Dundee Public Social Partnership Initiative

Tests of Change Programme

Evaluation Report

Introduction

The Dundee Public Social Partnership, which has been funded by the CORRA Foundation for 12 months, which began in November 2019, and after a six months break due to COVID from March 2020, finally came to an end on 30 July 2021.

The three outcomes identified for the project were;

1. Substance use and homelessness services have increased capacity to deliver early intervention, signposting and recovery.
2. People affected by substance use and homelessness will be better able to access the services they need, when they need them.
3. People with lived experience will be involved in the planning, delivery and evaluation of substance use and homelessness services.

15 tests of change were identified as part of the PSP programme. Undoubtedly the COVID Epidemic have had an impact on all of the tests of change. 4 of the projects failed to materialise due to the lockdown restrictions and a number of other factors. However a blueprint has been created for the future development of these projects which will create a legacy for the future. The other tests of change have achieved various levels of success. There is no doubt that all these projects have had an impact on the agreed outcomes for the PSP initiative and could have achieved more if not for the pandemic and the lockdown restrictions. The 6 months break in the middle of the project caused some continuity problems and achieving long term outcomes for a 12 months project was always going to be a challenge.

Against all odds, the third sector organisations involved in the Public Social Partnership have done a fantastic job in bringing stakeholders together to deliver a fantastic range of projects, the majority of which will see the test of change activities mainstreamed into future service delivery. Sustainability assessments have been undertaken for all the tests of change, a report on which can be found at………

The Public Social Partnership will officially end as an entity but hopefully some of the excellent joined up working arrangements can continue to be developed through other forums.

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TOC -1

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| **Test of Change Title** | **Brief Intervention Pathway for people using Benzodiazepines**  |
| **Provider:** | **Hillcrest Futures**  |  **Report date:** | **3.8.21** |
| **Duration:** | **1 year**  |  **Report by:** | **3.8.21** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| Greater distribution of naloxone and OD preventionIncreased harm reduction knowledge and skills to all staff providing outreach provision. Greater community awareness of the risk of illicit benzodiazepine use |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| The aim of this test of change would be to create a method for non clinical staff to carry out Benzodiazepine brief interventions as to ascertain an individual’s use. The influx of illicit benzodiazepines in recent years has meant that the number of new tablets available is changing rapidly. In order for front line staff to have the confidence to engage positively with this population, the aim would be to create resources that can be used to support initial engagement and tease out difficult conversations that can lead onto the first steps into recovery.We will therefore aim to design and implement brief intervention strategies to improve staff confidence as well as producing an awareness campaign on this issue to help support engagement and reduce stigma. Brief interventions can address and reduce someone’s motivation to use, act as a first step in the treatment process.A Brief intervention model that is delivered as part of a one to one would equip and up skill all staff to confidentially address issues of safer/alternatives to injecting, Overdose and Naloxone supply, Blood Borne Viruses, Sexual health, Stimulant use etc**Outputs** * Numbers of staff trained in benzodiazepine brief intervention’s
* Design awareness raising campaign on this issue
* Number of posters distributed across the City.
* Review and update current brief intervention MAPS to accommodate illicit use
* Number of people to have had a BI during assertive outreach
 |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.*Due to the on-going covid-19 pandemic the ability to focus entirely on this work and dedicate staff was difficult. This was due to staff capacity being reduced, home working and also due to the fact that number of staff was redeployed around the organisation to support needs at that time.The use of illicit benzodiazepines amongst people who use drugs has continued to increase during lockdown, accessibility has also increased, this has been identified during assertive outreach, needle exchange visits and feed back via the Non fatal Overdose pathway which in Dundee is a multi agency approach to reducing drug related deaths by engaging with people at risk in a timely and efficient manor. Since April 2020 until April 21 Hillcrest Futures Harm reduction team have carried out 133 brief interventions where illicit benzos were recorded as a contributor in a recent non fatal overdoseThe NFOD project worker from Hillcrest Futures was assigned the task of updating the brief intervention mapping tool to support staff providing these interventions. As of November 2020 a new updated MAP was produced and circulated amongst key agencies. (Appendix A)The map allows for a brief intervention to take place asking specific questions around an individuals benzo use and offering some assistance in relation to reduction and onward referral as well as detailing the associate overdose risks at that time. In addition as of December 2020 the harm Reduction team along with NHS Public Health Promotion Officer have designed two new awareness raising posters ()Appendix B)one which centralised around polydrug use and the other around stimulant use. To date 300 have been printed and circulated around local pharmacies, GPs, Police Stations, Drug treatment facilities, Eagles Wings, Steeple Church, Custody suite to name but a few. As of February 2021 Hillcrest Futures have worked alongside Wearewithyou to develop a Benzodiazepine Workbook. Wearewithyou had expressed their desire to create a similar resource and so to ensure partnership working and prevent duplication the services have worked collaboratively on this project.It was agreed to have involved lived experience to co-produce the workbook and intervention tool kit. Staff from Hillcrest Futures and wearewithyou as well as those individuals with lived experience has created a short life working group that has taken the work forward. Given current covid restrictions time taken to consult with people has pro longed the workbook however to date the following has been achieved;* Questionnaires issued to people accessing needle exchange as well as through those engaging in online recovery activities and mutual aid support by Hillcrest Futures Adult Drug and Alcohol Team.
* Regular SLWG meetings have been held to agree scope of workbook and areas of work (chapters)
* Questionnaires returned were shared during these meetings and chapters disseminated to individuals to work on.
* Harm reduction staff are working on two chapters around benzo use and Poly drug use
* Mike Hunter from WAWY working on the other chapters
 |
| Data collection is on-going until next meeting in August then a date for completion will be decided then.  |
| **What difference we made** |
| *Overall information about outcomes achieved*The outcomes achieved with this test of change have been limited by the on-going covid 19 pandemic. That being said by recognising this test of change as part of the PSP at a Dundee strategic level has raised the profile and question that people using illicit Benzo’s are either not engaging with services for reasons around current pathway criteria but also that staff supporting people use these substances have fed back that they do not feel appropriately equipped to deliver accurate messaging.This has led to the development of the Benzodiazepine workbook and will feed into the national working group that has a remit around this very topic. Furthermore by raising this issue with Public health Intelligence new update information has been shared around the current impact of Etizolam which continues to feature consistently within drug related deaths across Tayside. Data received demonstrated the following;Etizolam is the most common substance contributing to drug deaths in Tayside (2018 & 2019)  - it was Heroin/Morphine in 2017 & 201672% of all drug deaths in 2019 listed Etizolam as a contributing factor to cause of death;Etizolam is almost three and a half times more likely to have contributed to cause of death than Diazepam.This information will be used to develop a targeted campaign specific to etizolam and be shared locally across sites as mentioned above. Further more it will feed into the development of the workbook and associated intervention tool kit.  |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.* This project has brought services staff and people who use drugs together to work collectively.Feed back from staff*“Iv worked with people who took vallium for years but having something to give them and recognise the risks is brilliant”**“I think benzo’s cause more grief that heroin and has always been the elephant I the room , this project is great because we are all speaking about it now and it feels we are going in the right direction”* |
| “Etizolam is everywhere even people using services call it etizolam, it is so common and people know its very strong which is why it is so popular, we really need to do something that breaks this cycle”“Interventions for benzo use have always been few and far between this will definitely help and give staff a resource to use”“Listening to people who have used benzos share their experience has been a massive eye opener and I have been in this job for over 10 years, I think we should have been sitting down with people doing stuff like this years ago, but hopefully for good change to come”Lived Experience *“vallies were always my problem but I could never get a detox because I couldn’t stop using everything else alongside, so my life just got more chaotic”**“there cheap and easy to get and doesn’t seem as dirty as having a charge but people are losing days and doing all sorts and so for me I just want to be apart of something that is trying to change that”**“ I think the workbook is a great idea as if it is delivered in the right way I think people will listen”* |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future. |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
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TOC – 2

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| --- | --- |
| **Test of Change Title** | **ENACTUS/Boost** |
| **Provider:** | **Housing First Dundee/ENACTUS** |  **Report date:** | **3 August 2021** |
| **Duration:** | **9 months** |  **Report by:** | **Bryan Smith** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * **A music-based peer support service will be available to all participants of the Housing First Dundee/ Housing Support Team programmes. This will see them given access to a musical instrument and musical instruction.**
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * **Recruitment of appropriately trained volunteers in conjunction with DVVA.**
* **Promotion of service to current cohort of participants.**
* **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.**
* **Liaise with HSBC to progress e-payment process.**
 |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| * **Housing First Dundee directed and supported individuals to the ENACTUS group based who would assess the instrument and tuition.**
 |
| **What difference we made** |
| *Overall information about outcomes achieved** **No feedback from ENACTUS**
 |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.* |
| * **None demonstrated**
 |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.* **n/a**
 |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.* |
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TOC – 3

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| **Test of Change Title** | **Custody Assessment and Referral Service** |
| **Provider:** | **Positive Steps** |  **Report date:** | **13 August 2021** |
| **Duration:** | **12 months** |  **Report by:** | **Val Darroch** |
| **Expected Outcomes** |
|  |
| * People received into custody with substance use, homelessness and/or poor mental health will have access to high quality services
* Client group will have access to relevant information and support based on appropriate assessment of need
* Custodies will have access to advice, advocacy and support to access the services they need
 |
| **Expected Activity** |
|  |
| * Work directly with offenders ,delivering motivation interviewing interventions to support clients access to services
* Engage with offenders who test positive for Class A substances, request to speak to a substance misuse worker or have been arrested for drugs/alcohol related crime
* Provide information and advice about substances, their use and effects including the link between offending and substance use.
* Undertake assessments with clients, ascertaining and responding to their need for treatment, housing, accommodation, employment and personal support needs
* Implement and manage a referral service
 |
| **What we actually did** |
| 1. Formed a multi-agency steering group to oversee the project.
2. Secured funding from partner agencies to employ a CARS Link Worker
3. Appointed a secondee to the link worker post to deliver the expected outcomes(see above)
4. Established a Dundee based CARS Service from 31 May 2021
 |
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| **What difference we made** |
| Service users’ needs assessed and addressed at their first point of contact with the criminal Justice System. Early intervention reduced need for escalation/higher levels of intervention at a later stage. |
|  |
| **Evidence of impact** |
| 23 individuals referred to CARS during period June-July 2021.3 people referred to housing support7 assessments in progress5 other initial contacts to be followed up   |
|  |
| **Next Steps / Learning for the Future** |
| The impact of the project will be evaluated and if successful funding will be secured to deliver the service Tayside wide. |
| **Our big success story (final report)** |
| £27k funding attracted from Police Scotland, the Alcohol and Drugs Partnership and the Criminal Justice service to deliver a one year pilot project which will be sustained in the long term by developing a Tayside wide service |
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TOC - 4

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| **Test of Change Title** | **Douglas Community** |
| **Provider:** | **We Are With You** |  **Report date:** | **6.7.21** |
| **Duration:** |  |  **Report by:** | **Dave Barrie** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * Consult with local residents re the need for Substance support in Douglas
* Promote our recovery work with in local community
* Build links with NHS treatment team
* Increase Recovery support in Douglas
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * We had commenced delivery of Recovery support in Douglas - Pre Covid Balbeggie Church
* This has been curtailed due to Covid#
* This will be re starting July 21
 |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| * We have consulted with a small group of local residents to gauge appetite for support.
* This was positive and favourable for us to have a Recovery presence in Douglas community.
* We have built strong relationships with Balbeggie Church ( Douglas )
* We have put promotional posters up in local venues - Pharmacy / GP practice / Church
 |
| **What difference we made** |
| *Overall information about outcomes achieved** Having accessible / visible access to recovery in Douglas is wanted by local people and services
* We have made good ground on developing our service offer in Douglas
 |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*  |
| * We have engaged with over 10 individuals living in the Douglas area#
* Our space within Balbeggie church has been established.
* Awareness has been increased that WRWY are in Douglas
 |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.* Covid has had a significant impact on us delivering Recovery services in Douglas.
* We have been able to make a start in developing our presence.
 |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
|  * We have been determined not to let Douglas fall from our priority list.
* The community of Douglas is closer to having days of accessible recovery support.
* Local relationships have been enhanced
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TOC – 5

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| **Test of Change Title** | **Gendered approaches to the delivery of substance use and homelessness services** |
| **Provider:** | **Dundee Volunteer and Voluntary Action** |  **Report date:** | **13 August 2021** |
| **Duration:** | **One off 90 minute training session** |  **Report by:** | **Heather Wilkins** |
| **Expected Outcomes** |
|  |
| The online training session aimed to Increase partners awareness and capacity to deliver gender sensitive approaches  |
| **Expected Activity** |
|  |
| Online training/awareness raising session on gendered approaches to the delivery of substance use and homelessness services, with representatives from partner agencies |
| **What we actually did** |
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| A one off online training session on gendered approaches to the delivery of substance use and homelessness services was delivered to representatives partner agencies from the third sector was delivered on 2 March 2021. The session raised partners awareness about what is meant by a gendered approach, why gender is important, the research evidence on the need for gendered approaches to service delivery and the core components of a gender sensitive approach. |
| **What difference we made** |
| Partner agencies better able to understand and deliver gendered approaches to the delivery of substance use and homelessness services |
|  |
| **Evidence of impact** |
| 12 partners representing 7 third sector agencies took part in the training/awareness raising exercise. In the post event evaluation, 50% of the participants stated that they were then able to recognise a gendered approach to service delivery and the other 50% stated they were then able explain what a gendered approach to service delivery looked like to colleagues and why this was important.  |
|  |
| **Next Steps / Learning for the Future** |
| Follow up training to be organised on demand |
| **Our big success story (final report)** |
| One participant stated. “ *The length of the presentation was perfect, long enough to give an in depth account, but also not too long that you would start to lose people’s concentration. The information shared was both interesting and informative, and gave a clear outline of how services can be improved .All in all a very good training session”* |
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TOC-6

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| **Test of Change Title** | **Hillcrest Recovery Allotment** |
| **Provider:** | **Hillcrest Futures** |  **Report date:** | **27/07/21** |
| **Duration:** | **7 months** |  **Report by:** | **Alison Morris** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| We have a Dundee City Council Allotment in Macauley Street, Dundee, and want to use this space for service users to grow fruit, vegetables and plants and flowers, as they choose. The Hillcrest Gardeners will provide learning sessions about gardening/planting etc. and service users will be given their own “plot” to grow what they choose. We are planning some Women’s only time at the allotment also. We hope this outside space will encourage people to get involved in gardening, and also being outside should help their mental health and wellbeing and to learn new skills.We plan to make the Allotment as bee friendly as possible and to use eco friendly materials, upcycling where possible, using unwanted wood to mark out plots, to use cardboard boxes as weed suppressants. |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * Outside group activity – clearing weeds, digging, planting, pruning, cultivating
* To have planting that attracts bees and insects
* Learning sessions delivered by the Hillcrest Gardeners
* Individual plots to be planted and maintained by service users
* We would hope to engage a service user to become the “Allotment Champion” and help to run this outside group alongside the Project Workers in the future.
 |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.*Due to the Covid 19 Pandemic, we were not allowed to have group activity on the Allotment, so some work was undertaken in a socially distanced manner by Hillcrest Staff. |
| Firstly, some Project Workers and a Peer Mentor cleared the site of weeds and dismantled the old broken shed in preparation for the delivery of the new shed in January 2021.The new shed was delivered and erected by the Project Workers in February 2021. The Hillcrest Gardeners where Furloughed, but did manage to organise a delivery of topsoil to the Allotment to start to improve the soil.Unfortunately, in March 2021 the shed was vandalised and was beyond repair. As we were in lockdown we left the Allotment unattended until May 2021.Project Workers have since removed the shed and cleared the Allotment, but at this time we are not running groups as we do not have shelter at the Allotment for inclement weather, and as Covid positivity remains high in Dundee we have not commenced groupwork. We are in the process of looking for further funding to purchase a new shed. |
| **What difference we made** |
| *Overall information about outcomes achieved*Unfortunately, we have not been able to achieve service user outcomes, but the Allotment is cleared and will start to be used once Covid restrictions are lifted. |
| I would say however that it was good for the Project Workers to be together and enjoy some fresh air and comradeship, as this has been very limited during the pandemic, and I believe that this lifted morale, improved their mental health, and brought the team together after months of working mainly in alone. |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*Feedback from the Peer Worker who helped to clear the Allotment and erect the shed was that this would be a great space for service users to gain experience of gardening, grow their own produce/flowers and have some time outside and away from their everyday anxieties.  |
| He remains keen to support the Allotment Project once it is up and running again. |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.Due to the destruction of the shed, we are in the process of looking for funding to purchase another shed, so that we have somewhere to store tools etc and so that we have shelter if the weather turns inclement. |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
| Unfortunately, due to the Covid 19 Pandemic and the vandalising of the shed, we have not been able to start groupwork at the Allotment, but we would hope that this will start in the next couple of months. The Project Workers have agreed to continue to keep the site in an orderly state and keep the weeds down, and will no doubt be involved in erecting the new shed. |

TOC – 7

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| **Test of Change Title** | **Hillcrest Futures Recovery Learning Project** |
| **Provider:** | **Hillcrest Futures** |  **Report date:** | **26/07/21** |
| **Duration:** | **7 months** |  **Report by:** | **Alison Morris** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| Developing a digital tablet loan scheme that can be accessed by those using our services to connect on the internet, alongside developing a recovery workbook that can be used as a virtual support tool. |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| We plan to create a take home workbook which will be filled with therapeutic activities aimed at motivating people to make and sustain change. The new toolkit will be aimed at those struggling with their own substance use and will include:* Cognitive Behavior Therapy exercises to help change negative thinking patterns
* Mindfulness and other relaxation techniques to reduce stress and anxiety
* Relapse prevention tools – being aware of triggers, avoiding dangerous situations etc
* Coping with anxiety
* Managing thoughts and feelings and behaviours
* Practicing gratitude

This list is not exhaustive and the toolkit will be developed with staff and peer mentors with lived experience of recovery from substance use.We purchased 20 Tablets, together with mobile hubs and data sim cards that can be loaned to people on an agreed timescale with conditions that they link with a digital champion and use the tablet to access our service and other recovery support. These devises will be lent to people who are engaging well with support regularly and who we have developed a level of trust with. The recipient will be given a contract for the device so they are aware of what the expectations of use are, and the service’s expectations of virtual engagement in recovery support.The digital device will form part of a support package along with the toolkit, one-to-one and group support. |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| We have purchased 20 tablets from a grant awarded to us from the Hillcrest Foundation. It took some months for the IT Department to be able to purchase this amount of tablets, as supplies were being used for home schooling and for home working, as this became the Norm during the Covid 19 lockdowns. However the tablets were purchased April 2021, and received in our IT Department at the end of May. The tablets all had to be programmed with Hillcrest security and accessibility and have a number of Apps installed on them for service users to be able to access.Unfortunately, due to staff shortages in IT, and Covid 19 self-isolations, we are awaiting the delivery of these tablets from the IT Department, but I am told to expect them at the beginning of August 2021.With regard to the Recovery Workbook, to date we have developed a draft workbook that is currently being reviewed by Peer Workers and Project Workers, seeking their comments and amendments as appropriate. This will be finalised in the next few weeks and go to the Printers for a production run, in time for when the tablets become available from our IT Department. |
| **What difference we made** |
| *Overall information about outcomes achieved*We await delivery of the tablets and finalisation of the Recovery Workbook at this time. |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*  |
| We are awaiting delivery of the tablets from our IT Department in August 2021.With regard to the Recovery Workbook, bringing this together has given Project Workers the time to review their current tools and identify the ones that have been most effective, as well as sharing tools amongst themselves. The Recovery Workbook will in the future support service users, but its development has provided our Project Workers across Tayside with new ideas to support service delivery. |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.Once we take delivery of the tablets and workbooks we will start the lending scheme to suitable service users that have been identified by the Project Workers. We will monitor its use, take feedback from service users and constantly update the workbook as appropriate. |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
| We await delivery of the tablets from our IT Department and finalisation of the Recovery Workbook, so no outcomes to report at this time.We have already started a virtual mutual aid group, and service users will be able to join this group once in receipt of a tablet from this scheme. |

TOC-8

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| **Test of Change Title** | **Framework for engaging people with lived experience of substance use and homelessness** |
| **Provider:** | **Third Sector**  |  **Report date:** | **13 August 2021** |
| **Duration:** | **12 months** |  **Report by:** | **Neil Gunn/Ruth Brown** |
| **Expected Outcomes** |
| People with lived experience will be involved in the planning, delivery and evaluation of substance use and homelessness services |
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| **Expected Activity** |
| A Framework *will* be developed which will support the involvement of people with lived experience in the planning, delivery and evaluation of substance use and homelessness services |
|  |
| **What we actually did** |
| A framework for engaging people in the planning and delivery of substance use and homelessness services has been developed by third sector and endorsed by the Alcohol and Drugs Partnership. The framework provides a definition and the theoretical principles of what is meant by the involvement of people with lived experience, the details and a summary of the strengths and weaknesses of partner engagement with people who have lived experience, and a number of recommendations for future action. A copy of the framework can be found at … |
|  |
| **What difference we made** |
| A consistent understanding of the principles of what is meant by the engagement of people with lived experience has been agreed by all partners. The strengths and weakness of partner engagement has been identified and a plan for future action has been agreed |
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| **Evidence of impact** |
| 21 third sector agencies participated in the mapping of partners’ lived experience activities and the feedback on the framework has been extremely positive. One of the partners commented *“The PSP has successfully brought together and consolidated partners work in Dundee, to ensure that people with lived experience can participate in the planning and delivery of services and supports in a range of ways according to peoples’ interests, motivations and how much of themselves they wish to invest. The engagement framework includes a range of proposals for training and development that participants can access for personal development and to support their involvement and progression between different levels of involvement. The mapping of recent activities is especially useful in providing a record of where there is participation activity to build on, and a baseline measurement to help measure progress in the years ahead”* |
|  |
| **Next Steps / Learning for the Future** |
| The next steps agreed by the ADP include;1. Developing structures to enable people with lived experience to participate in ADP decision making structures.
2. Co-producing the establishment of a Lived Experience Network with key stakeholders.
3. Supporting the Lived Experience Network to develop and deliver an action plan.
4. Supporting the Scottish Recovery Consortium to establish independent recovery groups
5. Working with partners to further develop the role of community hubs in the planning and delivery of services
 |
| **Our big success story (final report)** |
| Following the publication of the Lived Experience Engagement Report, £100k has been awarded by the ADP for a Peer Support Project which will employ a team of three workers to support the involvement of people with lived experience in taking forward the above mentioned recommendations  |
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TOC – 9

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| **Test of Change Title** | **Outdoor Recovery** |
| **Provider:** | **We Are With You** |  **Report date:** | **6.7.21** |
| **Duration:** |  |  **Report by:** | **Dave Barrie** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * Increase outdoor recovery options
* Involve service users in the design
* Build a programme that will have choice
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * Weekly Cycle group
* Hill climbing with Ancrum Out[doors centre
* Allotment project
* Weekly Fitness with Street Soccer
* Women's walking group
 |
| **What we actually did** |
| * *We have managed to continue most groups through Covid*
* *We have had to pause at times of Lock down*
* *We have a good group of individuals involved in the groups*
* *We have managed to involve lived experience in our planning*
 |
|  |
| **What difference we made** |
| *Overall information about outcomes achieved** All groups remain in place apart from Womans walk group
* We have kept strong links with our provider partners
* We have maintained a good relationship with the groups of clients
* We have a robust weekly Outdoor Recovery group programme
 |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*  |
| We have engaged with over 35 individualsEvery group has had a good mix of male / femaleClients have fed back that the groups have helped with ‘’ confidence building ‘’ ‘’ tackling isolation ‘’ ‘’ learning new skills’’ ‘’ got me back into cycling ‘’ ‘’ love getting out on my bike most days now ‘’ |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.We still have an existing budget to continue with this project till Mar 22.Having delegated full time staff that can focus on the groups would be good. Capacity is a challenge.We will look for additional funding for a group facilitator. |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
|  The cycling group has been a great success.We have provided over 30 reconditioned bikes over Covid ( through different funding streams )We have had mothers cycling for the first time with their kids.The groups are meeting and cycling out with our group.The members are planning new and more challenging routes.We have trained up 3 people as Cycle leaders |

TOC – 10

|  |  |
| --- | --- |
| **Test of Change Title** | **Lochee Hub Test Of Change**  |
| **Provider:** | **Lochee Hub**  |  **Report date:** | **21-07-2021** |
| **Duration:** |  |  **Report by:** | **Pamela Mclaughlin** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * A wraparound service delivery model will be established to ensure people affected by substance use and homelessness are able to access the services they need when they need them
* People affected by substance use and homelessness are involved in the planning, delivery and evaluation of services
* People affected by substance use and homelessness will have access to the support , learning and development opportunities they need to support their recovery
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| 1 Consult the local community about their service needs and how the Lochee Hub can best meet these needs2 Establish the extent to which partner agencies are able to work out of hours3 Extend service delivery into the evenings and weekends in line with local needs 4 Develop the use of technology to improve community access to services5 Further develop the connectivity between ISMS, Homelessness and Mental Health Services and other community based services and support networks6 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 provision7 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.8 Extend services around Distress, Bereavement support and Trauma9 Extend services around Physical and mental wellbeing 10 Local people influencing key organisations to design and deliver activities/workshops/training based on the data gathered (Co-production @ Lochee Community Hub report)11 Development of short-term projects to bring people together to encourage partnership working and information sharing12 To build a cohesive community through activities such as social opportunities and events to enable the sharing of resources, experiences and learning from others13 A range of health and wellbeing and therapeutic activities on offer14 Personal development opportunities (including accredited courses) are developed, promoted and delivered for individuals with dual diagnoses15 Progressions pathways for individuals to uptake opportunities in peer support, volunteering, further learning opportunities or employment.16 The achievements of people undertaking learning and development opportunities are celebrated17 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. |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Activities | What we did  | When we did it  | How Many/ When  |
| 1 Consult the local community  | Survey | May 2020 |  |
|  | Service user involvement group | Dec 2020 | 1 |
|  | Community engagement questionnaire | April- July | 40 |
|  | Outreach Questionnaire | April- July | 51 |
| 2 Partner agencies hours of work | Service Questionnaires | March 2021 | 29 |
|  | Service Calls | June 2021 | 22 |
| 3 Extend service delivery | NA/ Due to COVID | Will start in August | 0 |
| 4 Develop the use of technology | Phones | Always available | Daily |
|  | Laptops/ for benefit advice/ housing / jobs  | Always Available | Daily |
|  | Job shop | 2018 | Weekly |
|  | Access anywhere | April 2021 | Everyday |
| 5 Develop connectivity ISMS homelessness and metal health services/ community based services | ISMS questionnaire | May 2021 | 6 |
|  | Meetings with services | Through out the test of change | Multiple  |
| 6 Discussions with more people with lived experience…. Develop the gap in service provision  | Questionnaires with staff/ services | April-July | 4 |
|  | Questionaries’ with community outreach  | April-July | 51 |
| 7 A more collaborative approach to service provision  | ISMS Questionnaires | May 2021 | 6 |
|  | Meetings with services  | Through out the test of change | Multiple |
| 8 Extend services around distress bereavement and trauma | Distress Hub  | Sep 2020 | Every day |
|  | Mental health and addiction support cards | June 2021 | 100 |
|  | Dundee Mourn addiction art first session | July | 1 |
| 9 Extend services around Physical and mental wellbeing  | Walking groupsSome cancelled due to COVID  | April- July | Weekly |
|  | Meditation groups Some cancelled due to COVID | April- July | Weekly |
|  | SMART Some cancelled due to COVID | April- July | Weekly |
|  | Music Group Some cancelled due to COVID | April- July | Weekly |
|  | One- one sessions  | April- July | Weekly |
|  | Distress Hub  | September 2020 | Daily |
| 10 Local people influencing key organisations to design and deliver activities  | Questionnaires with services / staff | April – July | 4 |
|  | Questionnaires with community outreach | April – July | 51 |
| 11 Develop short term projects to bring people together….partnership working  | Clothes poverty awareness day | June | 1 |
|  | Dundee Mourn addiction art first session | July | 1 |
|  | Food availability | May 2020 | Weekly |
| 12 Cohesive community through activities  | Clothes poverty awareness day | June | 1 |
|  | Dundee Mourn addiction art first session | July | 1 |
|  | Food availability | May 2020 | Weekly |
| 13 Health and wellbeing , therapeutic activities  | Music Group Some cancelled due to COVID | April- July | Weekly |
|  | One- one sessions  | April- July | Weekly |
|  | Distress Hub  | September 2020 | Daily |
|  | Walking groupsSome cancelled due to COVID  | April- July | Weekly |
|  | Meditation groups Some cancelled due to COVID | April- July | Weekly |
| 14 Personal development opportunities  | Job shop | 2018 | Weekly |
|  | Training Some cancelled due to COVID | May- July | Weekly |
|  | Volunteering opportunities | June- July | 3 |
| 15 Progressive pathways .. peer support volunteering further learning  | Job shop | 2018 | Weekly |
|  | Training Some cancelled due to COVID | May- July | Weekly |
|  | Volunteering opportunities | June- July | 3 |
| 16 Celebrate achievements | Newsletter | June- July | Monthly |
| 17 Work with partners to work on activities projects or develop training opportunities  | Clothes poverty awareness day | June | 1 |
|  | Dundee Mourn addiction art first session | July | 1 |
|  | Food availability | May 2020 | Weekly |
|  | Music Group Some cancelled due to COVID | April- July | Weekly |
|  | One- one sessions  | April- July | Weekly |
|  | Distress Hub  | September 2020 | Daily |
|  | Walking groupsSome cancelled due to COVID  | April- July | Weekly |
|  | Meditation groups Some cancelled due to COVID | April- July | Weekly |
|  | Job shop | 2018 | Weekly |

 |
| **What difference we made** |
| *Overall information about outcomes achieve* |
| **1 Consult the local community about their service needs and how the Lochee Hub can best meet these needs**We completed an online survey in May 2020 regarding the Hub and how we could best meet the clients needs. The information we receivedWhat people would like to see in the Hub :-

|  |  |
| --- | --- |
| Structured Days  | 1 |
| Job Shop | 3 |
| Guitar Group | 2 |
| Walking Group | 1 |
| Youth Group | 1 |
| Art + Craft Classes | 3 |
| After School Groups  | 3 |
| Keep Fit | 2 |
| Mental Health Groups  | 2 |
| 1-1 Chats | 1 |
| Teenage groups for life skills  | 2 |
| Teach older people how to use internet  | 1 |
| Socialising | 6 |
| Same Groups as before | 3 |
| Dance group | 1 |
| Singing Group | 1 |
| Drama | 1 |
| Scrabble | 1 |
| Games Group | 2 |
| Staff from cairn centre | 1 |

What people are missing :-

|  |  |
| --- | --- |
| Hill walking group | 2 |
| Job shop | 2 |
| Someone to listen  | 2 |
| Interaction | 4 |
| Speaking about mental health | 2 |
| Youth Group | 1 |

 We also completed a service user involvement group and asked them what the Hub could provide to assist the community and the information was as follows.Information received from Community engagement meeting:-Writing clubs Life skill classesJournalism Cooking Book clubs Sewing IT access Knitting Internet for older people Older generation passing down informationBudgeting Old fashioned games Financial planning Mental Health Exercise classes CBT/ ADHD/ Autism Awareness Zumba Self defence Later in the Year we completed a community engagement questionnaire and received the following information How does The Hub help the CommunityReduces isolation Capacity building opportunitiesSupport people in crisisActivities for young people and adultsHealth checks and community nursesSupporting the Lochee community and individuals within itIn what other ways could the hub engage with The Community?Offer advice at evenings and weekends Expand on the Good work you are already doing Bring in some new opportunities for local peopleContinue to provide the well informed serviceEncourage other groups to use the Hub Any other comments Great team of people working in the Hub. Very friendly, caring and approachableCongratulations very well done for providing a necessary services for people in the areaI love the cooking When a facility is only open on weekdays it makes it feel as if it only caters to those who are not in full time employment We have also completed further work recently due to hub linking in with services regarding availability and weekend and evening work to look at what services would be best situated to what times in the day. The following information was received.What activates would you like to see in the hub:-Scrabble Recovery Relaxation Games Bereavement Ladies exercise Art Social Group Literacy Kids classes Group TherapyDDAR worker AA Cooking **2 Establish the extent to which partner agencies are able to work out of hours**We sent out 29 questionnaires regarding availability of service for evening and weekend work in March 2021, we received 4 responses from this.All wanted the Hub to be open both evening and weekends After this we completed calls to 22 services in June/July regarding availability and the results we received back are as follows

|  |  |
| --- | --- |
| Evenings | 1 |
| Weekends | 1 |
| Both | 5 |
| Not available  | 12 |

**3 Extend service delivery into the evenings and weekends in line with local needs** We are now aware what services are available at evenings and weekends and have developed links and communications with them regarding this. We have also completed surveys with the community and clients so are in planning stages of preparing a programme for out of hour service provision to start when the reduction in COVID restrictions allow. This would be as follows

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Services | Groups | Evening / Weekend / Both  | Free or funded  | Fit for purpose in the Hub  |
| Dryburgh Sports Coach | Children’s free sports Classes | Both  | Applied for Funding from Dundee city Council (DCC) | Yes |
| Karate | Children Karate Classes | Both | Applied for funding from DCC | Yes |
| Karate  | Women’s Self-defence classes  | Both | Applied for funding DCC | Yes |
| Aberlour | Family Wellbeing groups | Both | Free | Yes |
| Bereavement service | One to one support  | Weekend | Free | Yes |
| Youth team  | Youth groups only in council buildings | Both | Free | No |
| Hillcrest | Drug and alcohol support | Both | Free | Yes |
| Pause (TCA) | One to one support and children’s groups only in their building  | Both | Free | No |
| Community Nurses | Well-being family group | Both | Free | Yes |
| DCC Community Development worker | Help community groups | Both | Free | Community groups/ not necessarily just group work community would have to sustain  |
| Parish Nurses |  Assist with group | Both  | Free | Only assist with other services  |

After completing this work we are now looking at starting sessions and groups in August to develop the need of the community within weekend and evening hours. We have applied for funding for some of this and are waiting to hear if we are successful. **4 Develop the use of technology to improve community access to services**The Lochee Hub has always provided certain services such as free access to phones/ laptops and a Job shop. From the information we have received we have developed and installed the Access anywhere in the building. This will allow clients to have access to further services such as Connect/ GP practices NHS appointments etc. This was installed in April 2021 however to date we have not had anyone come in and access this service. We have publicised this on our website and are trying to make stronger links to services to try to develop awareness. **5 Further develop the connectivity between ISMS, Homelessness and Mental Health Services and other community based services and support networks**We completed a survey with ISMS staff in May 2021 regarding more communication, a lead professional model etc. We handed this out to the whole of the west staff and only 6 people responded. Some of the information was as follows ISMS questionnaire infoWhat services do you connect with:-

|  |  |
| --- | --- |
| DDAR Nurses | 5 |
| ISMS Social Worker | 4 |
| Social work support officers | 3 |
| Positive Steps | 4 |
| Positive Steps Housing Support | 2 |
| Positive Steps Addiction Support | 1 |
| Housing First | 4 |
| Shelter | 0 |
| Dundee City Council Housing Units | 3 |
| Dundee Survival Group | 3 |
| Salvation Army | 2 |
| Hillcrest Housing/ Homeless | 1 |
| Hillcrest addiction service | 2 |
| Healthy minds network | 0 |
| Making recovery real | 0 |
| DVVA social isolation team | 1 |
| Lochee Community Hub | 3 |
| Community based services | 2 |
| Other | 1 |

How can you further develop your connections with services

|  |  |
| --- | --- |
| Availability to network with other services of specific work | 1 |
| better awareness of what services allows  | 1 |
| incorporate discussions | 2 |
| care planning and risk assessments | 1 |
| networking | 1 |
| Could you provide a more collaborative approach to service provision :-

|  |  |
| --- | --- |
| Yes | 4 |
| No | 1 |

 |  |

From this information we then completed meetings with other services to develop a greater understanding of connectivity and how they felt areas could be developed and actions that needed to be put in place please see attached document Lochee hub TOC DDAR connections development plan document. This document looks at areas that the Lochee Hub have developed or are going to develop to try to encourage more connectivity through Substance, Homelessness and Mental health services. With this in mind we have received funding from CORRA for £40,093 for 2 development worker posts. These posts will be a development form the 2 posts we have in place already to allow the staff in the Hub to provide a greater service and develop connectivity by working with clients and services more effectively as stated in the Lochee hub TOC DDAR connections development plan document. **6 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**The Lochee Community Hub received funding for a Time to shine Outreach worker to directly complete this piece of work. She has been busy during Covid developing connections with other services and clients as well as talking to people in the community. With this she has developed a greater understanding of the work that is required and the gaps in services. She has also completed case studies with clients to get a greater understanding of need and what has worked and where the gaps are. From this she came across a pattern within the study that showed us that people feel let down by services and this is the reason that they do not fully engage with the services that are out there. They stated on numerous occasions that services have failed them and this has put them off working with others. This is a trust issue that needs to be worked on by services, looking at the failings with a drastic need for change in the following areas. Services that have succeeded :-

|  |  |
| --- | --- |
| Hillcrest | 1 |
| Lochee Hub | 14 |
| Lloyds Pharmacy | 1 |
| DDARS | 1 |
| Church | 3 |
| Smart recovery | 2 |
| welfare rights | 1 |
| Eagle wings | 1 |
| Addaction | 1 |
| Connect | 3 |
| Cairn centre | 1 |
| AA | 1 |
| Murray Royal | 1 |

Services that have failed

|  |  |
| --- | --- |
| Salvation army | 1 |
| Ninewells | 1 |
| DDARS | 8 |
| Social Work | 2 |

The information we received are similar to the failings that was discussed in the Lochee hub TOC DDAR connections development plan document by other services and this is something we plan to work on when we are able to with regards COVID restrictions.  **7 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.**We completed a survey with ISMS staff in May 2021 regarding more communication, a lead professional model etc. We handed this out to the whole of the west staff and only 6 people responded. Some of the information was as follows.Do you know what a lead professional model is:-

|  |  |
| --- | --- |
| Yes | 2 |
| No | 2 |

Comments

|  |  |
| --- | --- |
| Don’t fully knows what this entails | 1 |
| If knew what it was I would use it | 1 |

Could you accept assessment from other services

|  |  |
| --- | --- |
| Yes | 1 |
| No | 1 |

From this information we then completed meetings with other services to develop a greater understanding of connectivity and how they felt areas could be developed and actions that needed to be put in place please see attached document Lochee hub TOC DDAR connections development plan document. This document looks at areas that the Lochee Hub have developed or are going to develop to try to encourage more connectivity through Substance, Homelessness and Mental health services. With this in mind we have received funding from CORRA for £40,093 for 2 development worker posts. These posts will be a development form the 2 posts we have in place already to allow the staff in the Hub to provide a greater service and develop connectivity by working with clients and services more effectively as stated in the Lochee hub TOC DDAR connections development plan document. **8 Extend services around Distress, Bereavement support and Trauma**The Lochee community hub Is a Distress Hub (please see flyer attached). We provide support daily for clients with their mental health and this has continued over COVID, we have connected with people over the period of the test of change and developed other links with services to provide more services within the Hub when we are allowed to reopen in line with the restrictions. The Lochee Hub also got an artist to paint canvases resembling addiction and mental health. These were then made into business cards that have been handed out over 100 cards to clients and services to provide a convenient way for clients to receive assistance and know who to contact when dealing distress trauma or bereavement.  The Hub has also connected with artists and are assisting in completing a community art project that will help Dundee mourn addiction and all of the grief it has brought( not just necessarily about loss of life). We had 20 people attend the first session for this and will continue this again at a later date this year when the restrictions reduce to allow for a greater number of people to attend. **9 Extend services around Physical and mental wellbeing** The Lochee Community Hub has tried to develop different avenues regarding this area of need. We have had a walking group based at the Hub however this had to stop due to COVID regulations and has started up again. This group is for clients with mental health and addictions and allows them to exercise and see different parts of Scotland During Covid restrictions, we were quite limited to the work we could provide but we were able to start a meditation group working in conjunction with Hillcrest. This group is focused on clients with addiction and mental health related issues. We also ran Smart recovery sessions and a music group which are all recovery based. We applied for funding fro a time to shine outreach recovery worker. This worker is also an experienced beautician. We plan to develop wellbeing one-one sessions for the clients within the Hub this year. During the pandemic we have also provided one – one sessions for clients with mental health issues that need more connections to allow them time to chat and socialise by meeting up with staff for coffees, walks etc. We also provide a distress hub which supports clients with their mental health and well being through conversations, safe plans, referrals to other services and sometimes just a chance to talk. We are looking to develop this further and have applied for funding for women’s self defence classes and a counsellor. **10 Local people influencing key organisations to design and deliver activities/workshops/training based on the data gathered (Co-production @ Lochee Community Hub report)**The Lochee community hub has always had a bottom up approach to its service provision and has continued and expanded on this delivery of service. We have a service user involvement group that meets to discuss the needs of the community and develop idea for the hub to take forward. We also complete questionnaires with the clients to see what they want within the Hub and how we can best suit their needs at any one time. To develop this we applied for funding for an outreach worker and this was successful. From this, she has engaged with clients and completed further questionnaires with services, clients and community members. As well as completing one-one sessions with clients out with the Hub. These sessions have developed our knowledge further and allowed us to connect with clients who did not use the hub to get a greater understanding of their need and the reason they do not connect with services. Due to Covid we were unable to deliver further influences but plan to do this this year by developing training programs and workshops for the clients to deliver as well as gain more volunteers and peer support to engage with clients and deliver services within the Hub. **11 Development of short-term projects to bring people together to encourage partnership working and information sharing**The Lochee hub tries to develop projects to bring people together, we have not been able to do a lot of this due to the Covid restrictions. However we have managed to have an outdoor bereavement session with an artist and handed out information regarding bereavement and trauma services in Dundee. We also completed a free cloth session for clothes poverty awareness day, and handed out information to clients regarding other services that could assist when In poverty. The Lochee Hub is also part of the food availability network that develops links with services and information sharing through meetings weekly. This information is then feed back to the clients through leaflets flyers and posts online. We complete food parcels weekly and this is open to the whole community.At present we are also developing a Website with the LCPP network in Lochee to develop greater links with services and clients within Lochee. This is a working progress and will take a few months before it is ready for release.We also planned 3 information sharing days within the Hub but unfortunately with the rise in cases this has had to be cancelled and this will be delayed to later in the year. This was for service sonly to develop links with other services and to find out information and to share knowledge. **12 To build a cohesive community through activities such as social opportunities and events to enable the sharing of resources, experiences and learning from others**As discussed the Lochee Hub completed a Clothes poverty awareness day for clients to develop links to services as well as items of clothing, an out door bereavement session to develop links with trauma and bereavement services and for clients to talk about their loss. We also hand out food parcels and assist the community with food poverty, encouraging clients to donate food for others and assist each other as much as possible.At present we are also developing a Website with the LCPP network in Lochee to develop greater links with services and clients within Lochee. This is a working progress and will take a few months before it is ready for release. We also plan to develop our peer support within the Hub and have volunteer opportunities for clients to assist others within the hub especially around recovery and mental health.  **13 A range of health and wellbeing and therapeutic activities on offer**During Covid restrictions, we were quite limited to the work we could provide but we were able to start a meditation group working in conjunction with Hillcrest. This group is focused on clients with addiction and mental health related issues. We also ran Smart recovery sessions and a music group which are all recovery based. We applied for funding for a time to shine outreach recovery worker. This worker is also an experienced beautician. We plan to develop wellbeing one-one sessions for the clients within the Hub this year. During the pandemic we have also provided one – one sessions for clients with mental health issues that need more connections to allow them time to chat and socialise by meeting up with staff for coffees, walks etc. We also provide a distress hub which supports clients with their mental health and well being through conversations, safe plans, referrals to other services and sometimes just a chance to talk. We are looking to develop this further and have applied for funding for a counsellor to be in the Hub and work with the clients. **14 Personal development opportunities (including accredited courses) are developed, promoted and delivered for individuals with dual diagnoses**The Lochee community Hub have ran a job shop for over 4 years. This is used by a lot of clients and is publicised by DCC and the job centre. During COVID this had to be reduced to online assistance however we have now started the group again. Within this we have now developed training opportunities and can now provide access to training to assist client with their CV ‘s and to become job ready. We have also linked in with Access to industry and will be providing more long term training programmes within the Hub. DVVA Peer recovery network are continuing to work on the involvement and progression pathway, they have a draft proposal of what this may look like and have now engaged a group of Peer Recovery Network members with lived experience of mental health and substance use to co-produce this with them. Once they meet after the holidays, they will look at developing volunteer peer support and other volunteering roles within the hub and pilot the involvement and progression pathway with these newly recruited volunteers**15 Progressions pathways for individuals to uptake opportunities in peer support, volunteering, further learning opportunities or employment.**DVVA Peer recovery network are continuing to work on the involvement and progression pathway, they have a draft proposal of what this may look like and have now engaged a group of Peer Recovery Network members with lived experience of mental health and substance use to co-produce this with them. Once they meet after the holidays, they will look at developing volunteer peer support and other volunteering roles within the hub and pilot the involvement and progression pathway with these newly recruited volunteersOnce this has been completed the Lochee Hub will be able to have Volunteers within the centre. This will allow for Peer recovery as well as the clients have more responsibility and opportunities within the Hub. The Hub has also applied for 2 kick start roles within the hub to develop more employment opportunities and develop our roles within the community. **16 The achievements of people undertaking learning and development opportunities are celebrated**The Lochee Hub has now developed a newsletter (please see attached that will be able to publisised and celebrate clients learning and development as well as communicating more widely with the community. This is publicised on our Facebook as well as being distributed in the community. We are also developing a website in conjunctions with the LCPP and his will allow for another forum for the Hub to publicise and celebrate success stories within the hub. **17 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.**As stated above the Lochee hub have links into services and are looking at furthering these links as well as having open days to allow services to publicise what they do and assist others. We are assisting in the development of a website to link up services and are continuing to develop projects and training opportunities in the future as discussed above.  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*During the Hubs test of change we developed 17 outputs to the 3 outcomes, COVID restricted the development of these outcomes to their full potential but we endeavoured to try to complete as many as possible. We have also discussed continuing this piece of work and making it a main area within the Hub to deliver over the next few years. In the above section we have shown some of the information gathered from the activates that we completed. The other information is as follows :-**Total questionnaires completed**

|  |
| --- |
| 1 Consult the local community about their service needs and how the Lochee Hub can best meet these needs:- 131 |
| 2 Establish the extent to which partner agencies are able to work out of hours:-51 |
| 5 Further develop the connectivity between ISMS, Homelessness and Mental Health Services and other community based services and support networks:- 6 |
| 6 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:- 55 |
| 7 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.:-7 |
| 10 Local people influencing key organisations to design and deliver activities/workshops/training based on the data gathered (Co-production @ Lochee Community Hub report):55 |

 As shown in the above section clients are looking to expand the Hub provision to night and weekends as well as developing services. This will continue this year and the hub has applied for funding to complete this. From the work completed with regards multi agency working we have recognised gaps in provision around communication and working collaboratively. Please see Next Steps to see how we plan to tackle this in the future. **Use of technology interactions**4 Develop the use of technology to improve community access to services:- 224314 Personal development opportunities (including accredited courses) are developed, promoted and delivered for individuals with dual diagnoses:- 5615 Progressions pathways for individuals to uptake opportunities in peer support, volunteering, further learning opportunities or employment.:- 5616 The achievements of people undertaking learning and development opportunities are celebrated:- 445The Lochee Hub plan to continue with the groups as above and develop better links with training peer support and volunteers this year. **Range of activities**

|  |
| --- |
| 3 Extend service delivery into the evenings and weekends in line with local needs :- 0 |
| 8 Extend services around Distress, Bereavement support and Trauma:- 1658 |
| 9 Extend services around Physical and mental wellbeing :-1334 |
| 11 Development of short-term projects to bring people together to encourage partnership working and information sharing:- 4449 |
| 12 To build a cohesive community through activities such as social opportunities and events to enable the sharing of resources, experiences and learning from others:- 4449 |
| 13 A range of health and wellbeing and therapeutic activities on offer:- 1234 |
| 17 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:- 5783 |

 |
| With the relaxation of the COVID rules we will endeavour to develop more groups and activities to fit in with the 17outcomes and expand our services. |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.The 17 Outcomes and Outputs above still need to be prioritised and continue to be looked at and worked on. We have made these outcome a main focus of the work of the Hub for the next 3 years. We have also used the Lochee hub TOC DDAR connections development plan document attached as an outcome document for the service to work towards because of this we will be completing these steps within the Hub and have applied for funding as discussed to allow these services to be made available to the community. From this work the Hub has come up with a 5 tier recovery system that will be used within the hub this will be a Therapeutic and counselling recovery approach.The aim of the our 5 tier system of recovery within the Hub isStep 1:- referral addiction worker/ program Step 2 :- therapeutic work 1-1 counselling sessions + group work sessionsStep 3:- taking charge of groups and delivering programs for the client baseStep 4:- Peer support and volunteering Step 5:- Training and job ready skills The Scottish Governments Medicated assisted treatment standards (MAT) discusses choice is needed regarding recovery techniques and services. At the moment Dundee has a very structured approach which can be seen with the worry of GDPR and the lack of communication and linking in with services. By completing this teat of change we tried to develop connections with DDAR unfortunately although we were able to communicate at management level in meetings this was not able to develop at ground level and with regards clients information, recovery programs, assessments etc. For this reason the Lochee Hub plan to work with other third sector and council services to develop new initiatives to promote change.The Lochee Hub hopes to set up a project that allows a more holistic and person centered approach to recovery. By working along with DDAR and Hillcrest we will put in place a recovery package that will assist clients in their recovery journey.We plan to have sessions that will allow clients to see their support worker with Hillcrest, complete counselling sessions and be given physical therapy such as Indian head massage, shoulder massage etc. This way of working is used in other parts of the UK and is successful. We have to see substance use a more than a physical dependency. Even after a client has detoxed or is on a program, their body is hooked and they are at high risk of relapsing or overdose. Counselling can assist clients to stay clean by developing coping mechanisms, dealing with underlying mental health issues and can help to escape cravings and work through their issues and stresses life throws at them. For this we will provide group therapy sessions and one to one sessions for clients who have dealt with massive trauma and need to work on this before they can move to group sessions. By having, the services under one building will allow the clients to be able to access the treatment in a safe environment all-together where they can also get benefit advice and support with other crisis interventions when needed. This is key to the ability to assist chaotic clients change and help them with their recovery. At present this is not done in Dundee. From this Test of change we hope to develop a one-stop recovery Centre within the Lochee Hub, This will hopefully be successful and be able to be developed throughout.  |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
| Case StudyKWServices working with at beginning of study – Lloyds Pharmacy, DDARS KW was approached by the outreach worker to complete a questionnaire, as he was not working with many services. When completing the questionnaire it became apparent that he felt massively let down by services and for this reason was struggling to connect.He discussed how he is originally from England and managed to get himself clean but unfortunately relapsed in his addiction recovery. When arriving in Scotland he was able to get on a recovery programme but bur to DDARS having limited staff and COVID he feels he has had no continuing support from his key worker. He received a mobile number in case KW needed to get in contact with him at any time but after ourselves at the hub intervening we discovered this mobile number is no longer in use and the key worker had not informed KW. KW could not reach him on the phone and had tried his mobile and office on numerous occasions but had had no response. He was now taking street Valium and needed further support but was not receiving this. We discussed why he had not reached out to other services and he stated it was because he felt let down already and not listened to. From this the Hub completed the following :-1. Sat with KW and discussed all the issues he was having now, not supported, suicidal, anxious, DVT, Taking street Valium, benefits, housing, bus pass, food.
2. Contacted his worker from DDAR and discussed his Valium addiction, as well as how he has DVT and how this is affecting him attending his chemist, as is quite a distance from his property. Appointment made for client
3. Free bus pass form completed and sent to transport Scotland to assist him with getting to appointments and chemist.
4. Discussed with the Chemist if he was able to change, Lloyds contacted a chemist closer to his home and gave a good character reference to try to get him moved. He will start when a place comes available
5. PIP form discussed due to DVT, anxiety and depression. PIP called and form applied for, appointment made with benefit advisor to complete this.
6. Free food parcels to be given as struggling at present
7. Referred to hillcrest for support with substances

KW was very appreciative of the support that he received and is now working with the Hub. He is no longer feeling suicidal and is optimistic about working with the Hub and the services based here due to his newly recognised positive impact from this service. He has also stopped taking street Valium and is showing more focus on his recovery. This shown the impact of the outreach worker and linking in with client’s that have had bad experiences. Using a multi-agency approach and supporting them more intensively with their needs can help with their substance use and mental health dramatically.  |

TOC – 11

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| **Test of Change Title** | **Just Bee Productions / Making Dundee Home** |
| **Provider:** | **Just Bee Productions / Making Dundee Home** |  **Report date:** | **1st August, 2021** |
| **Duration:** | **November 2020 –** **July 2021** |  **Report by:** | **Gordon Sharp** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * Develop our 1:1 support more effectively than hitherto.
* Achieve proper recording and reporting of the 1:1 support.
* Increase in the numbers supported 1:1 to recover from homelessness and substance misuse.
* Improvement in recovery from homelessness and substance misuse through support.
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * Engaging in more 1:1 sessions with participants who are affected by addiction and/or homelessness.
* Our support includes support with forms, energy top ups, furniture, and inter-agency partnership.
* Engaging a Kickstarter employee to improve and maintain our recording.
* Improving the recording of improvements with addictions and stability.

To the above we can that we are much more flexible and available than most, if not all, other services. That is, whilst our drop in is twice a week we do staff our office and hall Monday to Friday 9.00am to 5.00pm. The does enable us to make appointments when not officially open as a drop in, but we also have participants calling in for food, to chat, to make phone calls, to provide an update, to seek support when chaos strikes and for general well-being. This can be demanding, but it is our approach. To this we provide up to three mobile numbers. We have an MDH number for working hours, but both Claire and Gordon provide their own numbers so that they can be contacted at any time. This is rarely abused, but does provide an emergency and supportive contact over evenings and especially at weekends. There have been emergency responses over weekends, which have been essential. |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| What & when?Our recorded support has increased from 46 households to 130 households between November 2020 and July 2021. This relates to all types of participants and reflects the engagement taking place during drop ins as well 1:1 sessions and group work. This is also down to us improving our recording as planned.Target group (homeless and with addictions)?Our recorded support has increased from 21 of the target group to 51 and this takes account of deaths, progress and people not continuing for a variety of reasons. This is a very significant increase with no more resources, but with an improved focus and recordings + the introduction of groups, which has been especially busy for women. We’ve also seen increased partnership working with Housing First (sadly they are to be discontinued from September).Feedback: -We’ve not introduced priority setting with participants in a recorded way, but we do this in our support. There remains scope to improve the recording and monitoring in relation to this, but presently resources are stretched. |
| **What difference we made** |
| *Overall information about outcomes achieved** It is very clear from our recording that we have significantly increased our level of support to those with homeless and/or addiction issues. This may not simply be 1:1 but includes group work that complements 1:1 support.
* We have a seen small, but significant increases in the completion of PIP forms, GP contact, the provision of furniture, attendance at case related meetings and liaison with Housing First. We have sought to reduce our energy top ups, and this has been possible due to the council’s Fuel Well scheme and moving into summer.
* Our recording has improved in recording more people and more of our engagement. This has been significantly assisted with the Kickstarter post being filled but sustaining this post will be a challenge as specific funded will be required.
* We have made less progress in the recording of individual improvements and stability. This is really down to the demands of increased engagement, more activity and the needs of maintaining the work we do through fund raising and governance.
 |
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| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*  |
| Our quantitative data is maintained on spreadsheets that are continually updated. We now have spreadsheets maintained for two months and then archived as this ensures that they are relevant and manageable.The above includes feedback from us as a team as we ensure at least twice weekly briefings where we update on support, and this is complemented by intervening updates as required. We have not introduced feedback from participants, but we do receive unsolicited feedback that is very positive. |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.The numbers and complexity of our engagement is surprising. It is probably managed due to the group work and drop ins that take place. There is a wide variety of engagement between weekly to every second or third week. Participants choose the level of engagement and will choose when they don’t wish to maintain contact. It is difficult to always be clear why this is the case.It would be useful to introduce recorded priorities so participants can more readily follow progress or stalling as might ourselves. |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
| GT: -G (she) has engaged during the reporting period through word of mouth as she is local. Her life has been chaotic over the long-term, but her mother has sought to be supportive in the background, though that is severely strained. There is illegal drug use as well as alcohol. G is vulnerable and taken a loan of by some in the community. Most recently she has had a few weeks in Carseview due to her mental ill health. Our support has included the provision of food, energy top ups, the provision of a phone + top ups and significant assistance to sustain her tenancy with her Housing Association. Other services have been involved such as: Brooksbank, Social Work, chemist and the key worker at the Drug and Alcohol Recovery Service (DPC). There has also been 1:1 support (in person and via the phone) that has led to her being taken a loan of less and we believe to a reduction in illegal drug use. There has also been assistance with managing money and that too seems constructive.In addition to this she has been introduced to an alcohol support service. In this she has been accompanied.Her mother recognises our support as the most positive for G, but it remains a work in progress. When she was in Carseview we were able to visit. This engagement mainly comes from female staff as that is most appropriate. SA: -This is a second, but much briefer case study. S is another woman who has engaged with us during the pandemic. She can be very quiet and has no addictions. She could be the sort of person that services pass by completely. She has a partner and lives locally. Through one of our women’s groups, she has engaged in creative activity and socialising. We have met her partner a couple of times now and don’t have concerns about the relationship. S has shown a significant change in her confidence and takes a greater interest in well-being. There is a genuine positivity we are observing now over several weeks that is very noticeable. This gives a good example of how our model and approach can impact on others in the community. It is very encouraging all round.Note: we find that our engagement can often be over the long-term and for some that has been up to six or seven years. Note: the above represents support of women and this has been very evident in five domestic abuse cases. All cases have involved social work in one form or another or Housing First and in all cases the Police. Our support has been complementary to that of statutory providers, and we fill the gaps and continue beyond the intervention of others. In this, as with other engagements, there is a strong advocacy role that we perform. |

TOC – 12

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| **Test of Change Title** | **Peer Support/Mentoring Programme** |
| **Provider:** | **Housing First Dundee Consortium** |  **Report date:** | **3 August 2021** |
| **Duration:** | **12-18 months****(Sept 2019-March 2021)** |  **Report by:** | **Bryan Smith** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * **A peer support/mentoring service will be available to all participants of the Housing First Dundee/ Housing Support Team programmes.**
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * **Recruitment of appropriately trained volunteers in conjunction with DVVA.**
* **Promotion of service to current cohort of participants.**
* **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.**
 |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| * **We worked with volunteer, and she was beginning to establish a rapport with the team and understand her role as the pandemic and lockdown was put in place. The next planned move of meeting participants was postponed due to the governmental guidance, which included the closure of our office and limited direct contact with participants.**

**The relationship with the volunteer changed as we had not been in the position to meet their expectations.** |
| **What difference we made** |
| *Overall information about outcomes achieved** **No change evidenced.**
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| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project e.g. statistical information, feedback from workers and service users, case studies etc.** **The plan was to gather evidence via the organisation’s Better Futures monitoring framework and Housing Network Scotland monthly tracker report. This would have given quantitative data, whereas qualitative evidence was planned to be included in a Heriot Watt University evaluation report (interim report due summer 2021)**
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| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.* **The pandemic has led to difficulties in developing networks. These have been exacerbated in the third lockdown, contact and developing positive supportive relationships has been difficult. This has had a negative impact on the motivation of the volunteer. The current Housing First Dundee pathfinder comes to an end on 30 September 2021. The challenge is to ensure that all current participants are offered appropriate support beyond the conclusion of the programme. As the current mainstreaming strategy is being worked through, there is no plan to resurrect this service. Although, it is proposed that post 30 September and pandemic restrictions the Housing Support Team plan to relaunch this proposal in autumn/winter 2021.**
 |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
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TOC – 13

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| **Dundee ADP Additional Funding (DDTF allocation2020-2022)- Reporting Template** |
| **Reporting Period:** |
| **Project:** | **Dundee Safe Zone Outreach** |
| **Duration:** | April 2020 – March 2021 | **Investment:** |  |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * Provide a service which works directly within communities in Dundee, supporting those in crisis during the pandemic
* Staffed by a variety of partner agencies from within the HSCP to ensure that support can be delivered in situ on the Safe Zone Bus and, where necessary, referring and following up with service users to ensure that they receive the appropriate support
* Increased access to and engagement with support services in Dundee to reduce the risk/ harm from problematic substance misuse and / or poor mental health
* Reducing the harm / risk to those who are most vulnerable within the community (for example those affected by homelessness or poor mental health)
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| The Safe Zone Bus was redeployed from 25th April 2020 to provide an outreach service, initially in Lochee on Saturday evenings, and then a service running along the boundary of Stobswell / Hilltown was launched in late August 2020. Both shifts operate between 6.00pm and 9.30pm. **From 25th April – 31st March 2021, 520 service users accessed the Safe Zone** for a wide range of support with issues such as mental health, drug and alcohol brief interventions, debt, benefits, housing and homelessness. Hot food and drink, along with small food parcels (with no need for referral), clothing and sanitary items are also given to service users who are in immediate crisis.It became clear early on in the initial delivery phase, that some service users who presented at the Safe Zone Bus had multiple and complex needs which could not be solved within the remit of the shift, and so a system of referrals was implemented. This meant that partner agencies could continue to deliver support outwith the shifts and it was recognised that this was an important part of the process. Service users of the service tend to be living in chaotic circumstances, and the referrals process meant that those who were in danger of falling out of the view of services due to lockdown were quickly identified and ongoing support was offered.As the first lockdown lifted, and services returned to more normal patterns of work, TCA recruited a team of volunteers to support services, alongside staff from statutory and third sector agencies in Dundee. A robust system of referrals has been implemented, which has meant that service users who need more specialist support than can be provided in situ on the bus can continue to be supported outwith the Safe Zone shifts. |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| * From 25th April 2020 – 15th May 2021, there have been 83 Safe Zone Street Outreach shifts, comprising 1037 hours providing support directly in the community
* There are currently 2 x Safe Zone Street Outreach shifts operational in Dundee – Stobswell / Coldside on Friday evenings, and Lochee on Saturday evenings. Shifts are operational between 6.00pm and 8.30pm and have 5-6 members of staff allocated to each shift
* To date, there have been 10 statutory and third sector services who have staffed Safe Zone shifts, and there are 18 Safe Zone volunteers.
* Staff are skilled in a number of areas – social workers, nurses, housing advisors, debt and benefits specialists, food poverty and sexual health.
* Typically, those who require support are those most vulnerable to poor mental health, substance misuse and homelessness.
* **Number of referrals?**
 |
| **What difference we made** |
| *Overall information about outcomes achieved.* |
| 2020/2021**Crisis Interventions performed on Safe Zone Bus by type**

|  |  |
| --- | --- |
| Nurse | 62 |
| Community Care | 57 |
| Welfare | 453 |

2021/2022 (YTD)**Crisis Interventions performed on Safe Zone Bus by type**

|  |  |
| --- | --- |
| Nurse | 11 |
| Community Care | 7 |
| Welfare | 105 |

 |
| **Challenges and changes** |
| * On the first Safe Zone shift, the bus operated from 2 locations, City Centre and Lochee. It was clear that lockdown had caused there to be a significant decrease of traffic within the city centre and so Lochee was decided upon as the location for shifts which ran over further weeks. It was felt that delivering the service in other areas of the city was a key priority and test shifts were run in Hilltown / Coldside and locations in Douglas, Stobswell, Charleston and Menzieshill were also considered. One of the biggest challenges in each of these locations were finding available sites on which the bus could be safely housed but also were visible within the community. It was decided that Court Street was the best location for the second shift – straddling both Stobswell and Lochee, and with a concentration of the key target group living in surrounding streets, shift delivery began there in early August 2020.
* As the city emerged from the first lockdown over the course of summer 2020, it became clear that, as statutory and third sector agencies returned to more normal patterns of working, there was less availability for staff to attend Safe Zone shifts. Some of the Safe Zone Night staff resumed their volunteering in order to support delivery of shifts, and new volunteers were also recruited so that the delivery of service could continue uninterrupted. Because of the wide ranging and complex types of issues experienced by the client group, a bespoke package of training is being delivered to the volunteers on an ongoing basis, supported by partner agencies, to ensure that the standard of support has been maintained during this changeover period.
 |
| **Next Steps / Learning for the Future** |
| *Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.* |
| * We are currently considering a test of change in order to widen the scope of the service offered by Safe Zone Street Outreach, with particular focus on families and young people. Working together with partners from other agencies, a version of the Kinship hub that exists in the east of Dundee could be delivered from the Safe Zone Bus with a particular focus on the west of the city (potentially Charleston / Menzieshill). Some testing of this has already been done, with more due to begin in the coming months in order to consider how this can be best delivered.
* We are currently developing a project plan for the next phase of this project
 |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate* |
| **Case study to follow** |

TOC – 14

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| **Test of Change Title** | **Scottie Centre** |
| **Provider:** | **We Are With You** |  **Report date:** | **6.7.21** |
| **Duration:** |  |  **Report by:** | **Dave Barrie** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * Improved access for woman involved in sexual exploitation
* Increased support on outreach sessions
* Increased follow up with service users
* Quicker access and improved joint working with NHS treatment team
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| * Regular evening outreach sessions
* Clients engage in outreach sessions
* Follow up support in place for vulnerable woman
* Partnership working with NHS treatment
 |
| **What we actually did** |
| *Main facts about actual activities. What? When? Target group? How many/much? feedback etc.* |
| Through the pandemic we have tried to continue as much of our Scottie Centre work running. This has been stopped during both Lockdowns with support moving onto phone and virtual methodsPartnerships remain strong - Police Scotland, NHS Keep well team , WRASAC |
| **What difference we made** |
| *Overall information about outcomes achieved*We have continued to engage with a group of 14 vulnerable woman during the PandemicWe continue to build a strong Partnership with Police Scotland / WRASAC / NHS Keep well team.We have moved drop in space with the Scottie Centre - better spaceWe have re commenced our evening drop in / outreach sessions - twice per monthThe positive reputation of the Scottie Centre project remains high |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*  |
| We have engaged with over 15 vulnerable woman.The partnership remains strong with WRASAC / Police Scotland / NHS keep well team.The trust and positive relationship the team have built with our client group.Positive reputation with in client groupClients engaging with other services including treatment services.Even through lockdown contact and support has continued. |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.We still have an existing budget to continue with this project till Mar 22.The Pandemic has impacted on this project negatively- it has been suspended twice for periods of time due to lock down.The support from NHS treatment team has not been able to develop - due to Covid pressures in NHS services |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.*  |
|  The Scottie centre project remains in place. The multi-agency staff team remain committed and strong to the project.We have continued to build a positive reputation within this client group during such a hard time.We plan to build on our earlier success and increase the profile of the project.We have team meetings planned to discuss how this project moves forward.We have moved space within the Scottie Centre which is better - we are investing some budget on space improvements. |

TOC – 15

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| **Test of Change Title** | **Better Transition for people 18-25 living in Dundee**  |
| **Provider:** | **Hillcrest Futures**  |  **Report date:** | **3.8.21** |
| **Duration:** | **1 year**  |  **Report by:** | **3.8.21** |
| **Expected Outcomes** |
| *The planned difference or changes you want to make for the people you work with (outcomes).* |
| * Numbers of people being supported 18-25
* Number of joint working cases with this group
* Number of people supported onto positive destination
* Number of people trained in overdose awareness and supplied with naloxone
* Number of people supported to a positive destination
 |
| **Expected Activity** |
| *The main activities or services you provide to deliver your outcomes as detailed in the letter of award or application.* |
| Hillcrest Futures propose to work alongside colleagues from NHS Integrated Substance Misuse service as well as any other service who are supporting this population to provide a service to those people aged 18-25 and transitioning between young people and adult service’s. People being supported will be experiencing drug and alcohol problems and are disengaged from support, there will be issues around mental health and well being given the rise during the Covid-19 pandemic. Some of these individuals are residing in local homelessness hostels and in supported accommodation which indicates that they have little or no family support, therefore staff will have to collaborate effectively with Housing First staff teams and Positive Steps to ensure those most vulnerable and isolated are offered this support. **Outputs** * Offer joint assessments to find most suitable and appropriate service
* Dedicated staff time to address transitioning issues
* Liaise with Housing First and Homelessness Services to provide partnership drop ins targeting at risk groups within these settings.
 |
| **What we actually did**Hillcrest Futures currently provides a one to one service to young people 12-17 living in Dundee and who are affected by substance use. In last 6 months there have been 13 referrals that did not fit the criteria of the service due primarily to the age of referral i.e. 18-25We recognise that for some people adult services don’t always fit and young peoples services criteria does not always fit the needs. We have spoken to local partners Transform, Action for Children and NHS young people’s health and wellbeing and Adult Drug treatment services who agree that there is a need for increased support for this population.Partners that were consulted consisted of Transform, Action for Children, Police Scotland and NHS young people’s health and wellbeing and adult drug treatment services who have unanimously agreed that there is a need for increased support for this transitioning population.All partners have acknowledged that there is a need to support this group, this population don’t see themselves as having a problematic drug use but would describe themselves as ‘experimenting’. Within current services young people often report they are ‘just having fun’ and don’t recognise their substance use to be a contributing factor to their poor mental health and breakdown of family and other relationships. The social work Drug and Alcohol team have a base within the Cairn Centre which has meant that initial discussions re referrals of those not suitable for adult services and find themselves in that grey area can be discussed. As a result the service Coordinator has attended meetings focusing on young people’s who fit these criteria and to offer a route in for support. The partnership meetings allow the service to share and receive information about local services. As a result of attending, the service has seen an increase in referrals for people aged 18-25 which is really positive.  |
| **What difference we made** |
| *Overall information about outcomes achieved* At the last service contract review in November 2020 a discussion around the PSP Test of Change was raised that brought with it the conversation around those young people who are not engaging with adult services. It was agreed at this time that this was undoubtedly a gap that the service could fill. In addition any future referral received that was 18-25 and met the criteria around requiring substance support could be picked up by the Hillcrest futures Young people’s drug and Alcohol team. Therefore since November 2020 to July 2021 there have been 22 referrals for this age group. Hillcrest futures as an organisation uses the Outcome STAR tool to review progress and set new goals. Quarterly reviews have ensured best practice is being adhered to as well ensuring that those within that transitioning group are given the most appropriate intervention for the individual. In addition the 22 individuals being supported have been provided meaningful interventions to improve the quality of life, helping to maintain positive links with community based groups to encourage participation and involvement in order to challenge stigmas and break down barriers of progression. Working in partnership with key stakeholders from all sectors staff have been able to reconnect people to a full range of community supports that would encourage better use of time and offer diversionary programs. This has been slower whilst living through a pandemic and onward progression has taken longer where providing opportunities for group work and team based sports has been limited. However staff has launched the Instagram app as part of their ability to engage with people which has led to a number of live chats and private one to ones where this population has been evidenced has over 50% of those engaging on this platform. Instagram was launched April 2020 and the service has over 500 followers. The Outcome Star data show’s that at referral, individuals are most concerned about their substance use and their emotional/mental health. The service has seen a greater rise and correlation between lockdown and isolation for people over the last year than the previous period.Staff have spoken with young people and family members who have all agreed that it has been a lot harder to cope as a family dynamic where substance use has been an issue during this time.  |
|  |
| **Evidence of impact** |
| *Quantitative/Qualitative data demonstrating the impact of the project eg statistical information, feedback from workers and service users, case studies etc.*Hillcrest Futures staff delivering targeted outreach across the city have carried out a data gathering exercise by speaking with those young people who are currently transitioning from young peoples to adults services. Staff identified young people through hostel drop ins, within harm reduction settings, targeted outreach within established community based groups where this population are engaging for a social means rather than for advice or support I.e. café drop ins etc. Feedback was given around issues relating to significant drug and alcohol use, mental health related issues, accommodation, break down of relationships with family members resulting in homeless status. Young people described adult services as being for older people and felt it wasn't for them. *"I was sitting to be scene and everyone else in the room was in there thirties, you could tell they had been on it for years"*We recognise that adult services are traditionally opiate based and although they do support people who use stimulants, the younger age group don't feel they fit in with the current mould.Male, aged 16, staying in supported accommodation reinforced this by stating that services should be targeted to age specific groups, "We have a totally different attitude than adults"This project has brought services staff and people who use drugs together to work collectively to ensure this population are being supported by the right service at the right time. Feed back from staff*Hillcrest Futures Coordinator Young people Drug and Alcohol Service “we have changed our remit to include young people aged 18 to 25. Many young people feel their needs are not met or are not appropriate for adult services and find they fit better within a youth service setting. Increasing our age remit will also allow us to work with young parents who are perhaps involved with social work services”.*  |
| Feedback from Young People *Female, 19” I’ve always been slightly nervous about accessing services however coming to baxter park for support has been amazing1 I’ve always felt really welcome and never felt judged which I was sacred of”* *Female, 21”I used the Web project when I was younger and so just feel comfortable there, they have really helped me with my cannabis use and have supported me to apply for college”**'It's nice having someone on my side.' (F, 22)**'Steph has helped me with so much stuff, especially getting me into college.' (M, 21)**'I don't have much family support so it's been good having Laura Ann to talk to. During Covid we video called which was good as I had someone to speak to.' (M, 25)*Feedback from Contracts Officer Ann Conway*“I note also from the last meeting there was discussion re priority being given to certain age groups and this was to be incorporated into the service spec too.”* By recognising this as a hidden population and offering support the service has been able Identify and breakdown barriers to this population accessing support. Further outcomes have been;* Provided one-to-one support and advice on a variety of complex issues relating to substance use, mental health and well being.
* Facilitate online partnership group workshops, information and advice on substance use and other needs led topics.

Develop life skills such as budgeting, health, nutrition, self-esteem, confidence, education and employment that is appropriate to the populations needs. Liaise with partner agencies to deliver live Instagram chats on issues that are current **Summary of key outcomes achieved:*** Numbers of people being supported 18-25 –

22 individuals supported 16 male 6 female* Number of joint working cases with this group

Partnership working around Housing First and Hillcrest Homes, Positive Steps and Social Work Drug and Alcohol team. * Number of people supported onto positive destination

4 started College3 supported into employment* Number of people trained in overdose awareness and supplied with naloxone

22 trained in overdose awareness 3 supplied with Naloxone as recognised at risk or around people at risk of overdose. * Number of people supported to a positive destination

5 supported to attend another service and or activity  |
| **Next Steps / Learning for the Future** |
| Any unexpected outcomes (positive or negative). Key learning points. Anything to be done differently in the future.An unexpected outcome with this particular age group is that 6 of the 22 referrals came from parents. Staff has spoken with young people and family members who have all agreed that it has been a lot harder to cope as a family dynamic where substance use has been an issue during lockdown.  Staff engaged with to 2 family members who expressed it has been difficult managing their substance use (both cannabis) whilst supporting their someone to address their own issues as well. Both parents have taken part in short advocacy sessions with staff online which have proved successful and is something the service will look to build on in the future to ensure a whole family approach is taken forward.  |
| **Our big success story (final report)** |
| *Short case study, including quotes if appropriate. This should include a summary that links to the aims of the project and shows evidence of how outcomes were achieved for the case.* See case study below where young person was referred into the service by Social Work Drug and Alcohol service. By having regular communication with adult services with update info on referral criteria has meant the right interventions can be provided at the right time in a place suitable for each individual |
|  |

**Details of Young Person**

**Age at referral:** 20

**Sex:** Male

**Accommodation Status:** Sofa surfing

**Referrer:** Social Work Drug and Alcohol Team

**Length of Intervention:** 6 months and on-going

**Reason for Referral & Background**

* Increasing concerns around cannabis and benzo use
* Parents separated when he was 2
* Difficult relationship with mum
* In debt due to drug use
* No structure to day
* Recent traumatic experience
* Young carer
* Lack of confidence and self-esteem

**Interventions**

* Motivational interviewing techniques
* Cannabis education
* Reflection on drug use and impact on various aspects of life
* Positive relationship building with parent
* Encouraged engagement with community based activities
* Supported to engage with support into employment agency
* Partnership working with other agencies

**Outcomes**

* Reduced cannabis use
* Supported into benzo detox
* Budgeting money
* Engaging with support into employment agency
* Engaging with support into college
* Has re engaged with Young Carers
* In committed relationship
* Choosing healthier friendships/relationships
* Improved self-esteem