Healthcare Improvement Scotland

Flash Report

ADP and Homeless Programme: Reducing Harm Improving Care

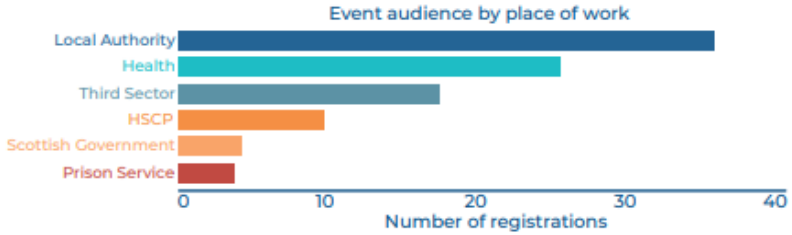
Webinar Approaching Equity: understanding how people who experience homelessness and alcohol and drug access services

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Background:

Healthcare Improvement Scotland has been commissioned by the Scottish Government and COSLA to deliver an improvement programme which engages specialist alcohol, drug and homeless services and statutory homeless functions, alongside the people who use them, to improve access, reduce harm and achieve better outcomes.

The Reducing Harm, Improving Care team worked in partnership with representatives from Alcohol and Drugs Partnerships, homelessness services, and third sector support providers to understand the current delivery landscape, and the experiences of people using services in order to consider how we might improve outcomes.



We organised a webinar series to share and discuss best practice recommendations. The third webinar was attended by almost 100 people and explored how people currently access services and the barriers and enablers that can hinder or help. We discussed how improvements can be made through person centred and trauma informed service delivery models.

Key Talking Points from our Guest Speakers

Mags Moffat, South Lanarkshire ADP & Ryan Wisely, The Beacons

Simply treating the illness is not sufficient for recovery. Rather than focus purely on symptom stability, goals must be reframed to helping people move beyond clinical stability in a model that "emphasises assets rather than pathology and deficiencies".

Being in treatment is only the start of the recovery journey. We offer individuals a safe environment where they can explore what is meaningful and helpful for them, and then work towards achieving this together.

When people walk into the Beacons we make them feel very welcome. We show then the schedule, give them a tour, and take the time to listen and find out why they came along.

One of the first things people say about our service is that it looks relaxed, which makes people feel at ease. Everything is under one room, and it is organised so that it doesn't look clinical.

Tom Bennet, Scottish Recovery Consortium

Societal stigma embeds self-stigma, as people are absorbing and believing the negative messages they are receiving, while already having a low self-esteem due to the situation in which they are.

People who use drugs and alcohol are experiencing prejudice. They come to believe they "belong to a sub-human race", but are in fact suffering from a health condition which requires treatment.

We should treat people with compassion and humanity - understand that service users are human beings who need to be treated with respect. Everyone has worth, everyone is a son, mother, daughter etc. We need more workforce development around basic human rights.



Louise Aitken, Scottish Drugs Forum

We found that people in North Lanarkshire were not aware of the services that were available to them, or were unsure of the referral pathways into a program.

To solve this we mapped all existing services, and discovered in the process that often the information that is online is not up to date. we compiled an extensive database by contacting each local service and asking about their admission criteria, referral process and what support is available for individuals and their families.

We will launch several short videos presenting this information to our local population. In general, people see addiction as a weakness. Our hope is that as more people hear these messages and speak about it, people will feel less ashamed.

Discussion Session

Q: Louise Aitken, from your work looking at how people access services, can you give us any insights into how people find information?

A: "In most of the cases people find services by word of mouth. Recovery communities are also a good source, as they tend to hear about a range of different services. The problem is that the information is not filtered through; it doesn't reach everyone. This is how we hope our videos about services will help."

Q: Tom Bennett, can you tell us more about the issue of people not having their basic human rights met as they look for treatment, and how we can challenge this officially?

A: "I'm not a human rights lawyer, but we all need to understand that the current Human Rights Act does afford legal protection to all people living in the UK. This means that we have the ability to go through the UK court system for any challenges. To start the process, a good idea would be to approach a local advocacy organisation. In general, local authorities will start feeling more nervous as the population becomes more informed and reclaims their basic rights."

Q: Mags Moffat, how does the no wrong door approach work in practice?

A: "We are using a partnership approach with a multi-disciplinary team. We are trying to complement the current recovery community that is out there. Practically what this means is that we are engaging with people straight when they are coming out of hospital for example. We want to have recovery volunteers available to meet people where they are to make the service more accessible."

Q: Ryan Wisely, how can we support people like yourself to come and work within Alcohol and Drug Partnerships?

A: "By volunteering at the Beacons, I can say hands down that having access to training and a trauma-informed service are key. For a person in recovery who is battling low self esteem, it can be daunting to get involved. For me it was very helpful to take the jump and engage with people at the Beacons. I got to know myself better and give something back."

Take Home Messages

One of the aims of the Reducing Harm Improving Care programme was to explore how to remove barriers people face when accessing services. Our speakers from the Scottish Drug Forum, Scottish Recovery Consortium, North Lanarkshire ADP and the Beacons talked about similar issues we encountered in our own research with people that use, offer and commission homeless, drugs and alcohol services.

Going forward, it is important to streamline the current complex path of referrals that people have trouble navigating. We also need to have a low entry barrier to services and for people to be greeted with a welcoming, non-judgemental attitude, similar to what is offered right now in recovery communities. Services should engage more with people with lived experience, as they are helpful to people with living experience. Right now people need assistance to receive treatment, when it is in fact part of their given human rights. Our aspirations going forward are to transform services so that:

"We shouldn't need advocacy - people should be able to directly access services" Ruth Robin