

# Employment and Skills



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## Better Off evaluation

Final report

November 2008



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# 1 Executive summary

## 1.1 Background on *Better Off*

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The Big Lottery Fund's (BIG) *Better Off* programme was developed to test new approaches to integrating drug rehabilitation services and services that support access to education, training and employment. It was aimed at anyone affected by drug misuse – from those at risk, through chaotic stages all the way to stable and clean stages.

The *Better Off* programme funded 58 projects with £10 million, with support from local Drug Action Teams to develop and review applications to ensure they fit with local needs. The programme aimed to fill gaps in services, integrate existing services, and develop holistic, client-centred approaches. Projects were diverse – from raising awareness and understanding among local agencies and employers about the needs of drug users, to working with ex-offenders and homeless people, helping to stabilise their lives and support their development.

The programme was launched late in 2003, and the last projects are coming to the end of their *Better Off* funding in 2008 and early 2009. The evaluation has been following the programme since 2004.

### Fit with other services

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People with addictions, like other people with several barriers to work, have a longer, more complex path to employment and education than average jobseekers and they often need support all along the way. The Effective Interventions Unit noted three stages to this process, as shown in Figure 1 below, with most *Better Off* projects working in the first and/or middle stage and making stronger links between stages.

Figure 1 Effective Interventions Unit's stages of support service

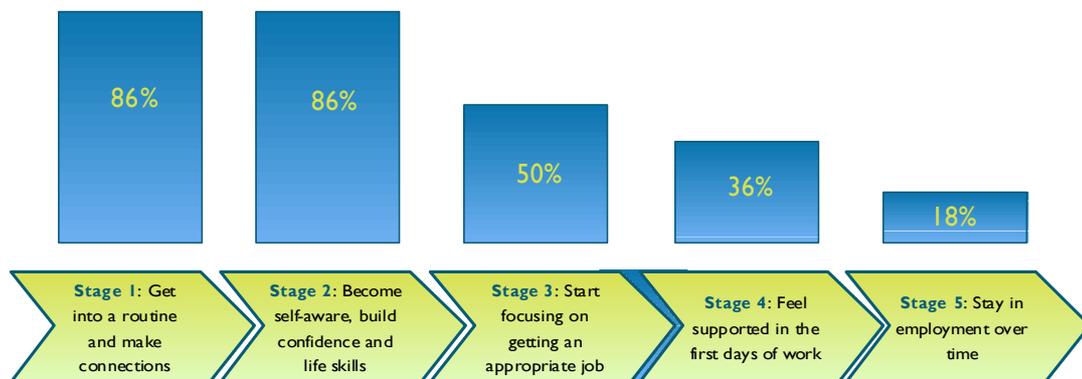


Source: Effective Interventions Unit, Evaluation Guide 9, 2002

More recently, partnerships have used the concept of an “employability pathway” or “employability pipelines” to help map and join up services for harder-to-reach groups. These recognise the slower path involved for these clients and the many earlier stages required before clients are ready for the traditional job access services.

As Figure 2 shows, using Glasgow Works’ pathway, most *Better Off* projects are linked more closely with the earlier stages of the pathway, and some will work in “Stage 0” with people who are too chaotic to even think about a routine yet.

Figure 2 *Better Off*-funded projects' activity along the employability pathway



Source: Glasgow Works<sup>1</sup> for pathway steps, Better Off project survey 2008 for bars, n=22

## Partners involved

The Better Off projects worked with a wide range of partners. In the most integrated, high-level models in Aberdeen and Dumfriesshire, the local authority, health board and voluntary sector have developed joint ways of working, single referral routes and shared monitoring systems and case management.

At the other end of the spectrum are partnerships between voluntary agencies such as Apex and Napier University in Edinburgh and HM Kilmarnock Prison in Ayrshire. Colleges, voluntary sector, community addictions teams and regeneration agencies work in different combinations in projects across Scotland.

## 1.2 What's the impact?

The projects worked in two broad ways: intensive work with all their clients, and intensive work with some, referral support to others. While we do not have total user numbers across the programme the project survey for 2007, when most projects were still running, found that over 2-3 years intensive projects worked in-depth with an average of 229 clients and intensive and referral projects worked with an average of 251 clients.

## Reaching people that other services miss

Most of these projects (88%) worked with clients who had not engaged with mainstream services before – on average 221 such clients per project, 248 among those that provided a mix of intensive support and referrals, and 191 for those providing only intensive support. Projects also worked with people who would have fallen through gaps in services without the *Better Off*-funded project. These gaps affected all stages of drug misuse experience, but especially in intensive work for people in semi-chaotic to clean stages. They achieved this through extended partnerships, community-based locations, outreach and street work, and offering practical, constructive activities such as woodworking and interior design.

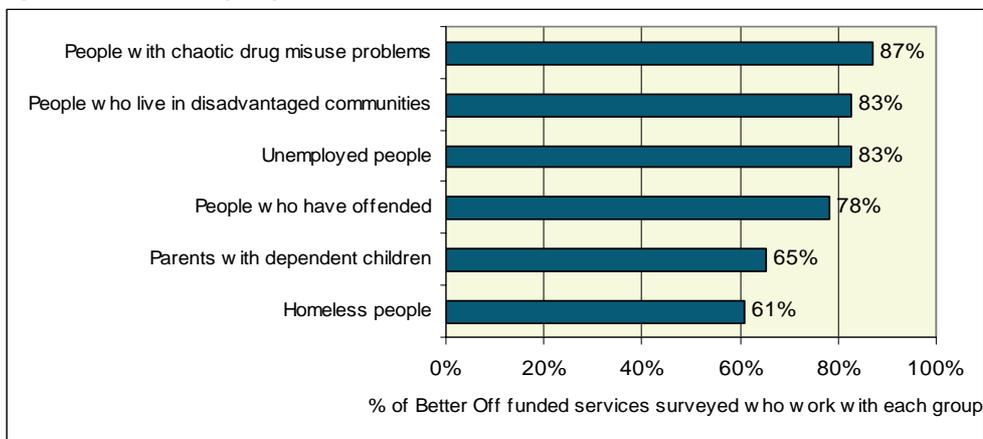
<sup>1</sup> Glasgow Works is Glasgow's City Strategy Pathfinder, with funding from Department for Work and Pensions to integrate services to help improve the rate of people further from the labour market to sustainably access employment.

## 1.3 Reaching the key target groups

The *Better Off*-funded projects were effective in attracting the extra disadvantaged target groups set out in the programme aims. Unemployed people, people living in disadvantaged communities and people who have offended were particularly well accessed, as shown in Figure 3.

The *Better Off*-funded services not only allowed for these client groups – they focused on them. Most the services (86%) said *all* of their clients were from these groups and a further 9% said 90% of their clients were from these groups. Only one service, which involves stable people in the Highlands in awareness-raising, said 12% of their clients were from these extremely disadvantaged groups.

Figure 3 Mix of target groups attracted by *Better Off*-funded services



Source: Project survey, March 2008, n=23

The projects used the joined-up, client-centred ethos to attract these clients, along with more creative approaches. For example:

- Five out of six services (83%) developed and extended partnerships to help them reach people.
- Three-quarters (74%) said that developing community-based locations helped them to reach people from the disadvantaged groups above.

## Impacts on clients' lives

The projects worked very much on the “softer” side of clients’ development. They developed their confidence and self-esteem, supported healthier and more stable lifestyles and gave them the skills to move forward with educational and training goals and, to a lesser extent depending on starting points, to enter mainstream education, training or employment.

Clients’ self-worth and confidence were the backdrop to all the other work. From just 22 projects that provided impact figures in the 2007 project survey (of the 58 funded), nearly 2,500 beneficiaries (2,339) had improved self-esteem through the *Better Off*-funded projects, and almost as many had gained confidence (2,326) and motivation (2,305).

Other practical benefits for around half as many clients, included improvements to:

- Appearance, physical health and wellbeing;

- Relationships with their families;
- Finance/debts and housing; and
- Participation in everyday activities such as swimming and shopping.

An important consideration in understanding the impact projects have in moving people forwards is that *they address people's own needs and interests*, not just getting into any job. This resulted in more sustained progress as clients believed in themselves and what they were working towards.

While these clients take more time and make more connections to employers or mainstream education providers, they are progressing towards and into training, education and employment in ways they could not have before. And the problems that held them back and undermined their self-belief are being addressed.

## 1.4 What works

### Helping clients

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In addition to the joined-up approach and client-centred ethos, there are some examples from projects that should be considered for wider use.

- *Social bonding* – Most projects (86%) encourage social bonding among their clients so they can support each other and develop social skills and links. Even projects using one-to-one delivery set up user groups to help people mix. Almost half used mentoring (44%). Peer bonding complements staff input.
- *Encouraging a healthy lifestyle, including healthy eating* – three-quarters of projects said they promote healthy eating, most in more than one way, from providing healthy food to linking clients with healthy living initiatives.
- *Engaging clients in something practical and creative to build their confidence* – from artwork to woodcarving to interior design for new tenancies, creating something tangible to be proud of and share boosts confidence.
- *Volunteering can be an important stepping stone* – While it can take thoughtful training to prepare people properly and overcome pitfalls, volunteering can be an empowering step for many people. It shows their value, is more flexible than work, and allows them to give something back.

“You can run self-esteem courses till you're blue in the face, but when you sit people down with a creative process, you don't *need* to anymore.”

### Building and sustaining integrated services

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#### Building partnerships

Effective integration flows from:

- Sharing common aims and priorities;
- Collaborative attitudes;
- A similar understanding of client needs and the different services on offer; and
- Dedicated staff who can prioritise work to act on the common aims.

## Sustaining services and partnerships

Of the *Better Off*-funded projects surveyed in March 2008, most were carrying on either because their *Better Off* funding had not yet finished (a quarter) or because they had found funding either from within the organisation or through external funding (two-thirds). This is promising and reflects both resourcefulness and good partnership working. Surveyed projects had tried an average of 3.5 funding sources.

In fact, the only projects surveyed which were not continuing showed little initiative to source funding – relying on their statutory sector partners or “an extension to *Better Off*”.

The most strongly positioned projects are ones that are integrated into local drug rehabilitation and/or employability infrastructure. This is perhaps easiest where there is a strong commissioning Drug and Alcohol Action Team, such as in Dumfries and Galloway. New funding for employability support for hard-to-reach groups is very much grounded in local priorities and collaborative working, so projects need to be part of that.

The work of *Better Off* is also resulting in wider work in several cases, for example:

- Glasgow Nautical College has embedded lessons from its Addiction Workers Training Project into work with a wide range of other client groups, such as asylum seekers.
- The Sunrise Project has become *the* Integrated Drug Service for parts of Dumfries and Galloway, using £100,000 of new Scottish Government funding.
- The partnership-working model used by the STAR project has been rolled out across Glasgow’s Community Health and Care Partnership areas.

Importantly, the lessons from *Better Off*-funded services have been incorporated into Scotland’s new drug strategy and will now be used across Scotland. In particular:

- Service users needs and aspirations will be placed at the centre of service provision;
- Assessment and recovery plans will assess the totality of service users’ lives, including all barriers to achieving their full potential;
- Treatment services will be integrated with other services to address those barriers, as well as wider services such as child protection;
- Instead of simply treating drug users as people with problems, they will be supported to develop their skills, education and experience to become active and contributing members of society.

## 1.5 Conclusions

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The *Better Off* programme was forward-looking and designed in response to an identified strategic need to try new approaches in integrated care. It has pioneered and developed integrated approaches to client-centred rehabilitation, which have had an effect on thousands of lives. It has not only provided support, but lifted people out of their problems and set them firmly on a new path. In the parts of Scotland with more substantial projects and greater integration, the number of people registering with drug misuse problems has fallen. The partners in these projects say this is a result of their new approach to integrated services.

Because of the programme's fit with strategy it has also changed the way organisations in different areas work together. In some cases this is on a community level between local organisations, in others commissioning bodies work together as one. *Better Off's* approach is now also reflected in many strategic approaches in Scotland, from Community Planning Partnerships and European Funding to the recently published new Scottish drugs strategy the Road to Recovery. This strategic backing should support the further development of *Better Off*-funded work into the future. And projects' experience should support more successful implementation of the new drug strategy.

However one area needs further policy consideration. The *Better Off* programme has demonstrated the importance of volunteering and college as steps along the way to employment for many people with a history of addiction. These build confidence, improve clients' appeal for employers and equip clients to progress in careers they are interested in. In contrast, the Department for Work and Pensions' new White Paper *No One Written Off* proposes that people should move straight into work or lose their benefits. Given what the *Better Off* experience shows, DWP and other employability funders need to give further recognition to the importance of study and volunteering to enabling people further from the labour market to access and sustain work.

The Scottish Government's European Funding division is looking to recognise soft outcomes as valid outcomes for such projects. Similarly, some employability partnerships are now funding progress down the employability pathway – from simple engagement and taking on meaningful activity through to training. Projects in Scotland that develop skills through community football, healthy living and "broadening clients' horizons" are increasingly common and successful. This more holistic approach that recognises and develops clients' skills and aspirations should be core to employment policy.

## 2 Introduction

### 2.1 Background

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*The Big Lottery Fund (BIG) gives out National Lottery money to education, health, environmental and charitable initiatives across the UK. Launched in June 2004 as a merger of the New Opportunities Fund (NOF) and the Community Fund, BIG is committed to bringing real improvements to communities and the lives of people most in need.*

*The Better Off programme was initially funded through the New Opportunities Fund's Transforming Communities Initiative with £10 million. Better Off aimed to support people who misuse or have misused drugs and who are trying to make changes to their lifestyle and circumstances to turn away from drug misuse. It aimed to offer holistic support tailored to the needs of individual service users, with the intent that more people would enter and remain on rehabilitation programmes and, where appropriate, move towards education or employment.*

### 2.2 Objectives

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The objectives of the Programme were to support services that:

- Link people to education, training, employment and accommodation opportunities;
- Complement drug treatment services run or funded by statutory bodies;
- Respond flexibly to the individual needs of clients;
- Preferably involve service users in project planning and delivery;
- Nurture multi-agency working and effective working relations;
- Are based in the community and therefore strengthen communities; and
- Meet the needs of particularly deprived and hard-to-reach groups.

The target groups include people who misuse or have misused drugs and are homeless, have dependent children, have offended, are unemployed, or who live in disadvantaged communities.

### 2.3 Context

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This section looks at how *Better Off* complemented other policies and was influenced by the legacy from other programmes. It also looks at the infrastructure for supporting clients at the time.

## Policy background

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The UK Government's Drug Strategy<sup>2</sup>, introduced in 1998 and updated in 2002, set out policies and interventions to reduce the harm caused by illegal drugs by 2008. The Strategy complemented action to restrict the supply of illegal drugs with action to diminish the demand for drugs. The strategy highlighted a UK-wide approach focusing until 2008 on:

- Reducing availability – putting drug dealers out of business;
- Preventing people from using drugs;
- Reducing and rehabilitating existing users; and
- Moving people out of crime and into treatment.

At a Scottish level, *Better Off* fitted in with Scotland's Drug Strategy *Tackling Drugs in Scotland: Action in Partnership*<sup>3</sup> and the Scottish Government's *Drugs Action Plan* (2000)<sup>4</sup>. Scotland's Drug Strategy set out Scotland's objectives as:

- To help young people resist drug misuse in order to achieve their full potential in our society;
- To protect our communities from drug-related anti-social and criminal behaviour;
- To enable people with drug problems to overcome them and live healthy and crime-free lives; and
- To stifle the availability of drugs on our streets.

The Government's action plan hinged on five priorities:

- Integrating services
- Improving service quality and consistency
- Improving access to services
- Improving performance and accountability
- Reducing drug-related deaths.

## Initiatives

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### New Futures Fund

Introduced in 1998 by Scottish Enterprise, the New Futures Fund (NFF) aimed to help the most disadvantaged client groups overcome barriers to work. It targeted vulnerable groups including homeless people, those with drug problems, ex-offenders and young people with chaotic lifestyles. NFF projects involved a series of delivery stages including:

- Recruiting and engaging;
- Assessing barriers;
- Activities to overcome barriers;

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<sup>2</sup> Home Office (1998) *Tackling drugs to build a better Britain*. Home Office (2002) *Updated Drug Strategy 2002*.

<sup>3</sup> Scottish Government (1999) *Tackling drugs in Scotland: Action in partnership*.

<sup>4</sup> Scottish Government (2000) *Drugs Action Plan: Protecting our Future*.

- Assisting progression to positive destinations; and
- Providing aftercare to clients moving on.

The NFF evaluation found that half of the clients achieved positive outcomes such as a mainstream New Deal course, Further Education or some form of training or supported employment (51%). Almost one in five had achieved outcomes close to the labour market (18%) and 15% had achieved employment. Key success factors included a client-centred and holistic approach, pulling together different strands of action through partnership and continuous assessment. However, funding for most projects was significantly reduced after the first phase of the programme finished around 2004. When NFF was mainstreamed into Communities Scotland and Highlands and Islands Enterprise, its funding was considerably reduced. (The fund closed completely in March 2008.)

### Progress2work (p2w)

The progress2work initiative was developed as part of the UK Government's wider approach to help those with the greatest disadvantage. It helped people recovering from illegal drug misuse into work through:

- Specialist support to help them access and sustain work and training; and
- Training and awareness-raising for Jobcentre Plus staff to be better able to identify and refer appropriate customers.

Progress2work was rolled out in March 2004. Jobcentre Plus reported that p2w was succeeding in helping people recovering from drug misuse to get back to work and overcome additional barriers to work such as insecure housing and a criminal record. However, it was most effective with people closest to the labour market.

### Infrastructure

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*Tackling Drugs in Scotland: Protecting our Future* (2000) recognised the role played by the Drug Action Teams (DATs) in “[bringing] all the local players together in support of the delivery of the strategy”. At the time when *Better Off* started, the DATs were newly set up. Their remit was to:

- Bring together the local agencies in partnership;
- Reflect local community views on tackling drugs;
- Assess local needs and priorities;
- Align priorities, resources and operational focus in line with the national strategy; and
- Assess local progress and performance.

The DATs helped to identify and stimulate prospective Better Off projects and ensured that applications fit with local strategies. Over the life of the Better Off programme, Drug Action Teams became Alcohol and Drug Action Teams (ADATs), and a review of their role was undertaken in 2007.

## 2.4 The funded projects

The Big Lottery Fund has provided funding of £10 million for 58 projects under *Better Off*. The funding was based on two rounds of applications and projects were prioritised based on gaps in existing services identified by Drug and Alcohol Action Teams. The projects that were successful vary in terms of:

- Service focus: ranging from housing to harm-reduction and employer liaison;
- Client groups: ranging from those with chaotic drug misuse problems to those stabilised and ready to move into training and employment; and
- Geographical focus: ranging from small urban neighbourhoods to large rural areas.

The projects aimed to integrate services or at least provide holistic support, so they generally offered more than one activity. As Figure 4 shows, just over half of the projects funded had support, advice or life-skills as their *main* focus, with the vast majority carrying out this activity to some extent (88%). Other common activities among the projects were lifelong learning (81%), employability (81%), service user involvement (81%) and health (72%). However fewer projects were aimed at housing issues or at developing links with employers (both 21%).

Figure 4 Projects broken down by activity

Activity	Number with main activity (%)	Number with activity (%)
Support/ advice/ life skills	30 (52%)	51 (88%)
Employability	8 (14%)	47 (81%)
Lifelong Learning	6 (10%)	48 (81%)
Service user involvement	4 (7%)	49 (81%)
Health	0	42 (72%)
Volunteering	2 (3%)	21 (36%)
Housing	4 (7%)	12 (21%)
Employer Liaison	4 (7%)	13 (21%)

Source: Big Lottery Fund from projects' applications

Projects were targeting the full range of stages of drug misuse from at-risk groups through chaotic users to those who are stable and clean. The majority of projects targeted semi-chaotic (76%) or stable (71%) clients with half targeting clean clients (50%) and 41% targeting at risk clients.

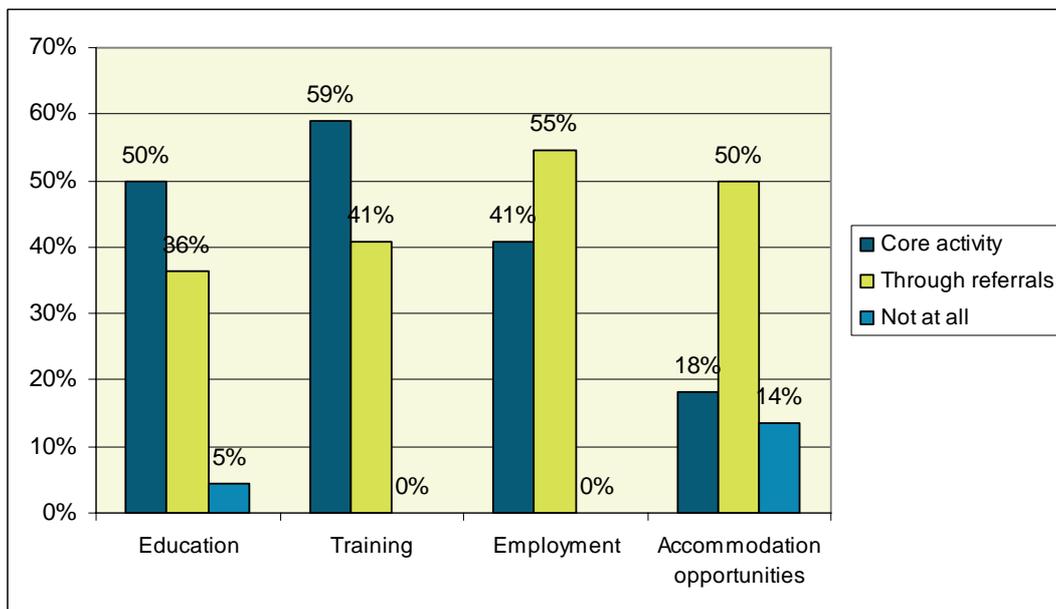
Just over a third of projects focused on urban areas (35%) with a similar proportion covering both urban and rural areas (33%). A fifth were working in accessible rural areas (21%) and one in ten in remote rural areas where there had been limited access to drug treatment services in the past (11%).

The grant sizes ranged from £10,000 for a one-year theatre project in the Western Isles to £507,000 to integrate services city-wide in Aberdeen over three years. The average grant size was £149,166. The programme included projects from all 22 Drug Action Team areas across Scotland, with particular concentrations of projects

Greater Glasgow, Argyll and Clyde and Lanarkshire, including 5 projects working across more than one area.

During 2008 we reviewed which of the core aims of *Better Off* the services had focused on. We found, as Figure 5 shows, that while *all* the projects linked clients to training to some extent, nearly all (96%) linked to employment and most linked clients to education (86%). Only two-thirds of projects (68%) linked people to accommodation, and in these cases mostly through referrals. Clearly, not all clients will have accommodation issues, but it is worth noting that 14% of the projects could not have helped them if they did.

Figure 5 Links to *Better Off's* key aims, by number of projects



Source: Project survey 2008, n=22

## 2.5 Evaluation

The *Better Off* programme was very much about trying new approaches and learning what works, so the evaluation was commissioned at the beginning of the programme and has run alongside it. BIG (and NOF before that) was keen to learn as the programme progressed so the evaluation has included annual reports since early 2005.

The evaluation has followed the projects through three stages:

- Start-up and bedding in during year 1;
- Active delivery during years 2-3; and
- Sustainability and post-funding arrangements in years 3-4.

The projects have had different lengths and some have been extended or shortened because of circumstances, so we have aimed to tailor our research to their differing circumstances.

## Objectives of the evaluation

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The New Opportunities Fund (as was) commissioned an evaluation of the programme to:

- Assess how far the programme reached its aims;
- Assess the extent to which the programme resulted in more seamless support for people who have misused drugs;
- Assess selected projects' success at meeting their own aims, and the factors that helped or hindered their success;
- Identify the extent to which the programme supported NOF's (and then BIG's) mission and values, particularly social inclusion and sustainability;
- Show the extent to which interventions supported successful drug rehabilitation for individuals by offering relevant community services; and
- Identify outcomes that were most important to stakeholders and service users.

Hall Aitken were commissioned to carry out this evaluation. The evaluation process has aimed to disseminate useful findings and good practice so that projects and partnerships can learn from the wider programme.

## Research questions

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To carry out an effective evaluation of such a wide-ranging programme we have developed and used a consistent series of research questions to underpin our research. We have grouped these around the following key themes:

- Increasing the level of rehabilitation;
- Improving services;
- Complementing mainstream services;
- Reaching hard to reach people;
- Identifying what works; and
- Sustainability of project impacts.

## 2.6 Approach

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The evaluation has run over the course of four years, with annual project surveys and updates of case studies and the wider national context. We have also undertaken stakeholder interviews towards the beginning and end of the evaluation and have also added a survey of Drug Action Teams and reported at a *Better Off* conference.

## Context review

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To place the findings of the evaluation in context, each annual report reviewed the national statistics on drug rehabilitation and misuse as well as new developments in policy and findings of any evaluations on related programmes in the previous year.

## Project surveys

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We also carried out annual project surveys in the autumn or winter each year. They received responses from different combinations of projects each year, with the total responses shown in Figure 6 below. Projects were funded for different lengths of time and some finished early. The decreasing number of responses reflects the decreasing number of live projects over the course of the programme.

Figure 6 Responses to annual project surveys

Year	Number of projects responding
Autumn 2004	43
Autumn 2005	38
Winter 2007	29
Winter 2008	31

Source: Hall Aitken Project Surveys

The project surveys provided an overview of projects' experiences across the programme. The surveys included monitoring practices, challenges, successes, demand, outcomes, service additionality and partnership working. The questions evolved on the basis of the stage in the programme. The final survey was carried out when most of the projects had reached the end of their funding and explored the sustainability and legacy of the projects, as well as some issues arising from the case studies. They gathered qualitative as well as quantitative findings. Where smaller response rates are given in the report, this refers to questions that some projects did not answer.

## Case studies

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The case studies were designed to provide a deeper understanding of a sample of projects to balance out the breadth of the project surveys. We conducted project visits in the first year, telephone updates in years 2 and 3, and subsequent visits in the fourth year that included beneficiary and stakeholder interviews.

The projects were chosen to provide a mix of types of projects on the basis of:

- Main activities *Better Off*-funded projects focused on;
- Target groups, from those at risk, through to those who are free of drugs;
- Geographical spread covering remote rural, accessible rural, urban and mixed areas; and
- Grant award sizes.

Two of the original eight case studies were finishing in the second year, and a third ceased in the third year. Two additional case studies were added for the final year. The case study projects we followed through the life of the evaluation were:

- Integrated Drug Treatment Service (Aberdeen);
- Sunrise Project (Dumfries);
- Next Steps Fife;

- City Connexions, later Think Again (Edinburgh); and
- Fab Pad (Glasgow).

Those finishing earlier in the evaluation were:

- Skye and Lochalsh Local Training Initiative;
- Employer Liaison Project (East Dunbartonshire and Argyll); and
- Signpost Forth Valley.

Those added in the final year were:

- Highland User involvement Project (based in Inverness); and
- Gal Gael/ Be Better Off in Greater Govan.

Details of each of these are provided in Appendix 1.

### Stakeholder interviews

*Better Off* was intended to not only test new ground but also inform developing policy and practice. With this in mind, stakeholder views provided an important reference at several points in the evaluation.

- At the beginning, we used interviews with Drug Action Teams, Scottish Government departments, and employability agencies to set the scene as part of the context review.
- In the second year we reviewed Drug Action Teams' awareness of their local *Better Off*-funded services and the impact they were having.
- In the final year, we spoke to a selection of people who had been involved with *Better Off*-funded services and explored the wider impacts the funding made.
- Finally, we explored the overall findings of the evaluation with key stakeholders in employability, drug treatment and related issues to see how the findings would influence and inform their work.

## 2.7 Report structure

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This final report draws together the findings from project surveys, case studies and stakeholder interviews, along with an updated review of the context of this research. The findings are focused around the research questions, and we highlight the particular relevance to different policies taking shape in reference to the needs of people with addictions and recovering from them. Following this introduction the remainder of the report is structured into the following sections:

- Changing context;
- More seamless services;
- Impact on rehabilitation;
- What works with the holistic approach;
- Sustainability and legacy of funded activities;
- Current strategic context; and
- Conclusions.

### 3 Changing context during the programme's life

To understand the context in which Better Off has operated, this section briefly examines the trends in drug use, drug-related deaths, numbers entering rehabilitation and the changing profile of drug users over the life of the programme. It also looks at some related policy changes and initiatives which have taken place in parallel with Better Off that are relevant to the programme. It is important to remember that Better Off funded only 58 projects, many of them small, and the programme as a whole could not reasonably lever a transformation across Scotland. Chapter 8 covers the future strategic context including Scotland's new drug strategy, *The Road to Recovery*.

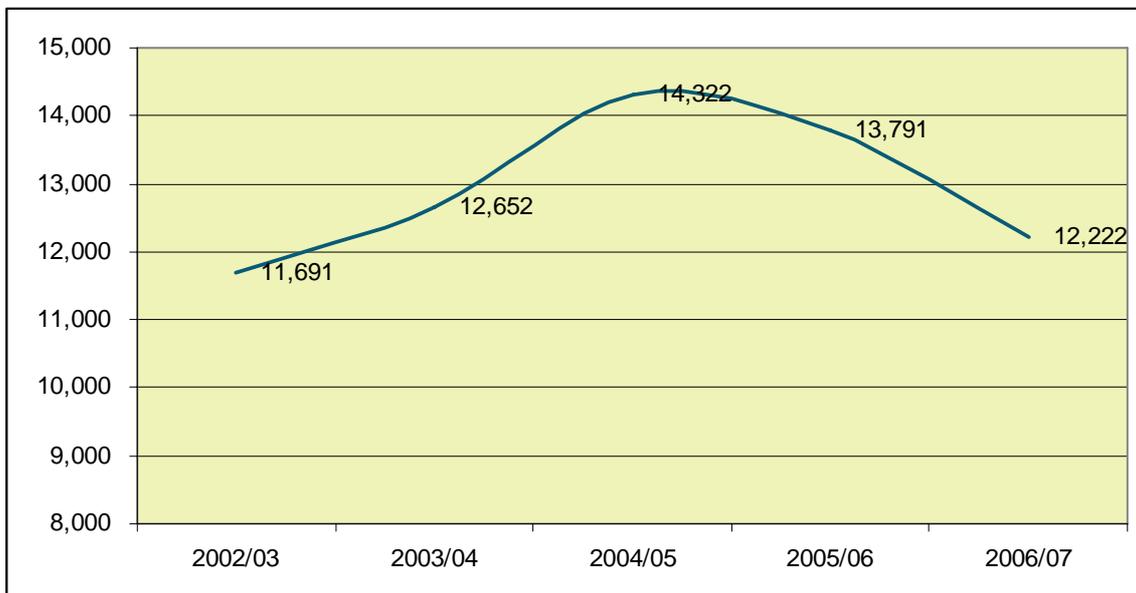
#### 3.1 Drug misuse trends

##### Scottish Drug Misuse Database (SDMD)

The Scottish Drug Misuse Database (SDMD) collects information annually on new clients from several drug treatment agencies. It gives information on the numbers of drug users, their geographic spread, their age groups and economic situation.

Over the life of the Better Off programme the number of new individual clients seeking drug support increased by 23% from 2002/03 to 2004/05 but has decreased to below 2003/04 levels in the last two years, as shown in Figure 7 below.

Figure 7 New drug patient/clients per year 2002/03 to 2006/07



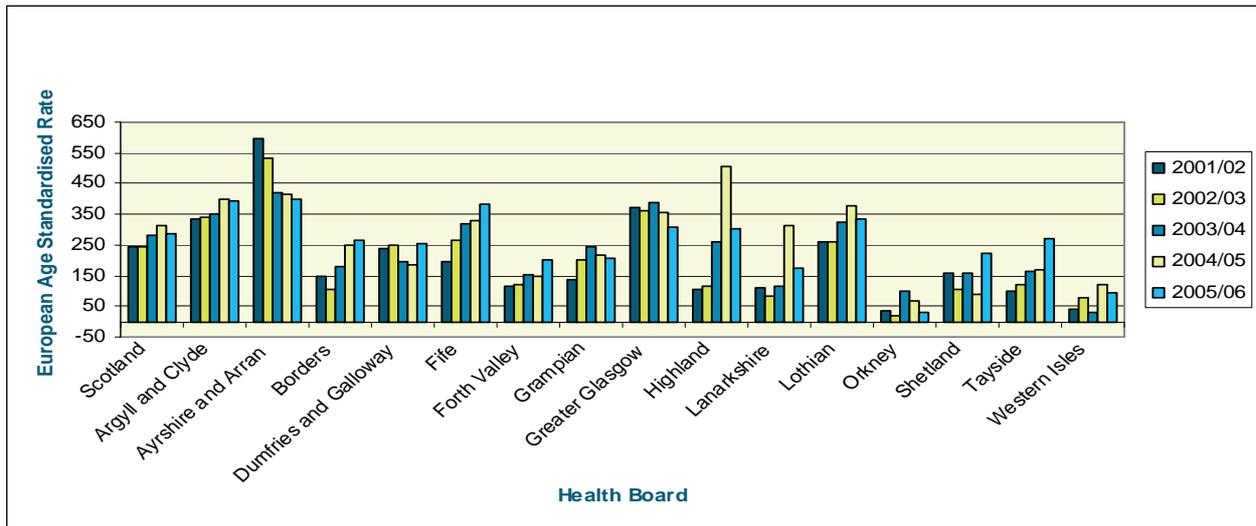
The percentages of individuals reporting that they injected had decreased from 41% of new patients in 2001-02 to 36% in 2002-03. However, since the time of Better Off's launch in 2003 the trend has turned around across all age groups, and in 2006-07 43% of new patients/clients had never injected.

The European Age Standardised Drug Misuse Rate per 100,000 of the population by Health Board for 2001-02 to 2005/06 are shown in Figure 8 below. It shows that overall, Ayrshire and Arran and Greater Glasgow have the highest rates of drug misusers. High rates of new presentations were also recorded in Fife, Argyll and Clyde and Lothian.

Ayrshire and Arran has consistently recorded high rates of presentations but the longer term trend is downwards, and the same is true of Greater Glasgow and Grampian. However the rates of drug misuse have continued to rise in the Borders, Fife, Forth Valley and Tayside.

Other areas such as Lanarkshire, Argyll and Clyde, Highland and Lothian have shown decreases in the rates following an increase last year. And although misuse rates in the Island health authorities are low, the rate for Shetland is noticeably higher than those of Orkney and the Western Isles.

Figure 8 European Age Standardised Drug Misuse Rate per 100,000 population by Health Board Area, 2001/02 - 2005/06



Source: Scottish Drug Misuse Database 2007

### Types of drug use

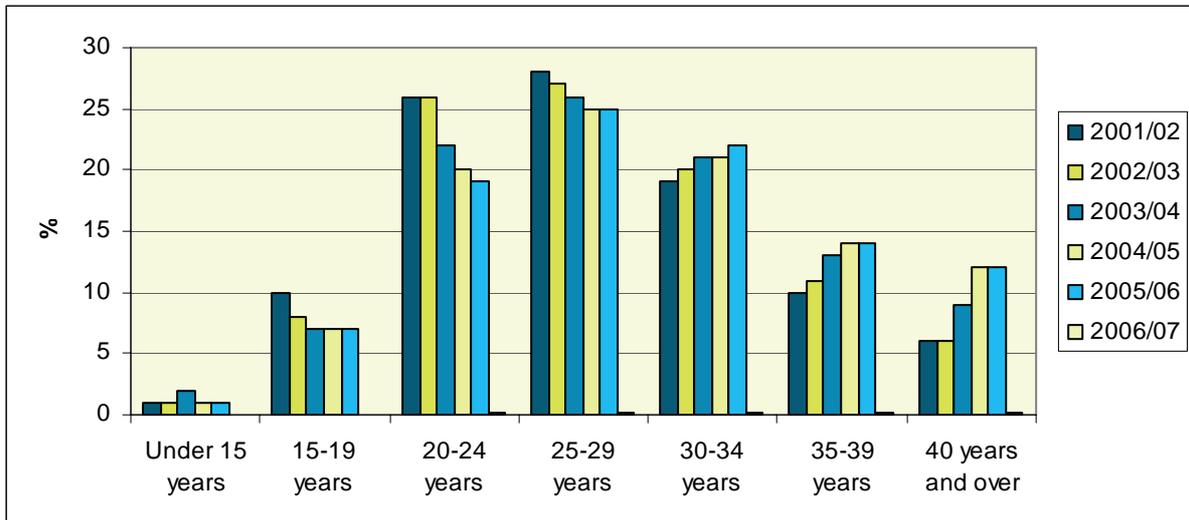
Among new clients or patients in 2006-07 reporting illicit drug use, heroin is the most commonly used (68%), with 26% using diazepam and 26% using cannabis. Other drugs reported were used by less than 10% of new patients reporting illicit drug use. Decreases in the percentage of individuals reporting using heroin were registered in 11 Health Board areas of Scotland. However increases were identified in Borders, Tayside, Forth Valley and Lothian. This suggests an east-west split in the pattern of drug misuse. However cocaine use is also on the increase especially in Greater Glasgow, Lothian, Lanarkshire and Argyll and Clyde. But the percentage of clients using diazepam fell slightly from 33% in 2003/04 to 31% in 2006/07.

### Drug use and age groups

The age profile of individuals reported to the SDMD has gradually changed over the past five years towards an older population profile. In 2001/02 11% of individuals reported were under 20 years of age. This has fallen to 8% in 2006/07. As Figure 9

shows, more people entering treatment were aged 30 to 34 in 2006/07 than in previous years. The greatest decline in the number of new users was registered in the 20-24 years age group where the number of new users has decreased by 7% since 2001/02.

Figure 9: New patients by age group (2001/02 to 2006/07)



Source: Scottish Drug Misuse Database 2007

Most individuals reported that they were still in their teens when they started using drugs, in their late teens or early 20s when the drug use became a problem and in their late teens to 20s when they sought help, as shown in Figure 10, this pattern is broadly the same as in 2003/04.

Figure 10 Age of starting to use drugs, problem use and seeking help

Age range	Age started using drugs	Age problem drug use started	Age when first sought help
Under 15 years	<b>41%</b>	6%	2%
15-19 years	<b>40%</b>	<b>39%</b>	<b>24%</b>
20-24 years	9%	<b>27%</b>	<b>31%</b>
25-29 years	5%	14%	<b>21%</b>
30-34 years	3%	7%	12%
35-39 years	1%	3%	6%
40 years and over	1%	3%	5%

Source: Scottish Drugs Misuse Database, 2007

### Economic and social experiences

The SDMD collects information on employment, living arrangements and other subjects contributing to an understanding of personal circumstances. The SDMD found that:

- o 67% of new clients were unemployed, down from 85% in 2003/04;

- 31% had dependent children under the age of 16, up from 18% living with dependent children in 2003/04;
- 14% were living in temporary accommodation and 2% were roofless, a slight increase for temporary accommodation from 12% in 2003/04;
- 22% had been in prison, down from 45% in 2003/04, and 27% in 2006/07 funded their drug use by crime; and
- The 2006/07 database included health data and found 42% reported mental health problems and 55% had sought help because of physical health problems.

### Drug-related deaths<sup>5</sup>

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The number of drug-related deaths in 2007 continued to rise, this time by 8% on 2006 levels to 455 deaths in Scotland, up from 317 in 2003. With the exception of 2003, the number of deaths has risen every year since 1997, from a base of 224. Within this number, deaths related to drug *abuse* rose from 216 in 2003 to 299 in 2007, an increase of 38% but with a dip in 2005 down to 204. The number of deaths by accidental poisoning or “undetermined intent” also rose considerably.

Amidst the overall rise the number of drug related deaths fell 17% in Tayside, 4% in Grampian and 3% in Greater Glasgow and Clyde in 2007 on 2006, after large rises the year before. The average number of deaths per 1,000 population is much higher in Glasgow than in the rest of Scotland – an average of 0.12 for 2003-07, compared to 0.03-0.07 in most places and 0.01 in Orkney.

Heroin/morphine was involved in the majority of deaths (65%) and this represents a significant increase in the decade since 1996. The number of heroin deaths is at its highest level since the General Register Office for Scotland’s records started in 1996. And while the number of deaths involving methadone fell in the late 1990s it has also risen again to almost 114 (25% of deaths). The fall in the number of deaths due to temazepan has continued. Ecstasy related deaths fell slightly.

### 3.2 Criminal justice issues

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There is a strong link between drug misuse and offending. As noted previously, 45% of clients referring to drugs agencies had been in prison. On the enforcement side, the Scottish Crime and Drug Enforcement Agency (SDEA) was set up in 2000. This gave Scotland an enforcement agency dedicated to the investigation of drug trafficking and other serious organised crime.

On the justice front, various initiatives are being taken forward. A number of the alternatives to custody available to sentences have a specific drug component, particularly the Drug Treatment and Testing Order, a new high tariff order specifically targeted for drug misusing offenders. Two pilot drug courts have been established in Glasgow and Fife, and funding has been provided to pilot Arrest Referral schemes.

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<sup>5</sup> <http://www.gro-scotland.gov.uk/files1/stats/drug-related-deaths-in-scotland-2007/drug-related-deaths-in-scotland-2007.pdf>

## Transitional care

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In 2001, the Scottish Prison Service introduced Transitional Care, a strategy to support short-term prisoners and remand prisoners with an identified substance misuse problem. The evaluation of Transitional Care published in 2006<sup>6</sup> showed that the programme was reasonably effective at linking clients with community services but it showed that the take-up rate of initial appointments was comparatively low among young offenders and those with no fixed abode. It recommended that the Scottish Prison Service review the process for engaging ex-prisoners and consider whether it is appropriate for certain groups of ex-prisoners.

## Integrated case management

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Introduced in 2005, Integrated Case Management seeks to put a process in place that helps manage a prisoner's progression through custody and allows all the criminal justice agencies to work closely together. This adopts a case conference approach that feeds the assessment, planning, intervention and review process. Prisoners who have drug misuse problems receive screening, assessment and treatment as part of the Integrated Case Management process.

## Through-care Addiction Service

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The aim of the Through-care Addiction Service (TAS) is to provide continuity of care for those leaving custody who wish to go on to receive addiction services in the community in Scotland. The intention is to sustain motivation gained during custody to tackle substance misuse by having in place, pre-release, a community integration plan that establishes a clear and agreed pathway forward to continue the work in the community.

The TAS works with the offender in the 6 week period prior to release from custody through the 6 week period post-release. During this period, the TAS worker will attempt to develop an effective working relationship with the offender. The period following release from custody can be a period of major vulnerability to the offender in terms of re-settlement and the lowering of tolerance of the substance of misuse.

The TAS worker helps the offender address their addiction (and associated) difficulties and link them into appropriate services. The aim is to address addiction issues both pre-release and post-release, to prevent the often chaotic lifestyles that lead to increases in re-offending. TAS workers refer their clients to services such as housing services or community based employment and further education providers.

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<sup>6</sup> MacRae, R et al (2006) *Evaluation of the Scottish Prison Service Transitional Care Initiative* Scottish Government Social Research <http://www.scotland.gov.uk/Resource/Doc/92720/0022217.pdf>

### 3.3 Mental health issues

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*Mind the Gaps: Meeting the needs of people with co-occurring substance misuse and mental health problems*<sup>7</sup> recognises that the nature of co-occurring substance misuse and mental health problems is complex. It shows that over 40% of patients in Scotland seeking treatment for their drug related problem between April 2001 and March 2002 for the first time did so due to mental health reasons. Recommendations include, for example, that Drug and Alcohol Action Teams, Mental Health Commissioners and other statutory and voluntary caring agencies should work jointly to ensure integrated service provision locally for those with co-occurring mental health and drug misuse problems.

*Mental Health in Scotland: Closing the Gaps – Making a Difference*<sup>8</sup> aims to translate the principles of *Mind the Gaps* into practical advice to move the agenda forward. Recommendations include, for example, that substance misuse services should develop knowledge, skills and capacity in psychological treatment to meet the mental health needs of their client group.

### 3.4 Drug misuse and families

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*Getting our priorities right: Good practice guidance for working with children and families affected by substance misuse*<sup>9</sup> highlights that data about the numbers of children living in families in which parents or other family members misuse substances is patchy. Parental substance misuse increases the risk of family problems such as the risk of mental health problems in their children and the risk of maltreatment, emotional or physical neglect or abuse and family conflict. Parents spend considerable time and attention on accessing and using drugs, reducing their emotional and actual availability to their children. The impacts of parental substance misuse vary according to the age and developmental stage of the children. *Getting our priorities right* gives guidance on issues such as deciding when children need help, inter-agency work to tackle problems and strengthening services for families.

Also published in 2003, *Hidden harm – responding to the needs of children of problem drug users*<sup>10</sup> focussed on children in the UK with parents whose drug use has serious negative consequences for themselves and those around them. The report found that there are between 250,000 and 350,000 children of problem drug users in the UK – about 1 child for every problem drug user. It considered the solution was more effective treatment of parents and more joint working between services.

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<sup>7</sup> Scottish Government (2003) *Mind the Gaps: Meeting the needs of people with co-occurring substance misuse and mental health problems*

<http://www.scotland.gov.uk/Publications/2003/10/18358/28079>

<sup>8</sup> Mental Health in Scotland: Closing the Gaps – Making a Difference: Commitment 13 (2007)

<http://www.scotland.gov.uk/Publications/2007/12/10141643/0>

<sup>9</sup> Scottish Government (2003) *Getting our priorities right: Good practice guidance for working with children and families affected by Substance misuse*

<http://www.scotland.gov.uk/Publications/2003/02/16469/18705>

<sup>10</sup> Advisory Council on the Misuse of Drugs (2003) *Hidden harm – responding to the needs of children of problem drug users*.

The Scottish Government responded in 2006 to *Hidden Harm* through *Hidden Harm – Next Steps: Supporting children working with parents*<sup>11</sup>. This identified a range of actions and initiatives that are being developed and taken forward. It identified key areas for further action such as:

- More effective identification of children at risk;
- Ensuring that drug users with children undergo a multi-agency assessment so that decisions can be taken on parental capability; and
- A more interventionist approach by social work and related services in working with parental drug users to ensure they adhere to their care plans.

### 3.5 Homelessness

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Published in 2005, the Health and Homelessness Standards<sup>12</sup> are a key component of the Scottish Government's holistic approach to preventing and alleviating homelessness. The Standards highlight that a significant minority of homeless people are dependent on drugs or alcohol, often alongside mental health problems and other multiple needs. The Standards include homeless people having equitable access to health services and the NHS responding positively to the need of homeless people.

The Standards give examples of initiatives that help homeless people including, for example Making Connections, a multi-agency training programme that aims to develop the health-related knowledge and skills of frontline staff from Fife Council, NHS Fife and the voluntary sector to better meet the demands of homeless people. The training programme comprises four modules including Substance misuse – drug use and its effects, the law, tenancy agreement and policies, dealing with aggression and local services.

### 3.6 Conclusions

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The number of new people registering for drug treatment fell by 8% in the year to 2005/06. While this represents a change in the long-term upward trend it is too early to say if this is the start of a new trend or not.

The proportion of misusers registering for treatment who are sharing needles is at its lowest level for five years. This suggests that harm reduction messages on needle-sharing are having some impact.

There appear to be geographical differences in the trends emerging from the Drug Misuse Database. Those areas in West Central Scotland with traditionally high rates of drug misuse (such as Glasgow and Ayrshire and Arran) are showing a drop in the number of new registrations for treatment. However there have been increases in the rates of registration of drug misusers in parts of Eastern Scotland outside of Lothian, including Fife, Tayside, Forth Valley and the Borders. This may suggest that coordinated action in the West is beginning to make a difference, and that services in more rural areas are now beginning to respond to emerging needs there.

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<sup>11</sup> Scottish Government (2006) *Hidden Harm – Next Steps: Supporting children working with parents*

<sup>12</sup> Scottish Government (2005), Standards and performance requirements for NHS Boards in support of the planning and provision of services for homeless people.

There is a continuing trend towards an older profile among those registering for treatment. This may suggest that problems will be more deeply-rooted and take longer to address than among younger age groups.

Drug-related deaths have again shown an increase between 2005 and 2006 to 421 deaths. The proportion of habitual drug misusers within the overall figure also increased. However the fact that deaths have increased in areas such as Glasgow and Grampian where the rates of drug misuse appear to be declining might suggest that these deaths are linked to the older age profile of drug misusers and are a reflection of historic misuse patterns. The prevalence of heroin and methadone involvement in drug-related deaths highlights the importance of reducing both dependency and availability of these.

Since *Better Off* began, there have been numerous parallel initiatives aimed at addressing drug misuse issues among offenders. These have focused on developing alternatives to jail for drug misusers and ensuring integrated and consistent services for those leaving jail. These types of initiative support the overall ethos of *Better Off* and several funded services have established links with criminal justice agencies.

Similarly other initiatives have focused on addressing drug misuse alongside the linked problems of mental ill health and homelessness. Again agencies are being encouraged to work more closely together at an early stage to identify problems and appropriate interventions at an early stage. This is part of a move towards a holistic approach to services that focuses on individuals' needs. These initiatives also support the overall ethos of holistic, individually-focused services that underpins *Better Off*.

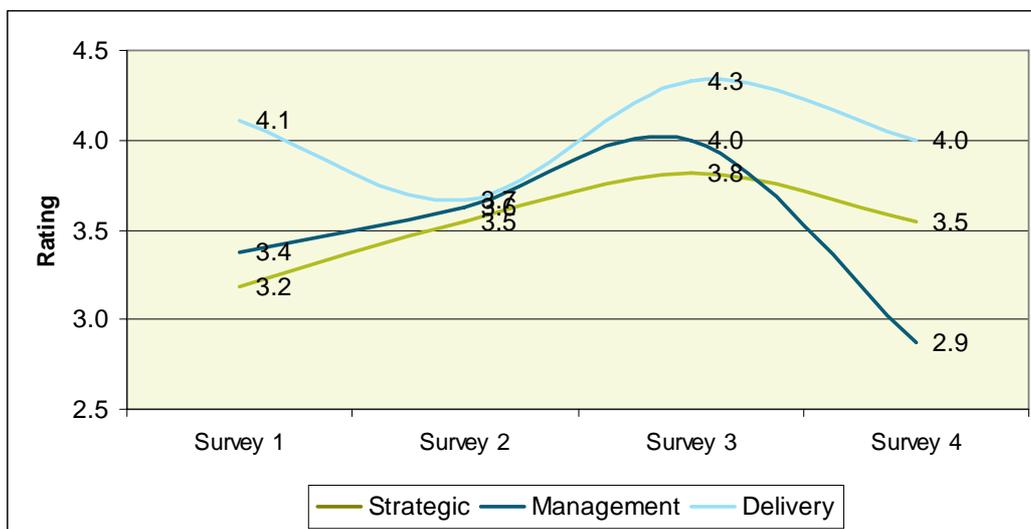
## 4 More seamless services resulting from *Better Off*

The *Better Off* programme is all about creating more joined-up services for people with drug problems. The projects have tested widely varying approaches to this – from area-wide integration, to focusing on a specific aspect of clients’ development and connecting other services to that. But whatever their approach, all projects have had to work with other agencies. This section explores changes and issues in joined-up working and the extent to which services have been integrated to become more seamless for clients.

### 4.1 Joined-up working

For those projects that completed all of our project surveys, it appears that projects’ rating of their partnership working (on a scale of 1-5) has increased year-on-year over the first three years of the programme. This reflects the long-term nature of partnership-building that includes building trust and knowledge of each other’s work. As Figure 11 shows, the rating of strategic partnership working increased most consistently over the life of the programme, from a relatively low start. However, at the end of the programme with uncertainties and new partnerships being developed, ratings dropped, especially for management partnerships.

Figure 11: Ratings of partnership working over three years



Source: Project surveys, 2004/05, 2005/06, 2007 and 2008 for those respondents who completed all four surveys, n=11

The increase in rating of strategic partnership working is particularly significant because it suggests more high-level support and understanding for the sort of work *Better Off*-funded projects are doing, and will leave more scope for integrating services. While effective strategic partnerships are emerging at the stage when many projects are coming towards the end of their funding period, this will perhaps make it more likely that the available resources will be coordinated more effectively.

The fluctuations in the rating of delivery partnerships perhaps reflects the susceptibility of delivery partnerships to staff changes. Often effective delivery

partnerships rely on good working relationships between a small number of individuals.

The improvements in partnership working are also reflected in projects' perception of partnership working issues. More projects in 2007 indicated that their partnership working was going well. A couple said that it takes ongoing work and that partnership work is smoother with some partners than others.

However a quarter of the projects responding noted problems:

- Three related to accessing staff and their time to participate in the partnership;
- One described not being taken seriously by a key source of referrals;
- One identified an inadequate flow of tenancies for clients; and
- One said some prospective partner organisations have a different and not so compatible ethos of dealing with clients.

## 4.2 Involving service users

Service users are also becoming more involved in developing *Better Off*-funded services. At a basic level, all projects surveyed base the service a client receives on needs they identify with the client, and most (86%) check clients' progress with them, but as the box shows, this may lead to wider impacts on the service.

*Our support is via a care plan system and service users are fully involved in identifying their needs within this. This process often identifies the need to change how and in what way we work with and support the clients.*

In addition, four out of five projects (79%) said service users are also helping to influence how the service develops. More than a third of projects (35%) could identify changes to the services that had resulted from client input. Examples include:

- The content of the programmes and the flexibility of hours and venues for accessing the service were key areas of influence. (Four projects - 14%)
- One project added a new service tailored to the client group.
- Another added a new client group in response to demand.

Three projects (10%) talked about specific ways they have involved service users:

- On an evaluation steering group;
- Speaking at workshops and conferences; and
- On the management committee.

*We have been able to review our resources and work with our local partners to respond to service user ideas for development. We have been able to feed back to our local DAAT about gaps in services, such as support for parents of young drug users.*

Another third (31%) talked about how service users had generally influenced their work and in some cases that of their partners, wider host organisation, the local ADAT, or even local and national policies.

In the later stages of the services' development, several of the case study projects had responded to clients' desire to support other clients. They created volunteering opportunities within the project for people who had completed the fixed programme, or in the case of Highland User Involvement Project, volunteering was the core of the project's work. This is explored in more detail in Section 6.2 (Developing the whole person).

### Spreading the user-involvement ethos to partners

In the final project survey we also asked if the ethos of involving service users had spread to the project's partner organisations. The answers showed that this ethos was indeed spreading: 61% said that they had seen evidence of such involvement.

The partners involved service users when developing new or existing services or when considering particular issues such as monitoring. While two projects mentioned questionnaires, most described more interactive involvement in a variety of ways:

- Focus groups;
- Working groups;
- Forums;
- Stakeholder and service user events; and
- Volunteering with partner organisations.

All of these methods have scope to spread understanding, build confidence and demonstrate service users' personal value. Only one respondent said that involvement opportunities with their partners seem "tokenistic".

## 4.3 Integrating services

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*Better Off* was designed to respond to the (then) Scottish Executive's Integrated Care strategy, and so one outcome of partnership working is meant to be more integrated services. Of course, *Better Off*-funded projects cannot make this happen in isolation, but they can influence others to work with them. We asked about several aspects of integration:

- The level of integration;
- Shared premises and client information systems;
- New partnership structures; and
- New attitudes to support different organisations to integrate their services.

### Level of integrated services

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The previous evaluation report identified four levels of integration *Better Off*-funded projects were involved in, using their descriptions of how they worked together. These levels ranged from fully integrated services down to signposting to other services.

- An **integrated care system** provides all services that clients might need within one structure, so that clients experience all contributing organisations as being one service. This approach has an integrated management structure, shared locations, joint case management and shared client information systems.
- An **integrated pathway** provides a collection of services assembled from different organisations. Partners work together to provide a smooth transition between steps of the pathway, but they are still separate services.
- The **case management** approach is helpful where services are not integrated. A project worker from one supportive organisation builds an ongoing relationship

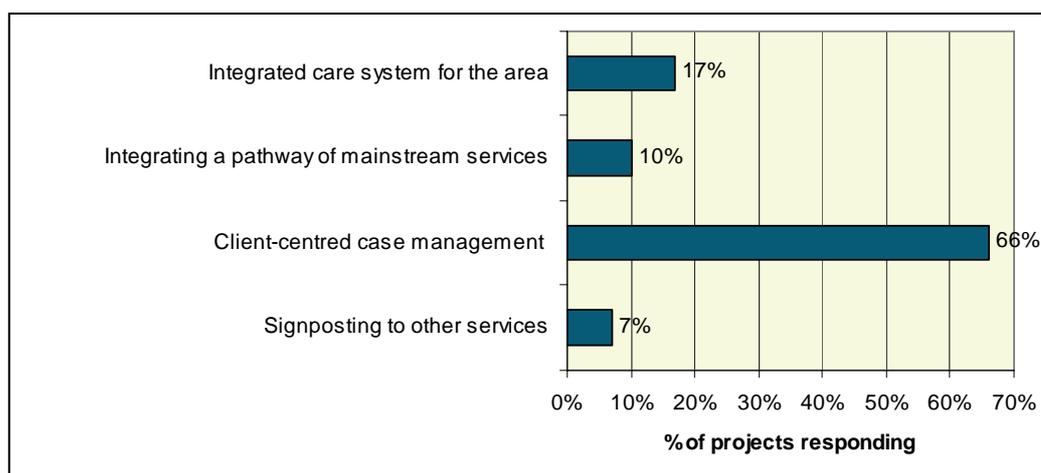
with the client and help them identify and access the other services they need, addressing any problems that might arise along the way.

- **Signposting** is used by organisations with less capacity for intensive support and many clients to engage and help. They identify the services that could support the client’s needs and refer them on, without maintaining a relationship with the client.

In the third survey, we asked projects to classify themselves against these levels.

By far the most common approach projects were taking was that of using case management to help clients access other services. This is the most dynamic way projects can have an impact on the package of services the client experiences without demanding change from other organisations’ services. In contrast, signposting is relatively passive. Figure 12 shows that by year 3, two-thirds of the projects (66%) were using the case management approach, but a quarter of projects (27%) were using approaches that involve partners altering or joining up their services.

Figure 12: Levels of integration - how projects are changing services



Source: Year 3 project survey; n=28

Around a sixth of projects surveyed (17%) said they were creating an integrated care system for the area. As this is the most ambitious approach, it is promising to see projects working towards this. One project was even invited to act as the core of the area’s integrated service. We discuss the implications of this approach for sustainability in Chapter 7 Sustainability and legacy of funded activities and describe the projects later in this chapter.

## Signs of integration

### New partnership structures

Integrating services requires new connections between organisations. More than seven out of ten projects (72%) said there were new networks or partnership structures created through the *Better Off*-funded project that will last beyond the end of the funding. Descriptions were diverse but two common themes were:

- Employability links, and

- Links to schools/colleges and lifelong learning.

Two other projects felt there were new structures but were not so sure about how lasting they would be.

### Shared information systems and premises

One of the issues arising from last year’s case studies was that projects were often left out of partners’ data sharing arrangements, which reduced the seamlessness of the service they aimed to provide. This year 41% said they were sharing client information systems with partners though half of these described informal rather than systematic data sharing.

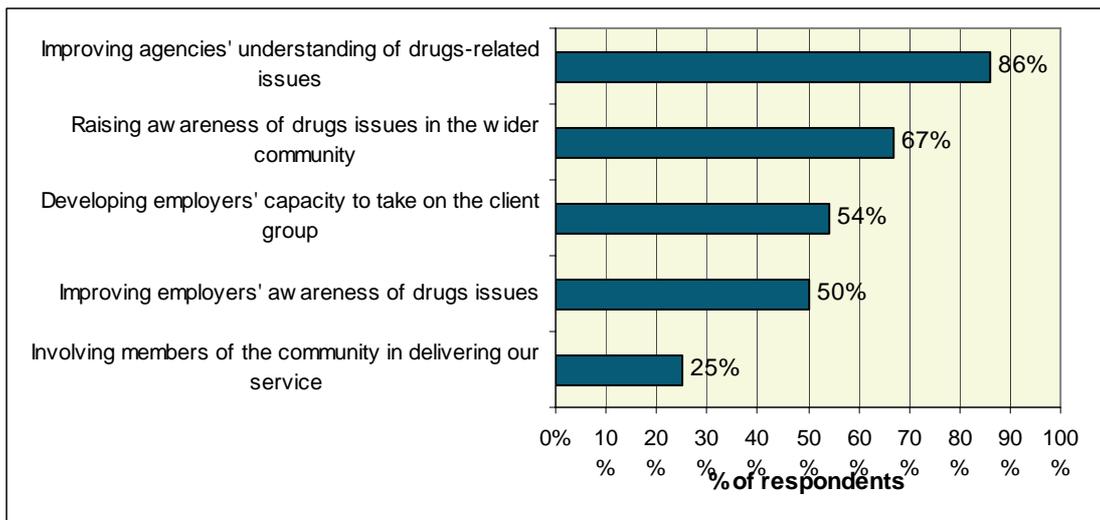
Just over half of projects (52%) also said they share premises with other services their clients use.

### Changing attitudes and skills of agencies and the wider community

Integrated care involves a holistic approach to improving people’s lives. This can mean changes in the way drug and non-drug related service providers understand and deal with clients, and even how the local community responds to drugs issues. Some projects based in rural areas have found the local community can be particularly important where residents and workers do not recognise there is any problem with drugs.

The 2007 project survey shows that projects are getting involved in changing these attitudes and understanding, particularly with agencies and the wider community. As Figure 13 below shows, the vast majority (86%) of projects are now working to change agencies’ attitudes and two thirds (67%) are raising awareness of drug-related issues in the wider community. Half of respondents are also working with employers to change their attitudes to, and awareness of, drug issues.

Figure 13: Projects working to change attitudes and skills outside the project



Source: Project survey 2007, those involved in changing attitudes, n=28

## Integrating services area-wide

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Two projects took an ambitious approach to integrating services – the Aberdeen Integrated Community Drug Rehabilitation Service and the Sunrise Project in Dumfries. They both say the cultural change and establishing systems was challenging but the results are a transformed, more effective service.

### Aberdeen Integrated Community Drug Rehabilitation Service

The Aberdeen project was led by the City Council and NHS but drew on four voluntary organisations that had previously competed for funding. After a few years and a great deal of commitment, culture change and developing trust, the service is completely transformed.

- All the different workers share office space, and they all take part in their common clients' meetings.
- Referral letters are a thing of the past, and now clients can take up new services very quickly.
- Staff are now confident about sharing information about clients to better meet clients' needs.
- Instead of separate strands of work, the partners now put their work together with the client at the centre and they prioritise care.
- Partners have a sense of developing future services together, and the four voluntary sector services no longer need to compete.
- Senior management team members also meet on a regular basis to discuss further joint working and initiatives.

As a result of these changes, more people are remaining in rehabilitation than before (70-75% now) and more are being referred. Entrance to employment and training has exceeded the target of 100 people a year for the second year running.

### Sunrise Project – Integrated Drug Service

The Dumfries and Galloway ADAT was a commissioning partnership from the start, and it commissioned voluntary services to look after whole areas of the region. The NHS and Local Authority have ring-fenced all their central government funding for drugs misuse and focused it on priorities within the ADAT strategy. This gives it a strong strategic basis for integrating services.

The Sunrise Project was Alcohol and Drug Scotland South West's service the ADAT commissioned for Dumfries. It offered a range of practical support for clients as they sought rehabilitation. Their work complemented the statutory agencies' work so well that the ADAT used £100,000 of their Justice Department performance contract budget to transform the collaboration into an integrated whole. This has involved:

- Developing protocols for joint meetings and sharing information;
- Specialising so that the statutory sector focuses on medical and extreme cases and the voluntary sector covers finance, general health and housing; and
- Developing trust as some of the statutory sector's work was handed over to the voluntary sector.

Rehabilitation is now part of treatment as a natural progression rather than something entirely separate. The ADAT's lead officer says, "*The whole service bears no resemblance to three years ago.*" There are several benefits of the new system.

- Clients will get statutory and voluntary help at the same time depending on their needs.
- The waiting list has shrunk from 20 weeks to 2 weeks.
- The voluntary sector can fast-track new clients needing a methadone prescription.
- The new Integrated Drug Service has capacity for 200 clients instead of the previous 70.
- More people are now entering and staying in rehabilitation.

With such success from the integration so far, the ADAT plans to co-locate statutory and voluntary sector staff and to merge the alcohol and drug services into an even more integrated service.

#### 4.4 Links with Alcohol and Drug Action Teams (ADATs)

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As the co-ordinating bodies for area drug and alcohol services, ADATs play an important role in channelling good practice into new service provision. At the beginning of the programme several Drug Action Teams (as they were then) were not clear about what the *Better Off* projects were doing. Once they had recommended which projects should be funded, and in some cases helped shape projects, they had been left out of the reporting loop. This meant that they were less likely to hear about the *Better Off* projects' achievements and act on them in time to influence policy and planning.

Our 2007 survey suggests that ADATs are now more involved in the work of projects. Only 17% of projects said they had no involvement with ADATs. In fact, many projects were involved with the ADAT in more than one way. The most common involvement is one-way: sending reports to the ADAT. But there was also a considerable amount of strategic connection:

- 41% of projects had ADAT representatives on their board.
- A fifth of projects (21%) were members of the ADAT or its subgroups.
- Others (34%) had informal contact through update meetings.
- A fifth (21%) also told us they had funding from the ADAT. This is a healthy sign of strategic commitment from the ADAT.

At the end of the programme, links with ADATs varied considerably, with commissioning ADATs playing a more active role with those services they have commissioned. In areas where ADATs are not involved in commissioning, they will rely on projects sharing board members or taking part in sub-groups. In the future some of the ADATs' role will be transferred to Local Authorities through the Concordat between local authorities and Scottish Government.

## Factors that seem to make a difference to service integration

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Just under half the services who responded to the 2007 project survey identified issues that helped in integrating services for drug misusers. The themes emerging were:

- Sharing common aims and priorities;
- Collaborative attitudes;
- A similar understanding of client needs and the different services; and
- Dedicated staff who are consistent and can prioritise work and act on the common aims.

## 4.5 Conclusions

### Improved partnership working

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*Better Off* funding has succeeded in promoting improved partnership working over the programme period. However, it is clear from our surveys that effective management and strategic partnerships take time to develop with most continuing to bed in over years one and two of the funding. Delivery partnerships however appear to be more quick to establish and less susceptible to the changing funding environment. But they are more vulnerable to staff changes in delivery agencies.

One key legacy of *Better Off* appears to be an improved strategic partnership context at the end of the programme. This improved strategic context will help to ensure that subsequent services are coordinated more effectively.

Notwithstanding these overall improvements, a quarter of projects still identified problems with partnership working in 2007. These problems often relate to staff time being taken up in partnership meetings and impacting on delivery. Clearly partnership building and support will need to be an ongoing focus for those organisations continuing their services after the *Better Off* funding ends.

### Involving service users

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Projects and their partners alike were involving service users in influencing the development of the service by the end of the programme. Clients reaching later stages of recovery were best able to contribute to more structured activities, but even those at more chaotic stages could influence the service through their one-to-one sessions with staff. This latter type of contribution was more widespread, but where clients were stable, they contributed to conferences or workshops, and in some cases on management committees or steering groups. Partner organisations also involved *Better Off* clients in their focus groups and workshops. Some projects also created volunteering opportunities for stable clients, as we describe in more detail in Section 6.2.

## Integrating services

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Most *Better Off*-funded services had sought to integrate service provision through a client-centred case management approach, while just over a quarter of projects had gone further in integrating a pathway of services or trying to integrate all the key services in an area. While service integration is clearly part of a much wider public service improvement and community planning agenda, it is clear that where *Better Off* resources were targeted at service integration these changes have been implemented more quickly or more intensively.

## A strategic coordinating role

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Projects where the ADAT played a more strategic role in commissioning or co-funding the services were more likely to be continuing their work. This suggests a clear role for a strategic partnership in identifying where there are gaps in mainstream service delivery and in supporting new ways of addressing these.

## 5 Impacts on the rate of rehabilitation

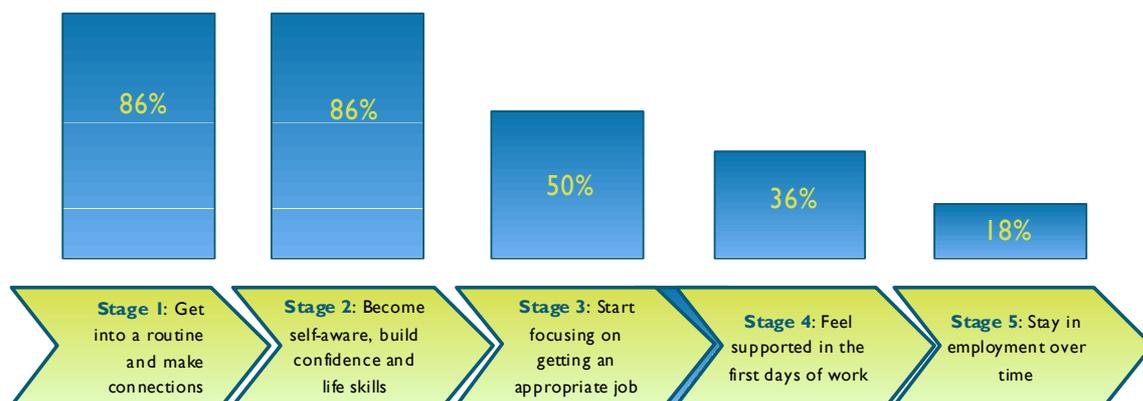
*Partnership working and integrating services are important objectives of Better Off funding. But actually reaching beneficiaries and having an impact on their lives is the overriding objective of the programme. Better Off aimed to support people with a variety of disadvantages, firstly engaging with them and then by addressing their various needs to help them move forward. This chapter first looks at who has been engaged and how, then the process of rehabilitation support, and finally outcomes for beneficiaries.*

### 5.1 The process of rehabilitation support

*Better Off-funded services show the need to take a gradual approach to engaging people, helping them heal their problems and move into training, education or employment. In the last year, the concept of an “employability pipeline” or “employability pathway” has been used by several organisations, starting with Workforce Plus research in 2005. The pathway approach shows that for people with several barriers there are a series of steps required to help people think about, prepare for, access and sustain work and they may not always be in a straight line. This is an important point because it helps to overcome the concept of expecting job outcomes from services that focus on the early stages of engaging people – as we found most of the *Better Off*-funded services do.*

Many *Better Off*-funded services offered one, two or three stages along the pathway, though the bulk focused on the first two stages (86% for each stage), as shown in Figure 14 below.

Figure 14 Stages of employability pathway, % of *Better Off*-funded services involved



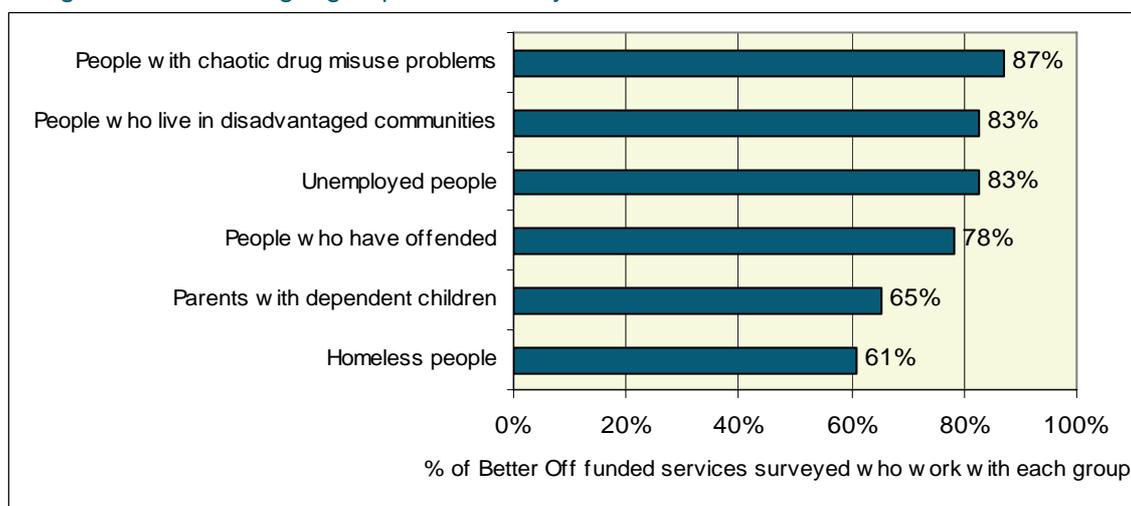
Source: Glasgow Equal Access for pathway, percentages from March 2008 Project survey, n=22

On average the *Better Off*-funded services responding to the final survey were involved in 2.6 stages out of 5, which helped them to join up the stages and move people along gradually. It is worth noting that the stages most common are not the ones where people enter employment so job outcomes achieved by projects would not appear to be a significant element of the programme. Yet these services play an important role in giving clients a strong foundation from which they can move forward into education, employment and training and later stages.

## 5.2 Reaching key target groups

The *Better Off* programme targeted people who misuse or have misused drugs, that are homeless, have dependent children, have offended, are unemployed or who live in disadvantaged communities. We asked in the final project survey in Spring 2008 which of these groups the *Better Off* services worked with. Most projects worked with a range of people who no doubt have overlapping problems. As Figure 15 below shows, the most common of these groups were people who live in disadvantaged communities (83%), unemployed people (83%) and people who have offended (78%). People in the chaotic stage of drug misuse were also clients for almost nine out of 10 funded services.

Figure 15 Mix of target groups attracted by *Better Off*-funded services



Source: Project survey, March 2008, n=23

The *Better Off*-funded services not only allowed for these client groups – they focused on them. Most of the services (86%) said *all* of their clients were from these groups and a further 9% said 90% of their clients were from these groups. Only one service, which deals with stable people in the Highlands, said 12% of their clients were from these extremely disadvantaged groups.

### Successful approaches to attracting these groups

We asked projects about what works in engaging people in these groups and we particularly highlighted four possible approaches that we have seen in our research so far. Of these, the most commonly cited are the ones the *Better Off* programme aim to support through its design.

- Five out of six services (83%) developed and extended partnerships to help them reach people.
- Three-quarters (74%) said that developing community-based locations helped them to reach people from those disadvantaged groups.

Smaller numbers said that recruiting staff that have links to the target groups worked (39%) or used outreach projects and streetwork (30%) to engage these groups. Other projects highlighted elements of design in their programmes, including:

- A range of interventions;

- Flexibility to meet individual needs;
- Proactive targeted education programmes to specific populations;
- The use of befrienders and mentors; and
- Providing a practical focus through activities such as woodworking.

Two projects also mentioned that recommendations from previous service users had attracted new clients. Although these approaches are diverse they all have a client-centred human approach to them.

## Number of beneficiaries reached

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In the 2007 project survey, the 25 projects providing beneficiary numbers had worked with a total of 4,369 people during the life of their *Better Off*-funded service. There was a nearly even split of services that worked intensively with all their clients and those that worked intensively with some and referred others on (12 intensive only and 13 mixed). The mixed projects attracted twice as many beneficiaries on average as the intensive projects – 251 beneficiaries for mixed services and 229 for intensive only.

## Helping to reach people who were not using mainstream services

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Among the 24 projects who reported figures, 88% said they are attracting clients that were not already using mainstream services. As Figure 16 shows, the *Better Off*-funded services engaged people at all levels of drug misuse who had not been using mainstream services, but they were more likely to refer people on who were either more chaotic or simply at risk. The more stable the client, the more likely they were to engage in intensive work with *Better Off*-funded services.

Figure 16: Drug misuse status for beneficiaries not using mainstream services before

% at each level of misuse	Total	Mix referrals and intensive	Intensive
At risk	21%	32%	8%
Chaotic	18%	22%	13%
Semi-chaotic	22%	20%	25%
Stable	22%	17%	28%
Clean	9%	8%	9%

Source: Project survey 2007, projects providing data on beneficiaries not using mainstream services before, n=17 projects, 9 mixed and 8 intensive.

It makes sense that the services are working more intensively with clients in the stages where they are more likely to be stable enough to think about their future development. However it is also important to note that *Better Off* clients at all stages were commonly not using mainstream services and that the programme helped to engage people who would not otherwise have received support to move forward.

Among just 17 of the 59 *Better Off*-funded services, 3,752 clients were helped in two or three years who would not otherwise have been. Broadly grossed up, that would

equate to nearly 13,000 people being supported and moved along the employability pathway across the programme.

### Reaching clients who would have fallen through gaps in services

A key feature of the *Better Off* programme is the aim to fill gaps where clients might “fall through the net”. These clients might have relapsed without the right follow-up support or simply never made it to the other types of support they needed. The reported figures suggest that many such clients are being served by the *Better Off*-funded services.

Among 17 projects reporting on this, a total of 3,681 clients were supported who would have fallen through gaps. As Figure 17 below shows, the funded services that only work intensively with clients fill gaps mostly for clients who are past the chaotic stage, while projects offering referrals as well fill gaps for a wider range of clients. Funded projects are less likely to be working intensively with chaotic clients and those at risk of misusing drugs.

Figure 17: Breakdown of beneficiaries who might have fallen through gaps in services

	Mix referrals and intensive	Intensive	Total
At risk	17%	29%	3%
Chaotic	12%	16%	5%
Semi-chaotic	23%	19%	27%
Stable	24%	23%	25%
Clean	14%	6%	24%

Source: Project survey 2007, projects reporting, n=17, 9 mixed and 8 intensive

This data points to the types of service *Better Off*-funded services can provide on their own, and which they are more likely to fit into a wide collection of services. The projects that focus on helping clients move out into the world independently are more likely to provide intensive services themselves. However, it is important to note the diversity of projects and that from semi-chaotic through to clean, there is a considerable mix of clients between types of services. Those projects that refer some of their clients elsewhere tend to have a broader mix of clients, while more intensive projects more often focus on only two levels of addiction.

### 5.3 Impacts on beneficiaries’ lives

We have seen in previous annual reports that projects help beneficiaries gain confidence, build up healthy patterns in their lives – from healthier relationships to better eating – and finally they help people move on to take advantage of opportunities related to education, training and employment. Given the predominance of focus on the first two to three stages of the employability pathway, the results had been more on improving self-esteem and on stabilising lives. For instance, Edinburgh-based City Connexions was helping homeless people with a history of offending to build a healthy living structure into their lives so that it would be more viable for them to make use of mainstream services. The project manager explained,

*“We are working with clients on healthy eating in a very practical way – teaching them how to make £5 feed them for three days with healthy food. A healthy body leads to a healthy mind and more scope for structure in their lives. This means clients are better prepared to make use of mainstream services.”*

The Next Steps project in Fife was also helping clients to improve the structure of their lives with impacts such as leaving a controlling relationship, gaining custody of children, overcoming anxiety to go out and improving literacy and numeracy skills.

ADAT co-ordinators we surveyed in 2006 had also noted how clients were starting to move into volunteering, education and employment where they would not have before, and accessing mainstream services that would not otherwise have been available to them.

In the 2007 survey, when many of the funded services were still active, we asked projects for numbers of participants experiencing different outcomes. Across all the positive outcomes we tracked, the proportion of clients experiencing these outcomes had increased since the 2006 survey. Some had increased considerably, such as the proportion of clients with an improved appearance and increased participation in everyday activities – both doubling. As we describe below, physical health, relationships and access to education, training and employment also increased considerably in the year between those two surveys.

In the following sections we look at the outcomes that in the 2008 survey projects said had been most important to service users and explore the 2007 outcomes alongside these.

## Reducing damaging habits – drugs and offending

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Helping beneficiaries to stop using drugs is clearly an important impact for most projects, though some focused on people avoid starting to use drugs or go back to them. Survey figures from 2007 show that just over a quarter (28%) of *all* beneficiaries had stopped or stabilised their drug use. But as not all clients were actively using drugs, the impact is higher. Using the proportions in Figure 17 as guidelines, we can estimate 66% of beneficiaries were using drugs at the time they got involved with the project. This suggests that around 40% of those with drug problems have stabilised or stopped their drug use.

Offending often follows drug addictions and project figures suggest that 40% of beneficiaries have decreased or stopped offending, though we cannot tell how many were offending when they started coming to the project. Beneficiaries in intensive projects were five times as likely to decrease or stop offending than those in projects that might refer them on.

None of the projects said that getting off drugs was the *most* important outcome for clients; they may see it as a means to an end. However, some did say that accessing services was an important outcome. They related the softer skills described earlier to the ability to use services better as the following describe.

*“Clients have been able to access local services, and building trust with these statutory services was very important.” – Children’s Development Worker, Glasgow*

*“Confidence to use services which support personal change/confidence to ask for help and engage with organisations that provide it.” – Building Bridges, North Ayrshire*

## Softer skills and outcomes

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Drugs and the circumstances that lead to misuse can severely undermine people’s sense of their own value, confidence and control of their lives. *Better Off*-funded services have helped to repair this damage. In fact, many projects see these as the most important outcomes for service users.

*“The improvement in a range of personal skills in areas of personal development that include self-esteem, assertiveness, confidence, self-presentation and communication skills. These assisted individuals in moving on to education, training and employment. Without this bridge the opportunities for moving on would have been substantially reduced.” – Choices, East Renfrewshire*

*“Clients’ sense of worth, sense of purpose and direction and improved practical and social skills have been most important.” – Be Better Off in Greater Govan, Glasgow*

From just 22 projects who answered this part of the 2007 project survey, nearly 2,500 beneficiaries (2,339) had improved self-esteem through the *Better Off*-funded projects and almost as many had gained confidence (2,326) and motivation (2,305). The numbers reporting reduced stress levels, engaging in mainstream services and, where it is offered, taking part in group work all increased.

Figure 18 shows that with the exception of group work, the projects that only work intensively with clients have higher percentages of beneficiaries. Mixed projects achieved the highest number of outcomes for improved motivation and social skills. This may reflect the differences in the client groups outlined earlier.

Figure 18: Soft skills impacts from projects reporting impact data

	% of beneficiaries with each impact		
	All projects reporting	Mix of referrals and intensive	Intensive
Self-esteem	58%	12%	77%
Improved confidence	57%	41%	77%
Motivation	57%	41%	73%
Social skills	55%	42%	68%
Reduced stress levels	46%	35%	56%
Engaging with mainstream services	45%	37%	54%
Participation in group work	32%	29%	35%

Source: Project survey 2007, 22 projects, 12 mixed and 10 intensive

## Healthier, more stable lives

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As clients develop self-esteem and other soft skills, and get more help, the results begin to show in their everyday lives and relationships. Taking part in *Better Off*-funded services helped create stability, wider options and a positive place in the community. This was an important platform for service users to move forward, as shown by the outcomes below which project managers cited.

*“Coming off opiates, moving on towards recovery and reintegration into the community.”* – Topaz project, Tayside

*“Post-rehabilitation volunteering project and volunteering opportunities that are stigma free not connected to drug or alcohol projects.”* – South Lanarkshire Volunteering Enterprise (SoLVE)

*“Ability to have a settled home with opportunities to find training or work.”*  
– Supporting Tenancies Project, Orkney

Other project managers related confidence to a range of soft skills and practical improvements in their lives. Some examples of these were:

*“Improved life chances, improved parenting skills, safety and security of children, improved parental involvement in drug treatment, improved opportunities for children.”* – Hearth Project, West Lothian

*“For many service users the most important outcome will be education or employment and with that independent living. However, ‘soft’ outcomes are very important milestones on that journey, whether that is improvement to health and well-being, accommodation, relationships and/or legal status.”* – Next Steps, Fife

Improved appearance is a key indicator of a healthier life for many beneficiaries, as Figure 19 shows. Physical health and relationships with partners or family are also benefiting for high numbers of beneficiaries. Other benefits shown below are more dependent on personal situations – whether people have debts, housing problems or children, but significant numbers have been helped.

Figure 19: Benefits for healthier, more stable lives for projects reporting impacts

<i>Improvements in</i>	% of beneficiaries with each impact		
	All projects reporting	Mix of referrals and intensive	Intensive
Appearance	44%	26%	62%
Physical health	42%	29%	54%
Finance/debts	31%	17%	46%
Participation in activities (swimming, shopping)	31%	18%	44%
Housing situation	26%	15%	36%
Relationships with dependent children	24%	7%	45%
Relationships with family/partner	37%	20%	55%

Source: Project survey 2007, n=20 projects, 10 mixed, 10 intensive

Intensive projects are roughly twice as successful on each outcome as mixed projects, except for their work with parents. Intensive projects' success rate is six times as higher in helping clients achieve better relationships with dependent children. Relationships are perhaps more likely to re-establish trust with more time and more substantial changes, which intensive projects are more likely to promote. The research showed time was indeed a factor for both improved relationships and physical health. The outcomes for each of these were around three times greater in the 2007 survey than in the 2006 survey.

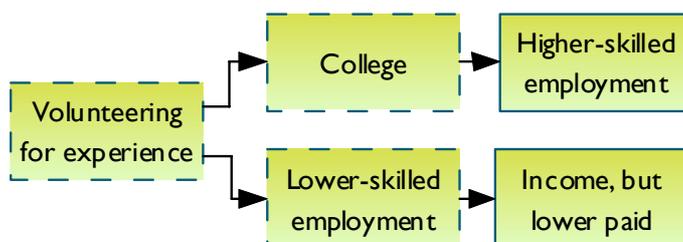
## Progression to training, education and employment

Clearly there are many important positive outcomes before service users can reach education, training or employment, but access to these can also be the most important outcome for some service users. They are not simple outcomes though. There are three distinct differences that *Better Off*-funded services have made to people accessing training, education and employment.

- o With the wealth of new personal skills and stability service users are much more likely to *keep* their jobs.
- o The personal development aspect of the service allows service users to consider careers they can care about and study for and which they value.
- o The services often worked with employers to break down attitudes that would have stopped employers taking on someone with a history of drug misuse.

For some service users, employment brought stability; for others stability set them on the path to employment. Because *Better Off*-funded services were client-centred, which route is best is up to the client. There are pros and cons to each route, as Figure 20 below shows, where dotted borders show options.

Figure 20 Alternative routes for progression



For some people, moving straight into work will be ideal. For others, developing more skills and qualifications can lead to more satisfying and sustainable work. The story below from Think Again shows how important it can be to help someone develop themselves and pursue the career they *want*, not just move into any job.

*"Prison had affected my confidence, and I found people judged me. Once I had served my sentence I needed a second chance.*

*I'd qualified for painting and decorating in prison and did that when I came out. It was good money, but it was so monotonous that I hated it and eventually gave it up. I was unemployed for three months before I applied to Jewel and Esk Valley College to do Community Work, and they recommended Think Again.*

*I was always a bit scared of education, but I had two GCSEs and wanted to do Working With Communities. I was on the waiting list for Jewel and Esk, but thanks to Think Again I've now been accepted at Newbattle Abbey College for an Access to University SVQ2 in Social Sciences and Arts. It includes sociology and lots of other things, and I get to decide partway through what to focus on. This course is a lot more academic than the Jewel and Esk one. I don't know if I would have had the confidence to go that route without the critical thinking and creative writing we've done on this course."*

### Outcomes tracked across projects

Among projects surveyed in 2007, the most common outcomes in this area that projects reported were attainment of set training or education goals, which may have been small steps along the way. Half of the beneficiaries from projects with data attained these goals. Those using intensive projects were again more than three times as likely to achieve these goals.

Figure 21 Progression to education, training and employment

<i>Improvements in</i>	% of beneficiaries with each impact		
	All projects reporting	Mix of referrals and intensive	Intensive
Attainment of training or educational goals	27%	12%	45%
Access to further training or education	23%	15%	31%
Access to employment	15%	7%	24%
Employment progression	18%	11%	27%

Source: Project survey 2007, n=22, 12 mixed and 10 intensive

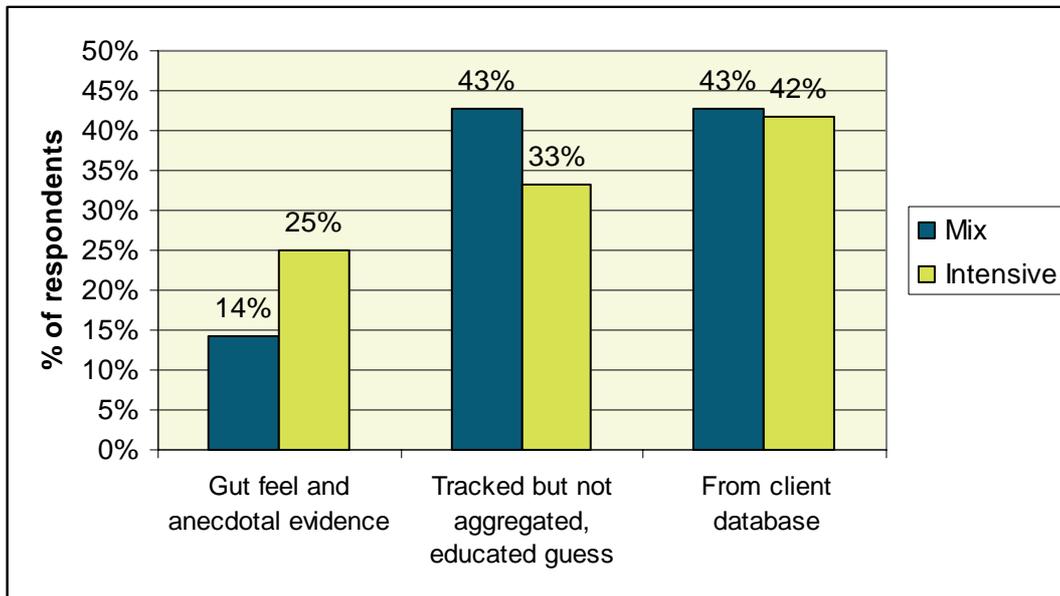
As Figure 21 shows, access to further training or education and employment flowed from the education or training goals, and employment progression was also an outcome for many. The projects providing more intensive support had much higher rates of helping people access employment, training or education, or progressing. Understandably these clients need a great deal of support and time. The rate of outcomes with these first three goals more than doubled between the 2006 survey and the 2007 one. The rate of progression within work reported increased by 60%.

### Quality of reporting on outcomes

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The outcomes that we can report from the project survey are solely dependent on the reporting systems of the projects. When we qualified the outcomes against the robustness of projects' tracking systems, we found considerable variation. The majority of projects track the outcomes we asked about, but less than a third (31%) of those who told us actually aggregate their data to look for patterns. Figure 22 below shows that the largest number of projects say they reported outcomes on the basis of their client database, though a few of these did not have figures for several of the impacts we asked about. Among those projects that provide a mix of intensive work and referrals, as many track the outcomes but do not aggregate them. Projects focusing on intensive support appear more likely that ones including referrals to not track the outcomes we asked about.

Figure 22: Variations in impact monitoring



Source: Project survey 2007; mix of intensive and referrals, n=14; intensive services, n=12

In a funding market increasingly focused on outcomes, those services not aggregating their outcomes will need to develop systems to do this.

## 5.4 Conclusions

Over the life-time of the programme, 4,086 people have benefited in some way from the funded services in the 17 projects that provided full beneficiary numbers in the 2007 project survey. And of these, almost nine out of ten were not previously in touch with mainstream services. Given that the programme funded 58 projects, the total number of beneficiaries would be 14,000 if the surveyed projects are representative of the whole programme.

*Better Off*-funded projects played an important role in engaging people with drug misuse problems onto the employability pathway. The bulk of the funded activity focused on the first two stages of the pathway, which involve engaging people with services and starting to develop confidence and core skills. Only half of the projects were focusing on getting people into work, and even lower proportions on supporting those in work. So for most beneficiaries the outcome from *Better Off*-funded services is not going to be a sustainable job but a positive step towards employment.

The vast majority of funded services focused on clients who faced multiple disadvantage including offending, mental health problems and homelessness. Most projects had sought to reach these excluded groups through developing partnerships and locating services in the communities close to where they are needed. However, fewer than a third had used outreach work to make contact with these disadvantaged groups.

In 2007 just over a quarter (28%) of all *Better Off* clients had been helped to stop or stabilise their drug misuse. This number reflects around 40% of clients who were at an unstable state of drug use and around a further quarter who were stable in 2007,

based on proportions in Figure 16 and Figure 17. So the proportion of clients who had been using drugs and stopped or stabilised their drug use is likely to be around 40%. Projects which focused on intensive support were four times more likely to have helped clients to stop or stabilise their drug misuse (49% compared to 12% for projects with a mix of intense support and referrals). However, projects that also referred clients on helped more clients in a chaotic state of drug misuse, especially those who were not using mainstream services before.

The most frequently reported impacts were on soft outcomes such as improved confidence and self-esteem. There were also significant improvements in motivation and inter-personal skills. Other important outcomes included improved health and appearance and better relationships with families or partners.

For those projects that were able to move clients further along the employability pathway, training or educational goals were the most common outcome. The 20 projects that were still active during 2007 had helped around 1,000 individuals to move into further training or education and more than 600 people into employment.

The case studies highlighted individuals who had gained experience through volunteering, often with the project, and those moving on to college. We discuss these further in the next chapter. Those who had moved on to jobs were not available for interviews on case study visits. Some project managers talked of employers' resistance to taking on people with a history of addiction and, in one case, firing them for simply speaking to customers who took drugs. While one project had successfully "sold" employers on the idea of taking on someone with a history of drug misuse, they were unable to access many clients ready to fill the posts. Overall, helping clients to gain skills, qualifications and work experience before entering the job market seems to be a more effective and appealing route, which also fits with Scotland's lifelong learning strategy.

The Addiction Workers Training Project offers an example that draws together support, qualifications, work experience and employment. The project recognised that people recovering from drug misuse often aspire to become addiction workers and use their experience to help others recover. The Scottish Drug Forum's director says, "Participants experience quite a change to move from being a client where people are looking at their weaknesses to using their skills and knowledge."

Scottish Drugs Forum provided support for people who had been free of addictions for two years, the Glasgow College of Nautical Studies' provided a flexible SVQ Level 2 and 3 course in social care, and Better Off and ESF funding allowed participants to be paid full-time salaries if they wished. The participants worked their way through the courses, had successful work placements, and 80% moved on to permanent jobs, mostly with their placement providers. The skilled addiction workers now strengthen the city's ability to effectively support people move out of drug misuse. The project's success has been recognised by further funding from ESF and the Community Planning Partnership. Thanks to charitable trust funding, students in Edinburgh can now also join the project through a distance-learning version.

## 6 What works with the holistic approach

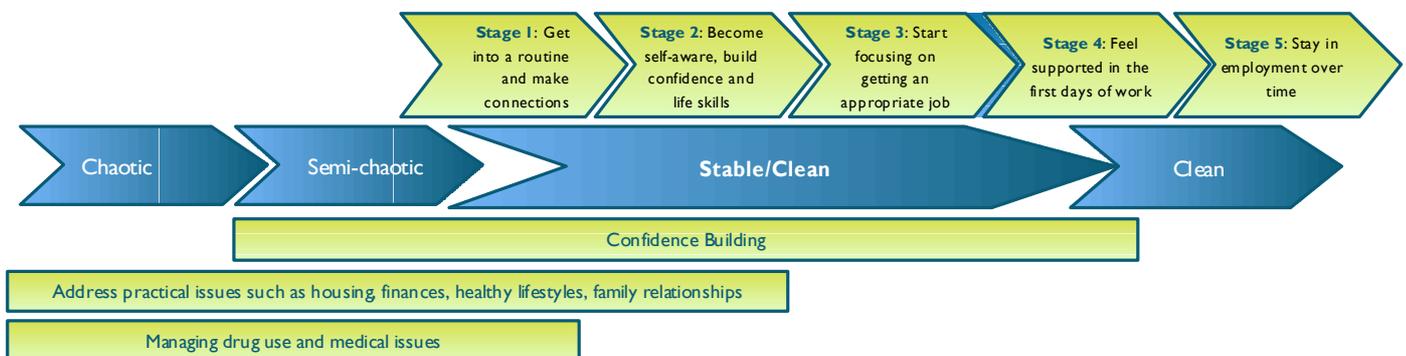
Better Off-funded projects have helped to provide an evidence base for the range of developing strategies which say that holistic, client centred support is the way forward. This section describes some of the common lessons drawn from both case studies and qualitative responses to projects surveys. We first take an overview of the positioning of holistic work along the employability pathway and explore some of the practical approaches to developing the whole person before considering challenges projects faced.

### 6.1 Understanding the right stages

Most projects took a rounded approach to addressing clients' confidence and wellbeing as well as providing opportunities for practical development. Some were very rounded, some concentrated on one or two areas. However, people need different types of holistic approach at different stages of drug misuse.

For instance, projects that worked with the most chaotic drug users found that there was little scope to move them towards employment quickly because they had so many other issues to address first. The projects with the greatest progression to training, education and employment required participants to be at the clean or stable stages in order to take part. This was a test of their willingness and readiness to progress in life. The case studies have shown the sorts of support people need at different stages, as depicted in below.

Figure 23 Stages of support in holistic approach



While Figure 23 shows how the employability pathway fits in with the wider support and progression, as the last chapter pointed out education is an important option too that can lead to more satisfying and higher paying work.

*The projects that struggled the most were trying to take people from chaotic stages to employment, and they found that it simply did not work within the timescale of the programme.*

- One project changed to focus on managing drug use and addressing practical issues, with an introduction to confidence and life skills.
- Another shifted altogether, in consultation with BIG, to offer a successful programme to people at stable and clean stages.

- A third project engaged 82 employers to offer placements but only had 25 Progress 2 Work beneficiaries who were ready; and of those only five got jobs.

## Success with clients at the most chaotic stages

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Among the case study projects, it was one of the most integrated services that managed to take people from chaotic drug use, through stabilising lifestyle issues to college and a solid job. The story below tells how Aberdeen Integrated Community Drug Rehabilitation Service (ICDRS) changed a life.

The client first had contact with the Cyrenians in 2000 after getting a Rent Guarantee Scheme flat. He had a long history of substance misuse, both alcohol and drugs, in response to a relationship breakdown leading to repeated and distressing homelessness.

He received support initially through the Community Support Service and became involved with Integrated Community Drug Rehabilitation Service in 2004. Working in partnership with a number of agencies, coordinated by his key worker, he received financial assistance with course fees at his local college to undertake qualifications in seamanship. He also received support with paying off debts, work skills and reducing his methadone script, as well as emotional support.

In 2006 he completed a drug treatment programme and successfully gained employment in the oil industry. He benefited from agencies' working together to ensure all his needs were being met at the right time in line with his drug rehabilitation.

The co-ordinator of the integration process in Aberdeen says learning the right time to include each service in a client's programme of support was one of the key lessons in integrating services. Clients need to feel ready to take the next step, and this readiness can be fleeting, so having the right service available when clients are ready is critical. Similarly, having the right mix of supports at the right times helps ensure the client can address all the barriers that might otherwise hold them back.

## 6.2 Developing the whole person

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While health services addressing the chaotic stages of the client's drug use address their problems, *Better Off*-funded services have focused on recognising and developing the person's individuality and potential. The result is confidence, direction and a connected role in society. Among the case studies still active at these later stages, several common aspects to the holistic approach emerge:

- Developing social bonding;
- Promoting healthy eating and lifestyles;
- Taking part in practical and creative activities;
- Learning new skills;
- Making links to the world around them; and
- Volunteering as a stepping stone and way of giving something back.

## The role of social bonding

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Social isolation and peers who still misuse drugs are common problems for people with addictions. Positive social bonding can counteract these challenges and speed up the recovery process, helping people to move forward positively. Although the *Better Off*-funded services were diverse, 86% of those surveyed said social bonding plays a part in helping people to move forward. Projects offered a variety of social bonding approaches, even where the service itself worked on a one-to-one basis. These included social opportunities with different purposes such as:

- Group support sessions (56%)
- User feedback groups (56%)
- Mentoring others (44%)
- Intensive work with a whole group (33%)

Most of these are additional to care provision but offer important personal development opportunities. One project even restructured their space to provide places where service users could meet and support each other and encouraged them to do so.

Think Again and Next Steps Fife both used a several-week course programme for a group of participants. They found that the group created its own dynamic of mutual support – they believe in each other and push each other forward.

Gal Gael and Fab Pad both use more informal workshop settings where participants work on creative projects. Relaxing with other people while sharing skills and ideas and doing something productive provides a positive social support. Fab Pad also takes participants on shopping trips to gain ideas for their interior design projects and materials for their flats. While the trips are budgeted for on a per person basis, when several people go this only uses a fraction of their allotted shopping time – and it gives the group a chance to share ideas.

### Sustaining social bonding

While projects are making efforts to boost social support while clients are using the service, most projects are less confident that clients will have enough support when they leave the service.

- A third of services surveyed (32%) said a lack of social support after the project is a problem for *most* of their clients.
- Nearly half (47%) said *some* of their clients might find it difficult to find social support when they leave the project.

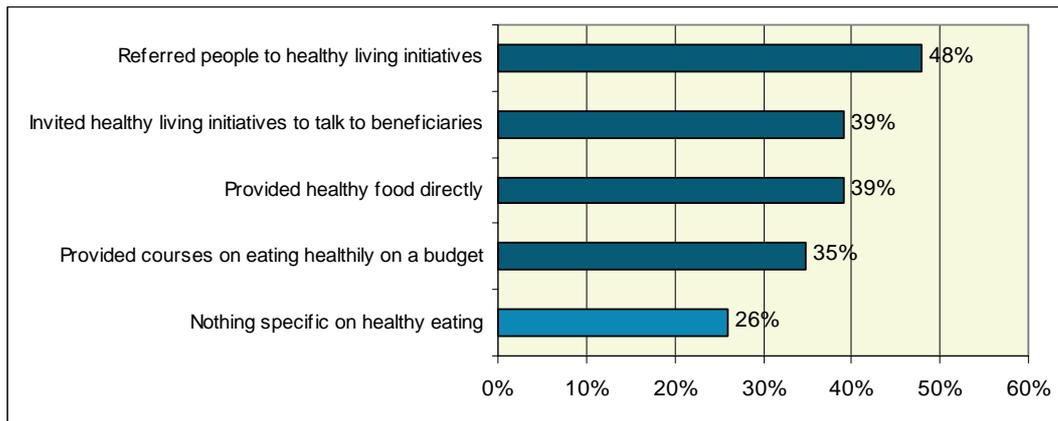
Only 15% of projects said that most of their clients seemed to have enough social support by the time they leave and 5% did not know what happened to clients socially after they leave the project. The problem of inadequate follow on support was most commonly perceived among services that focused on only the first two stages of the employability pathway, when people's wider connections and involvement in training, education and work have not started yet.

This suggests that more lasting social opportunities and networking need to be available for people with substance misuse history to move onto. This might be through the voluntary sector, but could also relate to the social structure and influences where people live. One case study found that gangs were an influence that targeted their clients who were trying to recover. This may be a problem in other areas as well.

## Encouraging healthy eating

Part of the holistic approach is often helping clients learn to live a healthy life, and diet is important. As one project co-ordinator said, “We try to get the idea across that a healthy body will support a healthy mind.” Three-quarters of the *Better Off*-funded services surveyed in 2008 said they had promoted healthy eating, most in more than one way.

Figure 24 Ways services have promoted healthy eating



Source: Project survey 2008, n=23

Because of the relationship *Better Off*-funded services build with their clients, they often have the opportunity to encourage clients to try new things. The box below describes one approach a project used.

Fab Pad use a workshop setting for clients to learn interior design techniques and make furnishings for their new tenancies. The *Better Off* funding allowed the project to provide healthy lunches at these workshops. One group’s tutor brought in a different type of bread every week and the participants discussed what they liked about each one. They enjoyed the new experiences and took the leftovers home to share with their children, who also tended to like the healthier new food they never would have tried otherwise.

## Practical and creative activities develop self-esteem

Three of the case study projects use creative activities as part of the recovery process. One client at Gal Gael said he had been “key worked to death” at other services and enjoyed the chance to simply do something useful and reflect. Working with wood at Gal Gael provides a rhythm and routine to clients’ days and starts the process of moving on.

In all three projects, clients choose what they worked on. In Fab Pad, clients design the flat they would feel best expresses their tastes and interests – and sometimes their children’s. They then decorate their new tenancies and develop soft furnishings and small items of furniture. Gal Gael participants build a piece of wooden furniture, and in Think Again, participants took part in art, creative writing

and photojournalism. As project staff explained, “The result from each project comes from inside the person and can be used as a gift to help heal relationships.”

The manager of Think Again had been working in support projects for 20 years but found the progress participants made in 10 weeks on the Think Again programme to be “astounding”. What made the difference? It was the creative approach. He explained,

*“You can run self-esteem courses till you’re blue in the face, but when you sit people down with a creative process, you don’t need to anymore.”*

People who have had a low sense of their own value can see fellow participants’ response to their creations and realise that there is something of value inside them. Clients can also take their creations home where they provide a visible reminder of the client’s progress and value.

### Learning new skills and quick qualifications

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Lifelong learning can boost anyone’s self-esteem, but for people whose lives have been narrow and who have developed low opinions of themselves, learning new skills changes their outlook – in a complementary way to the creative work. It shows what they *can* do. Next Steps Five and Think Again both provide a variety of new skills, such as IT and first aid, with certificates that clients can take to the workplace. This again provides a tangible result of their work. The graduation celebration at Think Again gives participants a chance to invite family or friends to see what they have achieved, giving them a sense of pride. Gal Gael focuses on woodworking, but the work is part of an SVQ course and they receive qualifications for their achievements.

### Making links to the world around them

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As participants transform their image from someone with problems to someone ready to participate fully in the world, projects help them make connections.

- In some cases this is to employers, such as those engaged by the Employer Liaison Project, which offered 15-day work trials for a taste of the real working world without commitment.
- Think Again involved professional photographers and journalists in teaching photojournalism, an employer in the job coaching, and a local college and university to introduce participants to college life.
- At Fab Pad, the group met in a busy community centre and the tutor invited a neighbouring organisation to the twice-weekly workshops to show participants what they could get involved in.

All of these approaches present the participants as active members of society, not as people with problems. This different identity helps them move on.

### Volunteering and chance to give back

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Several of the projects had incorporated an element of volunteering, some accidentally, some as core to the project’s work. This allowed people to give

something back and often to gain useful experience in a less threatening environment. Volunteering worked in several ways illustrated below.

- **Improving services** – The Highland User Involvement Project was set up to give reasonably articulate people in the stable stages of recovery a chance to share their perspectives with service providers to help them improve services. This changed their role from service user to service provider. Though it took a while to gain service providers' confidence, after two years there was a marked change in services and their appreciation of clients' needs and perspectives.
- **Using new skills to help others** – At Fab Pad, some of the participants had a particular flair for interior design and were also not ready to progress to college or work at the end of their 12 months on the programme. The tutor invited them to stay on as volunteers, and they stayed for several months to further develop their skills and support the participants more than the tutor could on her own. One went on to get a job with Fab Pad and another progressed to art school.
- **Formalised mentoring and advocacy** – At Next Steps Fife, participants who completed the programme were keen to come back and support new participants. The staff tailored a standardised volunteer development programme to the project's needs and provided three levels of volunteering with training and experience along the way. Not only did participants have the chance to support others, but they developed transferable skills and qualifications for their future. Waiting six months after completing the programme helped them to not become dependent on the project.
- **Turning volunteering into work** – several of Think Again's graduates come back to tell new participants about what they have achieved since leaving the course. One of these volunteered at two other services and got training to deliver personal development courses. Apex contracted her to deliver the personal development modules of a later Think Again course. She had planned three sessions but the sessions were so popular, she came back for a fourth.
- **Addiction Workers Training Project** – This project recognised the common desire by people who had recovered from addictions to enter community work and help others. Glasgow College of Nautical Studies and Momentum developed the Addiction Workers Training Project as an intermediate labour market project that included an SVQ Level 3 and a placement. Eighty percent of participants went on to be employed by their placement provider and others got jobs elsewhere. Their empathy and qualifications are now improving addiction services.

One participant in the **Highland User Involvement Project** said he feels the project has developed his ability to express his opinion and that he can use his experience to help others. He likes the fact that the project allows him to work within his hometown. This gives people within Inverness the chance "to see how a local guy is developing and taking positive steps to change his life." The locals will hopefully then become more tolerant of people with similar problems and may well try to support their desire to help them change.

All of these examples show how participants can be active citizens and also successful learners while developing their confidence. This ties in well with the aims of the Skills for Scotland strategy.

## 6.3 Challenges

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Perhaps the most common challenges were trying to change other agencies' attitudes to people with a history of drug misuse, though that appears to have been a broad success, as described in Chapter 4. Similarly, making services sustainable was a challenge for many, as discussed previously. However, some projects raised two other issues that are worth mentioning here.

### Methadone issues

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Some projects in the case studies had mentioned occasional challenges when clients felt ready to reduce a methadone prescription but health professionals would not support them in this. We asked in the final project survey how widespread a problem this was. Six out of ten respondents said there was no problem at all and a quarter (25%) said it was only an occasional problem. They said good relationships with health colleagues smoothed any difficulties and that the main challenge was helping people to see their recovery as a journey, have the right attitude, and focus on the positive factors. With this in mind, they assured clients, a reduction in their prescription would happen. However, some projects said that reducing prescriptions too slowly could make working with the clients harder and could affect their access to training, education and employment.

A smaller number of projects (16%) said they *often* have problems with clients being unable to reduce their prescriptions. These appeared to be projects in the voluntary sector that were less closely connected to statutory sector services. One said that without support from medical professionals to reduce a methadone prescription people could sometimes stop taking methadone altogether and then turn to heroin. Another said that they discouraged people from seeking methadone prescriptions in the first place because it is not an answer.

### Gangs targeting users

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The case study projects in Dumfries and in Fife both identified problems with gangs who waited outside their venues and targeted clients as they emerged from the project. This put participants' progress at risk and also may be a factor behind continuing increases in drug misuse in these areas in 2005/06 while most areas were starting to show a decrease, as shown earlier.

## 6.4 Conclusions

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Our case study research has enabled us to identify several key components of successfully engaging and sustaining drug misusers into positive activities. Most tend to promote the following, either directly or in partnership:

- Social bonding;
- Healthy lifestyles;
- Practical or creative activities;
- New skills;

- Links with mainstream activities; and
- Volunteering or mentoring.

Social bonding is important in developing positive relationships away from drug misusing peer groups. Similarly, improvements to health through better diet, exercise and personal hygiene are important in aiding recovering and improving self-esteem.

Learning new skills, either vocational skills or those linked to a creative project, provides clients with a focus and routine that helps to replace addiction. Achieving qualifications or producing something meaningful raises self-worth and builds people's confidence.

Promoting links with the world outside of the project helps clients to overcome their fear of the real world and develops their confidence in moving on from their addiction. Projects often use links with colleges or employers to provide these experiences in a supported context.

Our case studies have found that volunteering provides a positive step towards the world of work without the pressure of employment. Helping other people allows clients to give something back, while they can also develop work-related skills around team-working and establish aspects of a work routine.

## 7 Sustainability and legacy of funded activities

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Better Off-funded projects have been pilots, but their aim was to improve local services to produce more lasting and better outcomes for people with drug problems or recovering from them. With that in mind, the sustainability of funded services is important to the evaluation. Indeed, early on in the evaluation stakeholders expressed concern that this would be yet one more short-term funding stream that created good results that were lost at the end of the funding. Sustainability has always been a concern for projects as well, but the survey findings suggest that the majority of projects are expecting to sustain their services, at least to some extent.

We look first at the projects that are continuing, then those planning to end once the Better Off funding is complete, and finally at the legacy of projects.

### 7.1 Future plans and legacy for funded services

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Of the *Better Off*-funded projects surveyed in March 2008, most (86%) were carrying on either because their *Better Off* funding had not yet finished (24%) or because they had found funding either from within the organisation or through external funding (two-thirds). This is promising and reflects both resourcefulness and good partnership working. Surveyed projects tried an average of 3.5 funding sources.

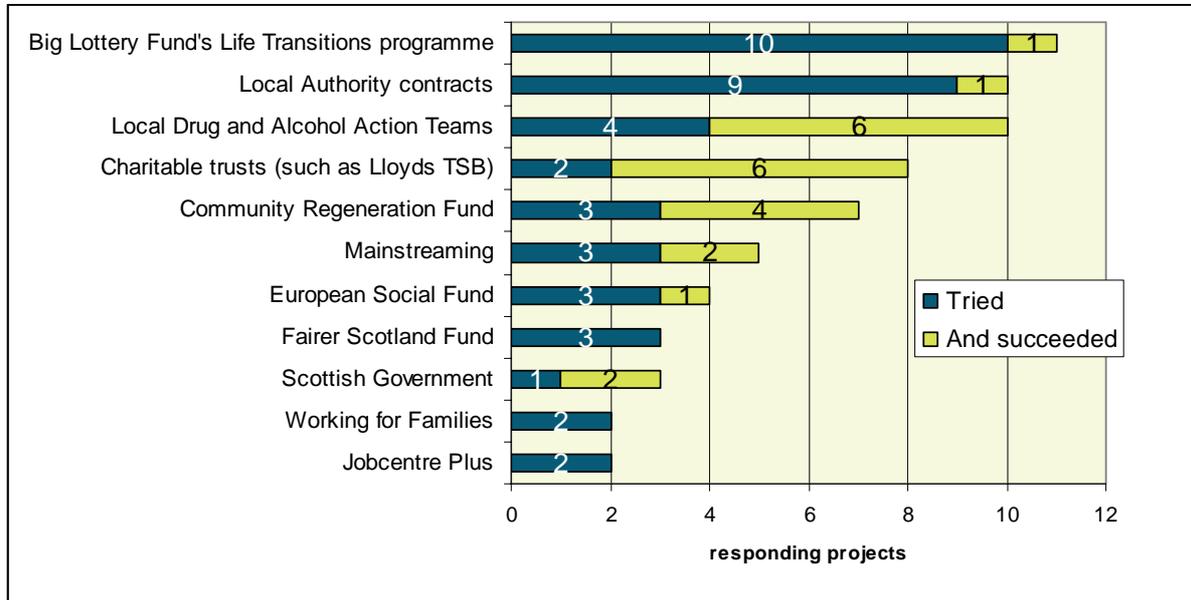
In fact, the only projects surveyed not continuing showed little initiative to source funding – relying on their statutory sector partners or “an extension to *Better Off*”.

#### Sources of funding sought

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The average project that sought funding tried 3.5 different sources. The Big Lottery Fund's Life Transitions programme was the most popular source with 41% applying. Some 37% of the projects had sought Local Authority contracts, 27% sought funding from their ADAT and 22% applied to charitable trusts. Big Lottery Fund records show that three other projects were successful with Life Transitions funding applications and a further three were waiting for their application to be assessed. Figure 25 below shows the range of funding sources applied for and successfully attracted by March 2008. The survey was sent out before many of the ESF and Fairer Scotland Fund decisions were made, and several of the Life Transitions applications were still being assessed. So the final success rate may be higher than the chart below suggests.

Figure 25 Sources of funding services applied for and with known successes



Source: March 2008 Project survey, n=26. Before ESF, Fairer Scotland Fund and some Lottery decisions were announced.

While projects may have been waiting to hear if they were successful with European Social Fund, Life Transitions and Fairer Scotland Fund, at the time of the survey ADATs, charitable trusts and the Community Regeneration Fund had funded the most projects (6, 6 and 4 projects, respectively). ADATs and charitable trusts also offered the highest success rate with 75% of projects who applied for charitable trusts being successful and 60% of those applying to ADAT. Given that ADAT funding was one of the more successful routes, there may have been missed opportunities because a fifth of respondents (20%) did not realise that ADATs could commission services directly. However, this could reflect variances in ADAT policy.

Later one project was funded through the Big Lottery Fund's Supporting 21<sup>st</sup> Century Life programme. Life Transitions has been an extremely competitive programme due to high demand, and formerly Better Off-funded projects were no less likely than other applicants to succeed.

### Length of funding

Four projects managed to attract mainstream funding on a permanent basis. Two are from Local Authorities: Glasgow and Aberdeenshire, and two from Health Boards: Tayside and Forth Valley. The fixed-term funding packages others received run out in 2008 or 2009 except one that runs until 2011.

### Change in continuing services

The *Better Off* funding supported a spirit of experimentation, and all of the services that are continuing are doing so in somewhat different forms than they started out. A third each of the continuing services (33%) were:

- More limited than under *Better Off* funding;
- Broader than with *Better Off* funding; and
- Taking a different approach.

Services that expected to be more limited than they were under *Better Off* were being taken on by the voluntary sector lead partner, and some had to reduce the staff involved. Two of the services that received permanent funding were taking a different approach (not broadening or narrowing their service). Those growing were broadening the service remit, geographical area or clients targeted or spreading the priority throughout the team.

Among the reasons for changing the service, nearly half (44%), said the service needed to change to improve and almost a quarter (22%) said it needed to change in order to fit funders' parameters.

### Examples of successful sustained projects

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The most strongly positioned projects are ones that are integrated into local drug rehabilitation and/or employability infrastructure. This is perhaps easiest where there is a strong commissioning ADAT, such as Dumfries and Galloway. New funding for employability support for hard-to-reach groups is very much grounded in local priorities and collaborative working, so projects need to be part of that.

*Better Off*-funded pilots have developed into new and wider services in several cases.

- Apex is rolling out its Think Again programme collaboration with Napier University to four more cities and universities.
- Glasgow Nautical College has embedded lessons from its Addiction Workers Training Project into work with a wide range of other client groups, such as asylum seekers and has continued the project for several years beyond the *Better Off* funding.
- The Sunrise Project has become *the* Integrated Drug Service for parts of Dumfries and Galloway, using £100,000 of Scottish Government funding, and will soon include alcohol services as well.
- The partnership-working model used by the STAR project in the West of Glasgow has been rolled out across Glasgow's five Community Health and Care Partnership areas.
- Gal Gael is developing a successor to Navigating the Future, which followed the *Better Off* project. The new project will include more in-depth involvement for the users once they have completed their Scottish Vocational Qualifications.
- The Aberdeen Integrated Drug Rehabilitation Service has now added new programmes around employment that take a holistic approach including sports, recreation, relaxation techniques, work in the community and discussion sessions.

### Factors influencing access to funding for those continuing

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In the final project survey, it appears the main reasons for a service not continuing were lack of initiative to seek a wider range of funding. However, in the 2007 project survey there were more respondents who did not yet have continuation funding

sourced, and we identified some factors which correlated with success at accessing further funding.

- o Offering a broader mix of services to clients;
- o Exceeding targets; and
- o Providing a more intensive service, with fewer referrals on.

**Mix of services** – Those projects who struggled to access external funding seemed to have narrower remits – on the basis of what they said they would do in their application form in 2004. These were focused on employability only or health with support and advice. Projects that included a more rounded package of employability, lifelong learning, support and advice were more likely to plan to grow and expand with external funding.

**Delivering against targets** – Two of those that were not accessing external funding had not reached their target beneficiary numbers, though the third had more than doubled its target number of beneficiaries. All of those projects planning to grow and expand had exceeded their targets – on average, achieving 1.8 times their target number of beneficiaries. This suggests that some of the projects not continuing were not effective enough.

**A more intensive service** – This factor combines the above two in that a longer-term, more holistic approach is likely to be more intensive and cover more areas of support. Those projects that work intensively with all of their clients will also have higher numbers of beneficiaries taking part in the full service, so when their beneficiary numbers are more qualified, they may appear particularly strong compared to projects that refer many of their clients on after a brief intervention. The projects accessing external funding are more likely to provide intensive support and those struggling to access funding are more likely to provide a mix of intensive support and referrals. It may also be more difficult to identify and attribute outcomes emerging from referrals. This would make it more difficult to provide evidence of success to funding bodies.

## 7.2 What has happened to projects that are ending?

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Only three projects that responded to the final project survey said they were not continuing at all. One of these, in the Highlands and Islands, had stopped because of continued staffing problems, and the other two could not access funding to continue. One of these had tried to source funding from their own partner organisations – a local authority and Jobcentre Plus – and the other had only sought an extension to their *Better Off* funding.

### Legacy of services that are ending

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Both of the two 2008 respondents that were not continuing because of funding felt there was a legacy to their project, particularly in changing attitudes:

- o One had changed employer attitudes about drug use.
- o The other had changed regeneration agencies' awareness of the needs of people with a history of drug misuse.

In the 2007 project survey, four of the five services not carrying on could identify lessons that they or their partners would incorporate into wider work. These included:

- A client-led approach;
- Service user involvement; and
- The importance of aftercare in sustaining results.

The fifth project was revived and went on to use its *Better Off* underspend with a much more successful model that is still running.

### 7.3 Conclusions

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Most projects that were still operating in March 2008 were likely to continue either with Big Lottery Funding or through funding secured from other partners. The Big Lottery Fund's Life Transitions programme has proved to be a popular source of funding among these projects.

Projects had sought an average of 3.5 additional funding sources which suggest that knowledge of the funding environment is critical to sustaining services. Those services which were not continuing were less likely to have looked for wider funding sources.

Projects also applied for funding through local authorities, ADATs, the Scottish Government (Fairer Scotland), Charitable Trusts (such as the Lloyds TSB) and the European Social Fund. Most funding secured is fixed-term, although a small number of services have been effectively mainstreamed – two through local authorities and two through health boards. Most projects had changed the nature of their services and more than a fifth of these did so to meet funding requirements rather than specifically to improve their services.

Those projects that were continuing tended to offer a broad range of services to clients, had met or exceeded their original targets and tended to focus on providing more intensive services to clients. Clearly these types of projects will find it easier to provide evidence of successful outcomes to funders than those who rely more on referring clients elsewhere.

Projects that were finishing had still left a legacy from their funded services including;

- Changing awareness among employers and other agencies;
- Pioneering a client-led approach; and
- Highlighting the importance of aftercare.

Many of these lessons will have been picked up by partner organisations in their ongoing work with the client group.

## 8 Current strategic context

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*During the last year, there has been a wealth of new policies and changes to the infrastructure in relation to supporting people with addiction problems into employment or education. In this chapter we consider how these new policies and structures are set to take up the lessons and good practice developed during the Better Off programme.*

### 8.1 Road to Recovery – Scotland’s new drugs strategy

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The Scottish Government published its new drugs strategy: *The Road to Recovery: A new approach to halving Scotland’s drug problem* on 4 June 2008. It focuses on recovery but also looks at prevention, treatment and rehabilitation, education, enforcement and protection of children. The strategy sets out a significant programme of reform to tackle Scotland’s drug problem. Central to the strategy is a new approach to tackling problem drug use based firmly on the concept of recovery. Recovery is a process through which an individual is enabled to move on from their problem drug use towards a drug-free life and become an active and contributing member of society. Moving to an approach that is based on recovery will mean a significant change in both the pattern of services that are commissioned and in the way that practitioners engage with individuals. *This new approach reflects the ethos and approach of Better Off and should create an environment where Better Off’s good practice can become embedded and widespread.*

The strategy sets in train a number of actions to turn recovery into a reality. Core to this is the reform of the way that drug services are planned, commissioned and delivered to place a stronger emphasis on outcomes and on recovery. In the following sections we explore in more detail several important factors to the new strategy that link to Better Off’s experience.

#### Reducing Harm, Promoting Recovery and Essential Care

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Two reports, published by sub-groups of the Scottish Advisory Committee on Drug Misuse, have informed the Scottish Government’s strategy.

*Reducing Harm, Promoting Recovery*<sup>13</sup> – The report reviewed the place of methadone in drug treatment in Scotland. It concluded that methadone has a key role to play in treating opiate dependency. However the report stressed that methadone is not the whole answer: a wider range of services is required.

*Essential care* – This report highlighted a number of important principles for reform of delivery services. For example, assessment and recovery plans should address the totality of people’s lives.

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<sup>13</sup> Scottish Advisory Committee on Drug Misuse: Methadone Project Group (2007) *Reducing harm and promoting recovery: a report on methadone treatment for substance misuse in Scotland*. Edinburgh: Scottish Government

## Recovery

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Recovery is defined as “a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society”. *Road to Recovery* highlights that “recovery is most effective when service users’ needs and aspirations are placed at the centre of their care and treatment”. This reflects the lessons we described earlier in the impacts and what works sections. Recovery is about helping an individual achieve their full potential.

## Integration

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The Government’s vision for how drug treatment services in Scotland should be delivered is based on three key principles:

- Recovery should be made the explicit aim of all services providing treatment and rehabilitation for people with problem drug use;
- A range of appropriate treatment and rehabilitation services must be available at a local level; and
- Treatment services must integrate effectively with a wider range of generic services to fully address the needs of people with problem drug use, not just addiction.

The *Essential Care* report identified the need for integration of services to ensure that barriers to recovery such as mental health, homelessness and unemployment are addressed in conjunction with medical treatment.

## Moving towards employment

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The integration of treatment with activities will allow individuals to move towards employment. *Road to Recovery* acknowledges that there is good evidence that work is beneficial to health and well-being and employment can aid the process of recovery from drug use.

Data from the NHS Information Services Division in 2007 showed that only about 15% of treatment-seeking drug users are currently in employment and training.<sup>14</sup> At present support is focussed on the early stages of recovery, with few opportunities to move on into education, training and employment.

*Road to Recovery* recognises that the *Workforce Plus* approach is consistent with the broader approach to integrating services emphasised in the *Essential Care* report. *Workforce Plus* highlighted the need for promoting recovery from problem drug use through a joined-up approach as illustrated by *Better Off*. Promoting recovery should include collaborative support from health care, housing, education, training and employment, legal advice, money issues and children and families issues.

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<sup>14</sup> NHS Information Services Division (2007) *Drug Misuse Statistics Scotland 2007*. Edinburgh: Common Services Agency

## Person-centred care

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*Road to Recovery* recommends implementing individual care plans. This should be based on a holistic assessment of clients' needs. It should cover both treatment and rehabilitation services as well as addressing issues such as training or employment needs. The relevant actions in the plan can be shared with the appropriate service providers to ensure an integrated approach to delivering the plan. This type of holistic and person centred approach was effectively illustrated by several *Better Off*-funded projects.

## Children and families

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The strategy sets out the Government's renewed approach to developing more effective responses to children at risk of parental substance misuse. It sets in motion a programme of action to ensure that the child is at the centre of agency responses and that the principle of early intervention is embedded.

The *Road to Recovery* builds on previous reports and strategies including *Hidden Harm – Next Steps*<sup>15</sup> that set out a wide-ranging action plan across numerous sectors to make significant improvements to ways in which vulnerable children are identified and protected. The strategy proposes an action plan based on:

- Improving identification, assessment, recording and planning and information sharing, for example the Scottish Government will work with local authorities and NHS Boards to strengthen the role of practitioners who see children affected by their parents' substance misuse at first hand;
- Building the capacity, availability and quality of support services; and
- Strengthening the consistency and effectiveness of the management of immediate risk.

## 8.2 Supporting employment, education and training

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Since the change of Scottish Government in May 2007 there have been major reviews of the way public services are delivered and improving people's chances to move forward in life is a key theme. The documents published in the last year include the Skills Strategy, Scottish Budget Spending Review and the Scottish Economic Strategy. At the same time, at a UK-level, the Department for Work and Pensions has been developing their new Flexible New Deal approach. We discuss below how each of these reflects the ethos of *Better Off*.

### Skills for Scotland: A Lifelong Learning Strategy, September 2007<sup>16</sup>

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Taking up the approach presented by the Workforce Plus strategy in 2006, the new Scottish Skills Strategy focuses on an "employability pipeline" that stretches from the hardest to reach people with little interest in working and a shortage of "soft skills" all the way to progression within work, and covers all the stages in between.

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<sup>15</sup> Scottish Government (2006) *Hidden Harm – Next Steps: Supporting Children, Working with Parents*.

<sup>16</sup> <http://www.scotland.gov.uk/Publications/2007/09/06091114/0>

The strategy reinforces two key principles behind *Better Off*:

- Joined up and integrated services; and
- Focus on the individual, their needs and how they want to progress.

While the focus in joining up services has Careers Scotland and Learndirect Scotland at the core, this joining up also includes local authorities, trade unions, universities and colleges, sector skills councils and learning and training providers, including community-based ones, and employers. In focusing on the individual and how they want to progress, the skills strategy aims to produce people who are:

- Successful learners;
- Confident individuals;
- Responsible citizens; and
- Effective contributors.

*Better Off* projects have shown evidence of helping their clients in all of these areas, with confidence being the most widespread. Learning is a common thread for projects that are helping their clients to gain new skills or qualifications and to move on to college. Projects that use work in groups and encourage volunteering help their participants to become effective contributors and responsible citizens.

### Scottish Budget Spending Review, November 2007<sup>17</sup>

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The Spending Review backs the Skills Strategy's joined-up approach by restructuring how services are funded. The Scottish Government is moving away from "micro-managing" the services they fund through detailed monitoring and commissioning individual projects. Instead they are focusing on outcomes and providing a larger pot of money, called the Fairer Scotland Fund, which Local Authorities and their delivery partners will be able to use to deliver a wide range of programmes that they determine will best achieve the Government's outcomes.

Because of the overall outcomes-based approach, the aim is that different partners can be funded to deliver the elements they are best at, rather than everyone needing to compete to achieve the same end outcomes such as employment. Given that several *Better Off* projects have struggled with this client-sharing issue, the Government's move is a promising one. However, the contractual arrangements behind the shared outcomes are yet to be determined.

The Fairer Scotland Fund of £145 million will be ring-fenced for two years and then mainstreamed within Local Authority budgets. All 32 Local Authorities in Scotland are able to access it.

### Government Economic Strategy, November 2007<sup>18</sup>

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The focus of this new strategy is sustainable growth. With that in mind, it recognises that everyone needs to play their part. This includes a wide range of partners, but it also recognises the value of volunteering and that many people will need more holistic health to play an economic role. Two of the key priorities within the strategy are "equity" and "learning, skills and well-being". A "healthier" Scotland is one of the

<sup>17</sup> <http://www.scotland.gov.uk/Publications/2007/11/13092240/0>

<sup>18</sup> <http://www.scotland.gov.uk/Publications/2007/11/12115041/0>

strategic objectives. As the pool of non-working people has progressively shifted towards those with extra needs, the Government has recognised that these needs must be met if everyone is to have a chance to contribute to Scotland's sustainable future. And clearly health and wellbeing are a key part of learning and contributing.

The Learning, Skills and Wellbeing priority addresses *Better Off's* target group in two ways:

- By providing a more stimulating, holistic education from early years on, it should reduce the number of young people turning to drugs in their teens.
- By removing barriers for adults who are farthest from the labour market, it backs the type of integrated and tailored support *Better Off* has been piloting.

To reduce barriers to learning and work, which is closer to *Better Off's* direct work, there are several aims in the strategy that should help, including:

- Help people back to work, with more effective joint working between employment and health services;
- Increase the focus on addressing health inequalities, with greater targeting of resources on services and environments that support disadvantaged people and communities;
- Facilitate local design and delivery of learning for those furthest away from the labour market;
- Bring together the public agencies involved in delivering information, advice and guidance services and skills provision in the new skills body to build improvements around the needs of individuals; and
- Promote the provision of high quality, accessible, affordable, flexible childcare, in order to enable parents to access training and employment opportunities.

### 8.3 Flexible New Deal

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In recognition of the value of personal support and of specialist services for people further from the labour market, the Department for Work and Pensions has developed the Flexible New Deal to replace the range of target group-specific New Deal programmes. From April 2009, Jobcentre Plus will deliver the new approach and by October 2009 clients will be referred to specialist services for more intensive support. The bidding process for regional "prime contractors" is currently underway and contracts with specialist suppliers will follow.

- Services funded through Better Off could be well placed to act as specialist suppliers for different target groups, particularly those recovering from addictions.
- Small suppliers from the voluntary and public sector can gain contracts with the prime contractor to become part of mainstream employability services while maintaining their personal touch and distinctive approach.
- The Flexible New Deal will involve a "skills health check" at the beginning to identify a client's areas for development to more successfully access work. This will make a shift from simply signing on to actually developing.
- Payment will still be 80% for sustained job outcomes, so it is not yet clear how specialist suppliers focusing on earlier stages of an employability pathway will be paid or how further education will fit into client support.

## 8.4 Conclusions

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The extent to which the *Better Off* pilot services have directly influenced Government policy is hard to say. However, the new policies do seem to suggest there is more scope for continuing or re-launching services such as those funded through *Better Off*, and addressing some of the challenges they faced.

The learning from *Better Off* has been well reflected in the approach of the new *Road to Recovery* drugs strategy. It centres services around the client and takes a holistic approach.

Similarly, the growing recognition in Scotland of an employability pathway with several distinct steps before job outcomes makes it easier for projects to gain funding to work with people who will take longer to reach the labour market. European Social Funds are also taking this approach and promoting service integration among funded services.

These have taken a while to come into force, but they do promote the sustainability of the *Better Off* model and it seems that the programme has influenced thinking on good practice.

The main area still of concern relates to the tension between learning and employment aims. While lifelong learning is covered by the Scottish Government, working age benefits are still not a devolved issue and the Department for Work and Pensions (DWP) still sets targets that can focus on work as a first option. While work is the most appropriate first option for some people with substance misuse backgrounds, the majority of *Better Off* service clients appear to benefit from and prefer to study first and also potentially volunteer. This approach has several benefits that DWP needs to recognise.

- Qualifications help to overcome employer prejudices.
- Learning and gaining qualifications or degrees increase confidence.
- Qualifications improve earning power and also tend to reflect what the person is genuinely interested in and committed to.
- Volunteering provides confidence, work experience and sometimes training.

All of these greatly improve the sustainability of both employment and rehabilitation.

While the DWP is improving its understanding of hard-to-reach groups' needs, the department still need a clearer appreciation of the role of education in long-term employment. Two projects mentioned the constraints of DWP policies on their work.

- Addiction Workers Training Project costs £14,000 to transform a former drug misuser into a qualified addictions worker. DWP would only pay £8,000 per person, but fortunately the local Community Planning Partnership appreciated the project's value and is funding it.
- The Employer Liaison Project could not continue because DWP only paid for job outcomes, which were slow with the client group, despite willing employers.

Learning and employability must be more effectively integrated, especially for people further from the labour market with a range of intense needs to address.

## 9 Conclusions

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*This section sets out the overall conclusions from the Better Off programme and highlights the key lessons that the Big Lottery Fund and strategic partners can take from the experience of running the programme.*

### 9.1 A changing context

#### A recent drop in those entering treatment

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The number of new people registering for drug treatment fell by 8% in the year to 2005/06. While this represents a change in the long-term upward trend it is too early to say if this is the start of a new trend or not. However given the new services that *Better Off* supported we would have expected to see continuing high numbers of drug misusers entering treatment.

#### Less needle sharing

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The proportion of misusers registering for treatment who are sharing needles is at its lowest level for five years. This suggests that harm reduction messages on needle-sharing are having some impact. Several funded projects had promoted harm reduction as part of their services.

#### Geographical differences

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There appear to be geographical differences in the trends emerging from the Drug Misuse Database. Those areas in West Central Scotland with traditionally high rates of drug misuse are showing a drop in the number of new registrations for treatment while parts of Eastern Scotland, including some rural areas are showing increasing rates. This may suggest that coordinated action in the West is beginning to make a difference, and that services in more rural areas are beginning to respond to problems there.

#### An ageing profile

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There is a continuing trend towards an older profile among those registering for treatment. This may suggest that problems will be more deeply-rooted and take longer to address than among younger age groups.

#### More drug-related deaths

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Drug related deaths have shown an increase between 2005 and 2006 to 421 deaths. The proportion of habitual drug misusers within the overall figure also increased. The continuing prevalence of heroin and methadone involvement in drug-related deaths highlights the importance of reducing both dependency on, and availability of, these drugs.

These figures may reflect a higher proportion of long-term drug misusers among the overall drug-using population but are still a clear signal that the work funded through *Better Off* has not yet made a significant in-road into the overall drugs problem. Clearly this will need sustained and coordinated funding across several policy areas over a much longer period of time.

## A wider change in the ethos of services

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Since *Better Off* began there have been numerous parallel initiatives aimed at addressing drug misuse issues among offenders. These have focused on developing alternatives to jail for drug misusers and ensuring integrated and consistent services for those leaving jail. These types of initiative support the overall ethos of *Better Off* and several funded services have established links with criminal justice agencies. Similarly other initiatives have focused on addressing drug misuse alongside the linked problems of mental ill health and homelessness. These initiatives also support the overall ethos of holistic, individually-focused services that underpins *Better Off*.

## 9.2 Developing seamless services

### Improved partnership working

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*Better Off* funding has succeeded in promoting improved partnership working over the programme period. However effective management and strategic partnerships take time to develop. Delivery partnerships on the other hand appear to be more quick to establish and less susceptible to the changing funding environment. But they are more vulnerable to staff changes.

One key legacy of *Better Off* appears to be an improved strategic partnership context at the end of the programme. This improved strategic context will help to ensure that subsequent services are coordinated more effectively.

Notwithstanding these overall improvements, a quarter of projects still identified problems with partnership working in 2007. Clearly partnership building and support will need to be an ongoing focus for those organisations continuing their services after the *Better Off* funding ends.

### Involving service users

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While most funded services have adapted their activities to meet their clients' needs, the proportion of projects that involved users in project management and design was much smaller. The ability to engage service users in management committees and other more formal roles is strongly linked to the stage of recovery that clients have reached. Realistically the most that projects can expect to achieve is a degree of user consultation and feedback on the services provided. However, several of those working with stable clients have actively used service users as volunteers and found this to be successful.

## Integrating services

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Most *Better Off*-funded services had sought to integrate service provision through a client-centred case management approach, while just over a quarter of projects had gone further in integrating a pathway of services or trying to integrate all the key services in an area. While service integration is clearly part of a much wider public service improvement and community planning agenda, it is clear that where *Better Off* resources were targeted at service integration these changes have been implemented more quickly or more intensively.

## A strategic coordinating role

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Projects where the ADAT played a more strategic role in commissioning or co-funding the services were more likely to be continuing their work. This suggests a clear role for a strategic partnership in identifying where there are gaps in mainstream service delivery and in supporting new ways of addressing these.

## 9.3 Impacts on rehabilitation

### Supporting around 14,000 clients

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Over the life-time of the programme we have estimated that around 14,000 people have benefited in some way from the funded services. And these projects state that almost nine out of ten of their beneficiaries were not previously in touch with mainstream services.

### Taking clients along the employability pathway

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*Better Off*-funded projects appear to have played an important role in engaging people with drug misuse problems onto the employability pathway. The bulk of the funded activity focused on the first two stages of the pathway which involve engaging people with services and starting to develop confidence and core skills. Fewer projects focused on getting people into work, and even lower proportions on supporting those in work. So for most beneficiaries the outcome of *Better Off* is not going to be a sustainable job but a positive step towards employment.

### Targeting those with multiple disadvantage

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The vast majority of funded services focused on clients who faced multiple disadvantage including offending, mental health problems and homelessness. Most projects had sought to reach these excluded groups through developing partnerships and locating services in the communities close to where they are needed. However fewer than a third had used outreach work to make contact with these disadvantaged groups.

### Stabilising drug use

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In 2007 just over a quarter (28%) of *Better Off* clients had been helped to stop or stabilise drug misuse. As around 41% of clients were at risk of drug use or at the

clean stage of recovery, we can estimate that around 40% of those who were actively using drugs when they started with the project were helped to stabilise or stop their drug use. Projects which focused on intensive support were three times more likely to have helped clients to stabilise their drug use.

### Soft outcomes are key

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The most frequently reported impacts were on soft outcomes such as improved confidence and self-esteem. There were also significant improvements in motivation and inter-personal skills. Other important outcomes included improved health and appearance and better relationships with families or partners.

### Education and employment

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For those projects who were able to move clients further along the employability pathway, training or educational goals were the most common outcome. The 20 projects who were still active during 2007 had helped around 1,000 individuals to move into further training or education and more than 600 people into employment.

## 9.4 Factors of success

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Our case study research has enabled us to identify several key components of successfully engaging and sustaining drug misusers into positive activities. Most tend to, either directly, or in partnership promote:

- Social bonding;
- Healthy lifestyles;
- Practical or creative activities;
- New skills;
- Links with mainstream activities; and
- Volunteering or mentoring.

### Social bonding and health improvement

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Social bonding is important in developing positive relationships away from drug misusing peer groups. Improvements to health through better diet, exercise and personal hygiene are important in aiding recovery and improving self-esteem.

### Practical focus

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Learning new skills, either vocational skills or those linked to a creative project, provides clients with a focus and routine that helps to replace addiction. Achieving qualifications or producing something meaningful raises self-worth and builds people's confidence.

## Developing links

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Promoting links with the world outside of the project helps clients to overcome their fear of the wider world and develops their confidence in moving on from their addiction. Projects often use links with colleges or employers to provide these experiences in a supported context.

## Volunteering

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Our case studies have found that volunteering provides a positive step towards the world of work without the pressure of employment. Helping other people allows clients to give something back, while they can also develop work-related skills around team-working and establish aspects of a work routine and attitude.

## 9.5 Sustaining successes

### Funding for continuing services

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Most projects that were still operating their services in March 2008 were likely to continue either with Big Lottery Funding from other programmes such as Life Transitions or through funding secured from other partners. Projects had sought an average of 3.5 additional funding sources, which suggests that knowledge of the funding environment is critical to sustaining services. Those services that were not continuing were less likely to have looked for wider funding sources.

Projects also applied for funding through local authorities, ADATs, the Scottish Government (Fairer Scotland Fund), Charitable Trusts (such as the Lloyds TSB) and the European Social Fund. Most funding secured is fixed-term, although a small number of services have been effectively mainstreamed – two through local authorities and two through health boards. Most projects had changed the nature of their services after their *Better Off* funding finished, and more than a fifth of these did so to meet funding requirements rather than specifically to improve their services.

Those projects that were continuing tended to offer a broad range of services to clients, had met or exceeded their original targets and tended to focus on providing more intensive services to clients. Clearly these types of projects will find it easier to provide evidence of successful outcomes to funders than those who rely more on referring clients elsewhere.

### Projects leaving a legacy

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Projects that were finishing had still left a legacy from their funded services including;

- Changing awareness among employers and other agencies;
- Pioneering a client-led approach; and
- Highlighting the importance of aftercare.

Many of these lessons will have been picked up by partner organisations in their ongoing work with the client group.

## 9.6 Impact on current policy

### A mainstreamed ethos

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The extent to which the *Better Off* pilot services have directly influenced Government policy is hard to say. However, the new policies do seem to suggest there is more scope for continuing or re-launching services such as those funded through *Better Off*, and addressing some of the challenges they faced. The learning from *Better Off* has been well reflected in the approach of the new *Road to Recovery* drugs strategy which centres services around the client and takes a holistic approach.

Similarly, the growing recognition in Scotland of an employability pathway with several distinct steps before job outcomes makes it easier for projects to gain funding to work with people who will take longer to reach the labour market. These have taken a while to come into force, but they do promote the sustainability of the *Better Off* model, and it seems that the programme has influenced thinking on good practice.

### Work not always the most effective route

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While lifelong learning is covered by the Scottish Government, working age benefits are still not a devolved issue and the Department for Work and Pensions (DWP) still sets targets that can focus on work as a first option. While work is the most appropriate first option for some people with substance misuse backgrounds, the majority of *Better Off* service clients appear to have benefited from study first and also from volunteering. These initial steps greatly improve the sustainability of both employment and rehabilitation.

While the DWP is improving its understanding of hard-to-reach groups' needs, the department still need a clearer appreciation of the role of education in long-term employment. Learning and employability must be more effectively integrated, especially for people further from the labour market with a range of intense needs to address.

## 9.7 Overall conclusions

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Better Off was an experiment for the New Opportunities Fund in creating a country-specific programme to meet an identified need. Our evaluation has found that this experiment has proved well judged and extremely successful.

- The funded projects have tested a range of approaches to providing, client-centred, holistic approaches and have transformed thousands of lives.
- The work of the projects and infusion of ongoing evaluation findings to stakeholders has helped shape policy so that the projects' work has been largely sustained – and in many cases expanded.
- As Scotland sets out to implement the new Road to Recovery strategy, the Better Off projects provide evidence, experience and a foundation for transforming Scotland's services and the lives of people who have experienced problem drug misuse.

## Appendix A – Case study projects

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The case study projects we followed through the life of the evaluation were:

- **Integrated Drug Treatment Service** (Aberdeen) offers a package of co-ordinated support and specialist interventions around drugs, housing, employment and training.
- **Sunrise Project** (Dumfries) is the Integrated Drugs Service provider for Dumfries and Galloway.
- **Next Steps Fife** supports long term unemployed people who may have a history of drug misuse to access training and pursue employment. Next Steps provides a range of training opportunities from confidence building and life skills to IT competency and literacy.
- **City Connexions, later Think Again** (Edinburgh) first aimed to reach clients with a combination of homelessness and ex-offending barriers as well as drug users and help them move towards education and employment through short term courses. It then focused on providing a series of courses for ex-offenders recovering from drug problems.
- **Fab Pad** (Glasgow) supports vulnerable and homeless people decorate their homes.

Those added in the end were:

- **Highland User involvement Project** (based in Inverness) helps ex-drug users based in the Highlands through getting them to participate in conferences and spread their experience to medical professionals.
- **Gal Gael/Be Better Off** in Greater Govan aimed to provide motivational learning opportunities for people with an addictions background.

We later also spoke to key people in organisations that had hosted *Better Off*-funded projects and built on them after then funding was complete. These included:

- **The Glasgow College of Nautical Studies** (Glasgow) offered participants an SVQ level 2 and 3 in care.
- **Momentum** which had two projects: Glasgow-based STAR (Supported Training and Rehab) provides a community based rehab programme and Energiser Plus in Ayrshire which provided support for people with more substantial needs.
- **Apex Scotland** which also had two projects: City Connexions/Think Again (mentioned above) and the Kilmarnock Throughcare project to provide prison-based transition support to people leaving in HMP Kilmarnock.
- **Scottish Drugs Forum**, who were involved in the Highland Service Users Involvement project and Lanarkshire User Involvement, as well as the Addiction Workers Training Project with Glasgow Nautical College.

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