**People affected by substance use and homelessness**

**Tests of change – Scoping Exercise**

**Situation**

The Lochee Hub had completed work with the community through discussions, questionnaires, working along with the drug commission report, and the University study into the three Hubs in Dundee, as well as looking into the number of drug deaths within Dundee. All of this information proved a need for a greater mental health and addiction service within Dundee / Lochee area. This in turn encouraged the Lochee Hub and the Dundee Healthy Minds Network to work in partnership to collate information from clients regarding what changes needed to be made within the area and the Hub. The Dundee Healthy Minds Network held a weekly drop in at Lochee hub. Dundee Healthy Minds Network is an engagement platform for anyone in Dundee with lived experience of mental health challenges who have an interest in formally or informally getting involved in giving an opinion about statutory service running, planning and development. The network seeks to influence and change the design of mental health services and supports to reflect the views and wishes of those with lived experience of mental health challenges in Dundee. Based on the evidence already received from the reports etc. the Lochee hub began to complete Key milestones to develop the service within the Hub to hit the outcomes required. At first, we completed meetings with the relevant services that could provide a mental health and addiction approach within the service. This enables us to develop the services that we were already providing and use a greater multi-agency approach to people’s recovery plans. The services involved developed programs to deliver to the community regarding addiction and mental health and have delivered 10-addiction drop in sessions 10 SMART recovery sessions and 10 mental health sessions before COVID forced the Hub to close. This has seen 212 visits to these sessions over the 3 months it was running. Dundee Healthy Minds Network also set up a mental health awareness wall, introducing individuals to ways of dealing with their mental health. This gave people the chance to develop peer worker roles giving advice to the community and clients on how they cope with their mental health and what works for them. While this work was, being rolled out Dundee Healthy Minds Network was completing a coproduction model approach with the clients to develop a greater understanding of the needs with addiction and mental health.

During COVID the staff at the Hub continued to work with individuals through phone and digital media as well as in the community and outreach work. The staff assisted with

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| Lochee hub during Covid | | | | | |
| Month | Community Work | Outreach | Mental health and addiction | Food availability | Crisis interventions |
| March | 68 |  |  | 74 | 95 |
| April | 429 | 413 | 105 | 302 | 400 |
| May | 360 | 337 | 71 | 263 | 189 |
| June | 270 | 240 | 1 | 136 | 129 |
| July | 266 | 251 | 3 | 262 | 222 |
| August | 304 | 196 | 18 | 329 | 458 |

The numbers speak for themselves the Hub is an asset to the community and has worked well during these hard times to assist as many individuals as possible. The opening hours for the Lochee Hub were 9-5 before COVID and was seen through questionnaires and discussions with the community to be limited and needed to open at nights and weekends. The Hub had started talk with other services to have a more varied service at nights and weekends however this came to a stop because of COVID. The Hub is now open 9-2 providing 1-1 appointments crisis intervention, mental health and addiction services, health checks, job related services and food availability. Unfortunately due to government guidance, group work has been cancelled but will hopefully be reinstated soon. One of the services providing 1-1 appointments is ISMS this service has the capacity to provide

1. Substance misuse treatment & support.
2. Social work support.
3. Case Management.
4. Protecting people (Adult Support & Protection). Statutory Role
5. Risk Management/Lead professional
6. Contractual monitoring and review
7. Remobilisation to have clinics back in Hub and GP Practice.

At present the ISMS are providing appointments with clients only however this could be an area for development allowing individuals form the community the chance to engage with this service from the Hub.

**Background**

The Lochee Hub has been open for nearly 3 years now and continues to work with individuals with substance and homeless issues. During this test of change proposal, we have engaged with other service and professionals to develop a greater understanding of the key issues effected by substance use and homelessness. These where identified through The Drug commission report/ questionnaires with clients/ discussions with clients/ testimony’s of individual clients / the co-production model (Co-production @ Lochee Community Hub) as well as professional experience from services such as Dundee Healthy Minds Network/ ISMS/ Hillcrest and The Lochee Hub.

The Key issues that were identified are:-

* Instability.
* Instability & poly substance use.
* Poor mental wellbeing, trauma, lack of hope, perceived lack of opportunity.
* Apparent lack of engagement with support networks or fragmented support.
* Poor communication between providers.
* Carers support (available but not necessarily accepted, valued or understood).
* Poor physical health, and emotional well being
* Lack of financial stability and accommodation required as well as not having enough finances to make a house a home, just roof overhead. Feeling forced to offend due to lack of money and addictions
* Lack of positive relationships with friends family and community
* Lack of confidence and meaningful use of time
* Bereavement support
* Distress
* Reasons to stop using (hope, opportunities, valuing the person and their network, advocacy, negotiating support, equality
* Trauma.
* 2nd or 3rd generational social issues, therefore little resilience

The Co-production Model discussed ways to develop the above key issues and the individuals who were involved and they saw the following themes to be important:-

* Learning and Personal Development
* Partnership Working
* New Groups and Creative Support
* Communication and Promotion
* Outreach
* Services working from home due to COVID

**Assessment**

**What needs to change?**

A wraparound model, philosophy and approach to programme planning at Lochee Community Hub

A comprehensive, community-based wraparound model that ensures that individuals, families and children with significant behavioural, emotional and mental health needs obtain the services and personal development opportunities for success in home, education and the community.

A wraparound model requires a high degree of collaboration and co-ordination. Organisations taking an open, holistic and collaborative approach to working together for the benefit of local people with various key organisations including mental health, drug, alcohol and other services.

Imbed a culture of co-production (adopted by all partners) to designing and delivering the programme at Lochee hub. Taking a strengths based approach to empower individuals, groups, families and organisations, deploying personal strengths to aid empowerment and recovery. For this to happen a greater understanding of the needs of the community needs to be undertaken. Looking at the individuals in the community who do not use the Hub at present and are maybe not engaging with addicition, or mental health services at all. There also needs to be more work undertaken to also see what other individuals in the community need, families over 60+ etc. and link in with other service to enable these individuals to also receive services. The Lochee Hub has the capacity to open at nights and weekends as requested from the coproduction model but services will have to work together to develop a plan and a strategy to provide the services out with the 9-5 time frame.

The wraparound plan will be designed to be culturally competent, strengths based, organised around individuals own perceptions of need, goals and likelihood of success of specific strategies.

The wraparound process is intended to ensure that individuals with the most complex needs in a community benefit from a co-ordinated programme of personal development opportunities that respond to their needs and aspirations.

The wraparound process produces a single plan that integrates the efforts of multiple providers on behalf of individuals in communities. This in turn would allow the individual the choice on who they wish to be their lead professional as well as encouraging engagement form other services and the client to be in the centre of their decision making process. This encourages empowerment allowing the individual to be part of the solution and not just the recipient of care. The organisations involved would them be a community of workers working with the focus of the individual and their needs at the centre of the process.

**What are the barriers to change?**

Professionals assisting on the lead of this proposal have stated that they do not view the barriers lie mainly with the client. The issues can be around how organisations are funded, how they collectively view services (i.e. stop working in isolation from one another). If we develop the test of change or have short term funding, we must look at sustainability rather than let good ideas and good practice drift away.

They would like to see a whole systems approach, as we need to join the dots. We don’t presently do this. We encourage innovation but do not collectively support innovative practice. We compete.

1. Barriers to Change:

* The barriers to change at this moment in time are significantly impacted by the current challenges to ‘in person’ working between partners and with local people due to the Corona virus pandemic
* Group work is limited due to ever changing government restrictions
* A well-developed array of services and supports to deliver the programme based on the feedback gathered in co-design sessions
* A high degree of co-ordination and collaboration
* Lacking trust / empowerment
* Disjointed mental health and addiction services
* Silo working
* Flexible hours, out with office hours
* Services prepared to work out with the 9-5 regular hours
* Funding or fees for services
* Services contracts and funding outcomes are the focus of services rather than the clients they are working with
* Services need to recognise other services and their positives, professional assessments etc. and collaborate more with colleagues
* Organisations feeling safe in their decision making and feeling fully supported
* It should also be recognised that commissioned and voluntary services may have better relationships with clients than statutory. This should be capitalised on.

**How will the barriers be overcome?**

* The easing of government restrictions to ‘in person’ working with groups of people
* A leading officer to be secured to progress this area of work
* Strengthening the trust between and working relationships of mental health, addiction recovery services and other services
* A commitment to Integrated, collaborative working
* Questionnaires completed with the public in Lochee regarding what is needed or what they would like to use/ see in the Hub at weekends and evenings.
* Apply for funding for staff and groups
* A commitment to co-production
* A commitment to sharing monitoring information
* Try to find services that will work out with working hours.
* Community of workers/ Collaborative approach
* Using technology to reach services that are now home based

**Which agencies need to be involved in delivering change?**

* Local people
* Lochee hub
* Services already delivering in Lochee hub
* New partners interesting in delivering within Lochee hub
* Communities Officers
* Community Empowerment teams
* Public Health
* Mental health recovery organisations
* Addiction recovery organisations
* Mental Health and Addiction Recovery networks
* Youth work
* Adult Learning
* NHS
* Learning and Development
* Organisations that can deliver training, learning and development opportunities
* Organisations that can provide progression pathways in peer support, volunteering, supported employment, employment

**Hub and Spoke Model:**

**Hospital Discharge**

**Safe Bus Zone**

**HH & Keep Well**

**Street Soccer**

**Community MH**

**Churches**

**LOCHEE HUB**

**GP Practice**

**Hillcrest Futures**

**Positive Steps**

**Housing First**

**Employability**

**Housing Office**

**Community Groups**

**Employability**

**Kith & Kin**

**Pharmacy**

**Peer Support**

**Pop UP Shop**

**How will people with lived experience be involved?**

* Ask people how they would like to be involved
* Use the ‘Co-production @ Lochee hub’ report as a starting point and deliver recommendations
* Local people influencing key organisations to design and deliver activities/workshops/training based on the data gathered and further dialogue
* Invite local people to be involved in developing some of the ideas further
* Promoting the programme and opportunities within
* ‘Sense checking’ as test of change develops
* Gathering participants/learners experiences through evaluations
* Inviting people to be involved in any mid-term or final evaluation of test of change work at Lochee Community Hub
* Capturing people’s stories of personal development by being involved
* It should also be remembered that professionals and commissioners will also have lived experience to offer, personally or via a family member / friend.

**What resources will be required?**

* Flexible resources
* Well-developed array of services and supports
* Course / training content
* Funding to cover cost of accredited courses e.g. paying for Adult Achievement Awards
* IT
* Stationery
* Staff member
* Other staff from other service
* Communication pathways
* Information sharing / consent to share
* Advocacy – to give a voice to the seldom heard

We need a **community base structure which supports the needs, hopes and aspirations of a person seeking support and those around them (their Network, defined by them).**

**What is to be achieved?**

A wraparound model, philosophy and approach to programme planning at Lochee Community Hub

To build a cohesive community through activities such as social opportunities and events to enable the sharing of resources, experiences and learning from others

A range of health and wellbeing and therapeutic activities on offer

People were keen that personal development opportunities (including accredited courses) are developed, promoted and delivered for individuals with dual diagnoses.

Progressions pathways for individuals to uptake opportunities in peer support, volunteering, further learning opportunities or employment.

A variant in hours of provision to allow the whole community access to the services and opportunities.

The achievements of people undertaking learning and development opportunities are celebrated

Local people influencing key organisations to design and deliver activities/workshops/training based on the data gathered (Co-production @ Lochee Community Hub report)

Development of short-term projects to bring people together to encourage partnership working and information sharing

Work with partners (local people, key organisations, community planning, adult learning, community empowerment teams, mental health and addiction recovery networks, youth work etc) to work on activities, projects or developing training opportunities

A more collaborative approach to service provision, services sharing information, the client being at the centre of the process, choosing their lead professional and other services respecting assessments from other services.

**Which indicators will be used to measure achievements?**

* Numerical data of participants attending groups
* Numerical data of participants attending training and capacity building opportunities
* Qualitative data on peoples experiences of attending groups, training, capacity building, social activities
* People undertaking accredited personal development e.g. obtaining certificates for training courses, Adult Achievement Awards, Health Issues in the Community (HIIC)
* Mapping participants/learners progression and transitions e.g. volunteering, peer support, other learning or development opportunities

Over all the Indications should be set by the person using the service. We would be really keen that we as service providers and commissioners do not set the outcomes. We will know success but we may have to unpick it a little to truly appreciate it. We may also need to be supported by the client and family to understand what success means to the client. It may not be what, professionally, we see as a success. Small wins are monumentally important.

**Recommendations**

**How will change be delivered?**

* Develop a wraparound model plan and an operating statement for partnership organisations including remit, commitment, promotion of groups, on-going and short term work plans
* Identify and establish which partner organisations want to be involved
* Identify and establish which partner organisations can use existing resources or design and deliver activities or learning and development opportunities aligned to the co-design feedback (Co-production @ Lochee Community Hub report)
* Partnership working to deliver an engaging programme based on the views and aspirations of local people
* Imbed a culture of co-production (adopted by partners)
* Development of short-term projects to bring people together to encourage partnership working and information sharing
* Take a co-ordinated approach to promoting the programme and services on offer at Lochee Community Hub
* Test an engaging flexible programme, including evenings and weekends. To maximise opportunities for participation of local people
* Discussions with more people with lived experiences within the Lochee Area and with others in the Community who do not use the Hub or other services to develop the Gap in service provision.
* Funding for a member of staff to develop this greater knowledge of service provision required and community engagement
* Agreement across agencies.
* Promote model.
* Undertake Test of Change and review validity of model.

**How will improvements be measured?**

* Plan components, interventions and strategies to be devised if partners determine that they are not working i.e. if relevant indicators of success are not being met
* Capturing and analysing monitoring data
* Meeting outcomes
* Unintended outcomes
* Capturing personal development stories
* Capturing transition stories
* Mid-term or final evaluation
* Statistical information
* Clients own ideas and feelings of success and achievement
* Co-produced with people using services & agencies.

**What reporting arrangements are required?**

* Shared monitoring information e.g. partners sharing relevant numerical and quantitative data with Lochee Hub and or Test of Change lead officer
* Realisation that groups take time to develop and longevity is key to success.
* Report on review / goal setting periods.
* Independent review – case file audit.