**Developing a framework for the engagement of people with lived experience of substance use and homelessness**

**Background and Introduction:**

It has long been recognised that the involvement of people with lived experience can have a positive impact on service delivery. There is already a variety of peer involvement activity and engagement of people with lived experience in the design and delivery of public services in Dundee. The purpose of developing a Lived Experience Engagement Framework is to create a shared understanding of Lived Experience, Peer Involvement, Peer-led Recovery and Service User & Carer Engagement, and use this understanding to map current activities and to identify and address gaps. There are five stages to the development of the framework:

1. Definition
2. Developing the Framework
3. Summary of findings from previous engagement
4. Mapping local activity
5. Key findings from mapping exercise
6. Recommendations
7. **Definitions:**

A consistent understanding of what we mean by lived experience involvement is important to ensure that the process of involving people is supportive, inclusive and meaningful. For the purpose of this framework we define it as *“The purposeful involvement of people who have direct experience of substance use and homelessness challenges in the design, delivery and evaluation of services and wider support. Those with lived experience are recognised as equal partners in decision making processes”*

The engagement of people with lived experience falls into three broad categories, Peer Involvement, Service User/Carer Engagement and Community Engagement. These concepts are inter-linked but they are not the same. For the purposes of developing the Framework, these concepts are defined below.

* **Peer Involvement** is any activity that supports people with lived experience to become involved in supporting others to benefit both their own and other peoples’ recovery. This includes the lived experience of carers and other people in recovery who may never access formal services. Examples include: Recovery Cafes, Mutual aid, befriending.
* **Service User**/**Carer Engagement** is any activity that supports people who use services to use their own and others’ experiences of services to improve current and future service delivery. Examples include: Service user consultation, participation in stakeholder events, attendance at partnership meetings.
* **Community Engagement** provides opportunities for wider community involvement in the planning, delivery and evaluation of substance use and homelessness services

**2) Developing the Framework**

The original Peer Involvement Framework was produced in Dundee by a partnership involving CAIR Scotland(now Hillcrest Futures), Tayside Council on Alcohol and Addaction(now We are With You) alongside involvement from statutory partners. Currently the ADP support a Peer Recovery project led by a Peer Recovery Co-ordinator employed by Dundee Volunteer and Voluntary Action with supported paid Peer Workers operating at Level 4 on placement with Tayside Council on Alcohol, We Are With You and Hillcrest Futures. The Framework has since been further developed in the light of the Dundee Drugs Commission Report and the subsequent Dundee Action Plan for Change.

There is a need to ensure that there are opportunities to involve lived experience is available at all levels, across all services (not just specialist services) and in the community to help develop peer involvement in supporting recovery. Training has been identified for each level that can be supported and delivered locally. This can further be developed by working with the Scottish Recovery Consortium who have developed a national model. As well as training, on-going support will be provided by the Peer Recovery Co-ordinator.

The rationale behind the different levels of the Lived Experience Engagement Framework is based on Arnstein’s ‘ladder of participation’ and ‘citizen control’ (Appendix 1). Below is a draft framework that has emerged from ongoing discussions. It leads to a plan of action, which will be shaped by the results of a mapping exercise of existing engagement activities, the gaps that need to be addressed and the further evolution of engagement activities.

**Peer Involvement Roles Training Lived Experience /Carer Involvement Roles**

**Level 4**

**Level 3**

**Level 2**

**Level 1**

**Level 1 – Information/Consultation**

Lived Experience involvement at this level ensures that people involved in services and their carers have clear communications about the services and have the opportunity to provide feedback on their experiences that will help to shape future service delivery. The agenda is led by services and commissioners. This activity is through surveys and consultations – either written, presentations or focus groups. The communication strategy will help to inform this level of involvement. It is essential that this is a two-way information exchange – ‘You said – We did’

Lived Experience involved at Level 2 or above can help support involvement at this level.

**Level 2 – Participation**

At this level, Lived Experience involvement could include supporting people to get involved in community events/community groups and volunteering. However, this is a ‘stepping stone’ to progress to groups at Level 4, where the agenda is decided by people who use services not by those who provide them.

Support would be needed from Peer Recovery Network but it is hoped that individuals with lived experience at Level 3 or above would be involved in setting up the groups and taking them forward to the next levels.

**Level 3 – Partnership**

At this level individuals with lived experience would be supported to attend strategic groups and contribute to the agenda, representing the wider views of individuals with lived experience. It is important to recognise that this is a two-way process and the reps have responsibility for ensuring the information and plans made at these meetings are represented back to other service users and carers. Activity at this level would focus on supporting people with lived experience and carers to be involved in developing ways to review services and developing and carrying out consultations with other individuals with lived experience/services and staff.

This level involves the meaningful involvement of people with lived experience in the decision-making processes across the ADP structure. The ADP still hold the initial power as it makes the overall decision about how to initiate the process of involving people with lived experience. It is strongly recommended that people with lived experience have equal status as professionals in the decision-making process. Participation can have significant benefits for people with lived experience as services are more responsive and relevant to the needs.

At this level, the individual with lived experience will be supported by Peer Recovery Network rather than independently funded.

**Level 4 – Citizen Control**

This level is led and initiated by people with lived experience and as such is a process of genuine empowerment. It involves people taking control over issues that are important to them. People with lived experience approach those who make decisions to ensure that their voices and recognised and acted upon. It is recommended that this type of involvement is supported by ensuring that there is an open door across the ADP structure to allow independent groups to become involved as appropriate.

This level is similar to Level 3 with one significant difference – the independence of individuals with lived experience in setting the agenda and activity to hold partners to account. Individuals with lived experience would be represented at strategy meetings – taking on leadership roles and representing wider views. Individuals with lived experience would take ownership of the development of user groups and would set the agenda – meaning the group would run independently, carrying out their own consultations, etc, to come forward and lead change. At this level, individuals with lived experience would be developing their own support activities sitting alongside established services and tying back into the ‘Peer Involvement’ work.

**3) Key lessons learned from previous engagement with people affected by substance use**

Following the publication of the Drugs Commission Report in October 2019, around 50-60 people with lived experience of substance use were asked questions about their experience of previous attempts to involve people in decision making and how they would like to be involved. The responses are summarised as follows:

*How do you feel about the ways that services have previously tried to involve you in decision making?*

* Some people have taken part in decision making and have had input to discussions, but the overall feeling was that services have not engaged people with lived experience in decision making.
* Concerns were expressed about engagement being more tokenistic than meaningful
* When people have been consulted in the past there has never been any feedback on what has been said.
* People felt that there has been insufficient involvement in decision making about their own/their families care.
* People expressed that engagement practices have improved since the publication of the Drugs Commission Report.

*How would you like to be involved in decision making?*

* Involvement of people with lived experience in the development/structuring of services.
* Involvement of people with lived experience supported through the Peer Recovery Network.
* People want to be listened to and participate in a non- judgemental environment where everyone’s views are valued.
* Participants need to be kept informed of the outcomes from engagement events.
* People need training and support to help them participate.
* Organise engagement opportunities in ways that will break down barriers/stigma.
* People should have opportunities to participate at different levels.
* Community Hubs can be utilised more effectively to support engagement.
* Lived Experience Forums should be linked to ADP decision making.
* Service user representation on ADP Work Groups
* Facilitate the engagement of people in decision making through existing groups
* People with lived experience working together with professionals in communities on the planning and delivery of services

An analysis of the barriers to the effective involvement of people affected by substance use in decision making and how the barriers can be overcome is summarised in Appendix 5

**4) Mapping local activity**

The Lived Experience Engagement Framework has been used in Dundee to map existing engagement activities with people who are affected by substance use and homelessness.

The Peer Involvement activities can help to support and develop people who are interested in service user involvement activities in addition to being used as a vehicle to establish service user and carer involvement. For example, recovery cafés help people to build their own recovery and develop confidence in supporting others as well as providing an ideal environment for focus groups or developing a service user group. Included in this is family support and this can be used to expand carer involvement. In addition, there is existing service user and carer involvement activity that needs to be mapped against each of the four Levels.

All engagement activities mapped against each of the four levels described above have been documented in Appendix 2 and a summary of the gaps and areas for improvement is detailed in section 5.

**5) Key findings from mapping exercise (including gaps and areas for improvement)**

The Lived Experience Mapping Exercise has been used to gather information from 20 partner agencies activities relating to the lived experience definitions set out in section 1.

65% of the activities identified were classified Levels 1 and 2 (Information/Consultation and Participation) activities and 35% of the activities were classified Levels 3 and 4 (Partnership and Citizen Control). This demonstrates the need for more meaningful involvement of people with lived experience in decision making processes across the ADP structure and support for people to take control over the issues that are important to them to make sure that their voices are heard and acted upon.

The other main gaps and areas for improvement emerging from the mapping exercise have been categorised as follows

*Communication*

* For effective engagement there needs to be a two way feedback loop to and from the ADP( possibly in a you said, we did format)
* It would be helpful if the ADP could provide accessible community briefings with updates on strategies and plans
* Social Media channels need to be further developed and utilised for engagement purposes
* Strategies are required to overcome the digital exclusion experienced by people affected by substance use and homelessness

*Engagement*

* Community outreach needs to be further developed to engage hard to reach groups
* Individuals affected by substance use and homelessness need support to access community activities
* Strategies need to be developed to overcome COVD restrictions
* A blended range of virtual/face to face engagement opportunities are needed to facilitate engagement
* Need to find ways of evaluating the impact of engaging people affected by substance use and homelessness

*Co-production*

* More opportunities are needed to further support individuals’ personal development
* Peer support and peer mentoring opportunities need to be further developed
* Need to further develop buddy arrangements to support individuals’ access to services and engagement opportunities
* Individuals affected by substance use and homelessness need more support into volunteering, training and employment

*Decision Making*

* Systematic approaches are needed to record outputs from engagement events and have this fed into ADP decision making structures
* Take steps to ensure that the voice of people with lived experience is listened to and acted upon in decision making
* Create a wider range of opportunities for people with lived to be actively involved in making decisions about the planning and of public services
* Support individuals and communities to develop structures which will enhance their involvement in decision making

**6) Recommendations**

The main recommendations for future action are that DVVA will lead on:

1. Presenting the findings contained in this report to the ADP Implementation Group for noting and further action, as appropriate.
2. Working with stakeholders to develop structures to enable people with lived experience to participate in ADP decision making processes (See Appendix 3).
3. Co- producing the establishment of a Lived Experience Network with key stakeholders (see Appendix 4).
4. Supporting the Lived Experience Network to develop and deliver an action plan.
5. Exploring the possibility of establishing a Lived Experience Quality Assurance Group linked to ADP decision making. (see Appendix 3.)
6. Supporting the Scottish Recovery Consortium to establish independent Recovery Groups.
7. Work with partners to further develop the role of the Community Hubs in engaging people with lived experience in the planning and delivery of services.

**Appendix 1**

**Arnstein’s Ladder of Participation**

Sherry Arnstein, writing in 1969 about citizen involvement in planning processes in the United States, described a “ladder of citizen participation” that showed participation ranging from high to low. See Sherry R. Arnstein’s “A Ladder of Citizen Participation,” Journal of the American Planning Association, Vol. 35, No. 4, July 1969, pp. 216-224.

The ladder is a guide to seeing who has power when important decisions are being made. It has survived for so long because people continue to confront processes that refuse to consider anything beyond the bottom rungs.   
Here is how David Wilcox describes the 8 rungs of the ladder at www.partnerships.org.uk/part/arn.htm:

**1 Manipulation and 2 Therapy**. Both are non-participative. The aim is to cure or educate the participants. The proposed plan is best and the job of participation is to achieve public support through public relations.

**3** **Informing**. A most important first step to legitimate participation. But too frequently the emphasis is on a one-way flow of information. No channel for feedback.

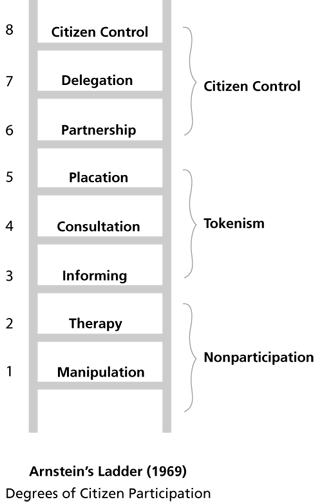
**4 Consultation**. Again a legitimate step attitude surveys, neighbourhood meetings and public enquiries. But Arnstein still feels this is just a window dressing ritual.

**5** **Placation**. For example, co-option of hand-picked ‘worthies’ onto committees. It allows citizens to advise or plan ad infinitum but retains for power holders the right to judge the legitimacy or feasibility of the advice.

**6** **Partnership**. Power is in fact redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared e.g. through joint committees.

**7** **Delegation**. Citizens holding a clear majority of seats on committees with delegated powers to make decisions. Public now has the power to assure accountability of the programme to them.

**8** **Citizen Control**. Have-nots handle the entire job of planning, policy making and managing a programme e.g. neighbourhood corporation with no intermediaries between it and the source of funds.



**Appendix 2: Framework for engaging people with lived experience of substance use and homelessness – Mapping**

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| --- | --- | --- | --- | --- | --- |
| **Name of organisation, project, service, group or partnership** | **Engagement Activities (Description)** | **Engagement Level**  **1, 2, 3 or 4**  **(see attached document)** | **Strengths** | **Weaknesses** | **Future developments/areas for improvement** |
| **Community Health Team** | Recovery Friendly Dundee – ongoing engagement with local communities to understand and take action to reduce stigma surrounding substance use | Level 2 currently | * Unique in its direct approach aimed at tackling substance use-related stigma * Has had significant partnership support * Has strong strategic buy-in * Is informed by evidence | * Predominantly service-led engagement, limited lived experience involvement * Most impact so far has been in knowledge generation rather than action to reduce stigma * Challenging to evaluate direct impact | We are reviewing Recovery Friendly Dundee so are not in a position to confirm at this stage. However, we are expecting to widen the focus to cover ‘inclusive communities’ rather than focusing solely on substance use. |
| **Dundee Healthy Minds Network**  Service User / Carer / Community engagement | Healthy Minds Network Drop in (in various localities)    Delivering a virtual model since end March 2020 due to Covid-19 and challenges to in person group working    Most people engaged with substance/alcohol use/ risk of homelessness engaged at our Lochee hub drop in and Friary drop in    Drop ins supported by volunteers (many with LE) and staff member    Engaging programmes shaped by network members     * Planning sessions * Guest speakers * Information sessions * Capacity building * Co-production sessions * Feedback sessions * Recovery focussed activities * Activities to promote wellbeing * Various activities: arts & crafts; creative writing; games; scrap booking; pool; table tennis; etc… | Activity at level 1 and level 2 - When opportunities present, we submit intelligence, feedback, co-production work to ADP and MH strategic planning level | * Connecting with and listening to hard to reach and seldom heard voices * Time spent building relationships with people with LE and local people Level of trust and respect established * HMN members feel listened to and valued for their contributions * A confidential network * A collective voice * Explore what is working well and areas for development * Safe, non-judgemental space for people to come together. Reducing isolation * A safe space where people can talk about things important to them * Over time, people grown in confidence and esteem * Being involved, people can regain some control over the lives and peoples experience of using services * Opportunities for personal development | * In the past, we experienced our intelligence and feedback submitted to strategic lead for drugs/alcohol and suicide going nowhere. It was not acknowledged at all, never mind utilised. This was a barrier. * After approx. 2- 3 years of trying to be heard, the first time an area of work of ours was acknowledged it was not well received by managers of local substance use organisations and strategic leads. It was met with a defensive stance. * Not regularly hearing about ADP strategic progress developments and updates * Not being fully aware of engagement and involvement opportunities with the ADP * People with addictions and at risk of homelessness appear to be more digitally excluded   Impact of Covid-19 on ‘in person’ group work | * Engagement and involvement strategy with clear feedback loop. We asked, you said, we did. With agreed time scales for ADP feeding back. * Accessible community briefings from ADP to update on progress and opportunities to be involved. * The need for accessible information * ADP / Strategic leads to be aware of and build relationships with key stakeholders; Networks, orgs, groups. If you would like us involved, ask us, let us know about engagement and involvement opportunities * A shareable document which shows the leads for strands and work streams so that intelligence can be shared and relevant areas of engagement and involvement work can reach the right people * Share expertise and provide learning and development opportunities   Tests of change with substance use and mental health services/teams |
| **Eagles Wings Trust** | * Drop In Café and Soup Kitchen for the homeless & addicted | Each level to a certain degree | * Building relationships * Listening & Caring * Signposting to other agencies | Not specialist but can signpost to relevant agency | Currently focusing on getting back to full operation whenever it is safe to do so. |
| **Gendered Services Project** | Lived Experience Group for women with complex needs. Group meeting to discuss barriers to accessing services, develop tools to identify gaps in service delivery, and advise on proposed changes and improvements | Level 3 and 4 | * Involving women with lived experience in developing tools to identify gaps in services * Explore areas for service improvement * Influence changes in service delivery * Group work developed flexibly around participants needs and interests | Possible time limited involvement when the Project funding comes to an end.  Covid 19 restrictions are making it difficult to build relationships in this new group | It is hoped that this lived experience group will continue to influence the design and delivery of services in Dundee |
| **Haven** | * Works with users of the centre. * Centre users have a variety of issues including substance misuse. * Activities vary including art, music and now outdoor activities on their allotment | Level 3 and 4 | * Have strong relationships with users and users take an active part in the provision of services. * Have good links with the rest of the community. * Stepped in to provide food provision during Covid | Limited by how much they can do at existing premises. | Haven have developed really good relationships with in the community and are now supporting other local activities. |
| **Hillcrest Futures Peer Involvement** | We are supported by a team of volunteer/ peer mentors to deliver activities/ groups | Level 2 | * We have a long history of supporting the development of peer volunteers, and have developed a framework of involvement. * All peer volunteers are appropriately trained to carry out their role. * All peer volunteers are provided with one-to-one support by experienced staff. * All peer volunteers are provided with individual and group supervision relating to their role. (group supervision suspended at the moment due to COVID restrictions) * There is opportunity to undertake a range of roles in different parts of the service, for example – café’s, groups, reception, harm reduction, allotment. * We have access to internal funding to support the personal development of people involved, for example we funded two individuals to complete SQA Peer Mentor Training with TCA. * There is opportunity for progression into paid employment with Hillcrest Futures. * We have sought external funding to support the personal development of peer workers in the form of paid employment and opportunity to undertake SVQ | Continually seeking new peer volunteers, this is usually because existing ones are progressing to new ventures although sometimes it is because people are unable to commit. | We plan to continue to use our framework to support this model of peer involvement. Link with local and national peer involvement activities. |
| **Housing First Dundee Consortium/**  **Transform Community Development** | * The consortium has recruited appropriately trained volunteers in conjunction with DVVA * The consortium is developing support structures for volunteers both within Housing First Dundee consortium and DVVA. | Level 1 | Support from DVVA | Current COVID-19 restrictions | * Promotion of service to current cohort of participants. * Further development of support structures for volunteers both within Housing First Dundee consortium and DVVA. * Incorporation of Peer Support/Mentoring Programme into reporting. * Consideration of innovative/alternative ways to develop networks e.g. Zoom, Microsoft Teams etc. |
| **Lifeline Group (Supported by Dundee Carers Centre)** | * Meet with professionals from services * Are represented on the ADP * Worked using an appreciative Inquiry approach to identify key areas of change working with professionals and people with lived experience | Level 3 progressing to 4 | * The group have developed relationships with key professionals in services * They are known and participate in events/meetings/engagement opportunities. * Have been able to affect change for individuals and in services. | * More knowledge of the system and how it works * Challenges of Covid 19 and engagement * Increase engagement with people with lived experience out with the lifeline group. | * Through funding achieved from Corra Foundation the group will be undertaking/ leading two of tests of change including work with services. * The group would like to increase their membership over the coming year. |
| **Access to Lifeline**  **Group (Supported by Dundee Carers Centre)** | * Peer support * Information and advice | Level 2 | * Some members of the Lifeline group attend the Access to Lifeline group to access the peer support on offer * Having people from the Lifeline Group attend who are more confident to speak about issues seen as helpful. | * Challenges of Covid 19 and engagement * Online options not suitable for everyone * Caring role can be difficult which can impact on access to support. * Group can be more focused on drug dependency, people caring for someone with alcohol dependency can feel less included. | * To get the group restarted and offer more flexibility of support through online provision and different times/days * Consultation with Group members and potential group members to get agreement on group priorities including the possibility of speakers. * Promotion of the group to improve access. * Naloxone Training * Smart Recover Training * First Aid Training |
| **Lochee Community Hub - DVVA** | Service user involvement meetings | Level 3 | The Rep for this group discusses issues and need of the community with clients at their meeting and then brings this to the management meetings | Due to COVID the meetings have had to be cancelled and due to lack of phones, Wi-Fi etc. the Rep has been unable to attend meetings | More client-based meetings, within the Hub once allowed due to Covid |
| **Lochee Community**  **Hub - DVVA** | Questionnaires regarding the Lochee Hub | Level 1 | These questionnaires engage with the clients that use the Hub and services as well as being available online to individuals. This then id reviewed and services, groups and provision changes depending on the needs of the clients in the  community | Individuals in the community who have never used the Hub or have never been in may need help and assistance but are not sure what the Hub does or does not have access to the Questionnaires to allow their voice to be heard | We plan to go out in the Community and develop links with other services and client groups to allow more individuals in the community a voice |
| L**ochee Community**  **Hub - DVVA** | Group reviews | Level1 | Within the Hub the Client’s do reviews of the groups that are running in the Hub | No groups running due to Covid and little services out in the community working. Hopefully this will change next year | Not only would we like to discuss with clients that use the Hub what groups they would like but also looking at a greater availability of the hub such as weekends and evenings we would like to engage with the wider community to see what other feel would assist the community. |
| **Lochee Community Hub - DVVA** | Clients Comments | Level 1 | A comments box is available for clients to add comments to discuss any issues or though anonymously within the hub | This allows people a change to add to the development in the Hub and have a voice even if they do not want to be speaking to a member of staff etc. | This has had to be removed to Covid for risk purposes, hopefully next year we will begin this again as it worked quite well within the Hub. |
| **Lochee Community Hub - DVVA** | Outreach worker | Level 2 | This post has been applied for to allow the Lochee Hub to develop a greater understanding of the Lochee Community. At present all reports such as the Drug report the Health minds report and the Dundee university report all linked to the Hub have been involved with clients that are engaging in services.    This post will allow us to engage with other who may not be engaging with services, look at the barriers of this and see how we can help the community further | At present this is not in place as waiting to hear regarding funding application | If funding is successful this will begin next year and will be very successful in community engagement and outreach work. Allowing a different group of clients to have their say and develop the Hub services. |
| **Making Dundee Home** | We provide food, clothes, advice, referrals and a welcoming atmosphere for participants. We look to use a person-centred approach which is not limited by time or by issue. | Level 2 | We listen to what people say and implement their feedback in the running of our project. We allow people in creative sessions to lead where they may have experience and and we allow participants to lead discussion groups | The input of participants must go through us and there are no people with lived experience on our project steering group | We are looking to get people that use and have used our service in the past onto our steering group. However, this has proved challenging as meetings of our steering group at all have been difficult due to Covid-19 |
| **Maxwell Centre** | Works with residents and people in local the homeless units across the city, providing food and clothing and internet support | Level 1 | Establish relationships with people and are able to signpost and support into other services.  Has strong relationships with the local community and other organisations | Limited by staff and resources to the amount of support they can offer | Involved in development of other local activities where people can get involved in. |
| **New Futures** | Provides support to individuals to maintain tenancies.  Works with local people, building relationships and using a variety of workshops to help with budgeting cooking etc. | Level 2, 3 | Establishes relationships with users.  Can help support tenancy for individuals. | Project could be more targeted at those most likely to need tenancy and basic skill support.  Some users come along for the activity rather than the outcome. | Not sure |
| **Peer mentor training** | (7 units designed to build good mentoring practice/communication |  | 12-week course gives purpose and sense of achievement. |  | Blended learning methods virtual/face to face, this can support a consistent flow to learning, however this is dependent on candidates’ abilities with technology, access to internet etc. |
| **Peer recovery network Substance misuse** | Community hub | Level 2 | Peer workers are able to provide a support drop in for individual with lived experience to attend and receive peer support and take part in activities in the community. Provide feedback on what they would like in their community | No Drop ins at present due to Covid-19 | To reinstate the drop ins once Covid-19 is over |
| **Peer recovery network Substance misuse** | Service user involvement drug task force sub group | Level 3 | Individuals who attend the meetings have a voice in what is on the agenda for the drug take force Scotland wide and can feed back to the wider Dundee community | At present this is not possible due to Covid-19 and meetings have been cancelled | Plan to start this up as soon as we are allowed |
| **Peer recovery network Substance misuse** | Community events | Level 1 | Volunteers delivering the training and having an input into who this is developed through lived experience | Not able to commence with this at present due to Covid-19 | Plan to restart once Covid-19 had been classed as safe |
| **Peer recovery network Substance misuse** | Peer development worker | Level 2 | This post has now been put in to place and one peer worker has been successful. This post will enable through personal lived experience to develop up the peer recovery network and engage with organisations for volunteer placements | This is a new post starting November 2020 | Will be developed up through next few months |
| **Peer recovery network Substance misuse** | Mid-term evaluation | Level 1 | To obtain the views of stakeholders, service users and staff on how to shape the project going forward | Slow response at present. With little returned questionnaire from partners | Extend closing date to the 20th November and send out emails again to remind partners |
| **Peer recovery network Substance misuse** | Peer to peer support | Level 4 | Peer workers and volunteers engage with individuals who are referred to the project for support via face to face or phone calls to encourage individuals to participate in community activities. Peer worker and volunteers all have lived experience | Due to Covid-19 no face-to-face engagement so building up a relationship can be difficult | After Covid-19 to re-engage with face to face, community activity groups, Smart Recovery and AA groups |
| **Positive Steps Housing Support** | Service user involvement | Level 1 | * Develops living skills, brings people with lived experience together to share recovery and progress stories * Focuses on activities agreed by the service users * Encourages participation in Service User Conferences * Encourages service users to plan and agree future activities. | * COVID * Facilities * Ability to access external facilities * Transport * Support Worker time | * Self-managed activity plan * Encourage those who can to access public transport * Facilities |
| **RecoverTay & Hillcrest Futures** | We use an Asset-Based Community Development approach to help nurture RecoverTay, Tayside’s grassroots recovery community.    Provide support to the steering group in terms of advice/guidance/admin/governance structures such as finance H&S etc | Level 3 | * RecoverTay is governed by people with lived experience; the steering group has developed a structure where only core group members can vote on proposed actions for the group. * Core group members are people with lived experience, family members and supporters. * The steering group is supported by Hillcrest Futures and other drug & alcohol services while the develop and grow. * RecoverTay are able to apply for small funding grants to organise community recovery activities. * RecoverTay has strong links with national organisations, SCRC and SFAD. * RecoverTay has good social media presence. * RecoverTay has ambition to be totally independent in the future. | * RecoverTay is constantly seeking funding to continue its activities; this has been supported by Hillcrest Futures and SFAD. This could be supported by a number of local organisations in future. The core member’s commitment levels can change - leaving the community vulnerable to instability and change. * RecoverTay is not as well-known as it was anticipated – this is somewhat due to Covid 19 restrictions. | * Build on social media * Organise a steering meeting to make plan for 2021 which will be dependent on covid restrictions. * Plan before covid was to increase presence in P&K and Angus. * Continue to apply for funding to carry out activities, this will be a blend of virtual and actual events depending on restrictions. * Develop the allotment at McCauley Street, host more groups/activities at the allotment. |
| **Scottish Recovery Consortium** | Supports the development of Recovery Communities and Lived Experience Representative Networks | Levels 3 and 4 | Independence from local structures  Lived Experience Recovery Organisation  Training in advocacy/human rights based approaches  National Remit  Training provider | National Remit | Work in partnership with local organisations and people with lived experience to develop Lived Experience Representative Networks |
| **Street Soccer Scotland**  (target groups)  -Homelessness  -Addiction/recovery  -Criminal Justice Service  -Mental Health  -Long term unemployment    Age groups  Youth – 14 to 25  Adult – 16 to 60 | * Drop-In services, activity and non-activity based, youth, adult and women only groups * Personal development; workshops, courses, 5 bespoke SCQF nat 5 modules * General HWB with social inclusion approach | Level 1 to 3  Street Soccer pathway is focused around engaging and supporting our target groups through our pathway and using lived experience where possible to help others.  Programmes are user led and complimented by our partnerships (linked to our target groups i.e. shelter)    Level 4  Players going through our pathway then become part of our steering/focus groups to support and better inform team for decision making | * No fixed time scales for individuals and people, if move on, are always welcome back if circumstances change * All our services are free and fully inclusive (our players and partners) * Vision for partnership working is very strong * Newly developed volunteer programme to roll out (incentives, goal setting, personal development, recognition) * Services are aimed at most vulnerable groups * Both proactive and reactive, developed an agile programme that aims to accommodate any support needs * Practical based service to develop HWB and transferable skills * Street Soccer also has access to a national network via our other hub cities (Aberdeen, Edinburgh, Glasgow, London). Further reducing barriers | * Still looking to confirm base building to house all programmes and partnerships * Working within COVID guidelines with our target groups and programme remits | * Securing office and activity base to create HWB hub for our players and partners * Working beyond COVID and returning to some normality with programmes, outreach and partnership working |
| **Street Soccer Scotland/We are with you/Pause Women’s fitness group** | (socially distanced fitness group, to support Physical/mental wellbeing & Inclusion) |  | Fun, exercise boosts positive hormones within the body, helps overcome anxiety and gives a sense of belonging. Women have input with regards to what form of exercise activity we will run/do. |  |  |
| **TCA/Beyond Mentoring Infomercial/service user film** | Short film to raise awareness of services offered and allow service users to give feedback/highlight positives of working with service and attending groups. | Level 2 | Helps raise awareness/highlight the benefits the service users feel they get from attending groups/training and working with Beyond Mentoring project, and helps us to aim to continue to improve/develop the services offered to meet the needs of the women. |  | Regular listening groups/feedback needed to continue to develop service and ensure we are still meeting the needs/wishes of the SU. |
| **TCA/Beyond Mentoring Partnership: Street Soccer Scotland/Pause Walking Group** | Mixed gender walking group (walking group to encourage and promote Physical/mental wellbeing & inclusion | Level 2 | This is a new group and we have yet to work out and get feedback about what is working or not. With this in mind we are running a four-week trial block to see if the location, mixed group etc work for the group participants and if not then what we can do better/differently. | Weather again is a negative factor; however, we are hoping that this will not have too much of an impact. Street Soccer Scotland also have secured some funding for waterproof clothing for some of the participants should they want/need it so hopefully this will counteract the negative weather. | Opportunity to do Walk leader courses which will help build confidence and hopefully create new support/activity groups run by the participants/offering the peer support network. |
| **TCA/Beyond Mentoring/Support in Recovery** | SQA customised Award in Peer Mentoring and Support | Level 3 | Course material focusses on the candidates lived experience and supports the SU to develop the skills, knowledge and confidence to offer peer support. | Current restrictions make delivery of course challenging due to social distancing measure, strict guidelines to ensure the health and wellbeing must be maintained and this can often cause anxiety in the learning environment. | Supports candidates into future training, volunteering and employment opportunities |
| **We Are With You** | Consultation- regular consultation looking at service design, opening, groups, activities | Level 1 | * Positive to get feedback and ideas * Good way of involving people that use our service | Sometimes not able to put into practice | Plan to continue |
| **We Are With You** | Volunteering | Level 2 | Very positive to have volunteers with lived experience in the service | Volunteers move on. | Always keen to have a good group of volunteers |
| **We Are With You** | Paid employment | Level 3 | Very positive to have members of the paid work force with lived experience | None | Always keen to have workers in the service that have lived experience |
| **We Are With You** | Supporting at groups | Level 2 | Good to put service users through specific training to support them in supporting certain group / activities in the service i.e., cycle leader training | None | Always looking for potential opportunities to support or clients to develop themselves. |
| **We Are With You** | National Consultations | Level 1 | We get requests from National bodies for views/ involvement of lived experience i.e., safe consumption space | None | If we get opportunities to involve families to have a voice and influence planners – we will |

**Appendix 3 ADP LIVED EXPERIENCE**

**Orange = lived experience involvement**

**QUALITY ASSURANCE MONITORING STRUCTURE**

**Independent Advisors (recruited & supported by SRC)**

**ADP Strategy Group**

**Independent public accountability & reporting**

**Provide evidence that quality group recommendations are being implemented**

*Communication*

**Lived Experience Quality Assurance Group**

(independent oversight of ADP decision-making)

Chair: lived experience rep & supported by Peer Recovery Co-ordinator

**ADP Implementation Group**

**+ Chair of quality group**

**ADP Work Groups**

All required to ensure lived experience engagement

**Direct work groups based on quality group recommendations**

**Provide evidence of LE engagement**

**Lived Experience Network**

Co-produced with people affected by substance use and homelessness, aimed at bringing people together to identify and address issues of key importance and link into the ADP.

**Appendix 4**

**Proposal to establish a Lived Experience Network**

**Background**

In response to the Dundee Partnership commissioning their own independent Drug Commission Report in 2018, due to the high rate of drug deaths within Dundee, it was highlighted through the 16 recommendations in 2019, that it was critical that individuals with direct or indirect lived experience of substance/alcohol use, should be at the forefront of making decisions and improving services that would be meaningful to them. There is also a need to break down the barriers and challenges individuals face with recovery and progression into employment or training.

In 2019, the Peer Recovery Network was funded by the ADP to employ 3 peer workers all of whom are in recovery, in development posts. The post holders have opportunities to develop their skills whilst on placement with partner agencies and obtain their SVQ in Health and Social Care level 3. These posts have been funded for a period of 2 years ending 31st March 2021.

The Peer Recovery Network also recruits volunteers with lived experience to progress into employment or training and raise awareness of stigma in the community. This is achieved through community events, placement opportunities and peer training.

**Test of change proposal**

The proposal is to build on the Peer Recovery Network’s current engagement with people who have lived experience by increasing its range of engagement activities with individuals in Dundee. This will be achieved by establishing a Lived Experience Network where individuals can sign up to the network, and take part in various activities that will provide them with a voice in decision making and shape services going forward, tying in with the development of local and national strategies where applicable.

It is important that the involvement of people with lived experience is not tokenistic, therefore it is critical that individuals are listened to and their contributions are valued and they are kept informed of outcomes of all meetings, along with the option to opt in and out of the network .The possibility of developing a Lived Experience Quality Assurance Group, linked to ADP decision making will be explored (see Appendix 3)

**Subject to Scottish Government funding, this development will be supported by:**

* Recruiting 2 new peer workers with lived experience to development posts
* Recruiting individuals for the Lived Experience Network to ensure that the involvement of participants with lived experience is embedded effectively and meaningfully across the ADP and other decision-making structures.
* Supporting the delivery of two development sessions each year to bring together participants who support families and service providers to share information and test progress.
* Enabling participants to opt in and out of activities when they chose without judgement.
* Working in partnership with mental health services to ensure a better-connected approach to meet the needs of the individual with lived experience.
* Working in partnership with agencies in Dundee to provide a cohesive approach and prevent duplication.
* Providing a range of engagement opportunities to accommodate different peoples lived experience, lifestyles, and commitments, and preferences.
* Ensuring that the Lived Experience Network is independent, so that participants have ownership of the progression and shaping of decision making.
* Ensuring that participants understand that their voices are being heard and taken seriously and feedback is provided through appropriate media.
* Supporting and encouraging families to be involved and participate in developing the Lived Experience Network

**The outcomes to be achieved include:**

* Improved support for individuals with lived experience to participate in decision making across Dundee
* More peer recovery opportunities supported by appropriate learning and development
* Improved engagement and retention of lived experience within the whole system of care
* Individuals with lived experience are involved in shaping the design, delivery and monitoring of the Recovery Oriented System of care
* Service providers and stakeholders report more meaningful engagement with participants

**Outcomes/impact will be measured using:**

* Numerical data of participants signing up to the lived experience network
* Numerical data of participants attending training and attending capacity building opportunities
* Qualitative data on peoples experience of participating in decision making and having their voices heard
* Participants undertaking accredited personal development. e.g. obtaining certificates for training coursed, Adult achievements Awards, Health Issues in the Community, Naloxone awareness
* Numerical and Qualitative date on participants progression into positive outcomes eg: volunteer, peer support, training or employment
* Feedback through recovery stories, evaluations and participants feedback

**Resources required:**

* Effective networks
* Funding for development and outreach work
* Training for participants to develop their understanding of how to influence policy and practice.
* Access to safe premises across the city for participants to meet which are friendly and accessible.
* Peer workers to support the network and record shared stories.

**Appendix 5**

**Barriers preventing the involvement of people with lived experience of substance use and homelessness in the planning and delivery of services**

|  |  |
| --- | --- |
| **Barriers** | **Solutions** |
| Money/Accessibility | * Remuneration * Expenses for travel costs * Accessible venues for meetings * Maximize the use of community venues for events * Incentives such as food/refreshments at meetings * Provide a wide range of engagement opportunities |
| Trust and Relationships | * Support for vulnerable people to have their voices heard * Involvement of people with lived experience in planning engagement events * Establish trust and relationships between services and people with lived experience * ISMS and mental health services need to work together more effectively to support participation/engagement |
| Poor communication/lack of information | * Ensure that engagement opportunities are recorded and fed into the appropriate decision-making structures * Create feedback loops to demonstrate outcomes of engagement events * Be clear about then purpose of engagement * Create more comprehensive advertising of engagement events * Maximize the use of the Community Hubs and community group structures to plan/stage events |
| Stigma/Attitudes | * Work together with people affected by substance use and local community groups to challenge stigma |
| Time | * Don’t expect too much of volunteers time * Ensure meeting times are accessible for people * Avoid clashes with other meetings/events |
| Childcare | * Offer crèche facilities |
| Poor mental health, anxiety, chaotic lifestyles and lack of confidence | * Provide training and development opportunities to support the involvement of people with lived experience in decision making * Further develop peer support networks to enable the engagement of people with lived experience |
| Empowerment | * Decision making structures should be participative and democratic * Everyone’s voice should be heard and carry equal weight * Establish a Lived Experience Network * Support the Scottish Recovery Consortium to establish independent Lived Experience Groups/Networks |
| Public Buildings/Reception | * Physical spaces should be made more welcoming * Staff training required to address stigma/attitudes to people affected by substance use and homelessness |