Healthcare Improvement Scotland

Flash Report

ADP and Homeless Programme: Reducing Harm Improving Care

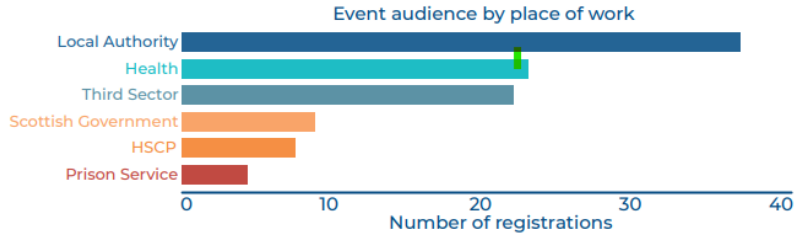
Webinar Putting People First: involving people with lived and living experience in the design and delivery of services

his.housing@nhs.scot

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 second webinar was attended by over 100 people and explored the different ways the programme has involved and engaged with people who access alcohol, drug and homeless services and how this method of working is critical to ensuring services are person-centred and meet people's needs.

Key Talking Points from our Guest Speakers

Justina Murray, Scottish Families Affected by Drugs and Alcohol

What makes you family? We take a broad view to answer this question. For us, family is anyone that is concerned for someone else, not just blood relatives, including colleagues and friends.

There is a high prevalence of harm to friends, work colleagues and neighbours, and not only on direct family members. On average, 11 people were affected due to a single person who uses alcohol or drugs.

Families are an asset, they are a protective factor, need to be involved in recovery. They want to feed information into the system so that loved ones can receive better help.

From our experience everyone accepts that there is room for improvement, but this is always with another service. There is an issue with the accepting responsibility.

Claire Longmuir, Simon Community Scotland

Year on year increase in drug deaths in residential services made Simon Community rethink how to offer services to people who are homeless and use alcohol and/or drugs. They shifted their organisation's policy to a more high-tolerance harm reduction model, which meets people where they are and builds relationships.

A zero tolerance model could increase risk for the individual as you are "displacing the harm to another place".

As one example, this approach led to the development of a new, personalised, women specific naloxone administration programme. Participants gave detailed instructions about their preferences for where they would like the dose to be administered, and what would make them feel better after.

Sam Stewart, Scottish Drugs Forum

There is a difference between involving people with lived versus living experience. The latter group are more difficult to engage as they are still facing multiple disadvantages and stigma. However their current experience is highly valuable and useful for services. People that are easiest to ignore must be included.

“Peer researchers can help use appropriate language and undertake the work in accessible ways, and are more credible compared with someone with an academic background.”

Peer researchers also benefit as they receive extensive training and support. This experience helps them move on in their own recovery by developing their confidence and self-esteem.

Discussion Session

Q: Sam Stewart, people like to know that their efforts matter - what do peers think about the difference they are making?

A: “Always a priority to show peers the impact they made. We don't want them to feel that they worked a lot, and not see the results of their work. The best way they see the impact is through their direct interactions with the participants. From our feedback, we know that participants value having those 30-45 minutes to talk with someone that has been in a similar position. This is powerful and helpful.”

Q: Justina Murray, what do you think services could do to better support family members?

A: “Family should be treated as a partner. They are not asking for information to be disclosed inappropiately, as they are not looking to get information from the service. Instead they want to feed in information. This should be only useful for services. This is becoming even more difficult as services move online, and family members become even more invisible. Even when they are physically in the building, services usually ignore them or “think they are a bit annoying or getting in the way”. This needs to change.”

Q: Claire Longmuir, can you tell us more about the personalised naloxone plans?

A: “This came from discussions with people which had naloxone administered. We all talk about trauma-informed care, but this can be put into a very practical tool. It's part of our ethos: “we don't want to do it to people, but with people”. While we have a duty to administer it, we have to recognise that this experience is hard for the person. The administration can be especially triggering for women who might have had sexual trauma. For example they might prefer to have a naloxone shot on the top of their arm, instead of the leg. Naloxone is a medical intervention, it's all about fixing. This is about bringing it into a space in which the person has an equal say to what happens to them.“

Take Home Messages

- People want to feel safe when accessing services
- People require support to navigate a range of services to have their health and wellbeing needs met
- People value support from those who understand their experiences
- Family members and carers often have to coordinate care and find this difficult
- People still feel stigmatised when accessing services

The Reducing Harm Improving Care programme engaged with people with lived experience in order to capture how people access and use homelessness, drugs and alcohol services. We worked in partnership with Scottish Drugs Forum, Homeless Network Scotland, the Simon Community and Scottish Families Affected by Alcohol and Drugs. We carried out telephone interviews, discussion and feedback groups using Google Meet, Google Jamboard, Microsoft Teams and Smart Surveys. Our main findings, highlighted above, have been echoed by the guest speakers of our webinar. People continue to experience stigma when they access services. This is why it is important for them to experience a safe, judgment-free space where they can interact with people that understand their experiences.