Moray ADP Recovery Model Case Study:

Embedding lived experience involvement to support access to drug and alcohol services across rural communities.

Background

Rural communities can face many challenges in accessing alcohol & drug related support. These include long travel distances, limited public transport, stigma, and fewer local services. Barriers like these can delay continuity of care, and isolate people in recovery.

This case study examines how action by leadership within the Moray Alcohol & Drug Partnership (ADP), contributed to improved engagement and recovery outcomes.

The key element in Moray has been embedding lived experience involvement into planning and decision making. This has improved access and pathways to recovery services as well as outreach and support for rural communities.

Situation

From 2021, Moray ADP began implementing a series of improvements aimed at developing and nurturing recovery. At the same time, they focused on embedding recovery-focused approaches across the partnership.

In the initial stages, a third-sector recovery service, Arrows, was commissioned. They formed the main point of access to recovery in Moray. A volunteer coordinator was appointed also. Their role was to support and develop pathways for LLE involvement as well as making use of existing community assets.

In their 5-year Delivery Plan 2021 - 2024, formal commitments included:

- Delivering joined up, -person-centered- responses to alcohol and drug-related harms.
- Collective responsibility to ensure services are accessible, evidence informed, and continuously improving.
- Workforce development for staff, volunteers and people with lived and living experience
- Strengthening the skills and confidence of everyone involved in the system.

- Meaningful community involvement in shaping priorities, designing services, and influencing decision making.
- Strengthening recovery networks, support local solutions, and maintain strong pathways for ongoing support.

Embedding lived and living experience in the ADP

Moray ADP have taken steps to embed lived and living experience in their planning and design of drug and alcohol services.

Most prominent in shaping, planning and service design is the lived and living experience (LLE) panel. Hosted through the Moray Wellbeing Hub - a lived-experience recovery organisation (LERO). Thet act as a 'critical friend' to the ADP while remaining independent. Consisting of people from across Moray's towns and rural communities, it's grown into a driving force that feeds into the ADP planning and decision-making.

Elements of the overall living and lived experience contribution in Moray include:

1. **Service specification design**

Lived experience representatives helped:

- Identify barriers,
- Define what good quality support should feel like, and
- Highlight gaps that professionals may overlook.

These skills help Moray ADP in developing service specifications to ensure new and redesigned services reflect real needs.

2. **Collective Voices Report**

The Moray wellbeing hub produces Collective Voices Reports that capture the experiences of the people across Moray. This can be in relation to mental health, alcohol use, drug use, recovery, access to services, stigma, and community support. These reports gather people's own words, quotes, and reflections in a shared voice from the community.

The collective voices reports are available to view here [Share Your Experience | Moray Wellbeing Hub]

MORAY wellbeing HUB

3. **Review of ADP papers**

The panel reviews the ADP papers before they are received by the ADP. These include plans for budgeting, strategic delivery, and outcome improvements in addition to service reports and briefings. This step ensures decisions are grounded in real experience. The ADP more accountable, transparent, and person-centered as a result.

4. **MAT experiential interviews**

The LLE panel helps to conduct interviews for the MAT experiential programme. These are a key part of how Moray ADP evaluates the implementation of the Medication Assisted Treatment Standards.

Impact on support pathways and service delivery

The LLE panel highlighted barriers people faced when trying to access support. Amongst these are long travel distances, stigma and confusing pathways. These insights challenged the ADP to rethink how services should be delivered.

Shaping pathways into support

All referrals, including self-referrals, for substance use support in Moray are now made through Arrows. Efforts have been made to improve visibility and accessibility. This helps ensure access without need for clinical diagnosis, or appointment from another service beforehand.

Listening to people's input has led to increased visibility at key community touchpoints, such as primary and acute care. As a result, GPs and other frontline healthcare staff now have greater awareness of available access points. They are also better equipped to signpost individuals and encourage onward referral.

More accessible pathways have increased engagement with drug and alcohol services in Moray. Self-referrals have become the largest single-entry route for the for the ADP. This indicates people feel comfortable accessing support independently when they feel ready.

More accessible pathways have created stronger partnership working and aligned services across sectors. Referral data between Q1-Q2 shows notable increases from key partners. These include Moray Integrated Drug and Alcohol Service (MIDAS), social work, housing as well as police. This includes the Operation Protector initiative. A collaborative community outreach program in conjunction with Police Scotland.

Arrows
A Quarriers Service

Arrows referral sources (Q1 – Q2 2025-2026)			
Service	Q1	Q2	Increase
MIDAS	9	28	+19
Social Work	5	9	+4
Housing	2	6	+4
Police Scotland	16	17	+1
Operation protector	1	5	+4

The Collective Voice Reports also includes input from strategic partners. Among these are statutory treatment and mental health, housing, and social care services. This supports service development,

greater alignment and joined up working relationships with Arrows. The impact of this has been increased partnership working and multi-agency alignment.

Service development

Lived experience helps shape and tailor the design and development of supports within Arrows.

78% of people working in Arrows come from a lived experience background. The LLE panel highlights that this helps make people feel understood, supported, and connected. This helps improve retention to the service. Depending on need, they offer:

- One-to-one support
- Counselling with a recovery coach
- Whole family supports options and
- Pathways into residential rehabilitation.

The below data indicates improved and consistent engagement within Arrows. This covers Q1-Q2 2025-26.

Arrows service activity (Q1 – Q2 2025-2026)			
	Q1	Q2	Change (%)
Service users	857	1,179	+37
Unplanned closures (early service withdrawals)	120	59	-51

Further outcome data, captured from initial assessments and reviews highlighted improvements. These were in housing & independent living skills as well as in relationships with family and children. This suggests people who remain engaged with services enjoy increased structure and consistent support.

As part of the offering at Arrows there is also the Bow Café in Elgin-, which offers a community space for activities and other social supports. This is run and supported by volunteers from Arrows including LLE development workers.

Overall user input and feedback have helped to shape programmes of support within Arrows. Examples of documented improvements in Q2 2025-26 include:

- Trauma informed design of support spaces,
- Enhanced weekly coaching timetable
- Check-in calls by harm reduction staff to offer a supportive space for those awaiting allocation

Impact on improving rural access

People living in remote villages and small communities described barriers to seeking help. Amongst these were long travel distances, limited public transport, and the fear of being recognised. These often made it difficult to access support. In response to concerns, Moray ADP has significantly improved rural access. This is by redesigning services around the realities of life in a geographically dispersed area.

Fieldwork and assertive outreach

To shift towards a rural responsive design, fieldwork activity has expanded. Staff and peer workers travel directly into rural communities to meet people where they are. Activity includes regular outreach in towns and villages and home visiting. Community assets like libraries, GP practices, and wellbeing hubs are used also as informal access points.

Fieldworkers can provide harm reduction support, brief interventions, and warm handovers on the spot. This reduces need for people to navigate multiple services or travel long distances and more equitable access to support. It also helps in reducing isolation and increasing engagement across the region. Overall, face-to-face activity is high with almost 600 one-to-one visits in Q2 2025-26. This demonstrates strong outreach presence and improved assertive contact across Moray.

Since September 2025, the Fieldwork Team has been working closely with Harm Reduction Workers. This is to strengthen their response to individuals at heightened risk who have not yet been able to engage in the assessment process. Before any person is closed to the referral process, their circumstances are discussed with the Fieldwork Team. Where appropriate, assertive outreach is offered to ensure that every opportunity for engagement, safety planning, and support is provided. In September 2025 alone, 4 community-based assessment attempts were carried out.

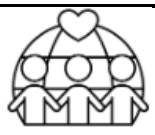
Digital inclusion

Embedding lived and living experience has also driven major improvements in digital inclusion across Moray ADP. People trying to access support from rural areas or without reliable transport highlighted how digital barriers were preventing them from engaging. These included limited connectivity, lack of devices, and low confidence with technology.

In response, the ADP expanded flexible digital options. These included online assessments, virtual check-ins, and remote peer support. This ensured delivery felt safe and accessible. Fieldworkers now support people to get online, build digital confidence, and use technology as a tool for their recovery.

Key learning

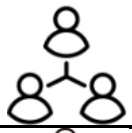
Some key learning points for consideration from the work done in Moray includes:

	**Allow communities to define services** People who know and understand their own communities and use services are best placed to influence how they should operate. Involving people in the design of specifications can build trust that is often lacking and thus help to empower people and communities a whole. This element is key to Moray ADPs overall philosophy.
	**Be adaptable and open to change** Never feel that things should be set in stone. Aim for ongoing evaluation to judge how services can improve and adapt to emerging challenges and concerns. Ongoing evaluation creates space for improvement and keeps support aligned with the needs of the people who use it.

	**Where possible, consolidate access to services and supports under one roof** People are more likely to engage with support consistently when services are in comfortable environments. Community based environments that feel welcoming, social, and nonclinical provide the comfort and connection needed to encourage ongoing participation. The Bow Café in Moray, or other informal community hub are examples of these.
	**Communicate back to lived experience** It is important to acknowledge the input from lived and living experience. When involving them it is crucial to have structures in place that offer clear feedback so that people feel valued. Moray places an emphasis on 'closing the loop' through their feedback. An example of this being 'you said, we did' event as part of the MAT experiential feedback.

Next steps

Based on continued feedback from those in the community, the Moray ADP intends to introduce further improvements including:

	Repurposing existing spaces to encourage social connection and belonging, including flexible communal zones.
	Developing a 'dayhab' programme to offer people support through pre- and post-residential rehabilitation stages.
	Expand service provision within existing spaces, including staff from the statutory drug & alcohol service MIDAS.
	Develop a 7-day satisfaction survey for those accessing services for enhanced real-time feedback.
	Improve referral promotion through digital platforms and begin onboarding a programme to better capture data outcomes.

A variety of resources and further information from the Moray ADP can be accessed on the Moray Protects website.

If you have any questions or queries relating to the content of this case study, you can contact ourselves at his.mat@nhs.scot.