Nottingham City Council

Alcohol and Drug Use Recovery and Treatment System

Consultation Report 2022

1. Why we have engaged

1.1 Existing contracts for alcohol and drug use recovery and treatment services are due to expire in 2023. Nottingham City Council is required to follow procurement law and undertake a commissioning process. To ensure that services continue to meet the needs of our population, this engagement process was undertaken.

1.2 The findings from this process will be used alongside our understanding of needs as identified in the Joint Strategic Needs Assessment Substance Misuse (illicit drugs and alcohol) (2022) - Nottingham Insight, and will be shared with stakeholders and other interested parties as a resource, and to inform the work of commissioners in planning, designing and procuring alcohol and drug use treatment and recovery services.

1.3 We aimed to engage existing and former service users, service providers, members of the public and stakeholders in line with Nottingham City Council's consultation policies. It is vital that this engagement promoted accessibility and equity, by targeting populations where there is unmet need within current services and ensuring that activities were accessible in a range of formats. To ensure a successful, safe, and cost-effective commissioning process, a review of existing provision, local needs and horizon-scanning was required.

1.4 The services in scope were:

- Adult drug and alcohol treatment service
- Adult criminal justice drug and alcohol treatment service
- Young people's drug and alcohol treatment service, including the family support element
- The harm reduction service (specialist needle exchange and sexual health service)
- Shared Care (GP-based drug treatment service)

1.5 We are grateful to those who have engaged in the process by completing surveys, attending focus groups, and being interviewed, as well as partner organisations who have promoted and facilitated the process.

2. Consultation and engagement process

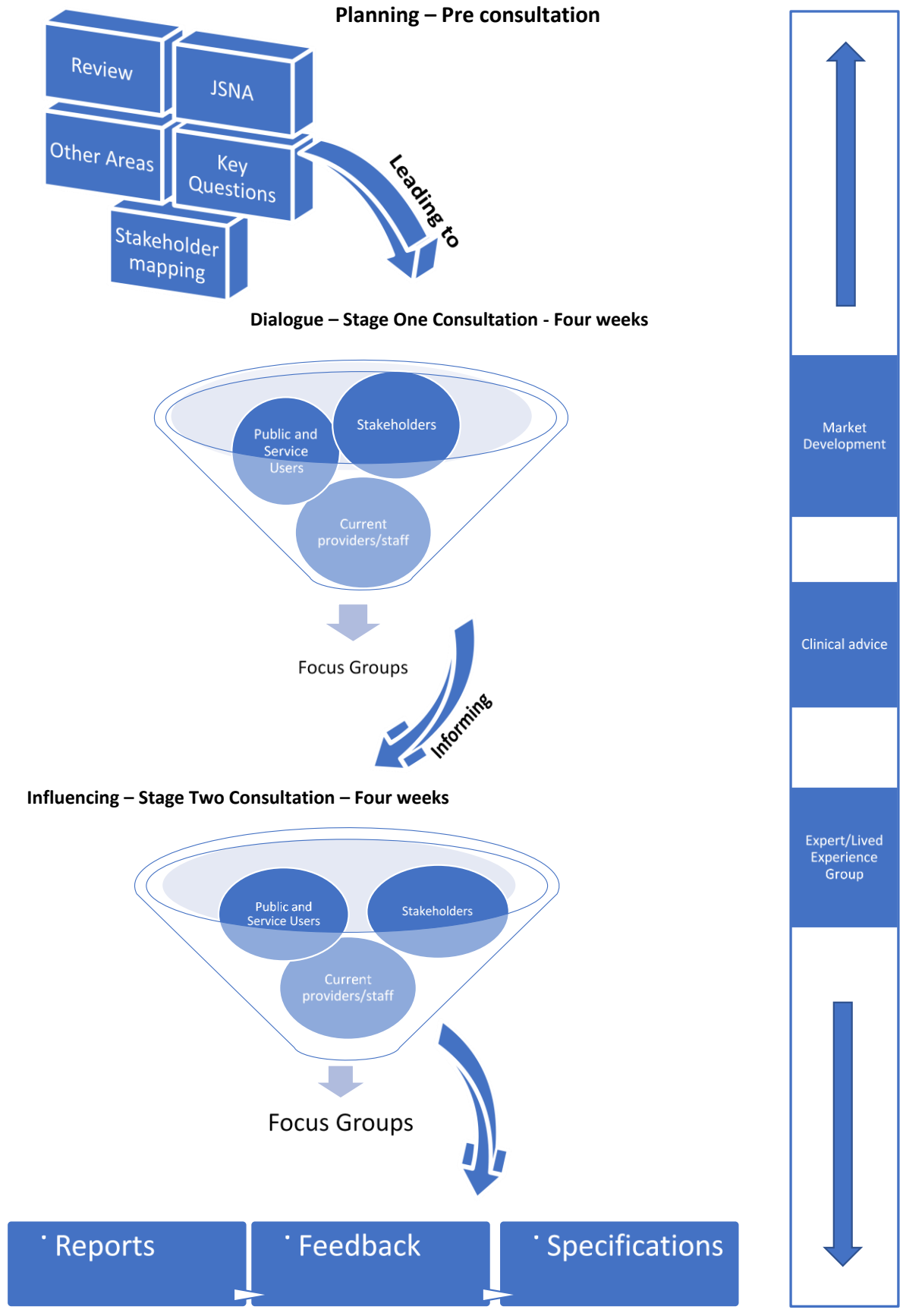
2.1 Whilst national and local data can provide a good basis on which to assess need, it is vital to ensure that the voices of our service users, stakeholders and wider population are considered in decisions around service provision. As such, a seven-part engagement plan was devised, following stakeholder mapping and preparation, and undertaken (Table 1).

Table 1: Consultation and engagement process

Activity	Description
Stakeholder Mapping	Initial work started in April 2022 and continued through to May.
Pre consultation activity	Strategic sign off for the process was acquired and the consultation plans were approved by the consultation manager in the City Council. Work was undertaken to put in place a system for incentivising engagement activity through travel expenses and vouchers. Questions for the online survey were developed by the whole team and approved by the Research, Engagement and Consultation Team at The City Council. Initial scoping took place to ensure opportunities for facilitated consultation sessions would be in place for citizens who cannot access online surveys.
Expert lived experience panel	We undertook a pilot to recruit a small group (10 max) of adult service users with lived and living experience of substance use to meet throughout the whole review and procurement process and act as an advisory group to the process. See **Appendix 1** for details.
Stage One consultation	Stage 1 four-week survey ran from 16th May to 13th June which asked very open questions to ascertain the key areas of focus for the ongoing engagement activities. This was available online through Nottingham City Council's online engagement hub and advertised throughout commissioned services, existing networks, and wider organisations as well as through social media. The survey questions can be seen in the **Appendix 2.**
Focus Groups and interviews with specific target populations and underrepresented groups.	These face-to-face and digital engagement activities took place throughout the period spanning the stage 1 and 2 surveys and through October 2022 and are outlined in a separate table, below.
Stage Two consultations	A four-week online survey ran from 18th July to 15th August, which asked focussed questions based on areas identified in the first stage survey and focus groups. As with stage 1, the survey was accessible in a range of forums and formats and through facilitated sessions. The survey questions can be seen in the **Appendix 3**
Engagement with staff in commissioned services	Face-to-face and digital engagement sessions (in focus groups and one-to-one interviews) with existing services providers.
Further focus groups and interviews	Continued from July to October

2.2 We are aware of the limitations of online engagement activities, so as well as the web-based survey it was also made available in paper format for those that do not have internet access. Paper copies were available in services across the city and a series of facilitated sessions were held to help people complete the survey. There was an offer for support to complete the survey through members of the Public Health team by phone, email and face-to-face. We also had some support from peers who facilitated completion of surveys. Focus Groups and interviews were held with specific target populations and underrepresented groups as detailed in Table 4.

Figure 1: The engagement process



3. Summary of stage one consultation survey results

3.1 There was a total of 50 respondents to the stage one consultation during the four-week period. A summary of the demographic breakdown is below, and full details are in the **Appendix 4**.

Table 2: Stage 1 survey respondents' demographic breakdown

Gender	Male 46% Female 42% Prefer not to say 12%
Age (most common age bands)	35-44 (32%) 45-54 (22%)
Disability	No disability 62% Disability 10% No response/prefer not to say 28%
Ethnicity (most common)	White British 50% Mixed - White and Black Caribbean 10%
Sexuality	Heterosexual 68% Prefer not to say 12% Gay 8%
Religion	No response/prefer not to say 54% Christian 18% Agnostic 12%

3.2 Stage one themes

- There needs to be flexibility around the location of and opening times of services
- Recovery should be at the heart
- Services need to link together, such as mental health services, housing, benefits, health improvement services such as smoking cessation etc.
- There should be an expansion of the support available to family and carers of service users (including whole-family interventions)
- There should be a balance of parity between drug and alcohol treatment and support
- Enhanced offer for young adults aged 18-25
- There needs to be a consideration for people in ethnic minority groups, women, and people in LGBTQI+ communities.

4. Summary of stage two consultation survey results

4.1 The stage two consultation explored in more detail the themes identified in stage one. For the stage two consultation survey there were a total of 86 respondents. Summary demographics below and full details are in the **Appendix 5.**

Table 3: Stage 2 survey respondents' demographic breakdown

Gender	Male 39% Female 59% Prefer not to say 2%
Age (most common age bands)	45-54 33% 35-44 30% 55-64 18%
Disability	No disability 71% Disability 24% No response/prefer not to say 5%

Ethnicity (most common)	White British 57% Black Caribbean 9% White other 9%
Sexuality	Heterosexual 68% Prefer not to say 18% Bisexual 6% Gay 4%
Religion	Christian 34% Prefer not to say 27% Agnostic 19%

4.2 The main themes identified through the stage two survey are as follows:

- Travel costs are a barrier and more locations to access support in localities are needed
- Women's groups and gender-specific support (mentioned many times)
- Group activities
- Peer mentoring/volunteering
- A safe place to meet is vital
- Expansion of "Family" support – "family" is not defined as just those who are directly related
- BAMER (Black, Asian, Minority Ethnic & Refugee) needs, plus more support for family and women and young people
- Mental health support
- An increase in counselling provision e.g. access to one-to-one counselling
- DSVA (Domestic and Sexual Violence and Abuse) services and risk assessments need including in contracts
- Focus on the person – services need to be person-centred and holistic
- Include service users and people with lived experience in development and delivery of services
- Support for wider recovery, not just substance use

4.3 We also received results from a further 45 surveys which were facilitated and collated by a service. Many of the themes that emerged from the main survey (above) were present in this collection of surveys, plus the additional themes listed below:

- There needs to be flexibility around the location of and opening times of services
- Funding for women's group
- LGBTQI+ group/s
- More holistic approach, less emphasis on medical
- Everyone should accept everyone's differences
- Recovery College for younger generation
- More for young people and minorities
- Rehab (more access to).
- Mental health, disability & addiction services need to be in much better contact, talk to each other.
- Need more support for people with childcare issues

Table 4: Target populations and underrepresented groups engagement activities

People from ethnic minority groups, specifically those in mixed ethnic groups:	Focus group with organisations that work with people from ethnic minority groups. A two-day workshop facilitated by an external organisation specialising in the appreciative enquiry approach. Outcomes from the workshop can be downloaded here: Document library - Nottingham Insight. This workshop was aimed at organisations who work with people in ethnic minority groups. A focus group with staff and service users at a specialist service working with citizens in ethnic minority groups.
Women	A women-specific focus group was delivered. Findings incorporated from the Gender-Responsive Services Community of Practice.
LGBTQI+ communities	Engagement with transgender-specific service. Promotion of the surveys and opportunities for interviews/groups in QB magazine and through networks. We also attended Nottinghamshire PRIDE in July with information about the survey.
Young people:	Focus groups with Nottingham City Council's Youth Cabinet. Focus group with "Chat 'bout" (A BAME (Black, Asian, and Minority Ethnic) specific community-led engagement group).
People with Special Education Needs and/or Disabilities (SEND):	Focus group with young people who have Special Educational Needs and Disabilities (SEND). Many people (including service users) we spoke to also identify as having SEND.
Severe Multiple Disadvantage (SMD)	The review and consultation processes were discussed at the Nottingham City Severe Multiple Disadvantage (SMD) Partnership group to discuss the process and answer questions. Several discussions took place at the SMD collaborative group (ABBA) meetings, with Expert

	Citizens from the Changing Futures Programme, and other people affected by SMD.
Interviews with individuals identified through the facilitated engagement process	Fourteen people were interviewed individually; these people were representative of the target groups above. An in-depth interview was undertaken with a client of the family support service, highlighting issues faced by those affected by someone else's drug and alcohol use.

5. Workforce and stakeholder engagement

5.1 Stage 2 offered a specific version for providers of services and stakeholders. The results of these surveys are included in the overall engagement themes below (Table 5).

5.2 In addition, the workforce was given the opportunity to attend focus groups and one-to-one interviews with the Public Health team to discuss successes and barriers to delivery in the current system. Many of the issues highlighted were closely related to those identified by service users and members of the public.

6. Overall summary of findings

6.1 Table 5 presents 6 headline themes from across the complete range of engagement. Further detail of feedback from each focus group can be found in Appendix 6. These findings will be used to inform the next stage of our process.

Table 5: Overall engagement themes

Recovery at the heart	Recovery should be at the heart, with a more holistic, person-centred approach, with less emphasis on medical/clinical models. Support for wider recovery, through group activities, a place to meet, availability of safe spaces, peer mentoring, volunteering opportunities, training, and education.
Culturally appropriate and representative	Services need to both recognise and reflect the diversity of Nottingham City's population. Cultural and language barriers need to be overcome to make provision accessible to people for whom English is not their first language. Language is a barrier and drives behaviour that puts people off seeking support or staying engaged with support.
Recognise and responding to diversity	Nottingham is a diverse city. This diversity brings with it a range of needs. Services need to understand those needs and create safe, easily accessible spaces to access. This should include a digital offer for people who struggle to access face to face support
Accessible and visible	Flexibility around the location of and opening times of services. Outreach and community work to make sure services are accessible for everyone. Travel costs are a barrier and more locations to access support in localities are needed. This should include gender specific provision and digital offer.
Support and skills for the workforce	The workforce needs to receive a comprehensive and accessible support offer to reduce the likelihood of 'burnout' and allow them to continue to provide exceptional support to service users. The workforce needs to have access to a wide-ranging and higher-level set of skills training and qualifications; this

	will provide confidence for the workforce and reassurance of external organisations of the quality with which support is given within the recovery and treatment system.
Improved service integration	Services need to link together, such as mental health services, housing, benefits, and health improvement services, like smoking cessation, nutrition, and financial wellbeing. Pathways need to be clear and accessible, with fewer criteria that exclude people in need of specialist support and lower thresholds for that support. Monitoring systems should allow for easy information sharing between support organisations, where appropriate.
Family and carer support	There should be an expansion of the support available to family, friends, and carers of service users (including whole-family interventions) and including the person in treatment when appropriate. Families need a better support network and peer support, recognising that they can have a range of complex issues.
Data collection and reporting	The assessment process is long and potentially triggering, sometimes creating barriers for people wanting to access support. Reducing the granularity and quantity of data reported to commissioners could reduce the information required in the assessments.

7. Vision Statement and Definition of Recovery

7.1 A shared vision for the new recovery and treatment system and a locally specific definition of recovery for Nottingham City was developed by the expert panel (details in Appendix 1) with findings from this consultation process and the engagement undertaken. These two elements will be the basis on which all services shall be delivered going forwards.

Vision Statement

To maximise every opportunity for the prevention and reduction of the harms associated with the use of alcohol and drugs across our diverse communities in the right place, at the right time using innovative approaches

AND

To facilitate recovery by supporting individuals, their families* and communities, promoting choice and flexible approaches throughout the process of their recovery journey and beyond

**not limited to people who are directly related to individuals*

Nottingham City's Definition of Recovery

Recovery is about voluntary control over alcohol and/or drug use, promoting positive health and wellbeing and giving people the opportunity to find purpose, understanding and meaningful involvement in their relationships, communities and society.

Appendix 1

Pilot expert/lived experience panel

The challenge: For many years we have looked to involve service users as much as possible in the review and retendering of services. The main element of this has been to have a small group of people agreeing a few tender questions and then marking them as a parallel panel. To increase that involvement we looked to pilot an approach where a group of people would be involved throughout the entire process of review, consultation, tendering and implementation.

Aim: To increase the presence and involvement of people with lived experienced in the whole review and procurement processes and ensure that commissioners are able to work with these people on an advisory basis.

Objectives:

- To recruit a small group (10 max) of adult service users with lived and living experience of substance use to meet throughout the whole review and procurement process and act as an advisory group to the process.
- To provide a consistent engagement/co-production element to the process for a selected group of individuals who are able to represent the people who might need/access services and to provide an advisory group for commissioners throughout the process.
- To ensure that the group is representative of people in Nottingham City who use drugs and/or alcohol, and demonstrate the diversity seen within the population.
- To provide an interesting and worthwhile experience to the participants who are interested in the process of procurement and commissioning.

Method: Potential members were identified and approached during Stage One of the consultation process. Involvement in the group is incentivised with vouchers at a level appropriate for different activities. Travel expenses are paid in cash.

What has happened? The group of 10 first met for some training around the background and drivers to the process and how commissioning works to prepare them and get their early views on the process. We then moved on to look at the findings of the consultation and work on a vision statement and definition of 'recovery' that will be adopted by Nottingham City. The group have reviewed the system model and created questions to go into the tender documents. During the evaluation stage the group will mark and moderate the answers to their questions and possibly other parts of the tenders (to be negotiated). Once contracts are awarded, it is anticipated that the group will meet providers and discuss their mobilisation plans. The group will present at a launch event to share their experience and when the new services have been running for a period, will do their own review of the new system and of the process they were involved in.

Appendix 2

Consultation stage one questions:

1. Please tell us who you are. (This was in what capacity, not personal information).
2. Please tell us which current service provider you are responding on behalf of?
3. What has worked well with the drug and alcohol services you have used or otherwise had experience of?
4. What has not worked well or caused barriers within the drug and alcohol services you have used or otherwise had experience of?
5. What is your experience of joint or partnership between the drug and alcohol service and other services?
6. To what extent do you agree or disagree with the following statements: (The local drug & alcohol services are accessible)?
7. To what extent do you agree or disagree with the following statements: (The local drug & alcohol services cater for everybody's needs)?
8. Please tell us which service(s) are inaccessible and why?
9. Please tell us whose needs are not catered for.
10. Is there anything that the drug and alcohol services do not offer currently that you think they should?
11. Is there anything that the drug and alcohol services currently do offer that you think they should not?
12. Is there anything else you want to tell us about your experience of the drug and alcohol services in Nottingham City?
13. Gender
14. Is this the same gender you were assigned at birth?
15. Which age group do you belong to?
16. Do you consider yourself to be disabled?
17. Please tick the statement which best describes you. I am [list of ethnicities including ‘other’ and ‘prefer not to say’]
18. Please tick the statement which best describes you: I am [list of sexual orientation options including ‘other’ and ‘prefer not to say’]
19. Please tick the statement which best describes you: [list of religions/faiths including ‘other’ and ‘prefer not to say’]

Appendix 3

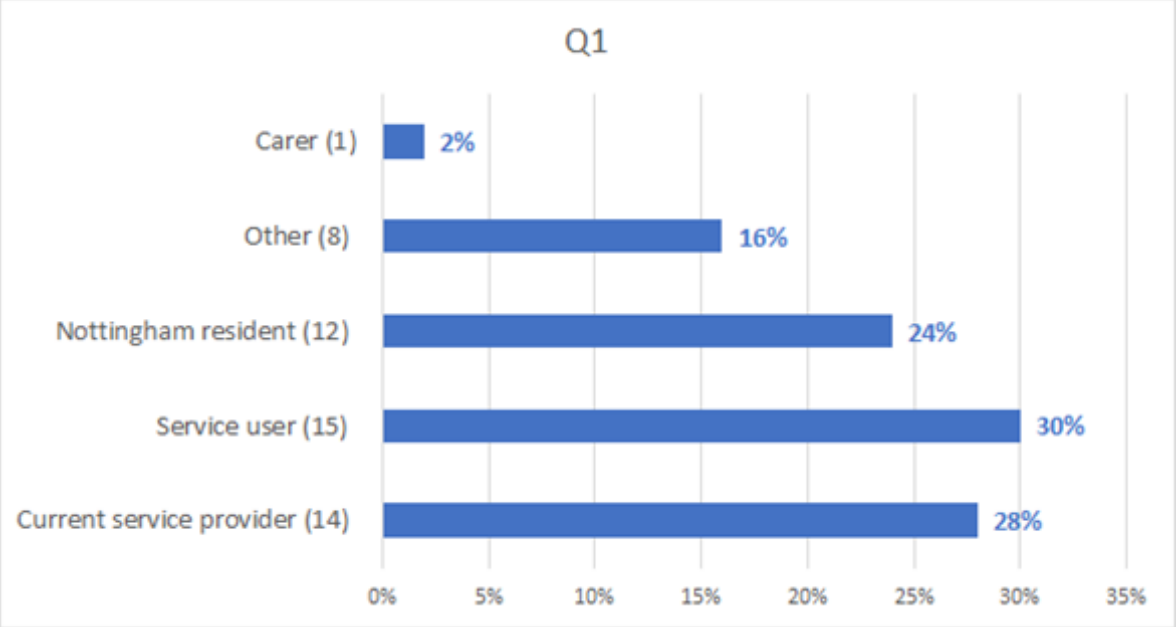
Consultation stage two questions:

1. Are you answering this as a (Please select whichever closest describes you)?
2. Does this summary support your thoughts, feelings, and opinions?
3. If no, what do you think should be changed, taken out or added?
4. Which parts are most important to you?
5. What does recovery from substance misuse mean to you?
6. what do you think would support you in your recovery? Or what would help your family member/carer/friend in their recovery?
7. What would help you/has helped you access support or treatment for your drug or alcohol use? Or what has helped your family member/carer/friend access support or treatment for their drug or alcohol support?
8. We would like to know if any of the following groups have particular substance misuse needs. Please select all that are relevant to you to give us more information about why and how these could be addressed.
9. What would a brilliant recovery community look like?
10. What would a bad recovery community look like?
11. Who would be the key figures, the 'glue' or leaders in this recovery community? What would they be like? What would they do?
12. Who would be involved in delivering this recovery community?
13. What would help you connect to and stay engaged with this recovery community?
14. Are there any current barriers stopping you from connecting with support/treatment?
15. Where/how would you see yourself fitting into this recovery community?
16. Do these priorities match your expectations?
17. We want our system offer to reflect the full spectrum of recovery. We are keen to hear your opinions on this.
18. Thinking about linkages between services and relations across the system, where do you see strengths, barriers, or challenges?
19. Feedback from engagement has highlighted particular access challenges for these groups. Do you agree? Select all groups for which you would like to add your view.
20. Gender
21. Is this the same gender you were assigned at birth?
22. Which age group do you belong to?
23. Do you consider yourself to be disabled?
24. Please tick the statement which best describes you. I am [list of ethnicities including 'other' and 'prefer not to say']
25. Please tick the statement which best describes you: I am [list of sexual orientation options including 'other' and 'prefer not to say']
26. Please tick the statement which best describes you: [list of religions/faiths including 'other' and 'prefer not to say']

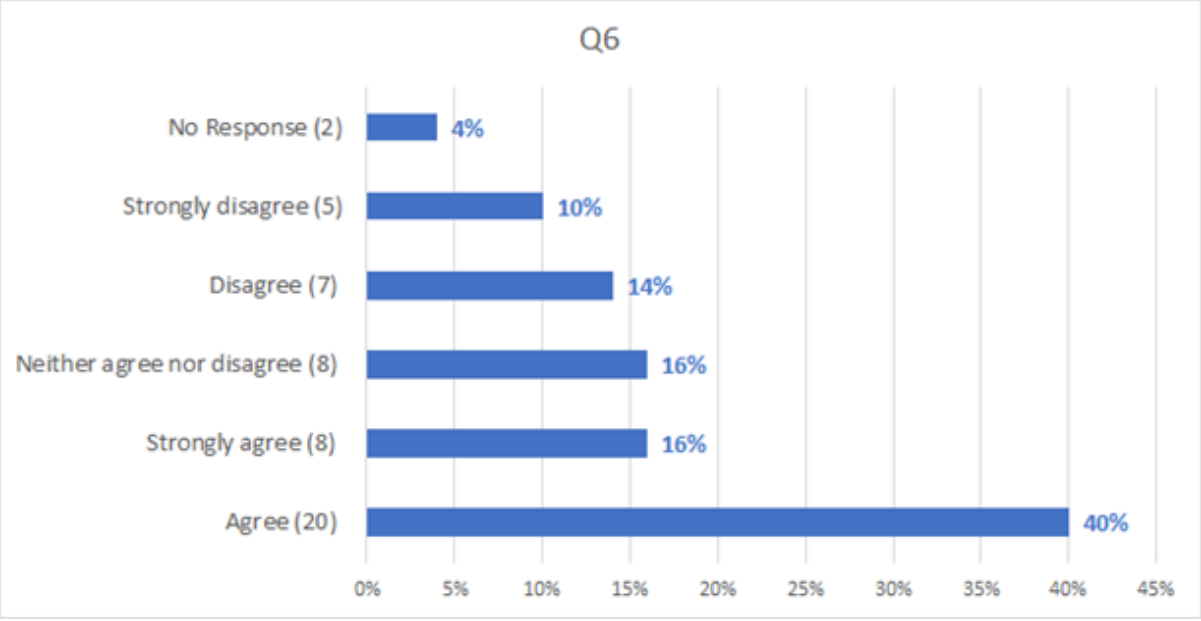
Appendix 4

Graphs from the consultation stage 1 survey:

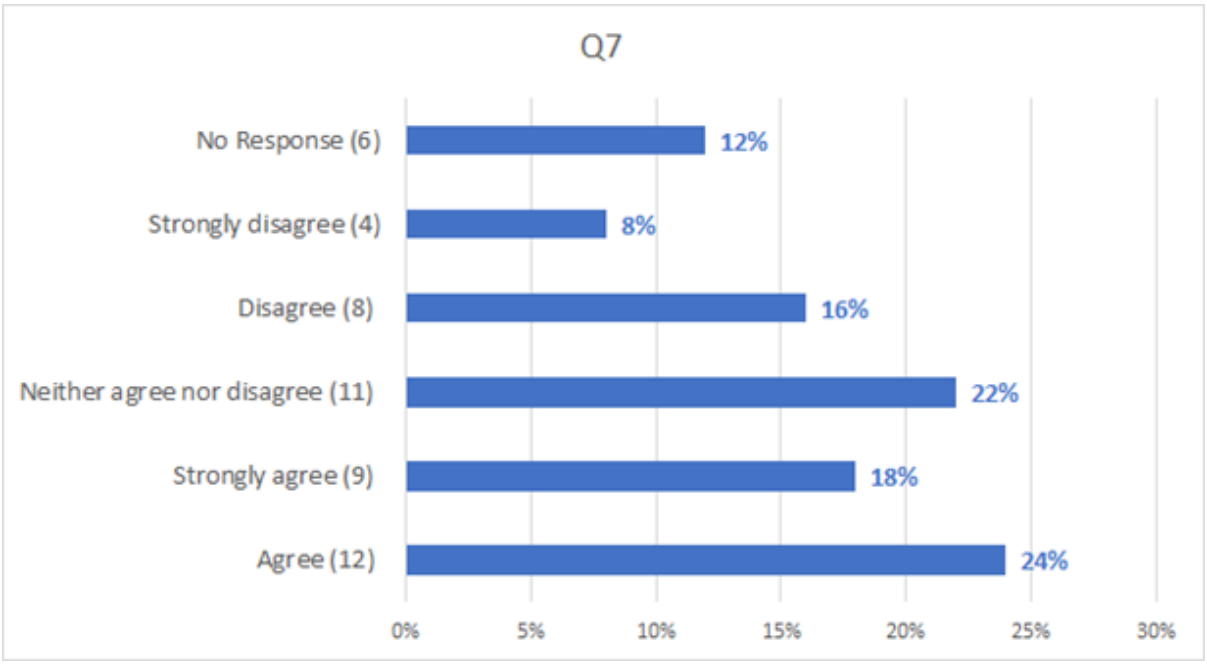
1. **Please tell us who you are**



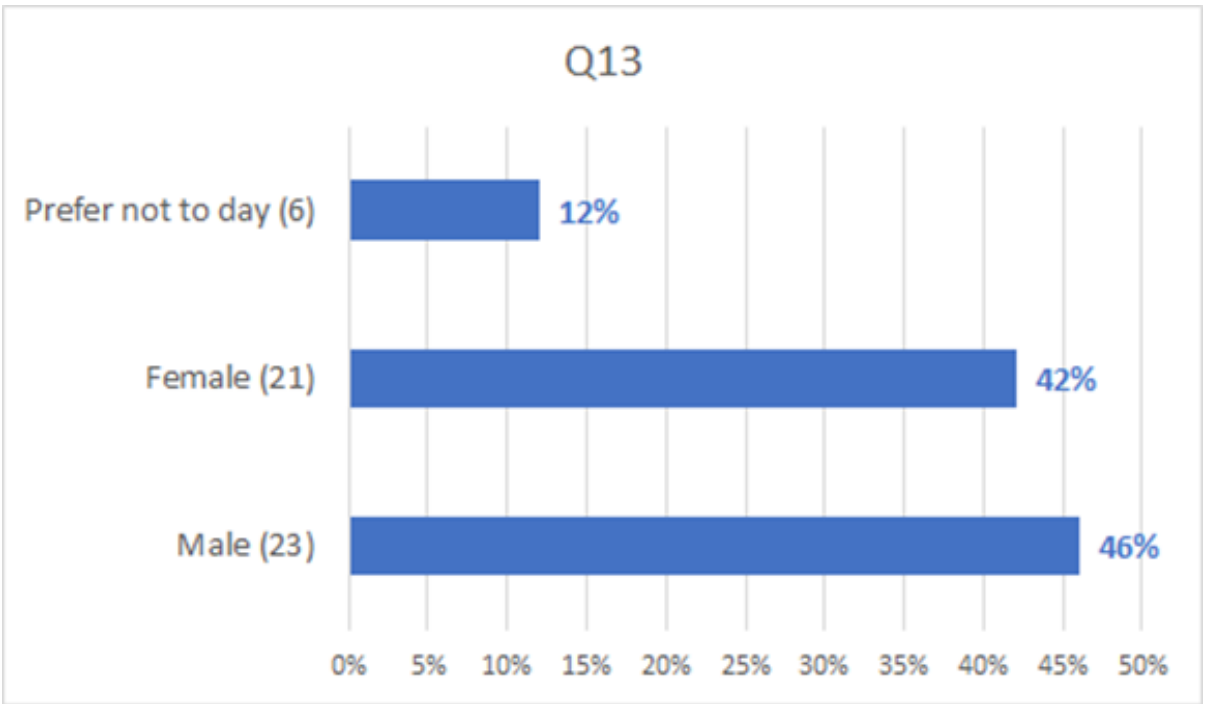
2. **To what extent do you agree or disagree with the following statements: (The local drug & alcohol services are accessible)?**



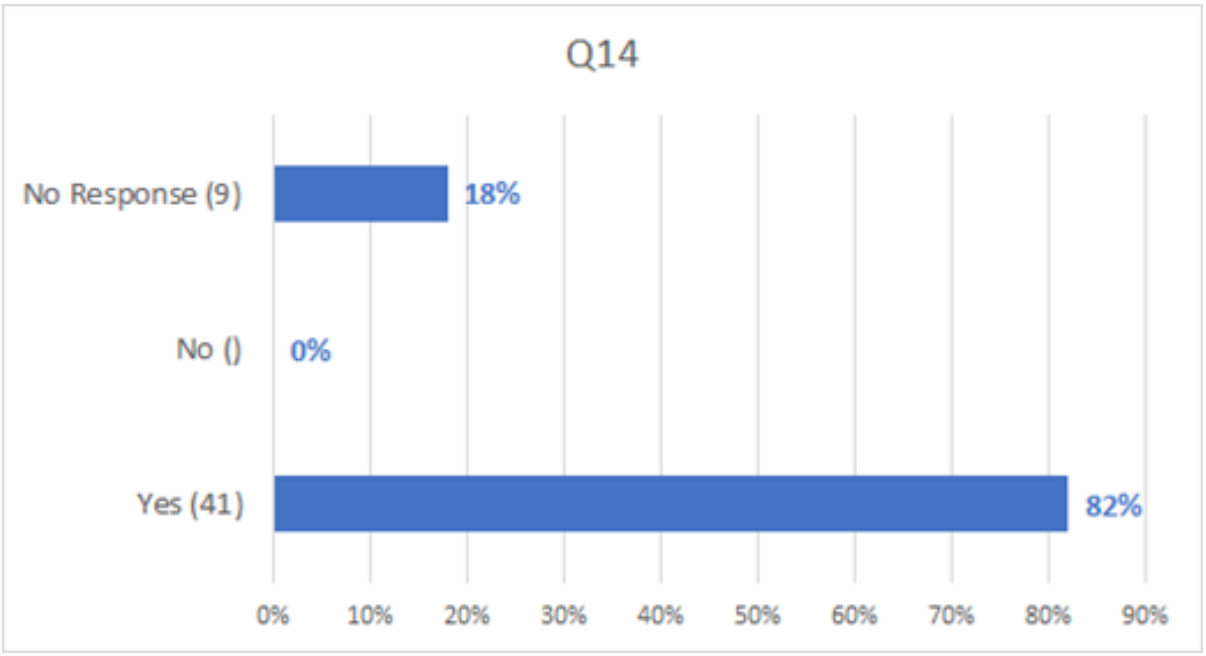
3. **To what extent do you agree or disagree with the following statements: (The local drug & alcohol services cater for everybody's needs)?**



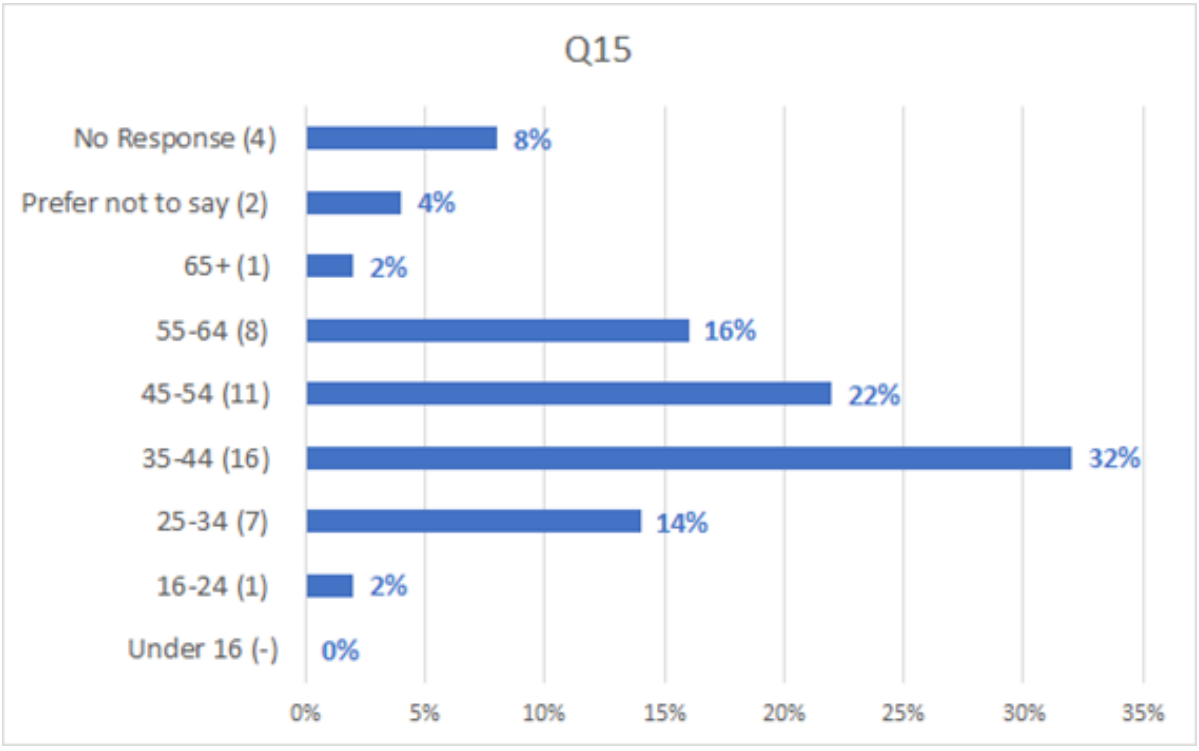
4. **What is your gender?**



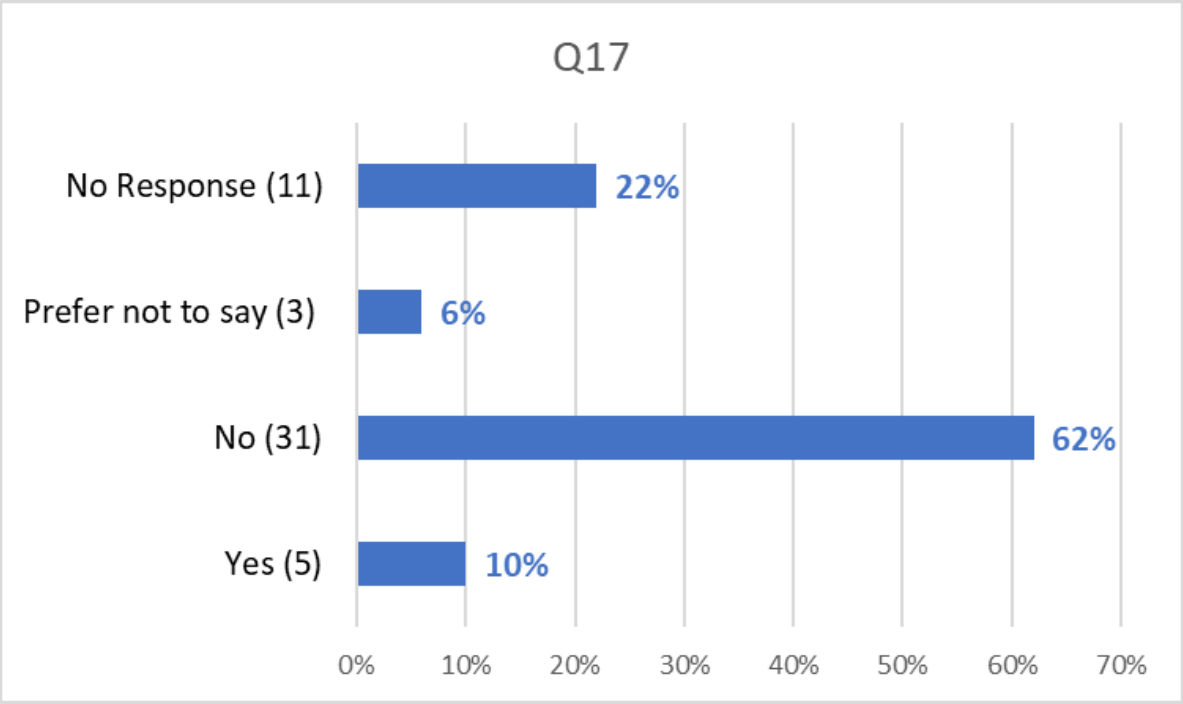
5. **Is this the same gender you were assigned at birth?**



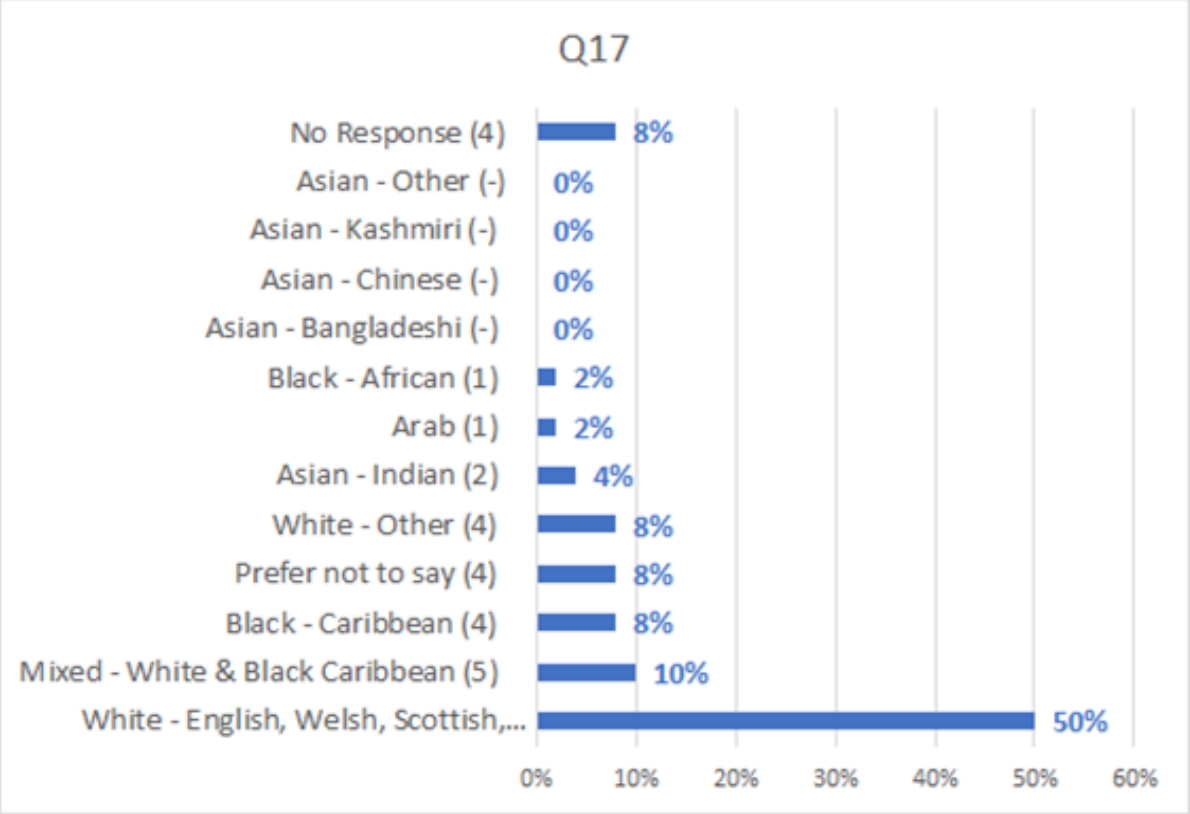
6. **Which age group do you belong to?**



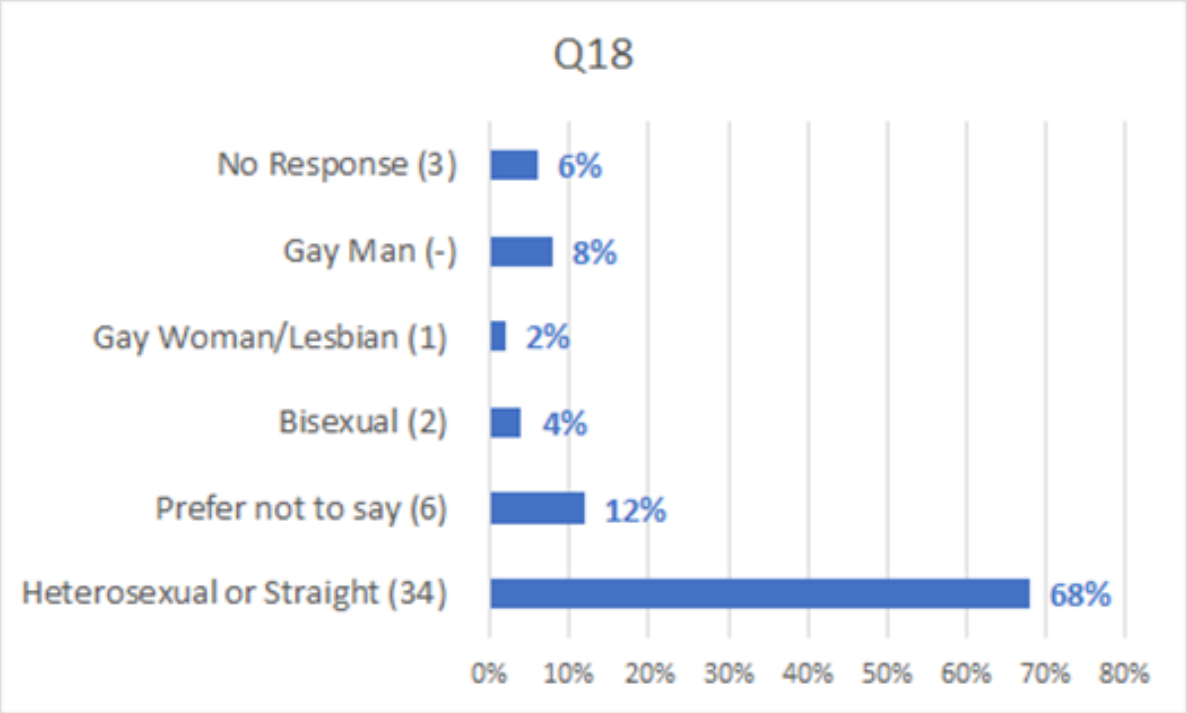
7. **Do you consider yourself to be disabled?**



8. **Please tick the statement which best describes you. I am:**



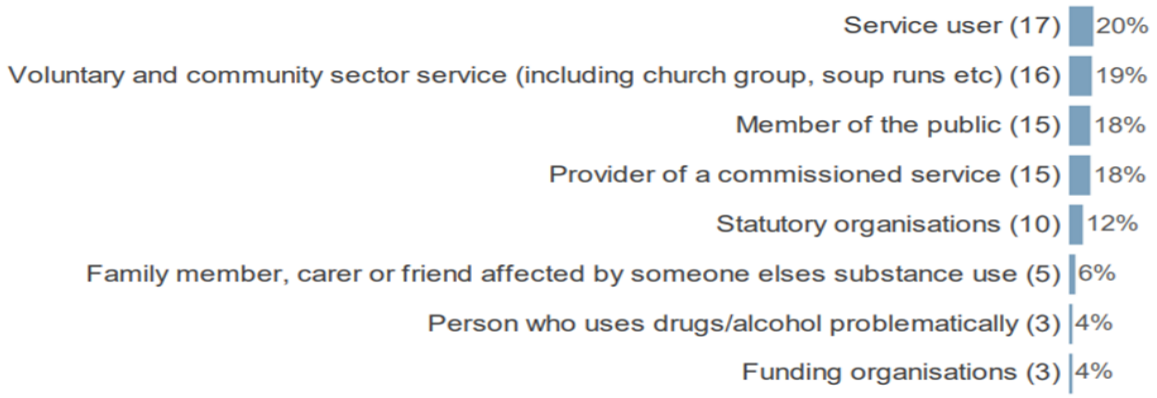
18. Please tick the statement which best describes you: I am:



Appendix 5

Graphs from consultation stage two survey:

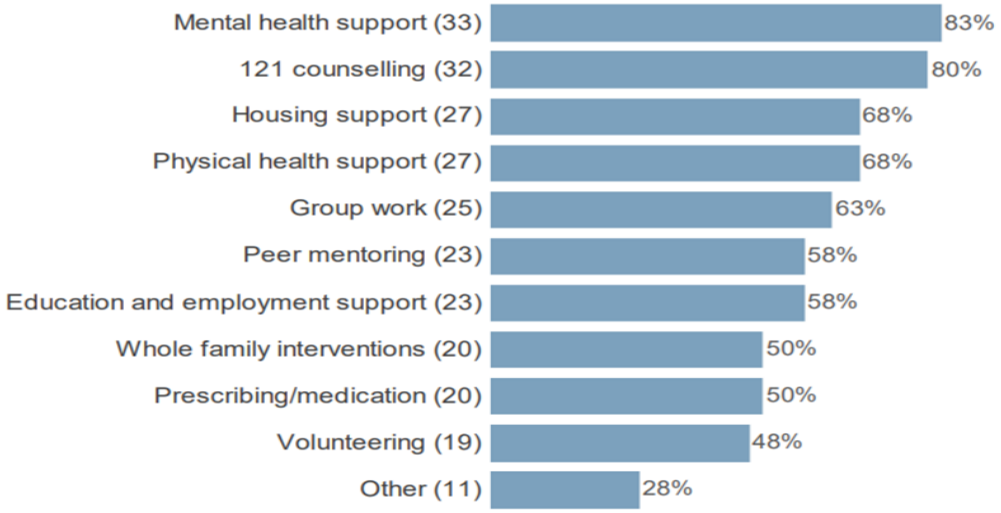
Are you answering this as a.. (please select whichever closest describes you)



Does this summary support your thoughts, feelings and opinions?



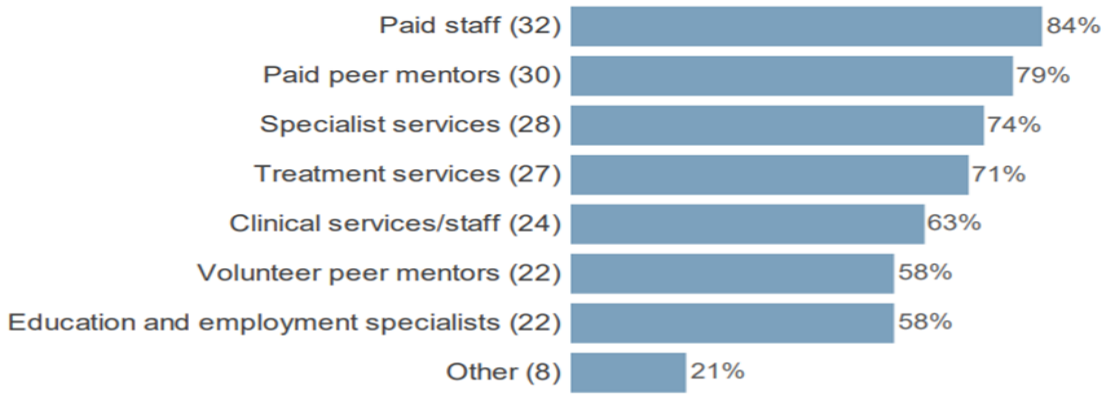
what do you think would support you in your recovery? Or, what would help your family member/carer/friend in their recovery? (Tick all that apply)



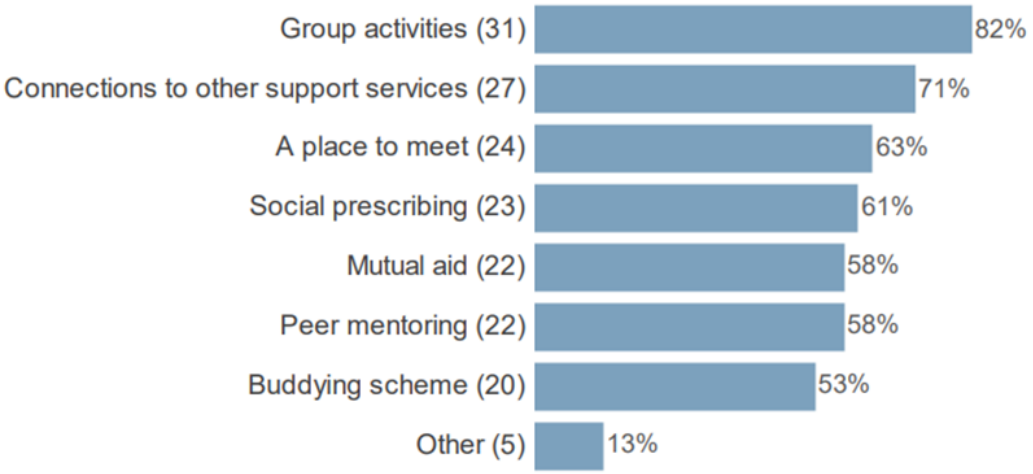
We would like to know if any of the following groups have particular substance misuse needs. Please select all that are relevant to you to give us more information about why and how these could be addressed. (tick all that apply)

Care Leavers (11)	34.4%	People with disabilities (including special Educational Needs) (12)	37.5%	Women (16)	50.0%
Family, carers, and friends (18)	56.3%	Transgender people (including gender non-conforming, non-binary, genderqueer or gender fluid) (8)	25.0%	Young people aged under 18 (12)	37.5%
Parents who use drugs and/or alcohol (17)	53.1%	LGBQ+ communities (8)	25.0%	Young people aged 18-25 (12)	37.5%
People who are at risk of or currently homeless (18)	56.3%				
People from ethnic minority backgrounds (including new and emerging communities) (13)	40.6%				

Who would be involved in delivering this recovery community? (Tick all that apply)



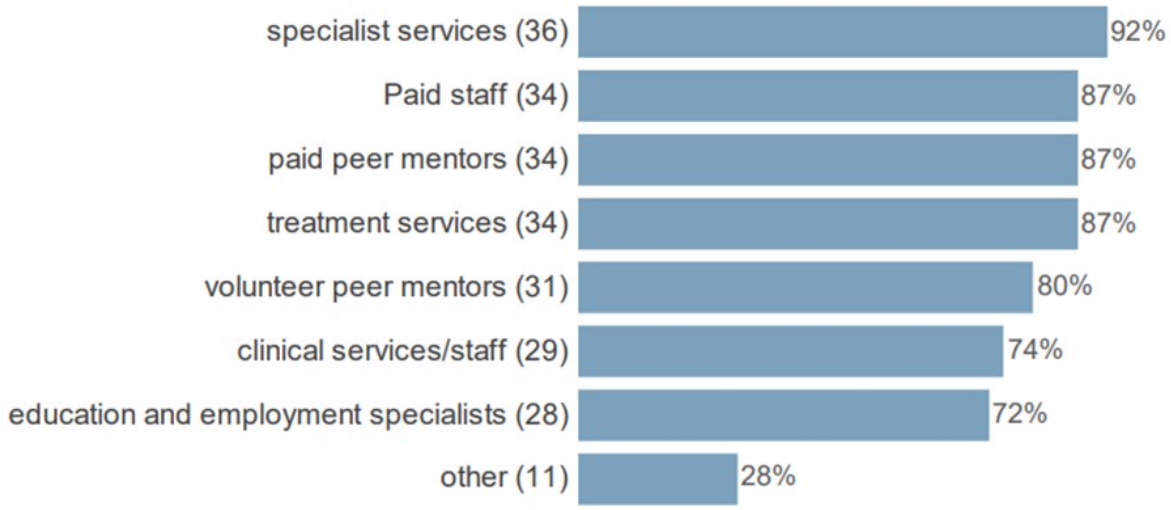
What would help you connect to and stay engaged with this recovery community? (Tick all that apply)



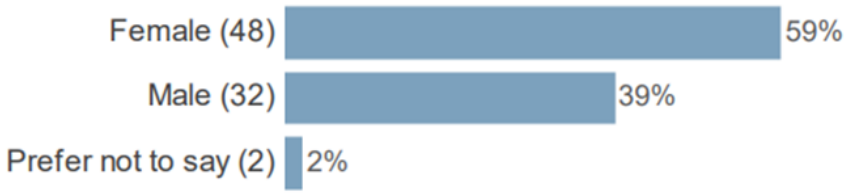
Feedback from engagement has highlighted particular access challenges for these groups. Do you agree? Select all groups for which you would like to add your view. (Tick all that apply)

Care Leavers (12)	34.3%	People with disabilities (including special Educational Needs) (13)	37.1%	Women (16)	45.7%
Family, carers, and friends (11)	31.4%	Transgender people (including gender non-conforming, non-binary, genderqueer or gender fluid) (11)	31.4%	Young people aged under 18 (15)	42.9%
Parents who use drugs and/or alcohol (17)	48.6%	LGBQ+ communities (12)	34.3%	Young people aged 18-25 (20)	57.1%
People who are at risk of or currently homeless (18)	51.4%				
People from ethnic minority backgrounds (including new and emerging communities) (15)	42.9%				

Who would be involved in delivering this recovery community? (Tick all that apply)



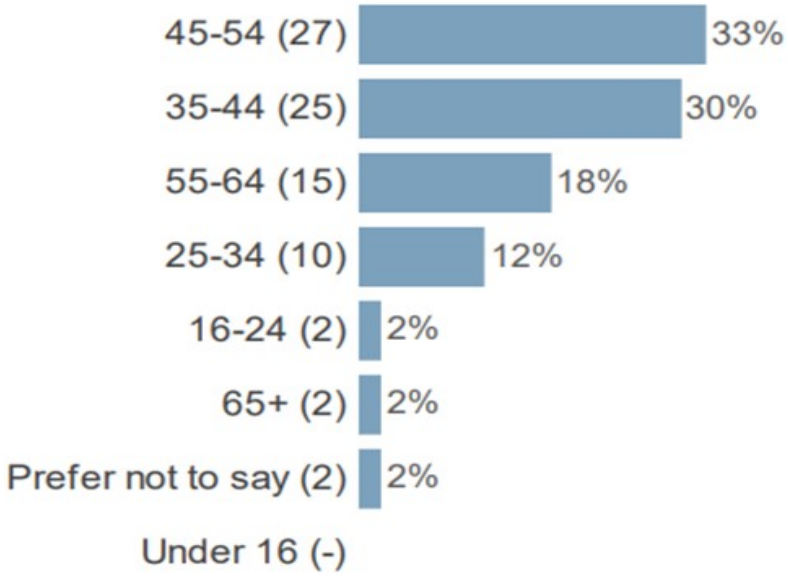
Are you:



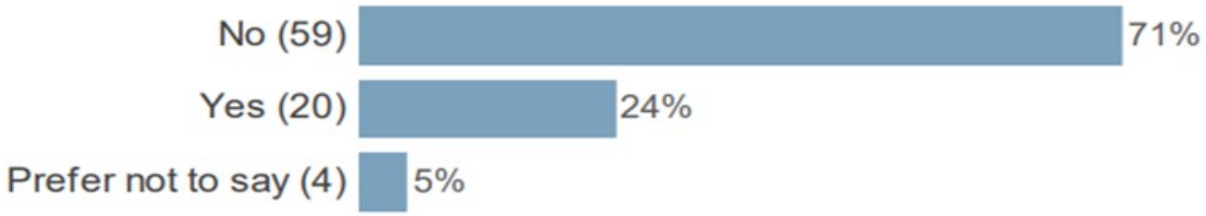
Is this the same gender you were assigned at birth?



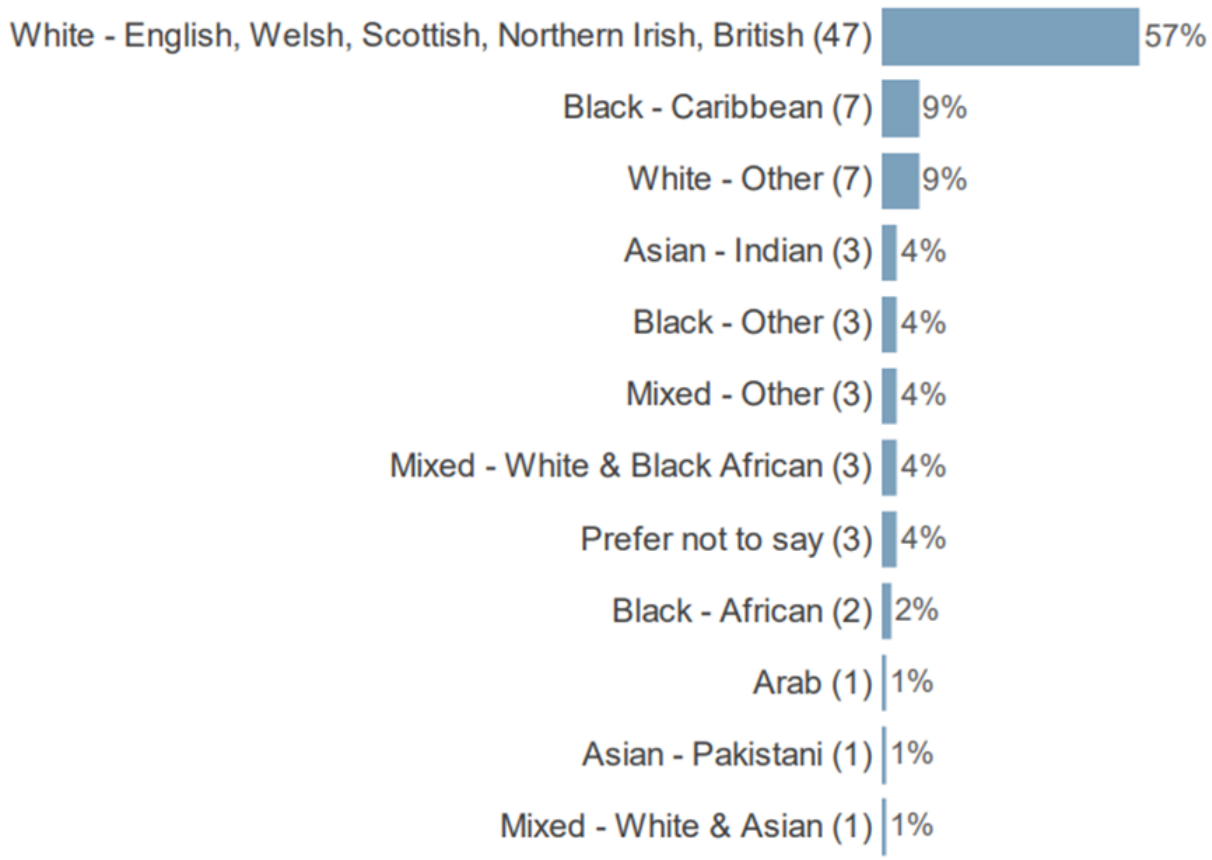
Which age group do you belong to?



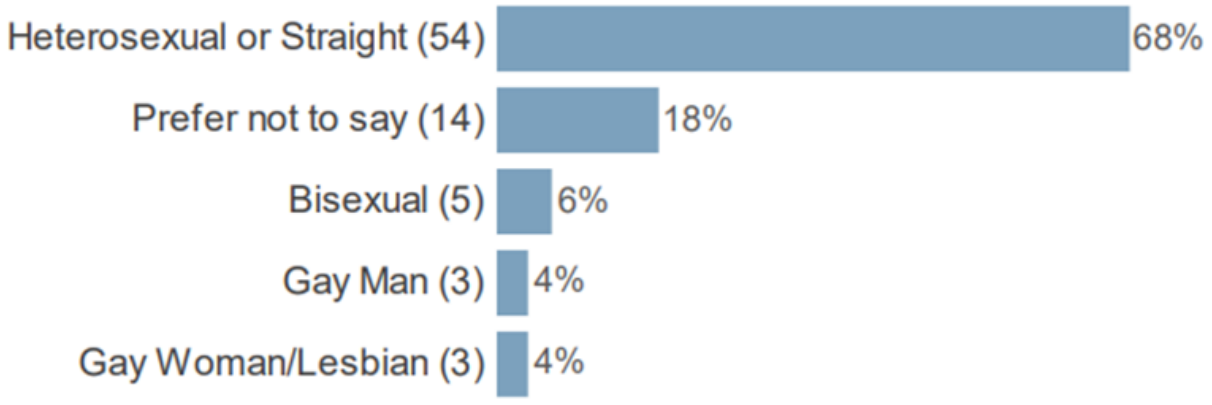
Do you consider yourself to be disabled?



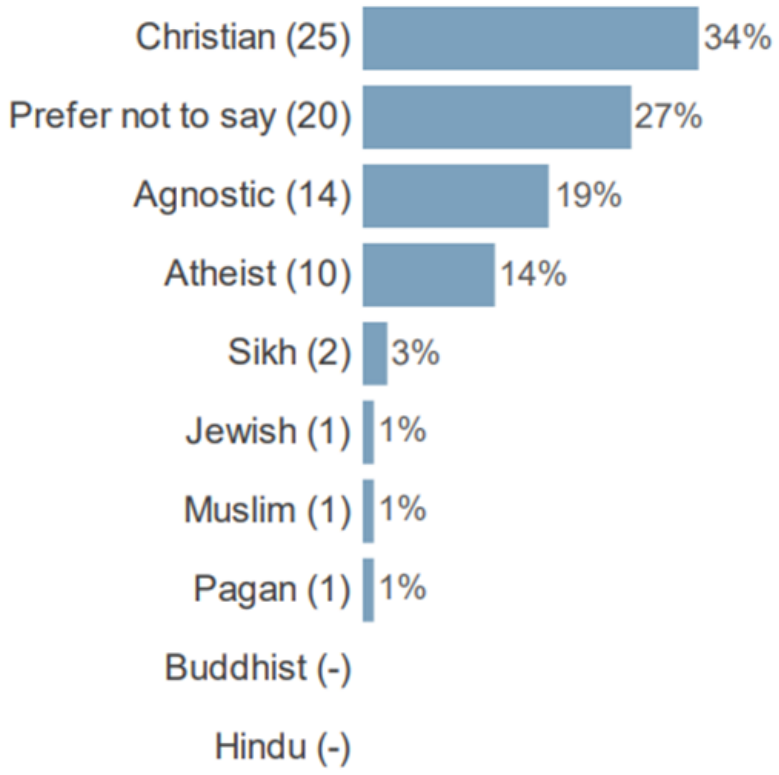
Please tick the statement which best describes you.
I am:



Please tick the statement which best describes you:
I am:



Please tick the statement which best describes you:



Appendix 6

Focus group feedback

Below is a summary of the key points discussed in each of the focus groups.

Women	• Having a City Centre location is problematic as travel can be a financial barrier. There is also a lot of anxiety around accessing services in the City Centre as there are a lot of places to access alcohol and/or drugs. Mental health can also be a barrier to access services in the busy City Centre, particularly around using public transport. • Having meetings in community settings would be helpful and has worked well in the past (e.g. libraries). • It would be great to have a drop-in at the women's centre as it feels like a safe place. • Split times/locations for different groups of people, e.g. women-only provision. • There is poor communication between workers and family members and between services often meaning that people are having to repeat their story and potentially retriggering them. • Many participants gave details of discharge from services without notification from the service. • Can be triggering for women to have a male/masculine-presenting worker if there is gender-specific trauma. • It's really difficult to get to rehab: the services gatekeep it. The criteria are too strict (need to be abstinent which is very difficult and misses the point). Access should be made simpler. • People have been discharged from Mental Health services because of drug or alcohol use. • Housing options are poor for people who use drugs (PWUD) and often involved being housed with or near other PWUD. This can create a poor basis for recovery. • There needs to be a consideration that carers (many of whom are expected to coordinate care) could be abusers of the person in treatment/supported accommodation. • Digital interventions are working well for people with anxiety who struggle to access face-to-face support, as long as there is a safe environment at home. • It would be great to have a 'buddy' system for new people in treatment with peer mentors. Someone to walk with you through the front door. • Pre-therapy is a great way to get people used to talking and building trust with another person. • Services need to work with people in the location and mental place that they present in. Services need to provide support at a range of levels dependent on the stage of recovery in which the person presents – "there's no such thing as a perfect addict".
Special educational needs and disability (SEND)	• Support to get educated, trained, and develop skills. • SEND young people won't access mainstream services, youth clubs or services. They reported being bullied by others and don't get the support they need.

	• Once they are 18, they wouldn't go to an adult service. Wouldn't feel confident that staff would understand them, and they would be afraid of other clients. • Too old for young people's services but would fit better in them. Still wouldn't want to mix with other young people necessarily. • Bring the service to places like Monty Hind. Staff would support and they would be in a safe place. • There is a need for education around drug and alcohol use.
Young people/young adults	• 18-24 specific provision suggestion was very popular – "Music to our ears". • Early intervention is key. • Need to address schools' approaches to pupil drug and alcohol use. Young people being excluded from academies and into pupil referral units is not the answer. • Excluded young people are not getting the support they need and are vulnerable to exploitation. • Need to work in partnership. One former member attended who runs "Support through Sport," a community-based organisation. "Referrals take a long time to go through. We need pop-up info stalls/staff at sessions to reach Young People". • Decision makers need to listen properly to young people in communities. People who look like us but also young people in general. • Need services that understand the needs of young people, run by people who have been there, with signposting from relatable people. • Services need to go out there to meet people where they are. • Diversionary activities, not just sport and drumming. Give people purpose and a chance to be something (everyone in the group works now in support services or directly with people).
Ethnic minorities	• There is a general frustration at how services are commissioned and how people in ethnic minority groups are represented in services and included and represented in decisions and commissioning. • Community-led services can teach important life skills and lessons. • People come as an individual but have other people around them. There is a shame in going to treatment because the buildings are associated with drugs and alcohol. Families need holistic support and to learn about recovery. Mainstream services often ask, "why can't family come along?" but don't understand the family dynamics in their community. Services need to go to where people are and don't just expect them to go into services. • 18-year-old cut off is a problem. Young people are developing through to 25. There is a lot of risk taking at this age and support needed if coming out of gang culture. Need to stop them going back. • It is felt that there is a lack of knowledge around what services are available for people using substances. Trust is a huge issue and there may be a reluctance to access services due to lack of trust. This is specifically for people in Black, Asian and Minority Ethnic communities. There is a missed opportunity in a range of settings such as hospitals and criminal justice to refer individuals and this can be the cause of a

	cycle of substance use, criminal justice involvement, hospital presentations/admissions. • There needs to be an offer in the community. It should be recognised that community services held up the sector during the COVID-19 pandemic where a lot of services were inaccessible to service users. • Language - language is a barrier and drives behaviour that puts people off seeking support or staying engaged with support. This is not limited to people who speak limited or no English, but in the language that is used in treatment settings. • Connection – socially isolated and lonely as well as disconnected from services. • Presence in the community – with a network of Community Champions – so that they can raise awareness, talk to people, and be a constant in their community who can demonstrate understanding and empathy, and build trust.
Family and carers	• Would have benefitted from a long-term peer support group as isolation is common for people supporting others with drug and/or alcohol use. There needs to be a better support network for family members to let them know that they aren't alone. • Whole family support is important as it can build connectivity within family units. The person who is using drugs and/or alcohol should be included in some of these discussions when/if appropriate. • The system is not joined up, specifically with other areas of support, such as mental health. Barriers often present where services are commissioned across different organisations/delivered by different services where there is no communication. This can hinder recovery for the person in treatment and disrupt family members' lives. • Skills on how to reintegrate people into their family unit again when it is appropriate – this is not currently discussed but would allow stability and future-planning.
LGBTQI+	**Trans** • Trans people are likely to have more internalised shame than other LGB and be less likely to go to services and may have high levels of internalised transphobia. This can lead to unhealthy coping mechanisms such as substance use, self-harm, etc. Self-medicating for mental health and mental health is believed to be worse in trans people. Some people don't have a choice to "come out" if they transition. • Loud and positive advertising is good, so that Trans people know they are welcome and safe, but they need support to access. They will NOT come to a physical space unless it is separate and safe. Some people won't leave the house so would not access a service that they don't know, especially if they are unsure if it will be safe. • Online would be the best approach for people who are trans. It is confidential and nobody would see them. • People might need to take time out of work for appointments but would have to "come out" to explain why. Might also be an issue at home so we need to have a very flexible offer in terms of times and location (including online).

	• They ask decision makers and services to view everything "through kind eyes". What would you do for a friend or relative? **LGBTQI+** • Having staff to understand the complexities that can go alongside being LGBQI+ or Trans. • There need to be safer/more accessible spaces for gender non-conforming people to access. • Lack of specific services leading to lack of trust and engagement. • Services need to do more to show they have a diverse staff team and service. The service should be representative of the population. • Staff need training around Trans and LGBQI+ issues and needs. • Evidence of higher levels of suicide amongst this group of people. Particular challenges and isolation leading to substance misuse. • Understanding needs of these communities, current services focus on people who use heroin and those with SMD. • There needs to be more outreach and community work to make sure services are accessible for everyone. More drop-in groups are needed. Young people need more support within the community.

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