secondee to work with the national steering group. This work programme will include:

- awareness raising work with service users, service providers, commissioners and ADATs.
- engagement and consultation with service providers to support implementation.
- developing common practice and tools for monitoring.
- publication of further guidance on monitoring and evaluation for services.

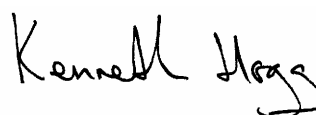
In order to facilitate the implementation of the National Quality Standards it is important that you now familiarise yourself with these standards and start to make use of them in all of your activities.

We will be working with you to develop an evaluation framework and your participation in this process is welcomed.

Yours sincerely



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National Quality Standards

for substance misuse services

privacy

dignity

realising potential

safety

equality and diversity

choice



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National Quality Standards

for substance misuse services

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Introduction

People who misuse alcohol or drugs often have a range of needs. To meet those needs, there is a wide range of services across Scotland which provide treatment and support to help people with their dependency problems. That range covers a continuum of services, from those providing intensive support in a residential setting through those of a less formal nature, such as community information centres or needle exchange facilities, and includes those assisting with employability, housing and money management. The statutory, independent and voluntary sectors are all involved in managing and running these services.

To ensure consistency of provision by all services a set of National Quality Standards and underpinning statements have been developed. These standards are the starting point in developing a robust monitoring and evaluation framework which will support providers to evidence, assess, and improve the quality of their service provision. We envisage that through compliance with the standards services can demonstrate the quality of their provision, enabling commissioners to make considered funding decisions.

Developing the National Quality Standards for Substance Misuse Services

Scottish Ministers approved a set of draft standards, developed by a steering group formed from representatives of drug and alcohol services, service commissioners and regulatory bodies. Eleven overarching standards, each with a set of underpinning statements, were formed, building on the principles behind the National Care Standards which were produced by the Scottish Executive upon the passing of the Regulation of Care (Scotland) Act 2001¹. As a result, the quality standards have been developed from the point of view of people who use the services. They describe what each individual person can expect from the service provider. They focus on the progress that the person using the service can make during a period of treatment.

Many people responded to a consultation on the draft standards, including people who use services, family and community support groups, area Alcohol and Drug Action Teams (ADATs), voluntary organisations, health boards, local authorities and individuals. Their comments have resulted in these revised standards and accompanying guidance.

A number of different programmes relevant to quality improvement and underpinning development of the standards are described in Annex 1. In particular, the requirements of child protection and information sharing are central to the formation of the standards. Successful implementation depends on the key actions identified in *Hidden Harm – Next Steps*² being seen as an essential part of service delivery.

¹<http://www.opsi.gov.uk/legislation/scotland/acts2001/20010008.htm>

²<http://www.scotland.gov.uk/Publications/2006/05/05144237/0>

Who should use the standards?

The standards are intended to help all those involved in tackling substance misuse, including service commissioners and planners, statutory, independent and voluntary sector service providers, service users, their families, and the Scottish Executive in terms of policy development and funding. The standards are intended to be relevant not only to treatment and support services dealing directly with issues of dependency but also other services involved with substance misusers, for example those assisting them with employability, housing and money management.

The standards are also intended to be used to inform service users, their families or those empowered to represent them, about what they should expect from the services they wish to access and what will be expected of them.

What will the standards achieve?

The standards seek to achieve a consistent level of service delivery across Scotland. They will form the foundation of a process that is intended to enable services to examine and improve their provision and to provide a benchmark for the level of quality to be reached. In doing so these standards will give services, and staff within them, the reassurance that they are working to nationally recognised criteria.

The standards aim to improve information about what substance misusers should expect from service providers and give a basis for sharing information on best practice and treatment effectiveness.

How should the standards be used?

For services

The standards have been developed to be read in their entirety and you should regularly measure your service against each of the standards and underpinning statements and be able to provide evidence that your service is meeting all those which are relevant. Ideally, you should modify your existing evaluation methods so that they are suitable for measuring your service against the standards.

For each of the standards and underpinning statements you should consider how your own service provision can be improved and develop a plan to address any changes needed. The results of the evaluation and action plan should be recorded and any information that would be useful to service funders, planners or commissioners made available to them.

For service planners and commissioners

The standards can be used as a basis for evaluating service provision and ensuring that local services are of a suitable quality and range. Standards can be incorporated into funding or service level agreements and provisions for monitoring included into existing inspection arrangements. They can assist you in identifying

any gaps in local service provision and be used to plan future service development. Areas of good practice can be identified and used to inform local and national strategy for developing more effective services.

For service users and their families or representatives

The standards are intended to improve the quality of care available and can be used as an indication of what should be expected from a service. They can be used to identify the types of treatment and/or support which each service is able to provide and should assist you in making a decision about what service to access.

The standards also set out your role and responsibilities towards your own recovery. They highlight when, with support, you can think about your choices and find ways to avoid future problems.

The principles behind the standards

The standards are based on the same set of principles as the National Care Standards, reflecting the recognised rights which you enjoy as a citizen. They recognise that services must be accessible and suitable for everyone who needs them. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

The main principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

Your right to:

- have your privacy and property respected; and
- be free from unnecessary intrusion.

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same; and
- know about the range of choices.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

Your right to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your ethnic background, language, culture and faith;
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

Supporting framework

The *National Quality Standards for Substance Misuse Services* form the first stage of a framework that will be developed to improve the quality and consistency of treatment and support for substance misusers. The longer-term aim is for the *National Quality Standards for Substance Misuse Services* to be incorporated into, and underpin, planning, commissioning and management activities to support continuous service improvements.

The next stage in the process, building on pilot projects conducted during the consultation on the draft standards, is to develop an evaluation tool which allows services to monitor improvements in their delivery of support and provide evidence of good practice. The three pilot projects explored different ways to test the measurability of the standards. These were using an example checklist of the documents, policies and procedures which can identify evidence of good practice; involvement of service users in interviews and questionnaires; and trying out a sample monitoring tool in several action team areas. All the materials and tools used in the pilot projects, including the types of documentary evidence needed to demonstrate compliance with the standards, are available online in the *Draft National Quality Standards for Substance Misuse Services: Report on Pilot Projects*.³

A monitoring framework to support implementation is now being developed. This will not take the form of an additional burden of inspection. We have worked closely with regulatory bodies such as the Care Commission and the Social Work Inspection Agency in the development of these standards. However, in the move towards greater accountability, the standards are primarily intended to help continuous self-evaluation and improvement, with support from local ADATs and service commissioners.

Guidance on the statements contained in the standards and on preparations for monitoring is included in Annex 2 of this document. The guidance is provided in the form of Frequently Asked Questions.

³<http://www.scotland.gov.uk/Publications/2006/pilotreport>

Standard Statement 1

You will be provided with all the information you need to help you decide about using the service.

You, or someone acting on your behalf, will be:

- provided with clear and correct information on all the support available in the area;
- provided with information on getting help from the service – such as contacting and getting to it;
- provided with details of who the service is for, what it offers, and how to end your contact; and
- provided with details of its rules and ways of working, for example confidentiality, sharing information and making a complaint.

Standard Statement 2

You will have all the information you need about arrangements for ending your contact with the service.

- If you have children, the service will not ask you to leave without considering their needs.
- When about to leave the service other agencies may have to be informed, particularly if you have children.
- You will be given information such as how to get further help or cope with risks or setbacks.
- The service will talk to you about the choices and risks faced by you and others.
- Before leaving you will be asked for your views of the service.
- The service will send a report on your progress to appropriate agencies and you will receive a copy of this.
- The service may ask if they can keep in touch to see how you are doing.

Standard Statement 3

You will be able to access safe, quality surroundings when engaging with the service.

- The service and facilities offered will be of a good standard – safe and appropriate.
- The service will employ and train its staff to make sure you are treated with respect and dignity.
- The service will make sure that bullying, harassment or discrimination of any kind is not tolerated.
- The service will respect your religious, spiritual, cultural or other beliefs and needs, and those of others who use the service.

Standard Statement 4

You will be involved in a full assessment which makes sure that decisions about your care and support are based on your needs.

- You will take part in a full assessment of your drug and/or alcohol use and other needs. This assessment will be kept up to date.
- Improving your situation will involve discussing areas in your life such as your family, children, aspirations, health, employment and housing.
- Your views will be listened to and used to develop your personal plan.
- With your agreement, your information will be shared with other services and it will be made clear to you when this might be done without your permission.

Standard Statement 5

You will receive a written personal plan that clearly sets out what the service will provide to meet your needs.

- After assessment you will be involved in developing your personal plan.
- What is expected to be achieved will be clearly stated in your personal plan.
- Who does what and when will be made clear in your personal plan which will be kept up to date.
- Your responsibilities will be made clear in the plan.
- As your situation changes, your personal plan will be reviewed to reflect these changes.

Standard Statement 6

The service will work with you to achieve the jointly agreed actions in your personal plan.

- You will be informed about what the service offers, how it can help and how to take part.
- You will have time to think about your choices.
- You will be offered a supportive working relationship to help meet your needs.
- You will be supported to take action to meet your needs identified in your personal plan.
- You will be supported in finding ways to avoid future problems with drugs and/or alcohol.
- You will be expected to work together with the service to make sure that there is a joint responsibility for meeting your needs.

Standard Statement 7

You will be able to discuss and plan your long-term support with service staff, involving your family, other organisations, services or representatives as appropriate.

- From the start, the service will work with you to support you to achieve your future goals.
- The service will support you with all parts of the plan such as identifying personal strengths and maintaining positive relationships.
- The service will assist you to make helpful contacts before you leave.

Standard Statement 8

You will receive quality support and care.

- If you have needs the service cannot meet, appropriate professional help will be sought.
- The service will meet relevant legal requirements.
- Workers (paid and unpaid) will be appropriately trained and supervised.
- The service will continuously review how it addresses the needs agreed in your personal plan.

Standard Statement 9

The service will work with a wide range of partners, including other services, so that your needs are met.

- Funders and providers will jointly design services that meet local requirements and national plans and will ensure they work together in a co-ordinated way.
- Funders and providers will ensure that evidence-based best practice is used to inform service design and delivery.
- Local services will be able to meet the needs of all those affected by alcohol or drugs.
- Services will consult with other agencies, such as housing and employment, when appropriate, to meet your needs as agreed in your personal plan.
- All drug and alcohol specialist services will have clearly written service specifications.

Standard Statement 10

The service you receive has been designed with you, your family, and the needs of the local community in mind.

- The service will treat everyone fairly in the way they work.
- All services will work together to offer the best help with your changing situation.
- How the local community are involved with the service will be clearly laid out.
- The service will recognise the needs of members of your family and those you live with and, where appropriate, seek support for them.

Standard Statement 11

Your views will be sought in order to constantly monitor the type, delivery and development of services.

- You will be given a list of your rights and responsibilities when using the service.
- To improve this service, at least once a year, you will be asked in confidence for your views and ideas on the service.
- To improve this service, at least once a year, other local organisations will be asked in confidence for their views and ideas on the service.
- If you want to join a group with others using services then you will be given support and training to do so.

Annex 1 - Additional background

Review of Drug Treatment and Rehabilitation Services

One of the major issues to emerge from the Scottish Executive's Review of Drug Treatment and Rehabilitation Services was that there has been no overarching agreed framework which describes the quality of provision and delivery required by these services. The Action Plan published in October 2004⁴ recommended development of national standards with an emphasis on outcomes for service users, together with systems for monitoring and evaluation. Informed by earlier work on quality standards by the Scottish Drugs Forum (SDF), the *National Quality Standards for Substance Misuse Services* is a first step in establishing the framework.

The consultation paper containing the draft quality standards can be viewed at <http://www.scotland.gov.uk/Publications/2006/02/01091717/0>

The full consultation report can be viewed at <http://www.scotland.gov.uk/Publications/2006/consultationreport>

The report on pilot projects can be viewed at <http://www.scotland.gov.uk/Publications/2006/pilotreport>

A report on the workshops conducted during the consultation can be viewed at <http://www.scotland.gov.uk/Publications/2006/workshopreport>

Plan for Action on Alcohol Problems

The *Plan for Action on Alcohol Problems*⁵ published in 2002 – and its update that will be launched later in 2006 – sets the strategic framework for local and national action in the areas of culture change, prevention and education, provision of services and protection and controls. The overarching aim of these policy documents is to promote a cultural shift away from excessive drinking and ensure that people who need it have access to treatment and support.

*Alcohol Problems Support and Treatment Services Framework*⁶

Published in 2002, this framework was published for use by those in the statutory, voluntary and independent sectors who plan, commission and manage support and treatment services for people with alcohol problems. The framework adopts a four-tier service model and provides a template to help assess local needs and provides a guide to the delivery of effective services.

⁴<http://www.scotland.gov.uk/Resource/Doc/26350/0012817.pdf>

⁵http://www.alcoholinformation.isdsotland.org/alcohol_misuse/AI_MainPage.jsp?pContentID=2054&p_applic=CCC&p_service=Content.show&

⁶<http://www.scotland.gov.uk/Publications/2002/09/15362/10733>

Hidden Harm – Next Steps

In 2003 the UK Advisory Council on the Misuse of Drugs (ACMD) published *Hidden Harm*⁷ which highlighted the plight of children affected by parental drug misuse. *Hidden Harm – Next Steps* published in May 2006 sets out what the Scottish Executive is doing with its local partners – in education, health, social work, police and criminal justice to identify, protect and support children and young people living with parental substance misuse – to bring about improvements needed. It also identifies further action to be taken. The priority of the Scottish Executive and the priority of every local agency must be to protect and safeguard children. The key actions identified in *Hidden Harm – Next Steps*, should be integrated into the implementation of the *National Quality Standards for Substance Misuse Services*.

Integrated Care for Drug Users

The Effective Interventions Unit (EIU) published *Integrated Care for Drug Misusers: Principles and Practice* in 2002⁸, which sets out the evidence base and best practice guidance on service integration. A subsequent series of Integrated Care Pathways Guides developed an operational tool to support the delivery of those principles. Adoption of the integrated care pathway approach is an essential element of the good practice set out in the *National Quality Standards for Substance Misuse Services*.

National Care Standards

The Regulation of Care (Scotland) Act 2001 established a system of care regulation in Scotland. The Act's purpose is to provide greater protection for people in need of care services. The Act empowers Scottish Ministers to make regulations and orders to meet the Act's requirements. In order to raise the level of care in Scotland, and ensure that service users receive the same quality of care no matter where they live, Scottish Ministers have developed national care standards for a wide range of care services.

⁷<http://www.drugs.gov.uk/publication-search/acmd/hidden-harm>

⁸<http://www.scotland.gov.uk/Publications/2002/10/15503/11433>

Frequently Asked Questions About The Standards

This paper gives guidance on particular questions raised in the consultation about the National Quality Standards. Where appropriate, information on where additional guidance can be found is given.

What services do the standards relate to?

The standards apply to all services used by people with substance misuse problems. Such services are diverse, ranging from those with minimal contact to those high intensity interventions and include all statutory, independent and voluntary services.

How can all these services meet all of the standards?

All services should meet all the standards relevant to their normal business activities. They should be able to show why they do not have a need to meet particular standards or underpinning statements. For example, personal plans would not be appropriate for services like Alcoholics Anonymous because participants need to be confident that their anonymity is paramount although they could state that the 12-step programme they use would be their equivalent of a personal plan.

What service users are the standards aimed at?

Any person of any age, gender, race, religion who needs a service for a substance misuse problem.

Does this include services for young people?

Yes.

What about those who are on court orders?

The standards apply to services for those on court orders, and the legal implications of their situation need to be made explicit to the service users. This will include information on what will happen if they do not comply with the order.

Is it necessary to supply information on all services within the area? How can services do this?

Making available information on all local services allows individuals to decide which are best for them. This could range from a list of names and addresses of services in the area to a more comprehensive approach which would give greater details about what the other services provide.

To facilitate this process all services should distribute their own information to all other services.

How can someone be acting on behalf of service users?

The standards recognise that there are people who may not be able to seek assistance on their own behalf or are on legally imposed orders. In this case it is even more important that the person seeking a service for them is able to make an informed choice and has access to information on service availability.

Why should information be provided to service users?

A key intention of the National Quality Standards is to promote improvements in the relationship between services and service users. It is therefore essential that service users know what is expected of them by the service, and the consequences of their actions. Equally all staff need to be aware of the service rules to ensure consistency and fairness in delivery.

How can I provide service users with information about the rules of the service? What should this include?

This can be done in a number of ways and will depend on what type of service is being provided. Examples are:

- staff talking to the service users about the rules;
- a contract between the service and service users which details the rules; and
- audio tapes or DVDs.

How you choose to do this will be relevant to the type of support provided and the individual(s) you are working with. It is important that all the rules of the service are covered along with what happens if these are not adhered to. This information should be presented to the individual in a way they can understand.

It is good practice to record that this has been done and the person giving the information and the service user should both sign and date this record.

Although this list is not comprehensive, some of the issues here are:

- Legal responsibilities of the service – including obligations towards children, reporting of criminal offences.
- Confidentiality and sharing information –
 - This would include the confidentiality policy of the service, when information given to staff would not be considered confidential, who the service is obliged to share information with, why this is necessary, what information will be shared, how it will be done (electronic, mail, telephone, meetings) and when it will be done (every month, at end of service).

- The service users should be informed about who the service recommends that information be shared with and why. If service users identify someone who they wish to be kept informed of their progress they should be given information on how this will be done.
- The service users' written consent should be sought before any information is shared, unless there is a legal obligation to do so, for example for child protection purposes.
- It is also important that service users fully understand any implications that may arise from not giving permission to pass on information. For example, this could result in repeating details for assessment.
- *Integrated Care for Drug Users* and *Good Practice Guidance for Working with Children and Families Affected by Substance Misuse*⁹ both have useful sections on confidentiality and information sharing.
- Making a complaint – The procedure for service users to make a complaint should include how this should be done, for example in writing or orally, who it should be directed to, how the complaint will be dealt with, timescales, and how to appeal against any decision.
- Use of drugs and alcohol – The policy on drug and alcohol use when using the service should be explained and what actions will be taken if the rules are broken or suspected to be broken, including any testing procedures that may be undertaken. It is important to highlight any legal action that may follow.
- Conduct – The policies and expectations of the service should be available to all potential service users. The requirements of the service with regard to time-keeping, keeping appointments, behaviour and participation in treatment should be explained to all service users. It would be good practice to document that this has been done. It is also important that services explain what happens when such requirements are not met. This process may need to be repeated at regular intervals during involvement with a service.
- Engaging with a service – Service users should be informed that a care plan involves conduct compatible with the expectations of a service as well as participation in treatment.

Can a service discharge people with children?

There may be occasions when it is necessary to ask service users to leave the service if they have children. What is important however, is that the needs of the service user's children have been properly considered and appropriate agencies have been informed of this decision and support established. All steps to end the support should be clearly recorded.

⁹<http://www.scotland.gov.uk/Publications/2003/02/16469/18705>

Which agencies will have to be informed if someone leaves a service?

This will vary depending on the type of service and the individual case, for example the agency providing funding for the person to attend may need to be contacted. This will almost certainly be the case if the individual is on a legally imposed condition to attend the service.

If a person has dependent children, immediate consideration should be given to whether the social work department will need to be contacted.

How will services provide information on getting further help?

Information could be provided verbally as a person leaves or as part of a leaving pack detailing other services in the area. The pack could include assistance with drug or alcohol issues and how to be re-referred to the service they are leaving. It could also include more general services – libraries, housing services, education establishments.

Why should services ask the views of service users?

Service users' views can identify good practice, problematic areas of service delivery and can assist services to develop and improve.

Why will services send out progress reports and why should service users be given a copy?

A report detailing the work that the service has carried out and any progress made should be provided to any person overseeing the individual's care. The individual should also be provided with a copy of the reports for their own record.

What if the individual can't read?

Even if the individual can't read the report will still serve as a permanent record of the assistance they have received. They will then have the choice to ask for assistance in its interpretation or be able to pass it to another service.

Why would the service want to keep in touch with service users after they leave?

Where people have made progress their experience can serve as a good outcome indicator and may be used to attract or justify funding. Where people have not done as well, their feedback can be used to improve the service.

What do some of the terms mean and how can services ensure that these are met?

- *Safe* – The standards use “safe” to mean free from danger or the risk of harm. The service should operate from locations which are not hazardous and where service users will be free from attack or persecution and will feel able to discuss sensitive personal issues. Safe provision should be extended to all users of a service, their children, their families if they have contact with the service, the staff of the service and all others who may have direct contact.
- *Quality surroundings* – This describes the fitness for purpose of the location of the service and the ability to satisfy the stated or implied needs of what the service wishes to achieve. These should be easily accessed, comfortable, well maintained and safe.
- *Good standard* – The service provides support which has desirable or positive qualities, especially suitable to assist clients make progress in overcoming their dependency and/or any other related needs and operates, in all cases, according to the principles of good practice.
- *Appropriate* – The standards use appropriate in a number of ways, the definition of these are:
 - Regarding service provision – Services supplied will address specific needs identified in service users’ care plans.
 - Regarding facilities – The location, premises used and any materials and equipment will be suitable to the provision of the service offered.
 - Regarding professional help – Help from those holding professional qualifications directly related to the assistance required.
 - Regarding other agencies – Agencies who can assist the individual address the needs identified in their care plan, which service users have given permission for the service to contact, and those that the service is obligated to report to.
 - Regarding training – All workers will be trained to a level that enables them to effectively carry out all the duties that are required of the position that they hold. Depending on the exact position, minimum qualifications may be legally required.
 - When seeking support – To assist the individual locate support if they desire assistance or if there is a legal obligation to do so.

How these are ensured will vary depending on the service provision but they aspire to be the best that each service can provide. In order to measure themselves, services should examine other similar services and it may be useful to compare the processes used in substance misuse services with those in other fields.

How can services make sure people are not bullied, harassed or discriminated against?

It is necessary to provide clear rules, policies and procedures to everyone who is involved with the service. Clear indications of what will happen if these rules are broken should be made available, to show that the service will challenge inappropriate behaviour and take relevant action.

In the event of bullying or harassment, records should be kept about what happened clearly outlining what action was taken. Keeping a diary of events is a good way of ensuring that such records are kept. The records should be reviewed and used to identify any gaps in the policies and procedures and improvements made.

What is an assessment?

The purpose of assessment is to identify the needs and aspirations of the individual to inform decisions about treatment, care and support on an ongoing basis. Assessment should not be confined to examining the wellbeing of the individual but, in the case of the person being a parent, having responsibility for, or living with children, the needs of each of these children should also be assessed on an individual basis and the ability of the individual to provide effective parenting should be evaluated.

It is necessary to recognise that the safety of any children involved is of prime importance and that there should be no delay to taking appropriate action to ensure this.

In 2002, the EIU identified the need for 3 different levels of assessment. They also said that agencies should carry out the type of assessment that is most suitable for the service they are providing. In order to minimise repetition all the levels of assessment should combine to form a full or complete assessment of need.

The EIU define these levels as:

First level or screening

This will be made on first contact with a person to ensure appropriate referral. The information collected at this stage will be fairly basic with only cursory information about their substance use. Questions about the individual's family and household circumstances which will include their children should be asked at this point.

Second level assessment

May be used in health or social work settings when the individual has made a direct approach or has been referred by another agency. This assessment should cover more detailed information on substance use and other factors such as housing, employment, health, and benefits. This assessment should allow some

decisions about treatment and care to be made, or whether it is appropriate to refer an individual elsewhere.

If children are involved the partnership approach which underpins the standards is even more relevant. If the initial assessment suggests that the parent's substance misuse is impairing, or likely to impair, a child's health or development, or that the child is suffering, or may suffer, significant harm, the agency should arrange for appropriate people to undertake a detailed assessment of the needs of the children.

Third level or specialist in-depth assessment

May be appropriate when a client has been referred to a specialist agency, or has moved on from entry-level assessment. This assessment would cover in detail the nature and extent of substance use, physical and psychological health, personal and social skills, social and economic circumstances, previous treatment episodes, and assets and attributes of the individual.

A complete assessment of the needs of children would form part of this level of assessment and would be undertaken in partnership with the children, those working with them and those who care for them. This assessment would form the basis for an action plan formulated to address the needs of the children and agreed by all those involved. There should also be evidence of engagement with the children and their views should be recorded. It should also be noted that in relation to children, the intention is a move from referring onto other services to one where the lead professional brings in specialists as required, either to assess or to provide a specified action.

The following documents from the EIU provide additional guidance on assessment:

*Evaluation Guide 7 – Using assessment data for evaluation*¹⁰

*Integrated Care for Drug Users Assessment: Digest of Tools Used in the Assessment Process and Core Data Sets*¹¹

More details on addressing the needs of children can be found in the following Scottish Executive Publications:

*Getting our Priorities Right – Good Practice Guidance for Working with Children and Families Affected by Substance Misuse*¹²

*Getting it Right for Every Child: Proposals for Action*¹³

Hidden Harm – Next Steps: Supporting Children – Working with Parents

¹⁰http://www.drugmisuse.isdscotland.org/goodpractice/EIU_evaluating7b.pdf

¹¹<http://www.scotland.gov.uk/Publications/2003/05/17143/21874>

¹²<http://www.scotland.gov.uk/Publications/2003/02/16469/18709>

¹³http://www.scotland.gov.uk/Publications/2005/06/201356_08/56098

How do services get appropriate professional help for service users whose needs they cannot meet?

It is not uncommon for service users to have multiple issues that they need to address and a single service is unlikely to be able to provide support for all of these. These needs should be identified in the assessment process and actions to assist the individual to address them agreed and recorded in the personal plan. In such cases where it is agreed that it would be beneficial that relevant services or specialists be involved, their assistance should be sought.

It is important to record any attempt made to identify and refer to another service, along with the outcome from that attempt, in the individual's personal plan. It is especially important to do so if no local service can be found to meet the identified needs, as this indicates a gap in the provision of services. Commissioners of local services can use this information in planning ongoing service developments in the area.

What does relevant legal requirements mean?

All services have to meet any legal requirements in regard to their service. This would include along with others legislation, such as:

- Health and Safety
- Employment
- Drugs and Alcohol
- Record keeping and Data Protection
- Property
- Human rights

What is meant by “how the local community are involved will be clearly laid out”?

It is important that service users know how the local community may be involved as it may affect their decision to maintain contact. Some examples of involvement include:

- Local volunteers or befrienders working in the service.
- Local religious groups holding meetings or coming into the service.
- Police involvement.
- Teachers running sessions.
- Other service users' families visiting them at the service.
- Local people on the steering group/management committee.

Information should be given about how service users can maintain their anonymity whilst accessing the service.

The service users should be informed of any expectations that the local community may have of them.

How can the service seek support for individuals' families and those they live with?

If the individual lives with or has responsibility for children, then the guidance given under the section on assessment should be followed.

In the case of other family members they could be given a list of service providers or family support groups in the area, or an appropriate referral could be made with their permission.

How can services get the views of service users or other local organisations and what use will this be?

Various methods could be employed. Some suggestions may be:

- Holding focus groups.
- Assisting peer reviews.
- Collecting feedback through anonymous suggestion/comments boxes.
- Using questionnaire forms or letters with return stamped addressed envelopes included.
- Using electronic forms.
- Providing a website with a service users' forum.

Viewpoints are useful to improve service and enable development of provision.

How can services help individuals to join service users' groups and what training will they need to provide?

The local ADAT should be able to give details of service user groups in the area and where they are held. Alcohol Focus Scotland and the SDF can provide information on how to establish a service users' group.

How can services ensure all staff are appropriately trained?

Services should check with the relevant professional bodies regarding any legal minimum qualification requirements for all posts available and then employ people with these qualifications.

Services should ensure that all staff have access to training that is relevant and appropriate to their position and encourage them to continually update and extend their knowledge and skills.

Frequently Asked Questions About Using the Standards

How can services measure themselves against the Standards?

A good place to start would be to design a new tool or modify one you currently use to aid you with this evaluation. This tool should look at each of the standards and underpinning statements and ask questions about how the service is currently meeting them, to what level it does so, and should list what evidence has been used to determine this.

Ideally the tool should also list any suggestions on how to improve in each area, even in cases where the standards are already shown to be being met to a high level. It would list the actions for improvement which have been identified, who is responsible for implementing them, and the timescales for completion.

Collecting of evidence to record in the tool could be done using a variety of methods, and the greater amount of methods used the more valuable the information collected will be. Although this list is not definitive, these could include examining documents, resources and facilities, interviewing staff, service users and their families, issuing anonymous feedback forms and inviting other agencies to give comments.

Different methods and tools were used to evaluate services in three pilot projects run as part of the consultation on the National Quality Standards. A report on these projects, which cover the type of evidence that could be made available to demonstrate compliance, methods for involving service users and a sample evaluation tool, is available on the Scottish Executive website at <http://www.scotland.gov.uk/Publications/2006/pilotreport>

What evidence would I use?

Although not exhaustive, a good example of some of the types of evidence that could be provided is contained in the check list used in the pilot project run by Forth Valley Substance Action Team. This check list is contained in the report on the pilot projects mentioned earlier.

How can I involve service users in evaluation?

A range of methods can be used. Some suggestions are an anonymous suggestion box placed in your service, questionnaires sent to service users and ex-service users and their families with prepaid reply envelopes, individual interviews and focus groups. The approach used in the pilot run by Glasgow Involvement Group supported by the SDF, was to interview present users of services about the service they were involved with. Details including the questionnaire they used are contained in the report on the pilot projects.

How can this help services to improve?

On a service delivery level, you should take the information about how you meet each of the standards, and ask how this can be improved. This should generate various suggestions and you should decide on which of these you wish to use. Develop an action plan around how these will be implemented and allocate the resources needed to do this. The plan should identify the person responsible for overseeing each action and list the major milestones to the goal being achieved. This action plan should be reviewed at regular intervals and priority given to the areas where the service is farthest away from meeting the standards.

On a local level, services should send the information from their own monitoring to the local commissioners of services, highlighting any areas that they have had problems in meeting, for example accessing appropriate professional help because no local service exists. This information can then be taken into account when planning further services in the area. It is also important that services report on any areas where they have had successful outcomes as commissioners can disseminate this “good practice” to enable other services to improve.

On a national level, the information about what gaps there are in services and what works well can be used to develop policy and inform funding decisions.

When will my service be monitored?

The standards should be monitored using service providers’ and commissioners’ existing structures although some modification may be necessary to take the standards into account.

The longer term aim is for the standards to underpin all service planning, commissioning and management activities. A monitoring framework, to support implementation and continuous local self evaluation, will be developed over the next year.

In addition, we would anticipate local commissioners supporting this work as part of a move towards greater accountability and service evaluation.

Will this mean another inspection?

No. Existing inspection frameworks should take into account these quality standards and no additional inspections should be necessary.

What about the extra cost of monitoring the standards?

The standards should not be viewed as additional requirements, but as generic statements which underpin good service delivery, which we, our delivery partners and service users would expect services to be delivering already. We know that these standards are already being demonstrated across service providers. What is now necessary is to ensure consistency across the board. The development of a

supporting framework over the next year will consider the key issues such as training and data collection.

What is going to happen next with developing the standards?

Work on the development of a National Quality Standards evaluation framework has already begun and your input into this process will be sought. Particularly of interest will be the methods and tools you have developed to measure your service against the standards and any problems you have encountered in their use.

Appropriate	<p>The standards use “appropriate” in a number of ways:</p> <ul style="list-style-type: none">○ <i>Regarding service provision</i> – Services that are supplied will address specific needs identified in service users’ care plans.○ <i>Regarding facilities</i> – The location, premises used and any materials and equipment will be suitable to the provision of the service offered.○ <i>Regarding professional help</i> – Help from those holding professional qualifications directly related to the assistance required.○ <i>Regarding other agencies</i> – Agencies who can assist the individual address the needs identified in their care plan, which service users have given permission for the service to contact, and those that the service is obligated to report to.○ <i>Regarding training</i> – All workers will be trained to a level that enables them to effectively carry out all the duties that are required of the position that they hold. Depending on the exact position, minimum qualifications may be legally required.○ <i>Regarding seeking support</i> – To assist the individual locate support if they desire assistance or if there is a legal obligation to do so.
Assessment	<p>A process to identify the needs and aspirations of the individual being assessed to inform decisions about treatment, care and support on an ongoing basis.</p>
Family	<p>Those people who play a significant role in the life of the individual who is accessing the service, such as the partner or spouse, parents, grandparents, carer, siblings or children.</p>
Good standard	<p>The service provides support which has desirable or positive qualities, especially suitable to assist clients make progress in overcoming their dependency and/or any other related needs and operates, in all cases, according to the principles of good practice.</p>
Local	<p>Within catchment area of the service, the commissioning region or the neighbourhood where the individual service users live.</p>

Personal plan	A record of the actions taken, or to be taken to address needs that have been identified through the assessment process. The personal plan should be agreed between the individual and the service provider. As progress is made, the plan would include outcomes from previous agreed actions, identify who (individual or service provider) would be responsible for taking which new actions, the proposed timescale and the date of the next review.
Quality surroundings	The fitness for purpose of the location of the service and the ability to satisfy the stated or implied needs of what the service wishes to achieve. These should be easily accessed, comfortable, well maintained and safe.
Safe	Free from danger or the risk of harm. The service should operate from locations which are not hazardous and where service users will be free from attack or persecution and will feel able to discuss sensitive personal issues. Safe provision should be extended to all users of a service, their children, their families if they have contact with the service, the staff of the service and all others who may have direct contact.
Service	Any individual or organisation providing assistance to people with substance misuse issues, whether delivered through outreach or home provision, or from a fixed location. The great majority of services would be set up to address the dependency needs of substance misusers, such as treatment or information services, but the term also covers those whose main purpose is to address wider needs. Examples of the latter are employment services, housing services and benefit services.
Service user	Any person of any age, gender, race, religion who is in receipt of a service for a substance misuse problem.
Substance misuse	This term is used in the standards to mean the use of any type of substance, including alcohol, drugs, volatile substances, tobacco, or any other, which has resulted in the creation of any problem for the individual, their family or the society in which they live. Such problems would include health issues, legal issues or social issues.
Workers	People providing assistance to substance misusers on a full time, part time, sessional or volunteer basis.

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