Healthcare Improvement Scotland

Flash Report

ADP and Homeless Programme: Reducing Harm Improving Care

Understanding the experience of people who use housing and addition services

his.housing@nhs.scot

Event Overview:

As part of the ADP and Homeless programme we are keen to collect contributions from both providers and users of housing, drug and alcohol services. Therefore we started a series of engagement events in partnership with Scottish Drugs Forum and Homeless Network Scotland. They actively recruited people to support this work to allow honest conversations about experiences without any fear of being judged. A total of ten peer researchers with lived experience will collect people's feedback through one on one interviews carried out within their established networks. This flash report provides an overview of insights, themes and outcomes as a result of working together to develop interview questions to gain feedback from people with lived and living experience of alcohol drugs and homelessness.

Peer researcher working definition

A person with lived experience of the issues being considered who takes part in developing and conducting research. This method can help get more in-depth and honest answers from participants. This is made possible because the interviewer and the interviewee build trust based on their shared life experience. The other advantage of this method is that it makes the research process (and findings!) more accessible, relevant and credible to participants.

Workshop 1: What's it like to be a peer researcher?

Healthcare Improvement Scotland, Scottish Drugs Forum, Homeless Network Scotland and peer researchers discussed interview techniques and the role of the peer researcher. Below you can see the key traits that came out together with live discussion quotes.

"Use humour, banter to break the ice." ← **empathetic**

active listener → "We are there to listen and stay guided in the call by the participant. Don't fill silences."

"Hard to interact with people that are isolated and feeling even more isolated at this time." ← **informed on topic**

passionate → "One human being helping another human being to the best of their ability. Building up a bond and trust to get the full story. Also need to be careful so that you don't make people re-tell their story over and over again - it's a way for them to relive their trauma."

"Labelling - is a person's right to have their own identity. We shouldn't judge and stigmatise." ← **non-judgemental**

confidential

“How we come across is important. Try to be easy to talk to.”

approachable

open minded

“It's up to people to choose how they want to be identified.”

“Knowing what your own triggers are.”

honest

reliable

“Being aware of your time.”

“Can fall into the trap of identifying too much with the participant. Know that you are not a counsellor and you are there only there to capture some info. Keep the boundaries straight.”

personal boundaries

reflective

“We need to be careful with some of the language we use. We stopped using the word addict. Consider using 'people using drugs' to take off loaded terms.”

Workshop 2: What are some key interview themes?

Scottish Drugs Forum, Homeless Network Scotland and peer partners developed the main themes for the interviews, taking into consideration their own experiences and the aims of the ADP and Homeless Programme.

Better Outcomes

"It would have taken three months to get a house with an advocate, without one takes much longer. If you are having a bad day or something happens it can push you back a lot. If you would have an advocate they could help string you along"

"I was on methadone for 20 years, saw worker for 20 min a couple of times a year. How will this help?? I was blaming methadone for all my problems, but it was a lack of services."

"MAT standards seem to be the way forward. But people need to know about them! Both staff and people, they need to know the difference."

Reducing Harm

"Drive towards abstinence - need to provide options to people that don't want this"

"Need to be given a choice between treatments and dose"

"We need a food bank equivalent for a mobile phone. 60% of the people that died because of drugs have been found home alone and isolated."

"Why do we see homelessness campaigns only at Christmas? Scottish Government has been very good at putting up COVID adverts throughout the year. Why not have a public health campaign about recovery?"

Improving Access

"Postcode lottery, some people get access to better services."

"Got better service while in prison than out. Started using first day out because there was no support there."

"Don't like having to retell story to several different staff; services should be joined up"

"If you are doing well and being clean and end up homeless, you need to go down deep before you get pulled out of it again. Need to be in a crisis to get help."

Workshop 3: What are key questions to ask?

Healthcare Improvement Scotland, Scottish Drug Forum and Homeless Network Scotland finalised the research approach using the three themes previously identified as the key backbone of the interview structure: improving access, reducing harm, better outcomes. Using a partnership approach with our peer partners we developed questions that the peer researchers could use during their semi-structured interviews.

Improving access questions:

Prompts created to start a discussion

What are the range of services people have experience of using?
How easy it is to access the services they need (e.g. at the point they ask for them, only in an emergency?
How well do homelessness and addiction services work together? Referrals across services? Joint planning and support? Or do they work separately?

Sample Questions created in the workshop

What type of services have you used? Local housing, drug and alcohol services?
How did you find about it and how were you treated when you went there? Were you supported to attend?
Would you like a support worker? Do you know how to access one?

Final questions used in interview schedule

What services have you used?
Are these addiction and/or homelessness services? When did you use these?

How did you find out about these services?
Did someone tell you about them? Were you referred by a worker?
Did you self-refer?

Was it easy to access them when you needed/wanted them?
Were there any barriers to access? What else might have helped?