

A stylized sunburst graphic with five rays of varying lengths, colored in a gradient from light blue to white, positioned above the word "Pilotlight".

# Pilotlight

[www.pilotlight.iriss.org.uk](http://www.pilotlight.iriss.org.uk)





**Aberdeenshire**  
COUNCIL



Alcohol & Drugs Action



# What we did in year 1....

- Used a design methodology to explore the barriers and opportunities that self-directed support presents for people in recovery from substance misuse
- Designed solutions and new products to address these
- Prepared co-design team members with lived experience to be ready to apply for the two Self-directed Peer Worker posts that are integral to year 2 of this project

# Substance Misuse Recovery co-design team



- 6 People with Lived Experience
- SDS Lead, Aberdeenshire Council
- Social Worker / Mental Health Officer, Aberdeenshire Council
- Social Work Team Leader, Aberdeenshire Council
- Team Leader, Aberdeenshire Drugs & Alcohol Partnership
- 6 Support Providers (3 Support Workers, 2 Service Managers and an Area manager)



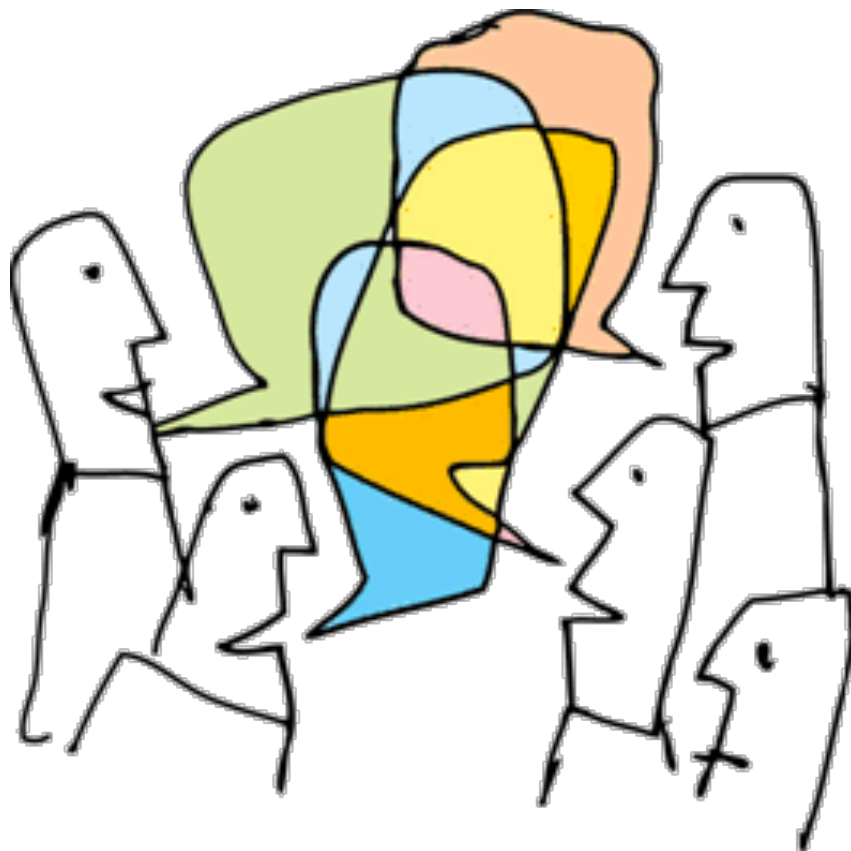
# Co-production matters!



The parable of the Blobs and Squares shows that there is more to people than their problems, that the solutions to the problems lies in the people themselves, not in an imposed solution, and that co-production really matters!

<http://s.iriss.org.uk/1WtSECD>

# Working together



## **SDS for Substance Misuse Recovery Co-Design Team Working Together Agreement v 2**

### **Expectations of Co-Design Team Members**

#### **General principles**

- Create a friendly, welcoming and open atmosphere in the group
- Commit to having fun as well as learning together
- Work together towards shared common goals and workable outcomes that will be implemented
- Be patient with the process

#### **Preparation and attendance**

- Read and bring the notes to the workshop
- Complete any requested preparation tasks in advance of the workshop
- Workshops will start at 11am and finish at 4pm. Plan to stay for the whole workshop. Late comers / early leavers are responsible for catching up on what they miss
- Read workshop notes and arrange for a telephone catch up with the facilitators if you have missed a session
- Turn mobile phones to silent
- The workshop venue has a zero tolerance of drugs/alcohol. Co-design team members concerned about their level of intoxication on the morning of the workshop should contact the facilitators to discuss. Members unable to participate on the day will be updated by the facilitators and welcomed back to the following workshop.

#### **Confidentiality**

- Personal sharing stays in the group
- Be aware of each other's boundaries

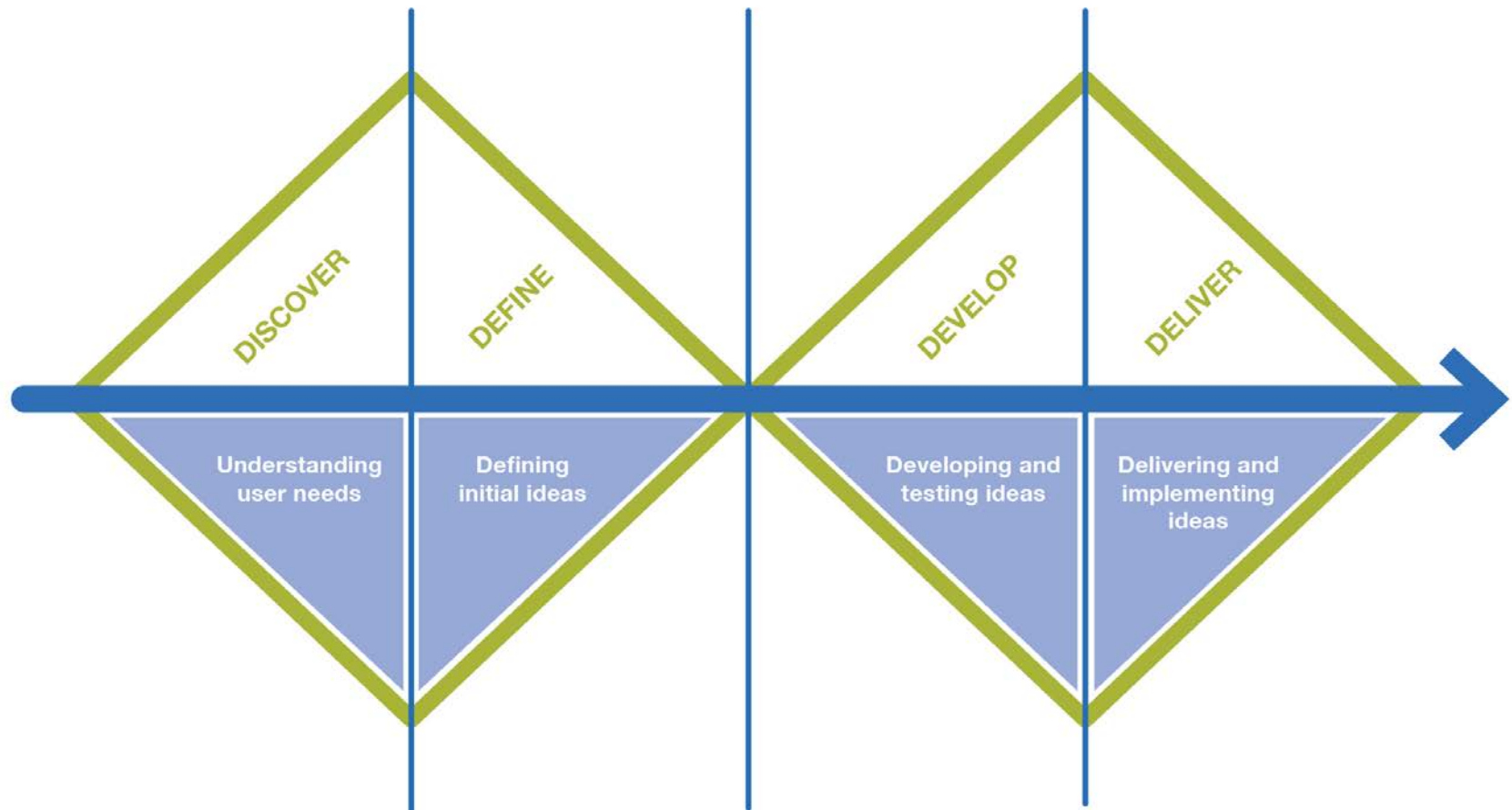
#### **Group courtesies**

- Get to know each other
- Respect, learn from and encourage each other.
- Ensure everyone has the opportunity to contribute but does not have to talk if they don't want to
- Be open to others points of view, non-judgemental and avoid confrontation

#### **Communications and media**

- We will take photographs with your permission
- We may ask you to give us audio /video sound bites about what you have done

# Design process





# Self-directed Support Values and Principles

Collaboration



Dignity



Informed Choice



Participation



Innovation



Involvement



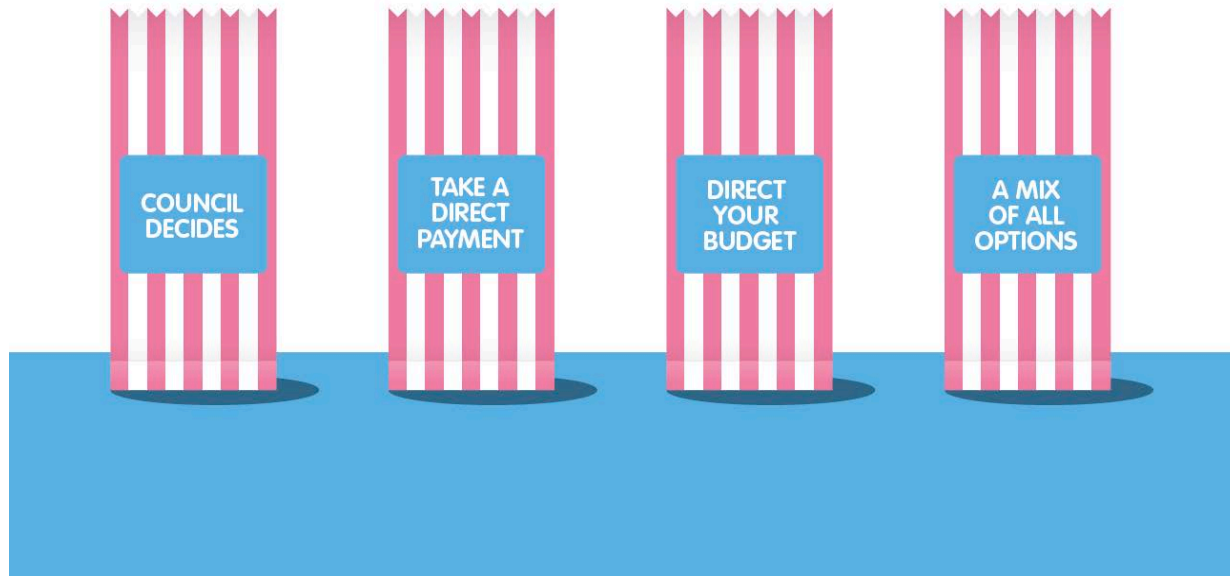
Responsibility



Risk Enablement



# More about Self-directed Support



<http://pilotlight.iriss.org.uk/resources/pick-n-mix>



# Research we did...

- 1 : 1 interviews with co-design team members
- Visits to the ADP Community Forums
- Co-design team action research
- Co-design team discussions
- Desk research
- Meetings and conferences

**Self-directed Support for Substance Misuse**

**Research**

**Pilotlight**

Please use these questions to interview someone you know. You might like to use the following as an introduction:

*I am a participant in a project about substance misuse recovery in Aberdeenshire. I have been asked to find out what people living in the area think about care and support for people in recovery from substance misuse.*

1. What helped you in your recovery?

2. Did anything stand in the way of your recovery?

3. Were there any gaps in the services or support you received?

4. If you had funds to buy recovery support, what would you have bought?



# Pilotlight characters

**Name:** Denise

**Age:** 24

**Where do they live in Aberdeenshire?**  
New Deer

**Who do they live with?**  
Mother, step father, half sister

**Who are their family and friends?**  
Mum - Rona, Stepdad - Sean, half sister - Louise (19), friend - Karyn (24), friend - Lisa (19), boyfriend - Daz (29)

**What is important to them?**  
Boyfriend and family despite difficult and at times volatile relationships, wants to learn to settle down with Daz, have a family - loves children and spends a lot of time looking after cousins and cousins children.

**What are their skills and talents?**  
Good with children, friendly and helpful, caring and loyal, sings beautifully

**What is their history of substance misuse?**  
Began drinking in early teens, initially weekend bingeing. Stopped attending school and drinking became a feature most days spending time with younger children, often providing them alcohol so she would have company to drink with. No friends own age apart from Karyn. Several hospital admissions due to alcohol. Thrown out at 16 and accommodated out of the area. Drinking stopped - slowly beginning again on weekend visits home. Moved home at 18 to 'help' with younger sister. Drinking soon escalated to the point she was consuming between 1 and 2 litres of spirits mosts days.

**What are they thinking?**  
I'm worthless, there's more to life than this  
Where are they on their recovery journey?  
Reduced daily intake with weekend binges at times. Has good spells with no drink for up to 3 days at a time.

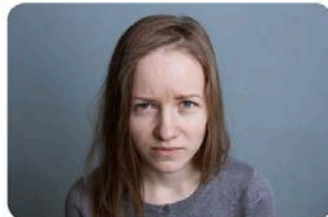
**Describe their recovery journey so far?**  
Frustrated, negative influences (Daz, Mum's behaviour) come and go, coping mechanisms fluctuate in relation to this

**What would they do during the day now?**  
Part time in local shop - varying hours, looks after cousins / cousins lads

**What would they like to be doing during the day?**  
Would like to do paid work with kids

**What else is important to know about them?**  
Mild learning disability, very vulnerable

**What is their experience (if any) of drug and alcohol services?**  
Various attempts to engage with differing results.



**Name:** Sally

**Age:** 25

**Where do they live in Aberdeenshire?**  
Peterhead

**Who do they live with?**  
Lives alone (in temporary accommodation)

**Who are their family and friends?**  
2 and 3 year old girls. Mum. Dad died in car accident. Friends are other drug users. She has friends that are no longer friends because of the lifestyle she has chosen.

**What is important to them?**  
Contact with children. Drugs and associations. Getting daily fix and money.

**What are their skills and talents?**  
Has qualifications in beauty therapy and hairdressing.

**What is their history of substance misuse?**  
Started drinking at 14. Cannabis by 16. Ecstasy at 17. Speed and amphetamines at 18. heroin by 19. Still using heroin although it has decreased in the last 2 months.

**What are they thinking?**  
I want to stop using  
I can't cope, I need help  
I need a fix  
I feel ashamed

**Where are they on their recovery journey?**  
Just starting to engage with services although still using and missing appointments and contact with family member.

**Describe their recovery journey so far?**  
Mixed emotions as still at very early stage of recovery and although wants to stop is finding it hard. Her usage has decreased but not believing she is ever going to be clean, as the drug debts she is left with are hard to cope with.

**What do they do during the day now?**  
Go to groups which drugs services provide. NA meeting occasionally. Meeting up with old friends not associated with drugs. Bored a lot of the time and lonely.

**What would they like to be doing during the day?**  
Working and taking the children out and looking after them. Going out to social events.

**What else is important to know about them?**  
Can be fragile /vulnerable at times. Struggling to stay away from associates that are actively using.

**What is their experience (if any) of drug and alcohol services?**  
Bereavement counselling at 14 when Dad died. Family mediation through drug services to try and





# Guest speakers



- Yvonne Strachan, SDS Lead, Aberdeenshire Council
- SDS in Aberdeenshire and myth busting



- Alastair Minty, C-Change and InControl Scotland
- Implementing SDS from a providers perspective



# Guest speakers



**What is Turning Point Scotland Renfrewshire Housing First?**

The Housing First model represents a significant departure from traditional 'linear' models of provision for homeless people with complex needs by placing individuals directly into independent tenancies with no requirement to progress through transitional housing programmes. By sustaining a permanent tenancy, service users are in a better position to access community support, healthcare and social benefits. Individuals are not required to be abstinent and the model focuses on a harm reduction approach incorporating the individual's recovery journey determining the issues addressed.

**Turning Point Scotland Renfrewshire Housing First**

Making Housing Support Services Fit People

**Contact**

Renfrewshire Housing First  
1 Sandyford Road  
Renfrewshire  
PA3 4HP  
T 0141 840 2299  
F 0141 840 1190  
E info@turningpointscotland.com  
W www.turningpointscotland.com

Our service covers the whole of Renfrewshire and Turning Point Scotland has offices throughout the region

Turning Point Scotland's range of support includes:

- Care at home
- Residential care
- Housing support
- Crisis intervention
- Community rehab
- Social enterprise

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- Turning Point Scotland Housing First Renfrewshire Staff – Karen Black, Diana Higgins and Liz Pugh
- Peer Support Working
- Turning Point Scotland Human Resources Provider – Ramiza Mohammed
- Job Applications

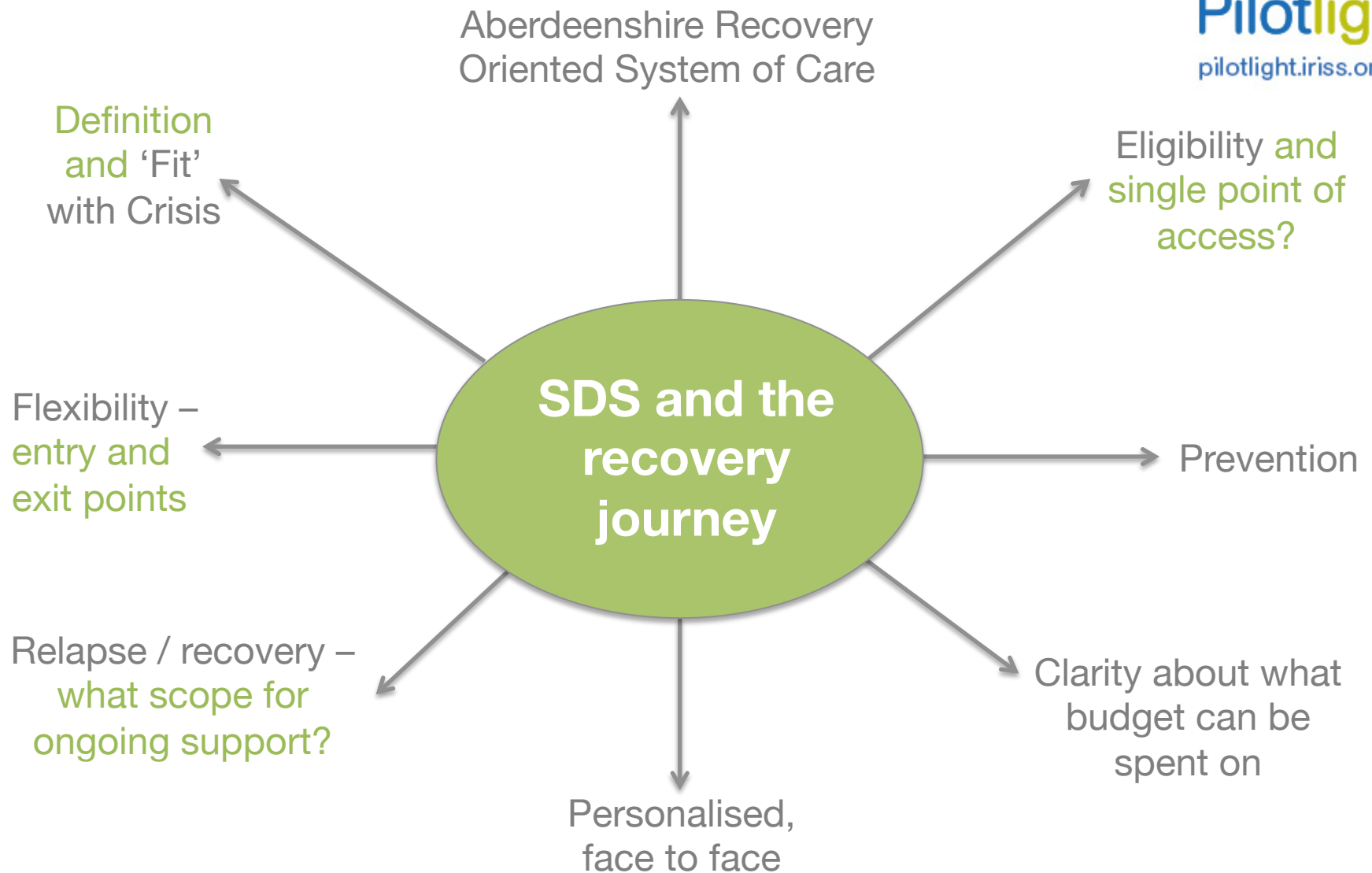
# Guest speakers



- Sharon Francis, Cornerstone SDS
- SDS support and community connections database

# Project themes

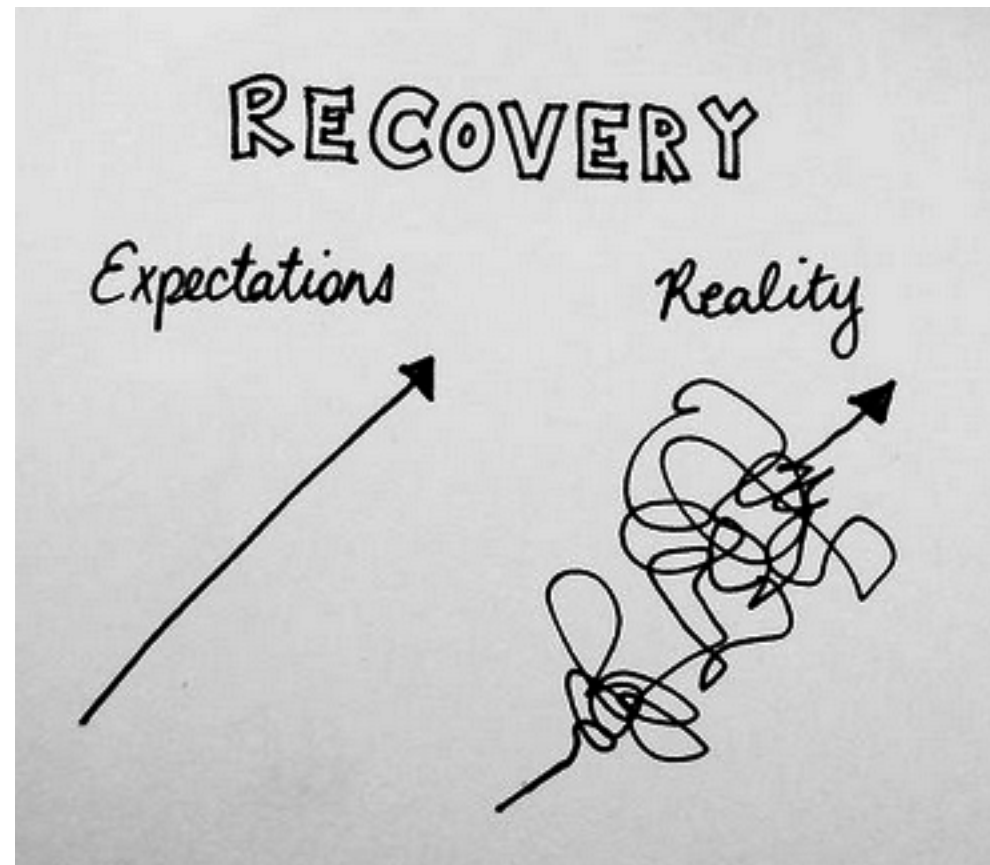




# SDS and the recovery journey

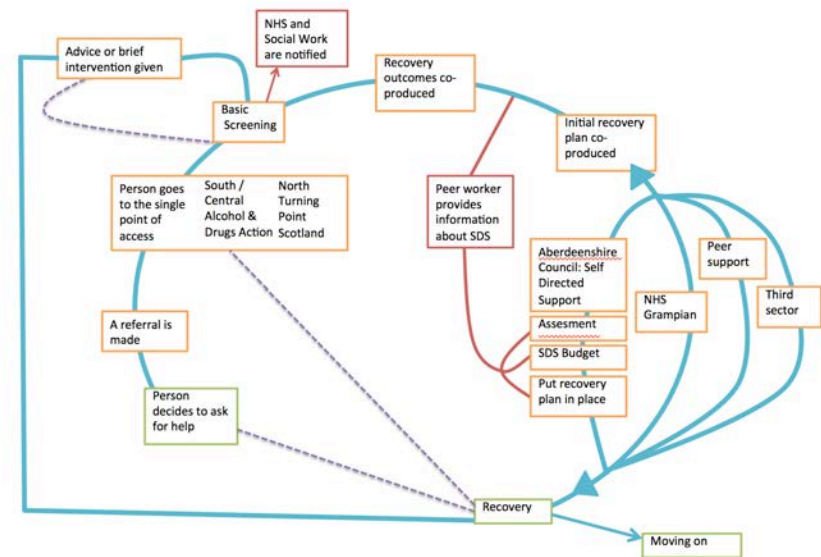
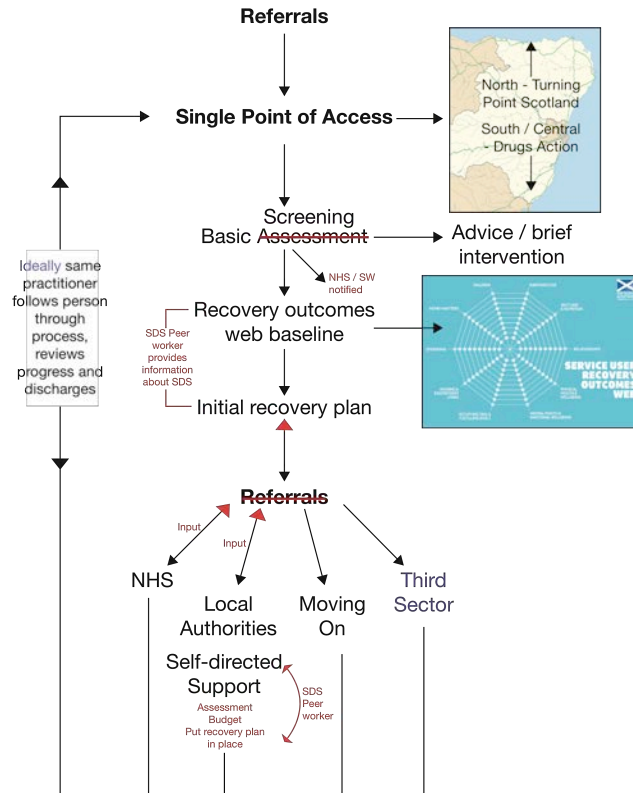
## Key insights

- The pathway through services and supports is unclear for people in recovery
- How do SDS and Single Point of Access work together?
- What is the role of social work?





# Customer recovery journey – a work in progress





# Maximising outcomes

## Key insights

- Understanding that outcomes based commissioning enables greater creativity in support planning
- The importance of sorting what is important to a person and for a person in maximising the positive control they have in their life



# Maximising outcomes – learning materials

## Maximising outcomes

## Learning Materials



### Instructions

- Divide the group into two smaller groups of equal numbers
- Give each group 1 hour to complete the tasks below
- Materials required: Denise's character (page 3 + 4), 'sorting important to / for' tool (page 5) and 'maximising outcomes' questions (page 6 + 7)



### Group 1

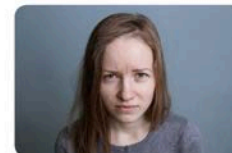
1. Read Denise's character
2. Spend 30 minutes sorting what is important to and for Denise using the 'sorting important to / for' tool on page 5
3. Allocate roles – 1 x Denise, 1 x Single point of access worker from Turning Point, 1 x Social Worker, (1 x commissioner)
4. Spend 30 minutes planning support with / for Denise using only existing services and supports commissioned by social work
5. Answer the 'group 1 maximising outcomes' questions on page 6

### Group 2

1. Read Denise's character
2. Spend 30 minutes sorting what is important to and for Denise using the 'sorting important to / for' tool on page 5
3. Allocate roles – 1 x Denise, 1 x Single point of access worker from Turning Point, 1 x Social Worker, (1 x commissioner)
4. Spend 30 minutes planning support with / for Denise using an annual budget of £6,000. How would you plan with Denise to spend it?
5. Answer the 'group 2 maximising outcomes' questions on page 7

- After 1 hour, bring the two groups back together.
- Spend 30 minutes discussing each of their approaches, differences in how they designed the support and reflecting on the barriers and opportunities they saw in each.

### Character: Denise



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# Positive risk taking

## Key insights

- Tackling stigma and self-stigma is key to necessary culture change
- Shift in power that SDS involves is leaving practitioners fearful of being held liable
- Myths such as SDS involves giving 'chaotic addicts' cash have to be busted

Written by

Stuart Bowie

Published June 1, 2016

## Stigma



Some people who have never felt the stigma of being looked down upon by society may not get how it works, so big mouth here is going to give you an example.

Let's say my life is a windscreen, I'm going along, quite happy then the government declare a war on drugs and suddenly it starts to rain. The first and biggest drop of rain lands right at the top of the windscreen, this is the MP calling all drug users and dealers the scum of the Earth and telling everyone they need to be protected from us and our ideals. Social stigma is born. This first drop of rain though does not want to stay at the top of the windscreen though so it starts to descend through the raindrops of the higher and middle classes, gaining momentum and support as it goes down through the working class, the wife beater, the shoplifters, the alcoholics, uniting those people used to stigma and derision against the new target for hatred and vilification until it is no longer a few drops of water but a stream flowing down the windscreen and no matter how fast the wipers work they cannot stop all that water. This is what addicts have faced since the early 80's when a government official declared AIDS to be a disease carried and spread by gay men and intravenous drug users. By mouthing off without knowing the facts these people have made the lives of addicts close to unbearable.

# Positive risk taking – 'myth busting' animation



WHAT  
IS  
SDS?



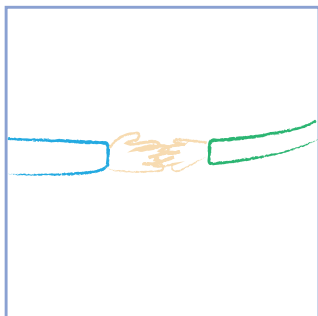
SDS is wild camping



SDS is a cuppa



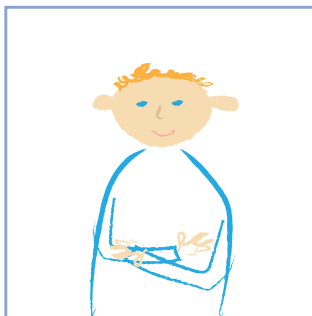
SDS is learning to drive



SDS is getting connected



SDS is more choice



SDS is more control

SELF  
DIRECTED  
SUPPORT

SDS is self directed support

WHAT  
COULD  
YOUR  
LOOK  
LIKE?



# Personal approach by providers

## Key insights

- Some services (e.g. needle exchange, 24/7 helplines) will always need block funding
- Having to go through social work to access SDS is a barrier
- All providers (including social work) need to work out unit costs for recovery supports
- Disability providers have valuable experience to share
- Workforce development for SDS delivery is required
- Providers will need to move towards a core staff team and PT / sessional staff to allow them to flex up and down
- Provider creativity and budget pooling by support users could open up new opportunities
- Individual Service Fund (SDS Option 2) could be a good solution for people in recovery from substance misuse
- Providers will require bridging finance to make the transition

# Test budgets

## Recovery Outcomes



### 1. Alcohol & Drugs

Dependent drug and alcohol use, including frequency, safer/harmful use, (il)licit use, level of self-control with substance(s), taking action and level of improvement with substance misuse.



### 2. Self-care & Nutrition

Looking after self, including diet and nutrition, personal hygiene, fitness, personal safety and being able to keep appointments.



### 3. Relationships

Relationships with child(ren), partner, family, friends, including isolation, stability, and involvement in recovery communities, wider social networks, and safety in these relationships (see self-care).



### 4. Physical Health & Wellbeing

Physical health, including Blood Borne Viruses (BBVs), wound care, sexual and reproductive health (for males and females), circulatory and respiratory health, chronic pain, recent overdose events, nerve damage, keeping medical appointments and taking medication as prescribed.



### 5. Mental & Emotional Wellbeing

Mental and emotional wellbeing including coping skills, stress, anger management, establishing boundaries, sleep routines, trauma, alcohol related brain damage (ARBD), head injuries, self-worth, personal resilience, outlook/maturity, keeping appointments and taking medication as prescribed.



### 6. Occupying Time & Fulfilling Goals

Occupying time and fulfilling goals such as employability, training, education, employment, volunteering, personal values and beliefs, dreams and aspirations and enjoyment.



### 7. Housing & Independent Living

Housing and independent living, including safe, secure and appropriate accommodation, anti-social behaviour, tenancy care, rent (see also Money Matters), housing applications, necessary furnishings, living with family or in a shared living space.



### 8. Offending

Offending activity including frequency and severity of offending, engaging with rehabilitation work, through care plan (if appropriate), complying with any court/bail orders. Offending would include any of the following: involvement in drug supply/possession, shop lifting, theft/burglary, involvement in prostitution, drink driving, drug or alcohol aggravated assault, unpaid fine, etc.



### 9. Money Matters

Individual's financial situation being under control, including bank accounts, paying bills fully / on time, payments for rent and related utilities (e.g. electricity, gas, telephone), budgeting, welfare benefits issues (applications, appeals, sanctions, appointments), utilising money advice and advocacy, financial stress and accessing support such as food banks and Credit Unions.



### 10. Children

Child wellbeing and parenting, including individual's parenting skills, contact with child(ren), child practical, emotional and physical wellbeing, child's plan, child(ren)'s school attendance, complying with any children and family social work involvement and/or children's hearing system requirements.

Name: \_\_\_\_\_



The recovery outcome(s) I want to focus on:

Ideas for how I can do this:

Ideas for how my test budget could support me to do this:

daughter.  
- cover petrol costs

Ideas for how I can do this:

- ① Provisional licence
- ② Theory Test.
- ③ Block Driving Course.
- ④ Bus - fares to & from Aberdeen

Ideas for how my test budget could support me to do this:

Help finance	① + ② + ③ + ④	£55
		£35
		£80



# Peer worker roles



- Two posts – recruited from Pilotlight co-design team members
- Employed by
- 12 months
- To talk to people using substance misuse services and practitioners across Aberdeenshire about what self-directed support is, the opportunities it presents and how they can take it forward
- Based at the single points of access, to encourage and facilitate people to develop and test self-directed support budgets



# Peer worker role design

## Anatomy of an SDS Peer Supporter

Pick 4 key values / skills you think our SDS Peer Supporters should have and describe a situation where they might need them.



**VALUE / SKILL 1:** Approachable

**Situation when they might use this:**  
Relapse or initial contact with services

**VALUE / SKILL 2:** Listening / communication skills

**Situation when they might use this:**  
For breaking barriers down and making client feel they are important



**VALUE / SKILL 3:** Respecting the clients choices

**Situation when they might use this:**  
In cases of rehab, medication, drug use etc

**VALUE / SKILL 4:** Secure / confident and supported in their own recovery

**Situation when they might use this:**  
Lessens the chances of relapse in the recovery peer worker

# Peer worker interview design





# Pilotlight blog

Pilotlight

HOME ABOUT BLOG SDS SDS RESOURCES CO-DESIGNING SDS PEOPLE


HOME • BLOG • SDS VS. SPS

Written by  
**Stuart Bowie**

## SDS vs. SPS

Stuart Bowie (SDS for Substance Misuse Recovery co-design team member), through a creative piece of writing, presents his take on self-directed support in relation to addiction. We envisage that it will provoke mixed responses from readers.

Published February 16, 2016



They asked me to think about self directed support and how it could be used.

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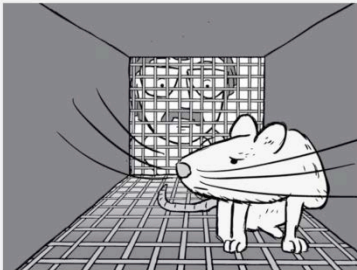
HOME ABOUT BLOG SDS SDS RESOURCES CO-DESIGNING SDS PEOPLE

HOME • BLOG • GROWING AND SUSTAINING POSITIVE SOCIAL AND COMMUNITY NETWORKS FOR RECOVERY

Written by  
**Wayne Gault**

## Growing and sustaining positive social and community networks for recovery

Published March 2, 2016



(image from Stuart McMillen's comic Rat Park)

Pilotlight

HOME ABOUT BLOG SDS SDS RESOURCES CO-DESIGNING SDS PEOPLE


HOME • BLOG • THE OPPORTUNITIES SELF-DIRECTED SUPPORT COULD OFFER FOR PEOPLE IN RECOVERY FROM SUBSTANCE MISUSE

Written by  
**Wayne Gault**

## The opportunities self-directed support could offer for people in recovery from substance misuse

Published December 1, 2015

I liken SDS in addition to that new pair of running shoes currently sitting in my cupboard unused. Those shoes offer so much potential to improve my life but I've yet to overcome the barriers to actually go out for a run. Unless we figure out how to overcome the barriers, there is a risk that SDS might be the same.



Pilotlight


HOME ABOUT BLOG SDS SDS RESOURCES CO-DESIGNING SDS PEOPLE

HOME • BLOG • THE OPPORTUNITIES SELF-DIRECTED SUPPORT COULD OFFER FOR PEOPLE IN RECOVERY FROM SUBSTANCE MISUSE

Written by  
**Wayne Gault**

## The opportunities self-directed support could offer for people in recovery from substance misuse Part 2

Published March 23, 2016



One of the things that is immediately attractive about Self Directed Support (SDS) is that it offers new opportunity and choice. For some people, that choice will be getting help from formal services where the individual is the "client" of the service. For others, that choice will not be about being a client but a citizen free to do as they see fit in their community.

Increasingly people in recovery recognise that "a human with all their flaws is more imaginative, adaptable and creative than the most perfect formal service". SDS can help individuals believe in their own ability to solve problems rather than be dependent on services to solve their problems for them. This is about returning power to the people and SDS has the potential to do just that.

Hopefully when folk are looking for advice about SDS, they will hear less of: "Hi, my name is xxx; these are my qualifications; what's the matter with you?" This kind of needs analysis always generates the same answer: "you need our service". Instead, folk should increasingly hear: "Hi, my name is xxx, what is it that matters to you?"

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HOME ABOUT BLOG SDS SDS RESOURCES CO-DESIGNING SDS PEOPLE

HOME • BLOG • SELF-DIRECTED SUPPORT: PEER SUPPORT WORKERS: THE VALUES AND SKILLS REQUIRED

Written by  
**Tracey Stewart**

## Self-directed Support Peer Support Workers: The Values and Skills Required

Published March 26, 2016



The values and skills required to be a peer support worker are firstly and most importantly I think is to have good communication skills and be a good listener. They must have a good knowledge about the subject whether it be alcohol and drug misuse or a mental health issue.

The peer support worker must be open-minded and non-judgmental and have empathy, honesty and respect for the individual. They need to provide knowledge, experience, emotional, social and practical help. Their role includes exploring solutions with the individual and knowing which step to lead the individual to next stage of their recovery. They should focus on strengths not weaknesses and realise when the individual is ready for support and be able to offer that support.

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HOME ABOUT BLOG SDS SDS RESOURCES CO-DESIGNING SDS PEOPLE

HOME • BLOG • THE BLUEPRINT FOR A PEER SUPPORT WORKER

Written by  
**Stuart Bowie**

## The Blueprint for a Peer Support Worker

Published March 16, 2016



As the name suggests, the role of a Peer Support Worker is best done by someone with experience in the client's particular ailment. Be this addiction, alcoholism or mental illness it is important that the Peer knows what they are talking about and has the empathetic nature to listen to the client. The Peer must also be approachable, there is no point even going into this line of work if you do not have the people skills to get people to talk to you.

The Peer must also be able to respect the choices the client makes, even if they seem wrong to the Peer at the time, as people only really ever learn from their own experience. I have already mentioned that a Peer should have good listening skills but they should also have a good memory. There is nothing more annoying to people than having to repeat the same information time and time again and if this happens the probability of losing the client completely rises significantly. The Peer must also be friendly but at the same time know when they are getting too involved and be able to back up a little without the client feeling all responsibility is on their shoulder.



Any  
questions?

