

Conversations for Change

A Family Inclusive Systems Change Project in East Lothian

Names of Project Worker(s)/ Interviewer(s)

Unique ID

CFCIC

Date of Conversation with individuals/ couples family group/ forum Service

Location

How many participants and role in family (i.e. mum, dad, grandparent, son, daughter)

CHECKLIST

- Service information/ Service Directory available
- Leaflet and introduction to the project and to the conversation and questionnaire
- Consent Form
- Questionnaire – option one
- Conversation – option two
- Checking in and checking out - How are participants feelings?
- Would they like to be part of a further conversation or group discussion?
- Do they know anyone else who may like to take part in this project?
- Evaluation form and a thankyou text or email
- Would participants like a copy of the final leaflet or report?

Conversations for Change

A Family Inclusive Systems Change Project in East Lothian
Information and Consent (for individuals and families)

It is your right to be heard and for your views and experiences to shape the future of service delivery in East Lothian.

These conversations or 'interviews' are an opportunity for individuals, families, carers and friends affected by substance use to share their experiences and the challenges they have faced to help improve support and services across East Lothian. We want to learn from **your** lived experience and hear **your** opinions about ways services can be more family inclusive.

It is **voluntary** for you to take part in this project and we appreciate your time. If you don't want to answer a question or want to stop at any time, please just let us know.

I agree to take part in a:

Individual or Couple's Conversation Family Discussion Group/ Forum discussion
Conversation Café Complete a tick box questionnaire

Permission to make a record using audio, film, photography and written notes.

We would like to audio record what you say, but if you're not comfortable with this then we can take notes instead. A write up of the audio record will not include your or others' names. Notes will only be read by staff involved in the project, but if you tick the box below your quotes will be shared. There may be an opportunity to make a film recording or take photos of a conversation for the presentation of a report or training materials, however we would always check with you that this was okay. All records will be kept in a lockable file for the duration of the project and then disposed of confidentially at the end of the project.

I agree to:

Audio Recording Video Photography Written Notes

Use of Quotes:

I agree/ do not agree to the project using quotes from the conversation

I will only be identified with my permission:

Copies of the final report

If you would like a copy of the leaflet or final report, we will post or email you a copy.

Post Email No report

Confidentiality and General Data Protection Regulation

We will keep what you say private (confidential), however if we are really concerned about you or another person, we may need to speak to someone else (a third party) where we have a legal obligation to do so. But we would endeavour to speak to you about this first. We fully respect your right to privacy, and we are committed to protecting personal data that we collect about you. We will handle data in accordance with current Data Protection regulations. The principles of the General Data Protection Regulation (GDPR) require us to make sure your data is accurate, kept up-to-date and that we keep it for no longer than is necessary. You have a number of rights as outlined in our Privacy Policy. If you require any further information, you can contact us on the details below. For more information on how we use and retain data, please see our Privacy Policy on our website www.circle.scot or you can request a hard copy from us.

Complaints Procedure

Please refer to the Circle website www.circle.scot

Do you have any questions about anything before we get started?

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Please sign below if you are happy to take part in this project and agree with our privacy terms

Participant

Name (PRINTED)	
Signature	
Date	
Email	
Contact number	

Interviewer/ Project Worker

Name (PRINTED)	
Job/ Role	
Signature	
Date	
Email	
Contact number	

Thank you for agreeing to this conversation and for agreeing to take part in this project.

Demographic Details and Circle of Family, Friends and Community

Personal Details (Demographic)

1. How would you describe your gender? (PLEASE CIRCLE)

Non-binary Female Male Prefer not to say Other

Is there anything more you would like to say about how you identify your gender?

2. Age 16 – 25 26 – 40 41 – 59 60 - 80 (PLEASE CIRCLE)

3. How would you describe your ethnicity? (PLEASE CIRCLE)

Black Scottish/ British Asian Scottish/ British White Scottish/ British other

Is there anything more you would like to say about how you would describe your ethnicity?

4. Which area of East Lothian do you live in? (PLEASE CIRCLE)

Dunbar Elphinstone Haddington Musselburgh Pencaitland
Port Seton/ Cockenzie Prestonpans North Berwick Tranent Wallyford

5. What is your role in your family? (PLEASE CIRCLE)

Parent Partner Son or Daughter Kinship Carer Grandparent
Aunt or Uncle Sister or Brother Family Friend Other

Is there anything more you'd like to say about how you would describe your role in your family?

6. What substances have affected your family? (PLEASE CIRCLE)

Prescription drugs Alcohol Opiates Stimulants
Cannabis New Psychoactive Drugs (NPS) Other

7. What services have you or your family been involved with or used?

Universal
Targeted
Specialist
Community

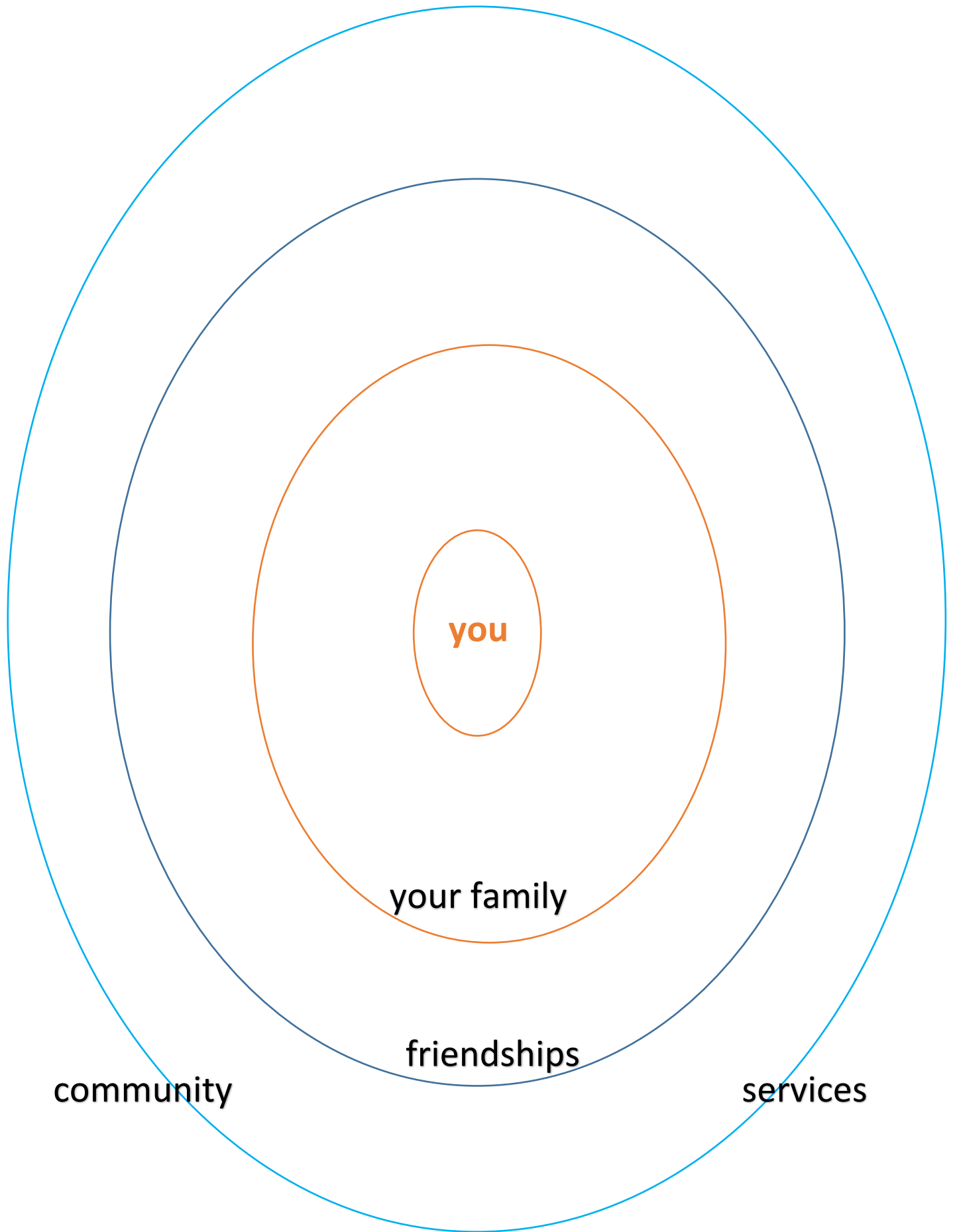
8. Do you live alone or in a couple? Alone Couple (PLEASE CIRCLE)

9. a) Do you have children? YES NO b) Living with you? YES NO

10. Has your family had any involvement with the Criminal Justice System? YES NO

Is there anything more you'd like to say about this?

Family and Friendship Circle : You can draw or write here



For Individuals, couples and families with lived experience of substance use

QUESTIONNAIRE

• You, your family, friends and Community

1. What works well in your family? (PLEASE CIRCLE)

- Honest relationships Practical support Love and care Talking & problem solving
- Coping in a crisis Being valued & respected Routines Having pets
- Putting kids first Enough money Showing affection

Anything else?

2. Who gives you support amongst your family and friends and community? (PLEASE CIRCLE)

- Parents Grandparents Neighbours Friends
- Aunties/Uncles Children work colleagues Cousins

Anyone else?

3. a) If you have children, do you think your substance use has affected them? e.g in the last 12 months [N/A] [YES] [NO]

b) If YES, in what way?

- lack of money late for school anxious isolated unhappy
- antisocial behaviour quiet blaming themselves relationship difficulties
- feeling responsible domestic abuse withdrawn trying to make things better
- family separation break up of home

c) Have your family and friends or neighbours been involved in their care? [N/A] [YES] [NO]

d) If YES, what kind of support and care have they provided?

(PLEASE CIRCLE)

somewhere to stay kinship care money food
someone to talk to taking them to clubs getting to school
Love and care holidays/ breaks personal care

Is there anything else you'd like to say about question 3?

4. a) Do you think your substance use has affected your family and friends?
e.g in the last 12 months

YES NO

b) In what way, do you think?

5. a) Have your family and friends been involved in your recovery journey?
e.g in the last 12 months

YES NO

b) If YES, what support did your family give you?

(PLEASE CIRCLE)

Being listened to money helping with the kids moral support
problem solving being valued and respected keeping in touch
looking after pets being there when you need them being reliable

c) Did you want your family and friends to be involved?

YES NO

6. What qualities makes a good friendship for you?

honesty trustworthy accepting loyal respectful
flexible sense of humour non-judgemental never giving up
there when you need them good at listening

Anything else?

7. Who would you describe as your community?

(PLEASE CIRCLE)

family friends neighbours local community groups sports club social media
nursery school church or spiritual group recovery groups job project worker
peer support family support workers mental health worker starfish café colleagues

Other

8. On a scale of 1 to 10, how important would you say that family, friends and community to you?

Not important 1 2 3 4 5 6 7 8 9 10 very important

9. What challenges do you face as a family? (PLEASE CIRCLE)

communication difficulties family conflict benefit system ill health employment
stress managing money/finances lack of child care mental health problems
a child with a disability or special needs debt relationship problems dependency
trauma (past and present) disability family separation children living with other family members
children in care bereavement loss substance use domestic abuse
lack of family support housing Isolation loneliness navigating multiple services

10. What barriers have you faced in your friendships? (PLEASE CIRCLE)

e.g. within in the last 12 months

discrimination blame lack of understanding of substance use ill health lack of trust
Their substance use inconsistency relationship break up anxiety bereavement loss
Stigma Feeling ashamed and embarrassed travel lack of money

Other

11. What barriers have you experienced in being part of the community?

Isolation expense lack of a stable income bullying discrimination
lack of money ill health access to services access to social group
Feeling ashamed or embarrassed not feeling you belong fear
Mental health Parental responsibilities Anxiety Stigma

Anything else?

12. a) On a scale of 1 to 10, how difficult has it been to feel part of your family

Not at all difficult 1 2 3 4 5 6 7 8 9 10 very difficult

b) On a scale of 1 to 10, how difficult has it been to maintain friendships?

Not at all difficult 1 2 3 4 5 6 7 8 9 10 very difficult

c) On a scale of 1 to 10, how difficult has it been o feel part of your community?

Not at all difficult 1 2 3 4 5 6 7 8 9 10 very difficult

13. On a scale of 1 to 10 (10 being the most)

a) How important is it for you to feel valued and respected by your family?

Not at all important 1 2 3 4 5 6 7 8 9 10 very important

b) On a scale of 1 to 10 (10 being the most)

How important is it for you to feel valued and respected by your friends?

Not at all important 1 2 3 4 5 6 7 8 9 10 very important

c) On a scale of 1 to 10 (10 being the most)

How important is it for you to feel valued and respected by your community?

Not at all important 1 2 3 4 5 6 7 8 9 10 very important

14. What support would you like from your family, friends and community?

How it COULD be



• Your experience of services

(PLEASE CIRCLE)

15. What services do you think work well for you and your journey of recovery?

early years school GP's housing gateway/ drop in titration/ prescribing BBV
psychological services counselling recovery café SMART groups NA/ AA/ CA
family Support project worker social work peer support harm reduction services
recovery services Befriending foodbank advocacy carer group

Is there anything more you'd like to say?

16. Why do you think they have worked well?

flexible opening times distance to home friendly staff flexible approach
being valued and respected understanding substance use peer support
family inclusive affordable professional free outreach

Anything else?

17. a) Are you aware of your RIGHT to access support? YES NO NOT SURE

b) Are you aware that children, families and friends can access support from services in THEIR own right?

YES NO NOT SURE I WOULD LIKE MORE INFORMATION ABOUT MY FAMILYS RIGHTS

c) Have services ask you about your children, family or friends?

YES NO NOT SURE

d) Have services helped your children, family or friends access any services?

YES NO NOT SURE

If YES, Do you know the names of these services?

e) What kind of support did these services offer?

Emotional/ Psychological	Practical	Financial	Health and welfare
Connecting to universal services	Connecting to specialist services	Family support	
Information about your rights	Information about entitlements		
Information about your family's rights			

Anything else?

19. In your experience, what have been your biggest challenges and barriers to accessing services?

e.g within the last 12 months

(PLEASE CIRCLE)

not knowing my rights confidence mental health ill health disability

fear of leaving the house domestic abuse discrimination loneliness

shame lack of confidence lack of services feeling judged

lack of support from family stigma distance anxiety

fear of child protection

a service's lack of understanding of substance use

Anything else?

20. Do you feel that services have treated you, your children, your family with respect and compassion by the services you've been involved in?

NO not at all

a little

most of the time

YES all of the time

Is there anything you'd like to say about this?

21. What DO YOU THINK could be the most helpful support a service could offer you, your family or friends?

How it COULD be



22.and what would the services look like?

At home

Community-based

Health-based

Peer support

Volunteers

Flexible opening

Phone line

Access through social media

Groups

1:1

whole family

Paid workers

Appointments

Drop in

Outreach

Befriending

Anything else?

23. Do you think that you would benefit from further support?

YES

NO

NOT SURE

if so, what?

24. Is there anyone in your family or circle of friends do you think would benefit from further support?

YES

NO

NOT SURE

If so, who?

25. Is there anything at all you would like to add? YOU CAN TALK TO US AND WE WILL NOTE WHAT YOU SAY OR YOU CAN WRITE ON THE BACK OF THIS SHEET OF PAPER



THANK YOU FOR COMPLETING THIS QUESTIONNAIRE