



Digital Health & Care  
Innovation Centre

Digital  
Lifelines  
SCOTLAND  
Saving lives through connections

# Digital Lifelines

## DHI Discover and Define Final Report

February 2023

## Authors

Sneha Raman (Glasgow School of Art), Harriet Simms (Glasgow School of Art)

## Editors

Don McIntyre (Glasgow School of Art), Moira Mackenzie (University of Strathclyde)

## Illustrations

Raman and Simms (2022)

## Photos

Louise Mather

## Disclaimer

This document has been prepared in good faith using the information available at the date of publication without any independent verification.

Readers are responsible for assessing the relevance and accuracy of the content of this publication. University of Strathclyde, acting through the Digital Health & Care Innovation Centre, will not be liable for any loss, damage, cost or expense incurred or arising by reason of any person using or relying on information in this publication.

## Copyright

First released: February 2023

This report has been published and distributed under the terms of Creative Commons Attribution License version 4.0 (CC-BY): <https://creativecommons.org/licenses/by/4.0/>

This document has been written and prepared by the Digital Health & Care Innovation Centre. The DHI was established as a collaboration between the University of Strathclyde and the Glasgow School of Art and is part of the Scottish Funding Council's Innovation Centre Programme. The DHI is also part-funded by Scottish Government. DHI supports innovation between academia, the public and third sectors, and businesses in the area of health and care.

## For more information please contact:

Sneha Raman - sneha.raman@dhi-scotland.com

Cate Green - cate.green@dhi-scotland.com



A collaboration between



This final report presents an overview of activities and findings from the integrated 'Discover and Define' workstream led by DHI between March and December 2022, as part of the Digital Lifelines Scotland programme. It begins by outlining the aims and the overall process, followed by a summary of the activities and findings from the two key phases of this work - 'Scoping the project' and 'Mapping the current'.

The report concludes with a synthesis of emerging insights and themes from different perspectives (i.e., lived experience, service, sector, policy and digital); and highlights key opportunities for digitally enabled services to support people who use drugs and have multiple, complex and enduring needs to reduce risk of harm and live well in the community. This will inform the 'Develop' phase, to co-design future digital solutions and services.

## Contents

Project Summary	4
Summary of Findings from DHI Discover and Define	5
Emerging Vision and Focus Areas for Digitally Enabled Services	6
Background	7
Methodology	10
Scoping the Project	12
Emerging Insights	14
Mapping the Current	22
Emerging Insights	25
Focus Areas for Future Services and Support	41
Conclusion	45

# DIGITAL LIFELINES : DHI 'Discover and Define'

A participatory design approach was employed for the integrated DHI 'Discover and Define' workstream - to understand experiences of people who use drugs (focusing on those with multiple, complex and enduring needs) and professionals who support and care for them; and identify opportunities for co-designing digital solutions and services to reduce risk of harm and support people to live well.

## Participants:

- 5 People with lived/living experience in Dundee
- 18 Professionals who support people who use drugs in Aberdeen
- 5 Professionals who support people who use drugs in Dundee
- 45 Professionals from the wider sector and policy teams

## Team:

Sneha Raman  
Harriet Simms  
Cate Green  
Don McIntyre  
Moira Mackenzie

Supported by:  
Charlotte Stoney  
Gabby Morris  
Angela Bruce  
Sandra Ozga

## Activities:

- Scoping conversations
- Collaborative workshop
- Lived experience engagements
- Service mapping workshop
- Analysis & synthesis
- Collaborative review
- Horizon scanning



Mar-Dec 2022

7  
1/2

Hours of mapping lived/living experiences

9  
1/2

Hours workshops

5

Hours collaborative review

## Locations:

Aberdeen City  
Dundee City



## Key findings:

- *Focus on relationships and integrating lived experiences within services*
- *Single point of contact through a 'no wrong door approach'*
- *Holistic approach to care beyond a focus on people's use of drugs*

## Outputs:



Visual lived experience summaries

x5



Service maps

x2



Horizon scanning report

x1



Interim reports

x2



Final report

x1

## Key takeaway:

*People who use drugs do not see harm reduction and recovery as distinct or chronological, but as interconnected experiences that shape their journey towards living well. Future services need to consider ways to develop flexible and non-chronological pathways, to meet people's needs around reducing risk of harm and living well using an integrated approach.*

# Summary of Findings from DHI Discover and Define

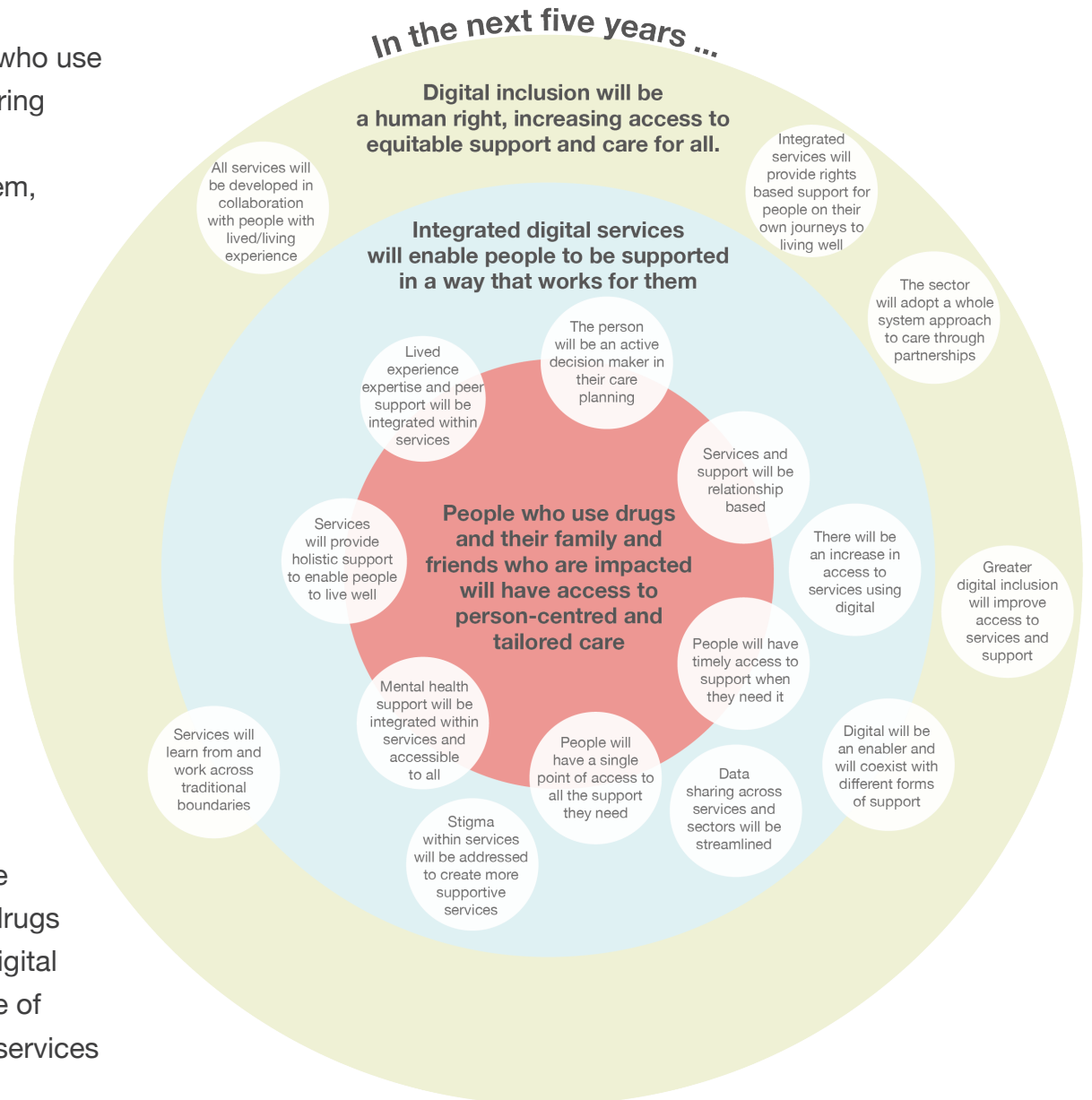
**PEOPLE** who use drugs want relationship-based services where they are an active decision maker and lived experience expertise is integrated at all levels. People need a 'no wrong door' approach where all services can be accessed through one point and there is timely and flexible access. People need access to mental health support and want a holistic approach to their support based on building confidence and routine.

**SERVICES** need to work with people to address underlying reasons for using drugs, exploring holistic and non-clinical forms of support. Services need to address stigma by embedding knowledge and awareness through all services that engage with people who use drugs. Services have opportunity to use digital solutions to enable sharing and joined up working and provide softer or flexible forms of access.

**THE SECTOR AND POLICY** need to support services to enable integrated care that uses person centred, trauma informed and human rights based approaches to support individuals on their own, unique journeys to living well. They need to look at working across traditional service boundaries to enable collaboration and knowledge exchange and learning around digitally enabled services.

# Emerging Vision and Focus Areas for Digitally Enabled Services

The collective vision for the next five years is that people who use drugs, particularly those with multiple, complex and enduring needs, will have access to integrated digital services that enable people to be supported in a way that works for them, which includes a ‘no wrong door’ approach with joined up services. This aligns with shared themes and insights emerging across our engagements with people with lived experience, services and wider sector (See figure on right, and further details on p.25 and 41). For example, one of the participants, The Baker, reflected that it is challenging for someone who uses drugs to access services for the first time, “...but once you get through that door, the help’s there”, and another participant Paulie Walnut highlighted the importance of accessing support under one roof, “*Street Soccer is basically a platform (...) Now, it’s criminal justice, addictions, employment, housing and mental health. (...) it’s sport as a platform to help you there.*” Similar needs were highlighted by services in Aberdeen and Dundee and the wider sector, for services to work collaboratively to reduce risk of harm and deliver holistic care for people who use drugs (see details on p.42 to 44.) Horizon scanning of existing digital solutions further highlighted the value of integrating a range of website, on-site, telehealth, mHealth interventions within services to support holistic care (see p.19).



Future vision and collective themes emerging across engagements

# Background

## Digital Lifelines Scotland

Digital Lifelines Scotland seeks to increase digital inclusion and to design new digital solutions with and for people with multiple and complex needs at increased risk of drug related harm. It aims to improve the health outcomes for people who use drugs, reducing the risk of harm and death, specifically to ensure that:

**PEOPLE** have greater access to the confidence, skills, and motivation alongside devices and connectivity that form digital solutions that keep them safe and that enable them to become and remain connected to family, friends and relevant services that support them.

**THE SERVICES** that support these people have the digital means to develop and strengthen the support they provide, and staff that are skilful in using and developing digital solutions to enable those they support.

**THE SECTOR** is connected and collaborating, developing joined-up services and exploring digital solutions together.

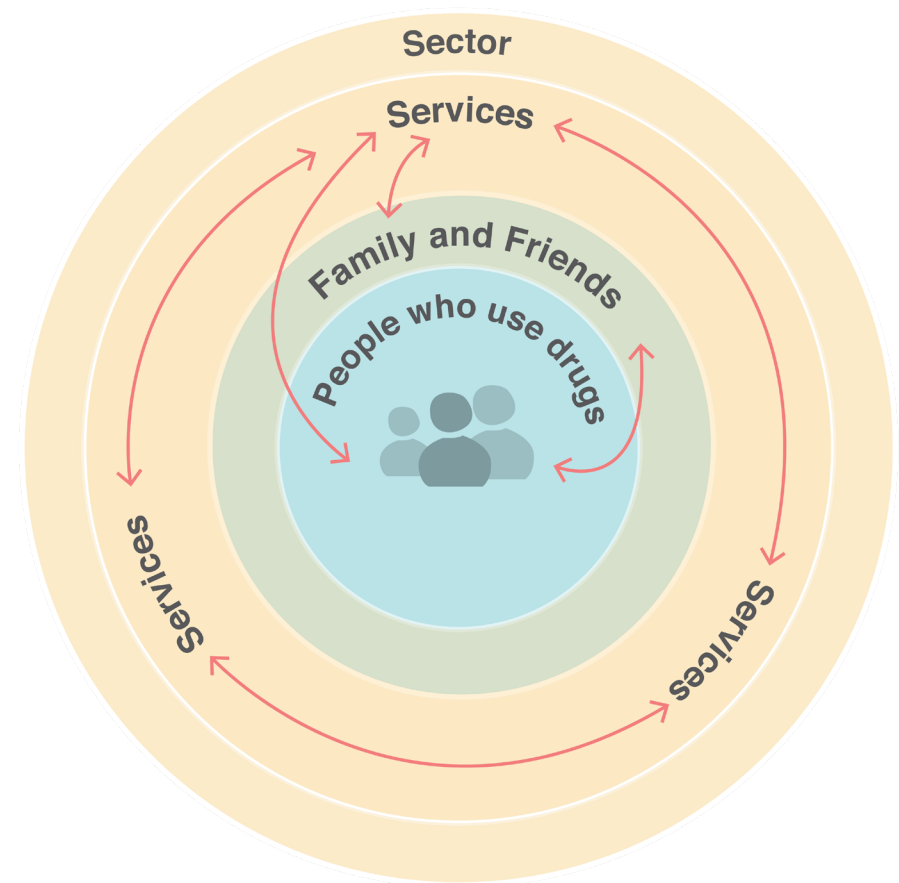


Figure 1. Role of digital in enabling connections

Digital Lifelines Scotland programme is led by Digital Health and Care Directorate at the Scottish Government in conjunction with core partners, and is joint funded by Digital Health and Care, Drugs Policy Division, and the Drug Deaths Taskforce. Delivery partners include the Drugs Research Network Scotland (DRNS), the Scottish Council for Voluntary Organisations (SCVO), Turning Point Scotland (TPS), Connecting Scotland and the Digital Health and Care Innovation Centre (DHI).

The Programme has taken an approach based on the Scottish Approach to Service Design (SAAtSD) to ensure that time is taken to fully understand the needs of affected people and organisations before co-designing appropriate solutions with them. This typically follows a process of 'Discover', 'Define', 'Develop' and 'Deliver'. It is a flexible framework which employs design methods to enable organisations responsible for providing services to work together with people who access services and staff who provide these services to define the problems before moving to solutions.





## DHI Discover and Define

The Digital Health and Care Innovation Centre (DHI) joined the Digital Lifelines programme in March 2022 with the aim to work with delivery partners, organisations delivering services, and people who use drugs, to collaboratively produce a future vision for digitally enabled services to better support people who use drugs. As partners in the DHI, design researchers at the Innovation School at The Glasgow School of Art provide expertise in participatory design approaches to creatively engage people with lived experience and those delivering services to co-design future experiences of care and support for people who use drugs.

DHI's role in the programme is to:

- **to analyse and synthesise activities and findings from the Discover phase;**
- **support the Define phase through mapping current services;**
- **and collaboratively identifying and developing opportunities for future digitally enabled services .**

Following an initial review of the outputs from the earlier Discover phase of the programme (2021) and scoping conversations with delivery team partners, the team identified gaps in knowledge around the experiences, priorities and challenges for people who use drugs and those delivering services.

This early stage of Discover activities provided insights into the challenges and opportunities related to increasing digital inclusion – a precondition for ensuring equitable access to digitally enabled solutions and services. However, there was a further need to focus on understanding people's journeys of using drugs and experiences of accessing services and support, alongside exploring a diversity of perspectives (e.g., lived experience, service, sector, policy and digital) around support and care needs for reducing risk of harm, to inform and define the priorities and rationale to co-design digitally enabled future services for this complex context.

This led to our proposal for an integrated Discover and Define phase – using a non-linear, iterative and collaborative design process.

The aim was to understand challenges and opportunities based on people's current experiences of accessing and delivering services, and to generate opportunities and ideas for future digitally enabled services.

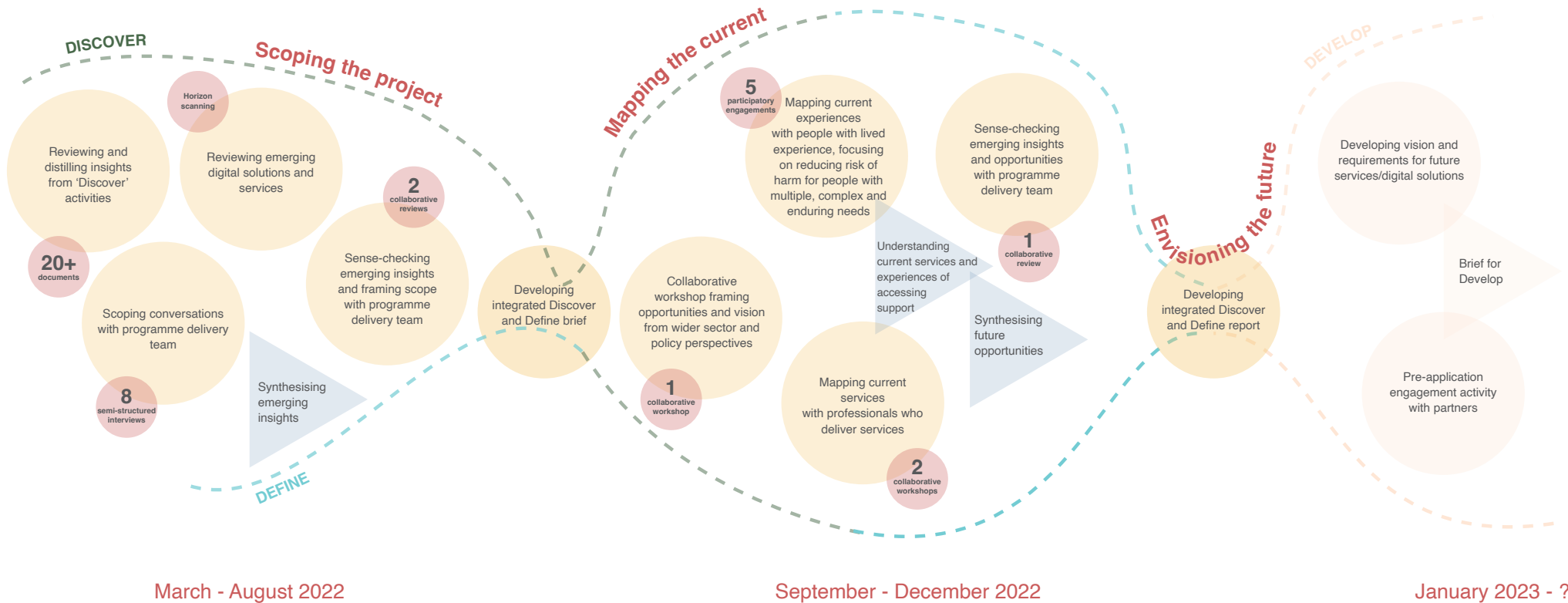
# Methodology

A participatory design approach with bespoke methods and tools tailored to this context was employed to iteratively engage with a diverse group of participants and identify ways of reducing risk of harm and supporting people who use drugs to live well. To integrate a diverse range of perspectives – including delivery partners, people who use drugs, organisations delivering services and the wider sector, and ensure that emerging digital innovation opportunities meet the expectations and needs of all those who provide and receive care and support, activities were organised in two stages:

- **Scoping the project** to identify collective priorities from a programme delivery and wider sector perspective to inform the focus areas for the integrated ‘Discover and Define’ workstream.
- **Mapping the current** to understand what services and support are currently available, and the experiences of accessing services and support from the perspective of people who use drugs, and collaboratively identifying and developing opportunities for **future digitally enabled services**.



# Overview of the Process



# Scoping the Project

## Analysing and synthesising insights from reports

We analysed and synthesised emerging insights from the documents that the Digital Lifelines programme team had collated based on the work carried out by DRNS, TEC, TPS and SCVO in the initial Discover phase. To contextualise these emerging insights, we also reviewed additional literature focusing on ongoing developments in the wider services and policy landscape. This included a particular focus on understanding the diversity in experiences of people who use drugs, and identifying factors that contribute to making people more vulnerable to or put them at higher risk of experiencing drug related harm. Additional documents were shared by delivery partners and reviewed to inform further refinement of the insights following the scoping conversations (see next section).

We have continued to review reports being published during the project including the Drugs Death Task Force 'Changing Lives' report and the Early Adopters 1 Impact Report. These have further informed our understanding of the context, emerging digital opportunities, and where this workstream sits within the wider context.

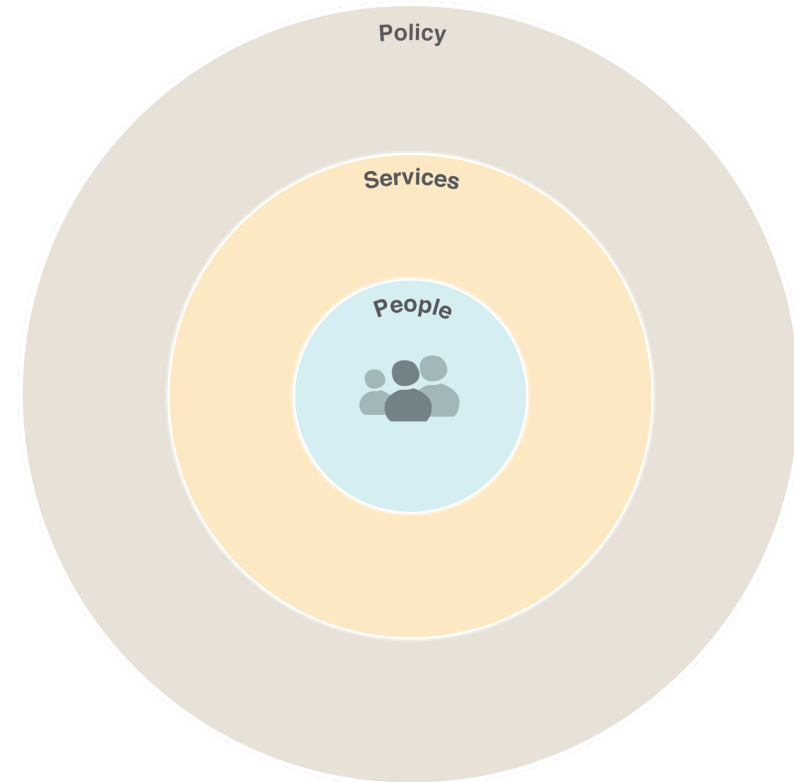


Figure 2. Lens for analysis and synthesis

## Scoping conversations

During the initial stages, four scoping conversations were set up by the Digital Lifelines programme team to support DHI to gain an overall understanding of the Digital Lifelines programme and to support with contextualising and sense-making of the Discover documents.

Following a collaborative review with the delivery team sense-checking emerging insights based on these initial conversations and analysis of Discover documents (see next section), four additional scoping conversations were organised with the rest of the delivery team partners. The aim was to delve deeper into the emerging insights and build on partners' contextual knowledge and expertise to further inform the scope of this phase.

## Early Adopters 2 Community of Learning sessions

Attending the Early Adopter 2 Community of Learning sessions, which happen monthly, has provided us the opportunity to meet third sector organisations and to learn from their experiences and knowledge of the wider context, people and communities.

## Horizon scanning

A horizon scanning activity was undertaken by DHI with the aim of mapping emerging technologies and digital opportunities for preventing drug related harm and death, across the UK and internationally – with a particular focus on digitally enabled services and solutions aimed at reducing risk and/or reducing vulnerability.

## Collaborative reviews with the delivery team

An early version of emerging insights from the analysis and synthesis of the initial Discover documents and the scoping conversations was shared with the Digital Lifelines delivery team. The aim was to collaboratively sense-check the insights and identify any potential gaps, and build on the delivery teams' expertise to collectively identify priorities and focus areas for this work stream.

A second collaborative review session was organised with the delivery team to further share the insights and refined focus areas based on the outputs from the first collaborative review and additional scoping conversations, with the aim to collectively frame and finalise the scope of this integrated Discover and Define phase.

# Emerging Insights

## Situating DHI Discover and Define in relation to other workstreams

Building on the The Scottish Drugs Death Taskforce high-level focus areas for prioritising action, the delivery team agreed that there is a need to move beyond the short term focus on emergency responses in this work stream (by building on Early Adopters and ODART work which has a primary focus in this area) to align with the overall aims of the Digital Lifelines programme (see p.7). The focus on reducing vulnerability in the long-term was seen as aspirational, however, not practical in the remaining timeframe for the current programme. The team agreed on situating activities in this workstream to focus on **reducing risk in the medium term, with the potential to inform opportunities and ideas for future work around reducing vulnerability in the long term.**

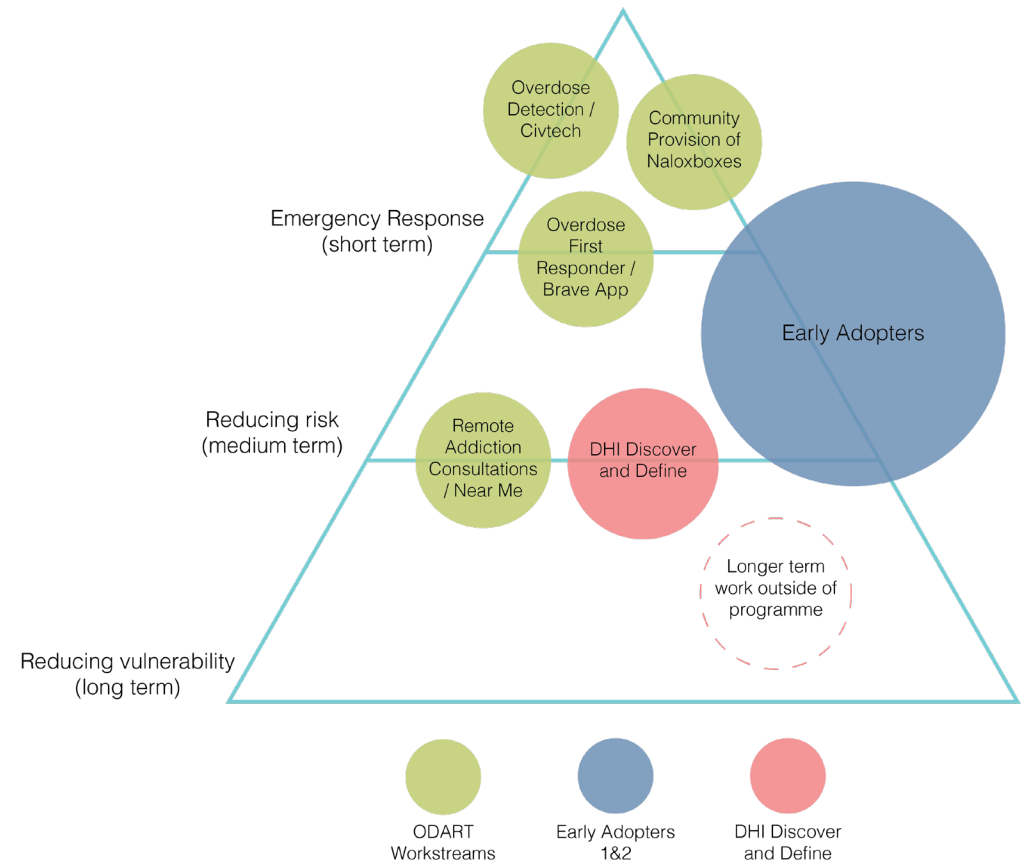


Figure 3. Situating DHI Discover and Define

## Framing our understanding of services and support

From the analysis of the initial Discover documents and scoping conversations a number of key insights related to the types of support and services currently available, and the strategic/policy priorities around improving care and support in the future emerged (see visual summary on the right).

Feedback from the delivery team supported in further refining these insights and focus areas –

- There are currently a number of third sector services with a general focus on harm reduction, which includes use of drugs among other areas such as homelessness and mental health.
- Current services are not developed with a focus on specific groups, but care and support provided may be often tailored, e.g. gender specific groups.
- There is a lack of information on universal and specialised statutory services, and there is a need to involve them in the programme to build a holistic understanding of services and support.
- Adopting a whole system approach involves not only developing partnerships across organisational boundaries (e.g., Health Boards, Social Work, Local Authorities, Third

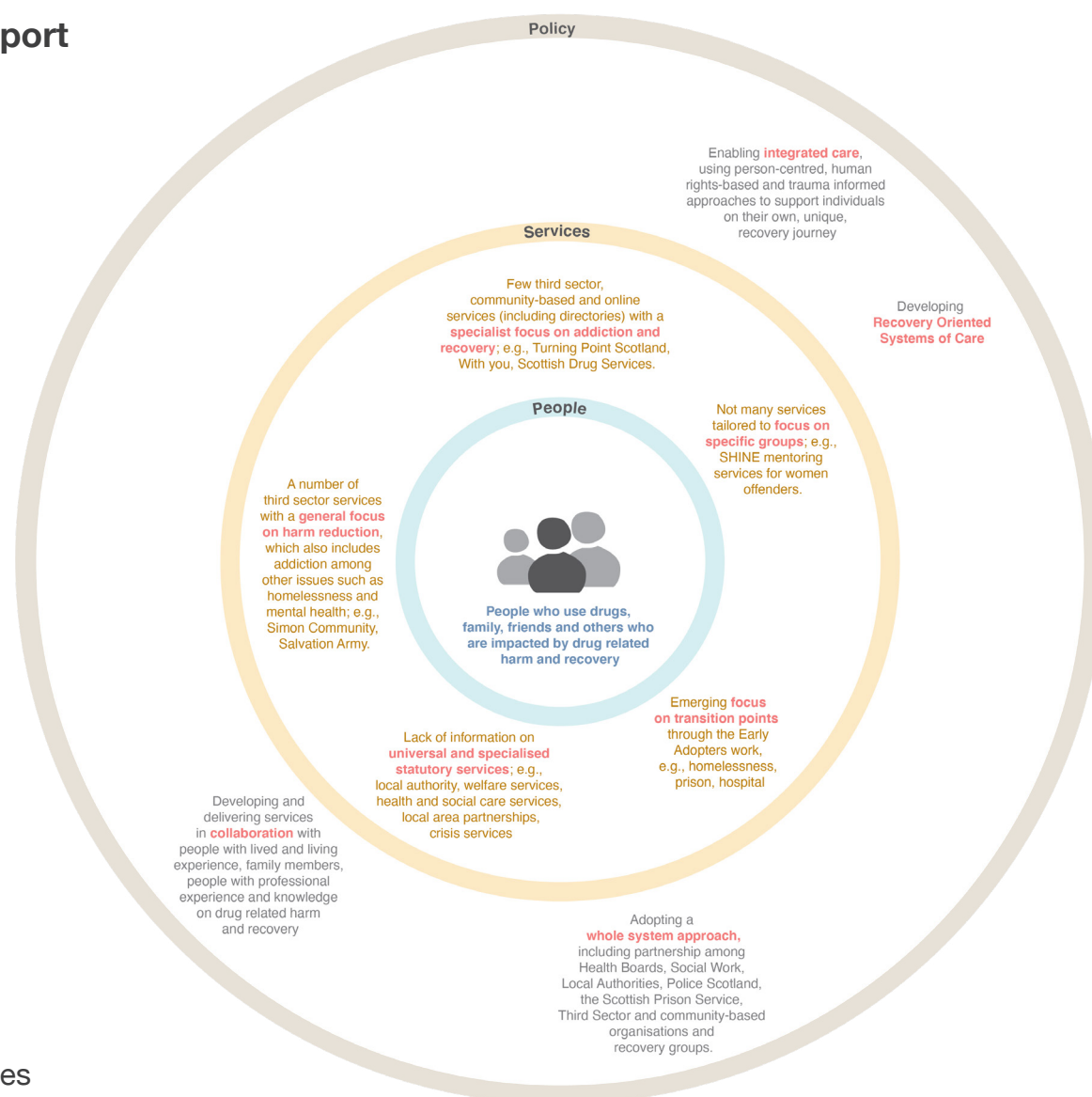


Figure 4. Key insights related to services and policy

Sector and Community-based organisations and recovery groups), but also breaking down traditional policy and service silos such as drugs, mental health, homelessness and justice.

- There is a need to develop person-centred approaches to support individuals to live well, by ensuring that services are integrated, rights-based and trauma informed.

The following also emerged as priorities for future services from the discussion:

- Enabling person-centred care planning and reducing risk of harm
- Supporting non-linear and non-hierarchical care pathways
- Embedding joined up ways of working
- Embedding inclusive language and approaches to reduce stigma
- Building connections and relationships

## **Developing local partnerships**

The systems and pathways related to delivery of care and support for people who use drugs is complex due to the overlapping focus areas across traditional organisational and strategic boundaries, and local variations in practice across Scotland. It was, therefore, not within the scope of this phase of the workstream to be able to collaboratively work with all services across Scotland. During the second collaborative review with the delivery team, we explored

options for geographically framing the scope of activities in this phase across two locations, based on – variations across urban and rural contexts (e.g., Glasgow/ Edinburgh and Inverness); existing partnerships within Early Adopters and ODART work streams (e.g., Edinburgh and Glasgow); or viable implementation partnerships (e.g., Dundee City and Aberdeen City). The delivery team agreed to focus on Dundee City and Aberdeen City based on an expression of interest from local area partners in these contexts to collaborate on the programme during conversations with the DHI.



## Framing our understanding of lived/ living experience

The analysis of reports and scoping conversations highlighted key groups and variations in needs based on people's journey of using drugs, seeking support and path to recovery (see figure 6). In addition, people who use drugs are impacted by a wide range of factors that can increase their risk of harm or enable their recovery (see figure 5).

These were further reviewed with the delivery team during the collaborative review sessions, to explore potential options for framing the focus of participatory engagements in the next stage (see Figures 7 and 8). The following also emerged as key areas to explore further during engagements:

- Access to the right support at the right time
- Navigating services and support (including potential role of peer navigators)
- Building relationships and trust during initial stages of engagement with services
- Understanding role of family and friends in reducing risk and supporting the person to live well in the community

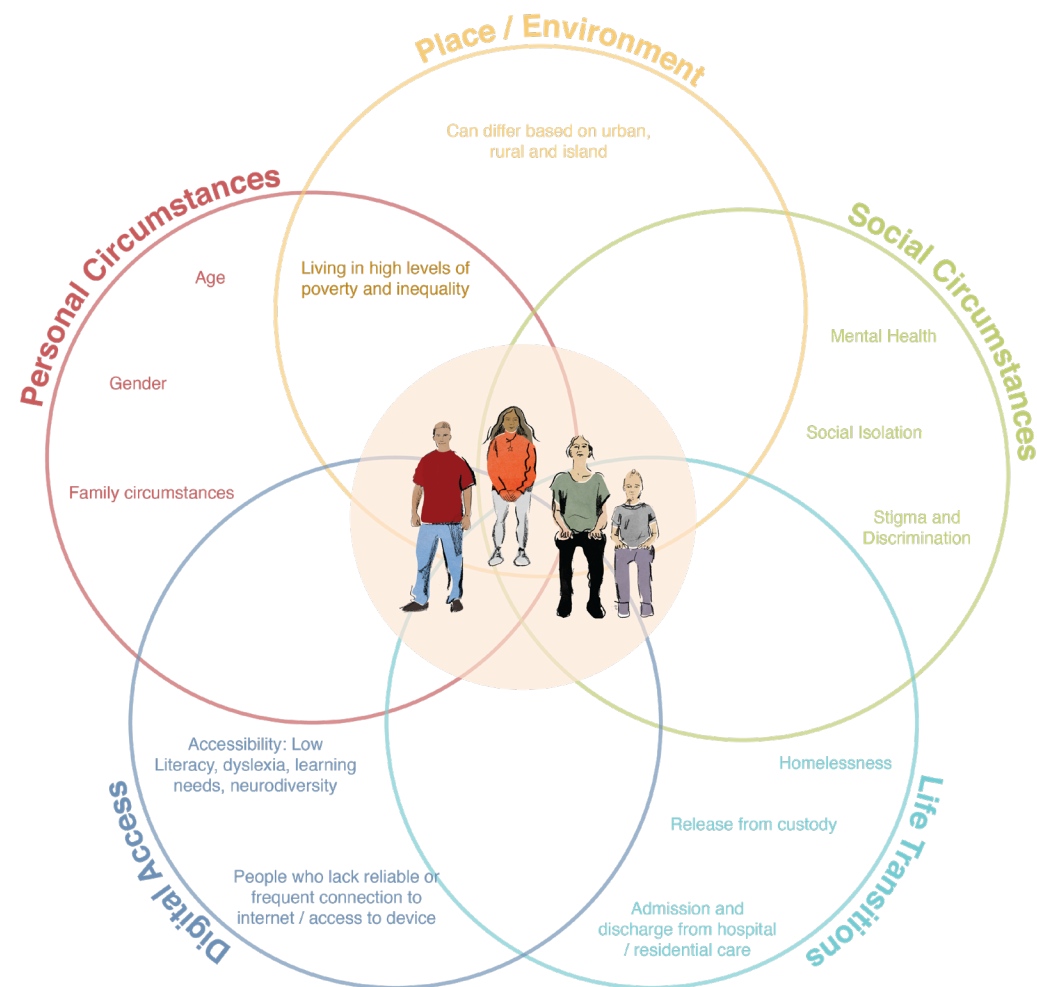


Figure 5. Factors impacting risk of harm and/or enabling recovery

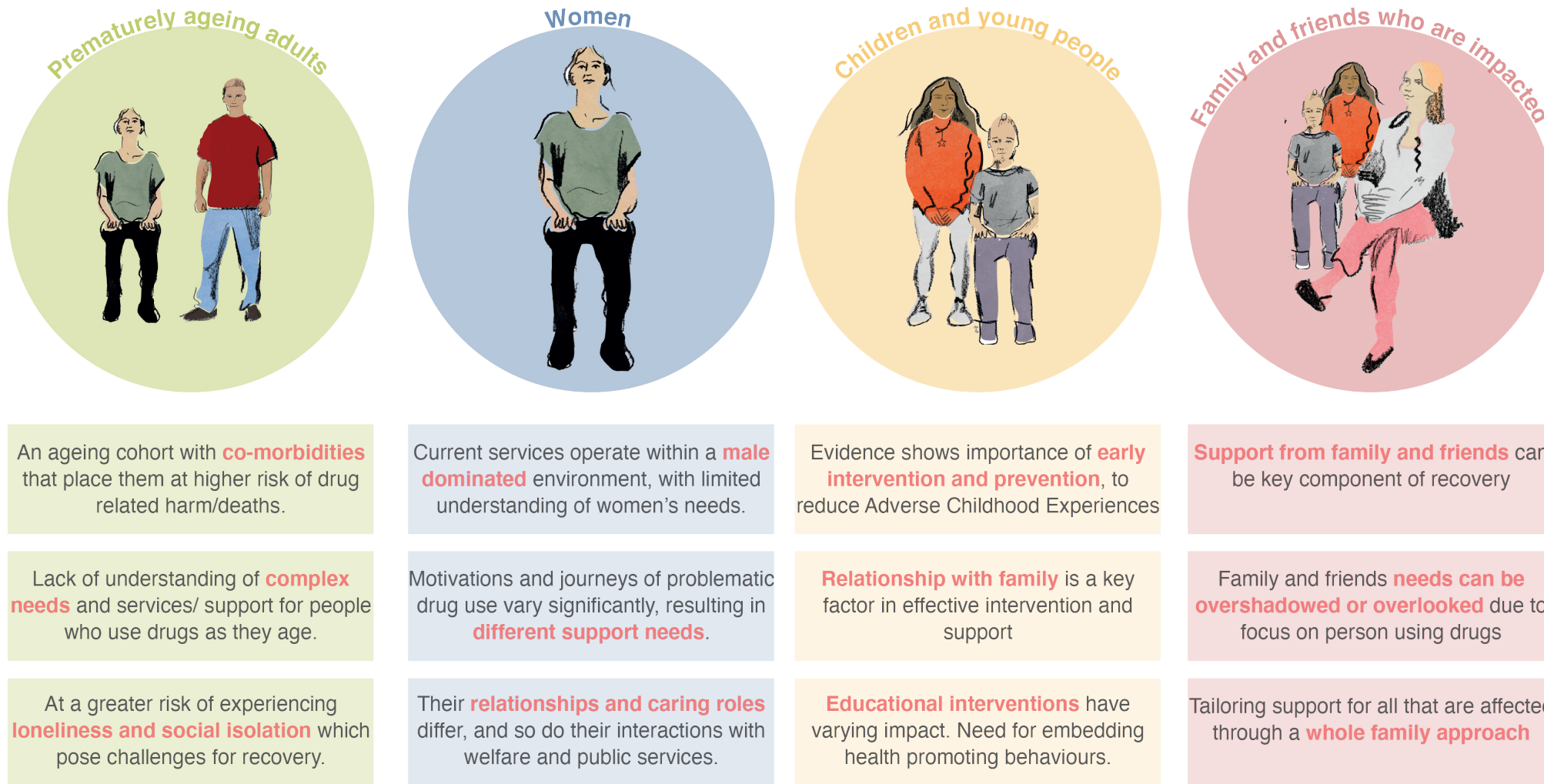


Figure 6. Key groups and variations in needs

## **Framing our understanding of digital solutions and services**

The horizon scanning activity identified a range of interventions (mostly from USA) which showed the following benefits of using holistic approaches:

- addressing not only drug use, but also other behaviours that might be impeding harm reduction and recovery
- creating a decision support system involving all stakeholders to address needs across all stages of prevention, harm reduction and recovery;
- increasing accessibility to health services for people who use drugs by providing different digital sources of care, i.e., website, on-site, telehealth, mHealth interventions.

The different types of interventions identified in the review are summarised here.



## Integrated Discover and Define brief

Synthesising insights from the reports, scoping conversations and collaborative reviews, we developed a brief for the integrated Discover and Define phase.

The overall scope of this phase was collectively framed by the delivery team as – **identifying opportunities for digitally enabled connections and linking across services for people who use drugs, to reduce risk of harm and support people to live well in the community.**

The focus of lived experience engagements was agreed as: people with multiple, complex and enduring needs, such as – those prematurely ageing, who have long term history of drug use and/or other vulnerabilities, live alone or are at risk of isolation (see figure 8). The aim is to capture the diverse experiences within this group based on gender, socio-economic and behavioural risk factors.

The focus of service mapping engagements was agreed as: working with services (both statutory and third sector) across one or two locations in Scotland to gain an in-depth understanding of services and support within these contexts. The aim is to understand ways in which services currently support people who use drugs, how they are connected or not connected with other services and identify potential

opportunities for joined up delivery of services.

Aberdeen City and Dundee City were identified as the locations for the lived experience and service mapping engagements. Ethical approval for undertaking participatory engagements as part of this work was granted by the Glasgow School of Art Research Office.

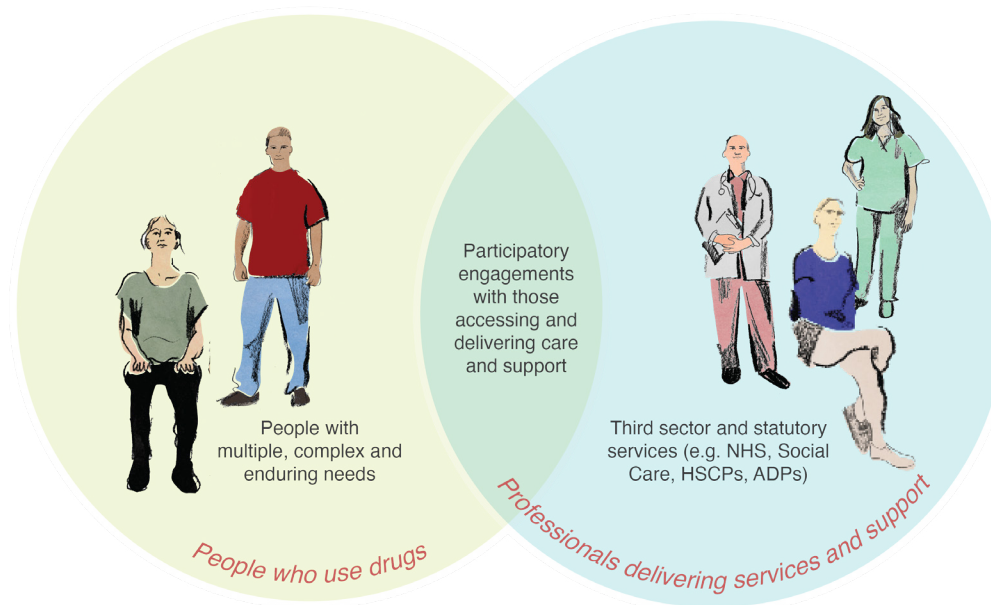


Figure 7. Overall focus of participatory engagements



An ageing cohort with **co-morbidities** that place them at higher risk of drug related harm/deaths.

Lack of understanding of **complex needs** and services/ support for people who use drugs as they age.

At a greater risk of experiencing **loneliness and social isolation** which pose challenges for recovery.

“

There is an ageing cohort of people who use drugs in Scotland (three-quarters of drugs related deaths occur among people aged 35+ years) and their vulnerability is exacerbated by the impact of many years of substance use, and often undiagnosed or poorly managed chronic health conditions. [ODART Report, 2021]

Many people with problematic substance use have a high incidence of mental and physical health problems as a result of, or concurrent with, their substance use. This is particularly acute among growing numbers of older people with alcohol and drug problems. [Rights, Respect, Recovery, 2018]

Definitions of ‘older people’ are flexible within the substance misuse field. In the case of the ‘ageing heroin- using population’, for instance, those aged 40 and over are defined as ‘older’. [A briefing by DrugScope on behalf of the Recovery Partnership UK, 2014]

A significant proportion of older people with drug problem are living alone, with limited family involvement, resulting in isolation and loneliness. It is important to address these issues to aid recovery and prevent relapse. [Scottish Drugs Forum Working Group report, 2017]

Figure 8. Focus of lived experience engagements

# Mapping the Current

## Collaborative workshop

DHI led a collaborative workshop as part of a sharing session organised by the Digital Lifelines programme team with 45 participants from policy and wider sector in September 2022. The aim of the workshop was to collectively review insights and opportunities emerging to date and map connections with ongoing developments in the sector and relevant policy areas. All the workstreams of the Digital Lifelines programme presented an overview of activities and findings from each. During this participants were asked to individually make a note of the top three things that stood out to them from presentations, and share any three things from their work/experience in this context that they felt was relevant to the programme. This was followed by two interactive sessions in four breakout groups to capture participants' shared reflections and collective experiences of working in this context, leading to the development of vision statements on how digital could transform care and support for people who use drugs in the next five years.

## Service mapping engagements

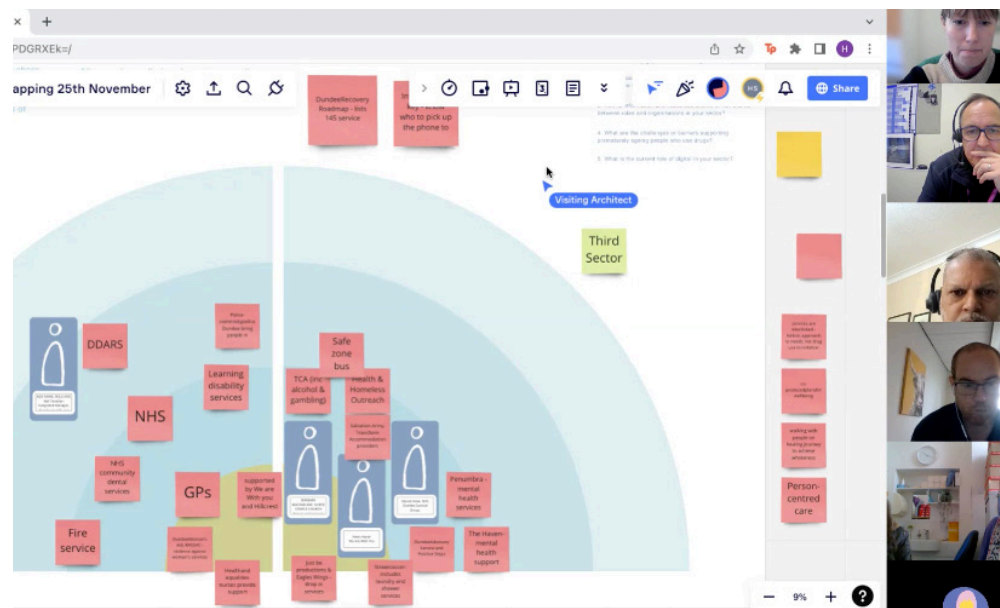
The aim of the service mapping engagements was to understand and capture the ways in which services in Aberdeen City and Dundee City currently support people who use drugs. By mapping the different types of services and support that exist across statutory and third sector, our goal was to better understand how the services and roles



are connected or not connected with other services, and identify potential opportunities for joined up delivery and the role of digital in enabling this. The workshop focused on three activities, starting with participants capturing their own role, then situating these roles within their specific sectors (either statutory or third sector) and reflecting on the different services in their respective sectors and how they were or were not connected. The final activity brought the two sectors together to discuss challenges and barriers for supporting people who use drugs and opportunities for better connected services. Aberdeen City service mapping took place in person with 18 participants attending (13 from statutory services and 5 from the third sector). For each activity, participants moved to different groups or parts of the room to encourage networking and connections. A virtual session using MS Teams and Miro was organised with Dundee City to suit participants in terms of availability. There were 5 participants (1 statutory service and 4 third sector), and all activities were carried out in a single group.

## Lived experience engagements

We organised five lived experience engagements in Dundee City, engaging with people at different stages of their journey of using drugs and living well to capture a diverse set of experiences. Dundee Volunteer and Voluntary Action (DVVA) worked with two third sector organisations – Just Bee and Hillcrest, to support with recruitment and provide the space for engagements to ensure it was easily accessible



and comfortable for participants. The engagements were held in person with one participant and two researchers. Participants were supported to share their journeys using a visual tool that was designed around the metaphor of a 'healing forest' – with the participant and what matters to them visualised as a tree in the centre, and the ecosystem around them representing people and things that supported or posed challenges in their journey towards living well (see figure 9). Participants were guided through three interconnected activities – the first focusing on getting to know the person and understanding what living well means to them; the second focusing on capturing their current circle of support and care; and the final activity focusing on exploring opportunities for future support and care.

### Final collaborative review

The maps and transcripts from the collaborative workshop, service mapping engagements and lived experience engagements were thematically analysed, to synthesise emerging insights and key themes from each session. The emerging insights and themes were shared with the Digital Lifelines delivery team, to collaboratively sense-check insights and identify any potential gaps, and build on the delivery teams' expertise to identify priorities for the Develop Brief. Following this, key themes across these were reviewed to identify potential opportunities to inform the Develop phase.

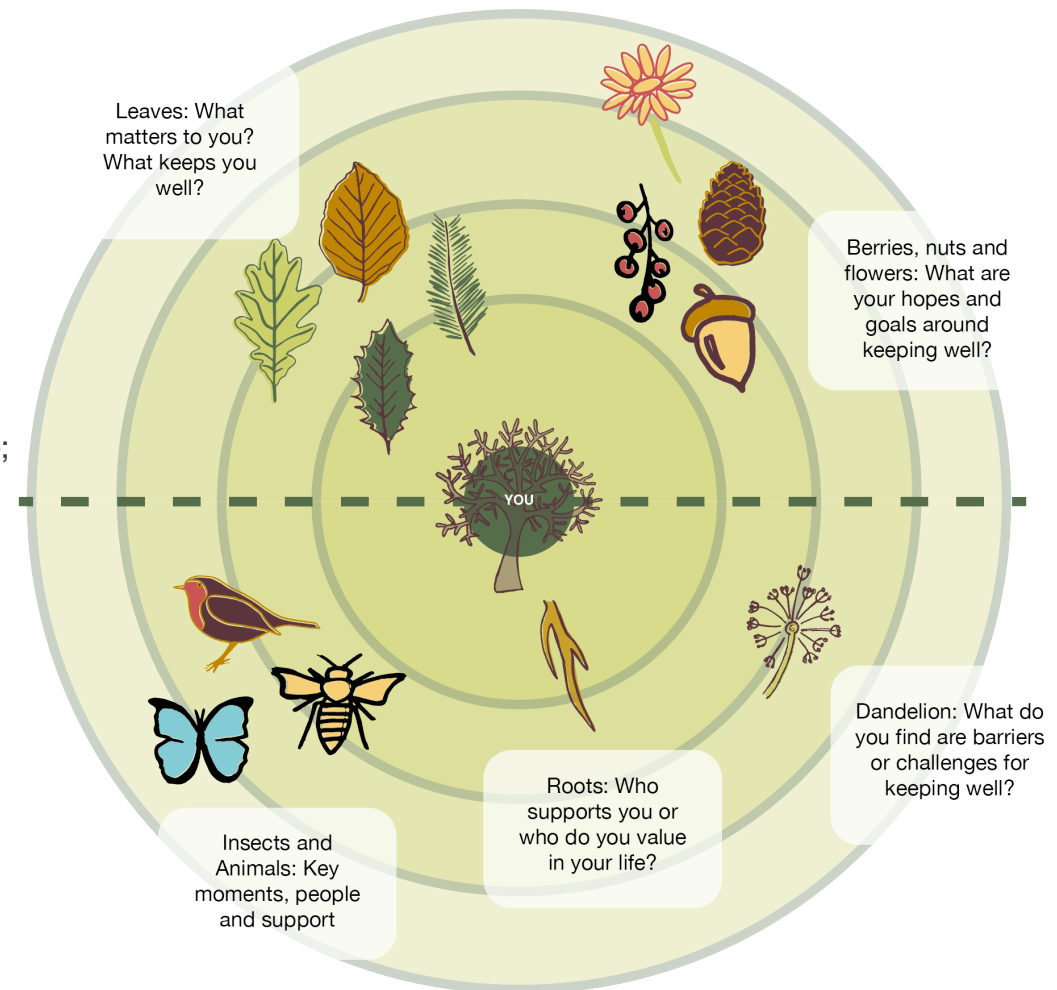


Figure 9. Metaphor used for visual tool mapping lived/living experience



# Emerging Insights

## Collaborative workshop

Following analysis, key insights from the collaborative workshop were synthesised into – vision statements for the future (see figure 10), and emerging themes on opportunities for the wider sector (see figure 11).



Figure 10. Future vision for services and support

## Emerging themes from the wider sector

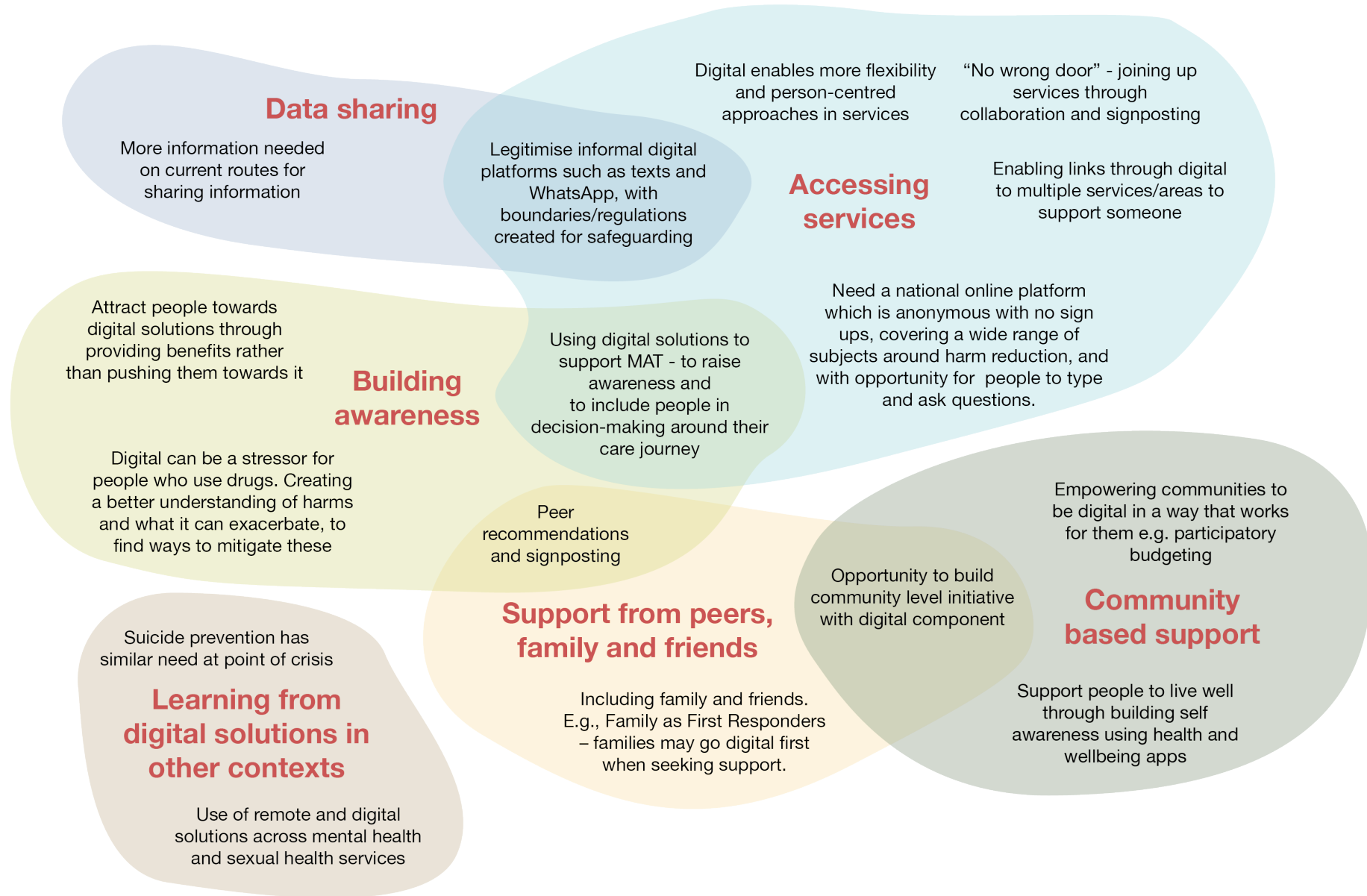


Figure 11. Opportunities for the wider sector

## **Service mapping engagement – Aberdeen City**

Majority of the participants worked at management or strategic levels within the services with two people identifying themselves as frontline workers. Key themes that emerged during the activities was centred around the need for better data sharing and joined up working (see figures 13 and 14).

### **Key services and roles**

Alcohol and Drugs Action (ADA) - They offer a range of services including needle exchange, SHARP outreach, key worker/one to one support. This third sector organisation is empowering other programs in the city, e.g. links practitioners and listening service, to understand the support available and make appropriate referrals for people who use drugs.

Drug Related Death Outreach Service - This multi-agency team has enabled a culture shift of better joined up working and collaboration, breaking down barriers and improving awareness between both statutory and third sector organisations. There is still a challenge of linking with universal statutory services as their focus is broader.

Community Treatment and Care (CTAC) Hubs (NHS) - This is a nurse-led service providing a specialist range of services such as

phlebotomy, CDM monitoring procedures, blood pressure, height/weight etc., offering more locations and options for patients.

Through a long process of negotiation, they now have a data sharing agreement involving all the GPs in Aberdeen City, allowing the hubs access to patient information, which was noted as a breakthrough.

Links Practitioners (SAMH) - Based within GP practices, they support and signpost people to community initiative and non-clinical support. They have identified over 700 onwards referral agencies. They work closely with people, and could be a good opportunity to link with for current data and understanding people's needs, but also for supporting joined up working.

Fit Like? Family Wellbeing Hubs - ADA has adopted the whole family approach through an interagency referral route with third sector, statutory, health visitors, social work education and family learning. They have found that there are a lot of concurrent issues for young people and families, so having all the agencies in the room really streamlines the process and people get a quicker response. It also reduces the number of times people need to be assessed as they are visiting one hub rather than three to four separate services.

Key services, roles and connections identified by participants are presented in figure 12.

# Map Key

- Third Sector Roles - Present at workshop
- Third Sector Roles - Identified by group
- Statutory Roles - Present at workshop
- Statutory Roles - Identified by group

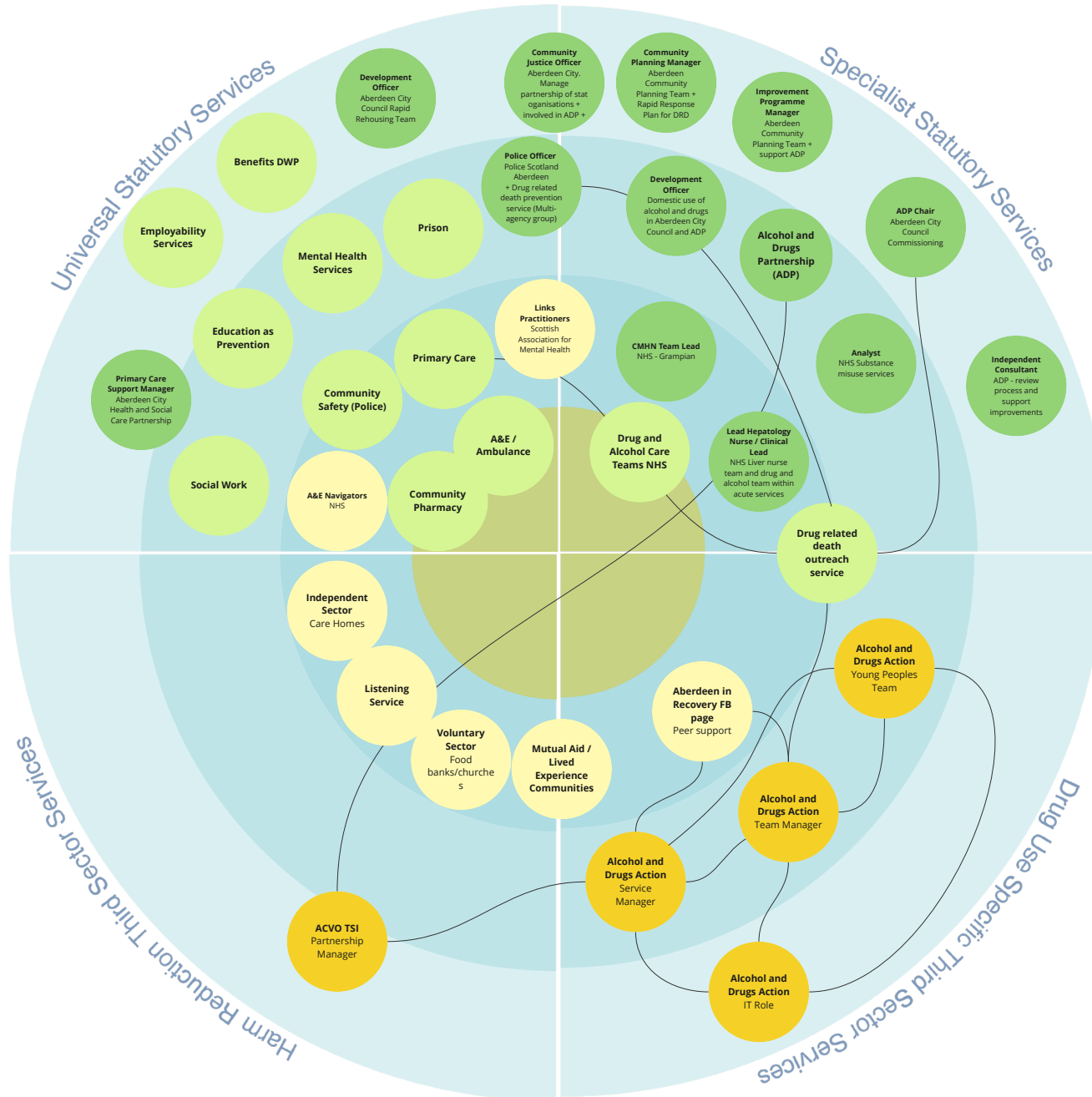


Figure 12. Key services, roles and connections in Aberdeen City

## Emerging challenges and gaps from service mapping in Aberdeen City

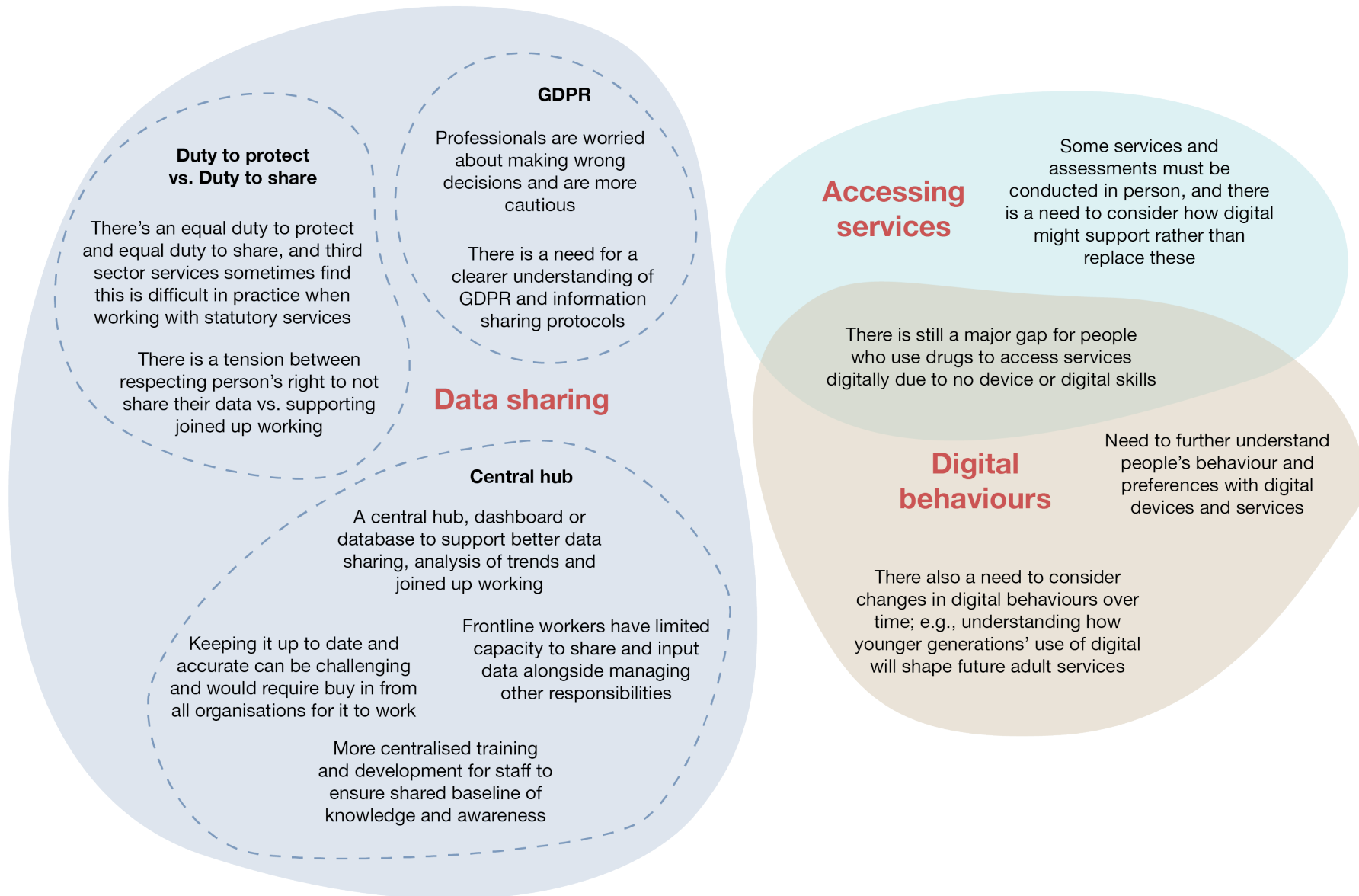


Figure 13. Challenges and gaps for services in Aberdeen City

# Emerging opportunities from service mapping in Aberdeen City

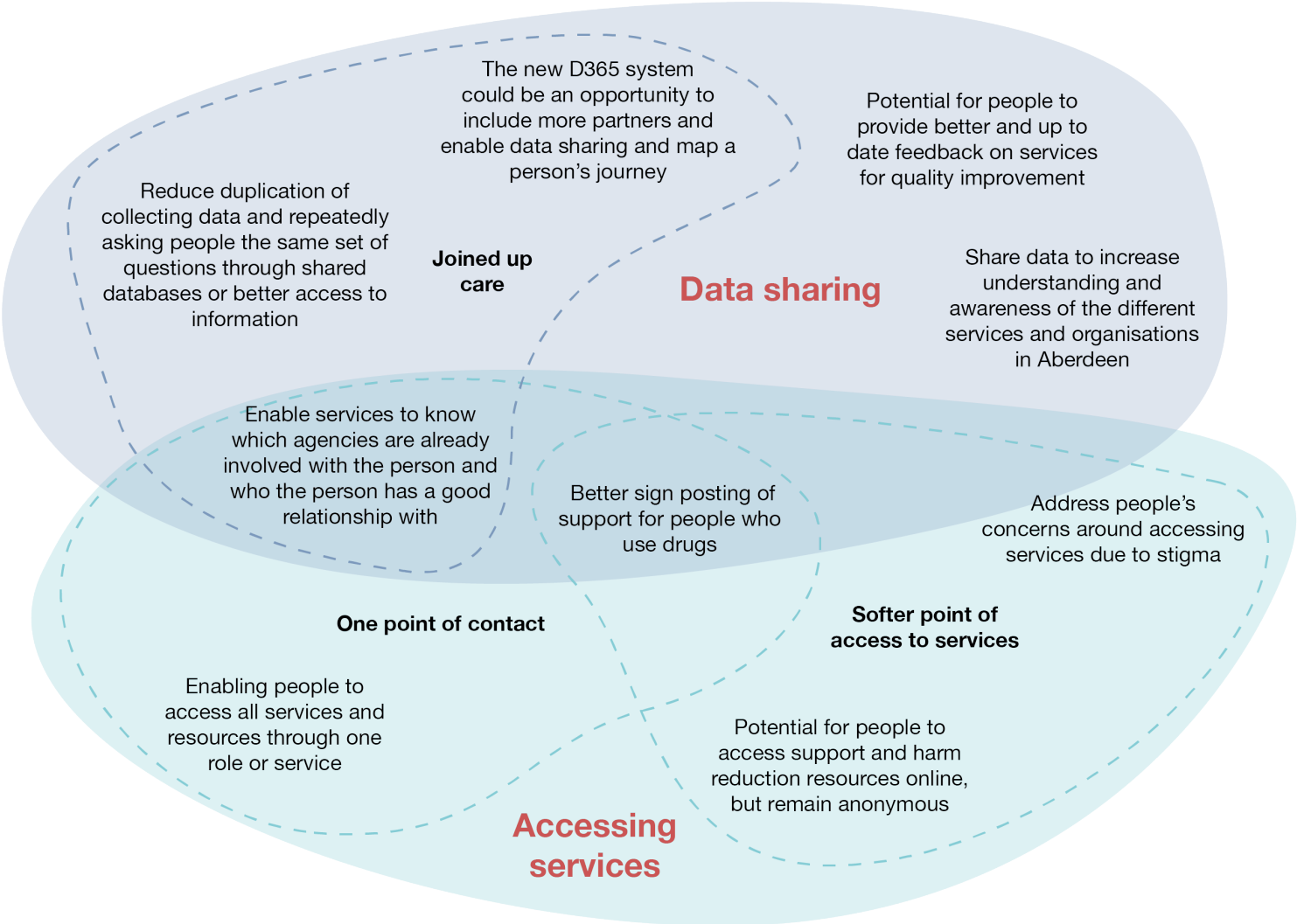


Figure 14. Opportunities for services in Aberdeen City

## **Service mapping engagement - Dundee City**

The third sector participants in the session were generally from frontline services and the statutory representative from a management level. Key themes that emerged during the activities related to increasing access to services and addressing overlapping needs such as homelessness and mental health support (see figures 16 and 17).

### **Key services and roles**

Participants felt that Dundee City has a strong network of many small organisations that are interconnected. This is due to the way the Health and Social Care Partnership commissions services and its focus on localisation. This has created a large localised network of smaller organisations that facilitate sharing of information and multi-agency triage, as promoted through the recently created Dundee Recovery Road Map. Participants noted that this has been made possible by a less aggressive procurement strategy from the Health and Social Care Partnership.

Participants see the connectivity of services as beneficial due to the sharing of information and its ability to give people who use drugs options in their care leading to greater autonomy. However, the potential for competition between organisation for funding was seen

as a possible draw back by participants. They also noted that the close network of services has created more informal, on the ground, connectivity rather than formalising these through official processes.

Key services, roles and connections identified by participants are presented in figure 15.

# Map Key

- Third Sector Roles - Present at workshop
- Third Sector Roles - Identified by group
- Statutory Roles - Present at workshop
- Statutory Roles - Identified by group

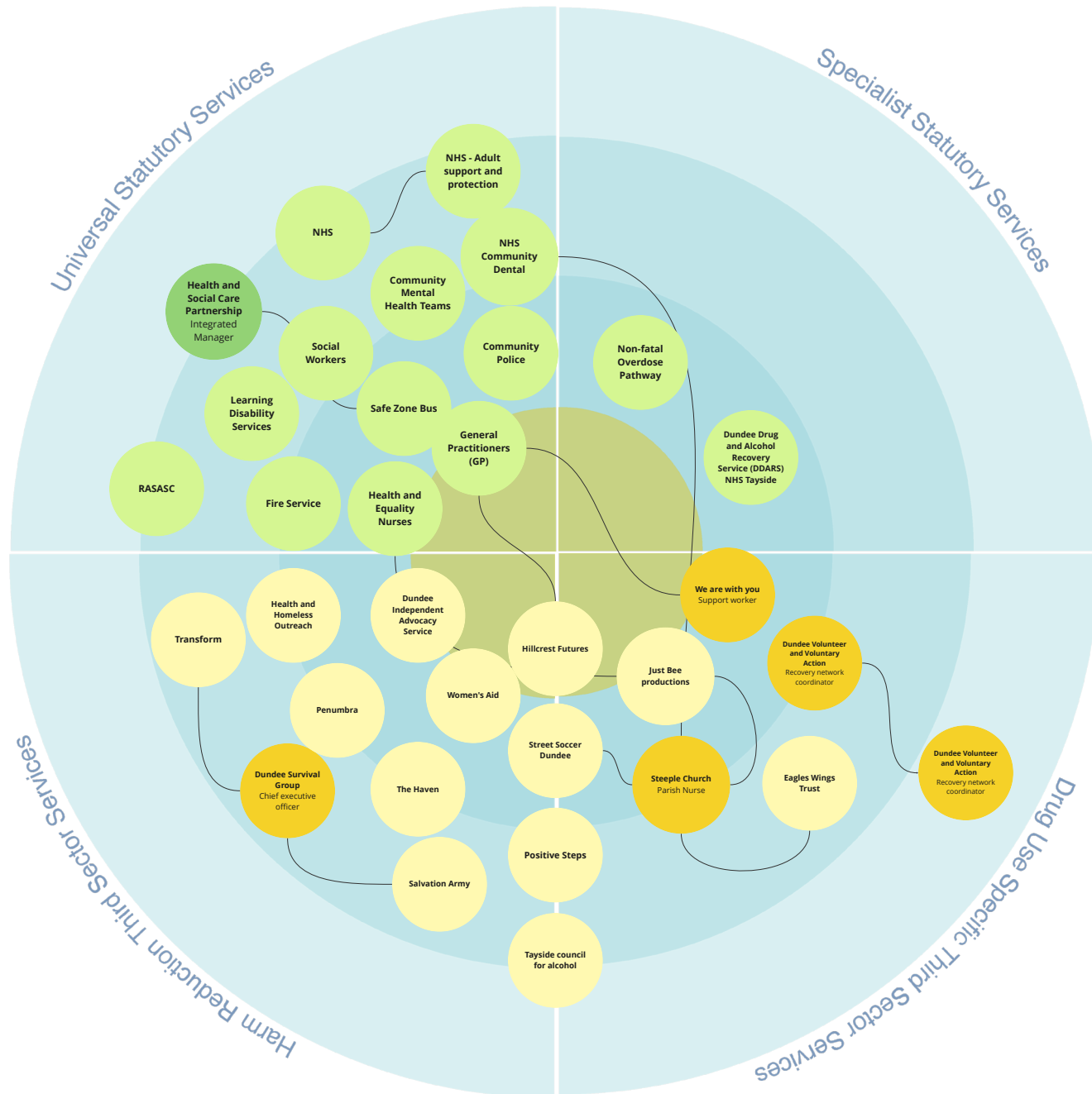


Figure 15. Key services, roles and connections in Dundee City



## Key challenges and gaps from service mapping in Dundee City

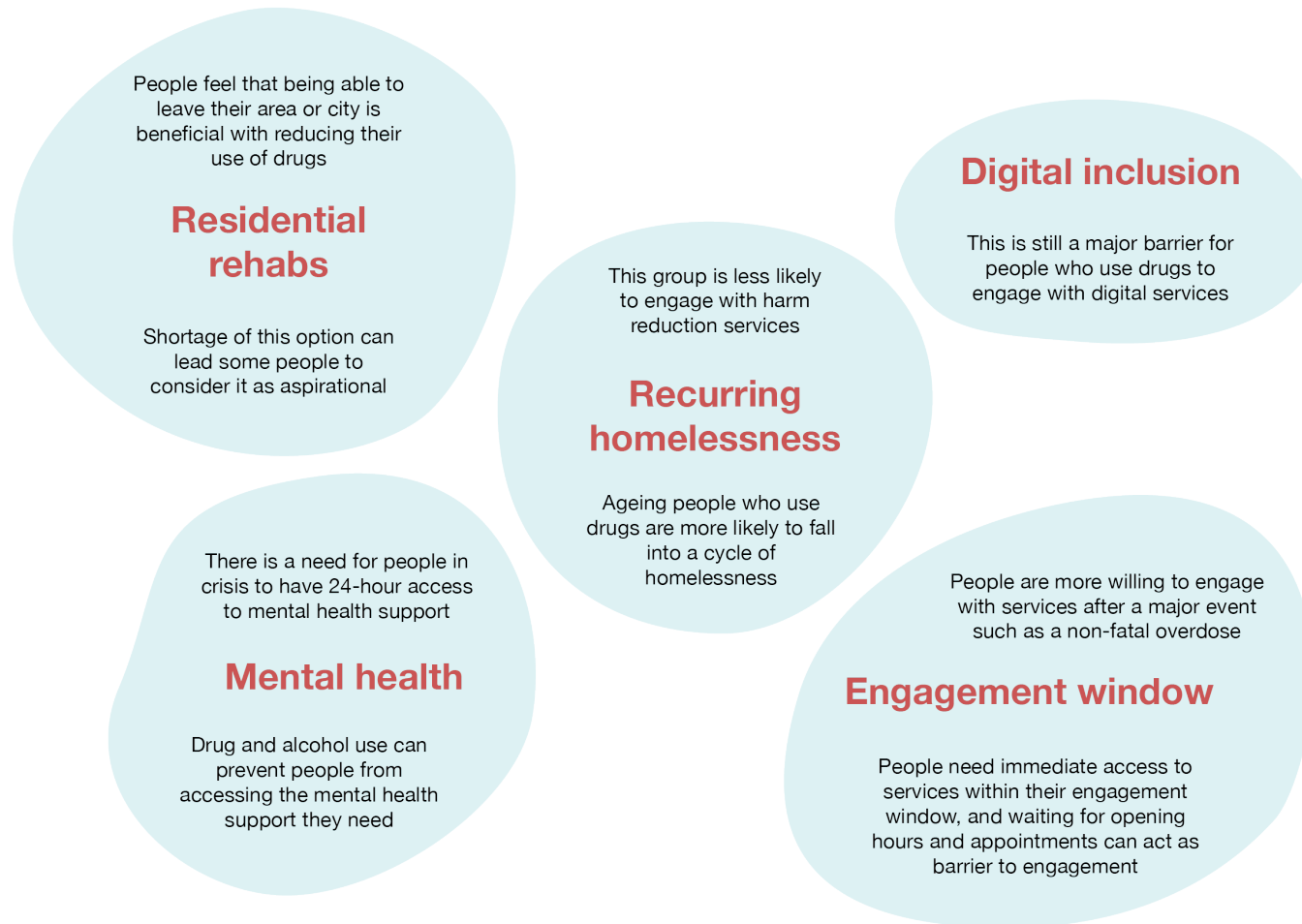


Figure 16. Challenges and gaps for services in Dundee City

## Emerging opportunities from service mapping in Dundee City

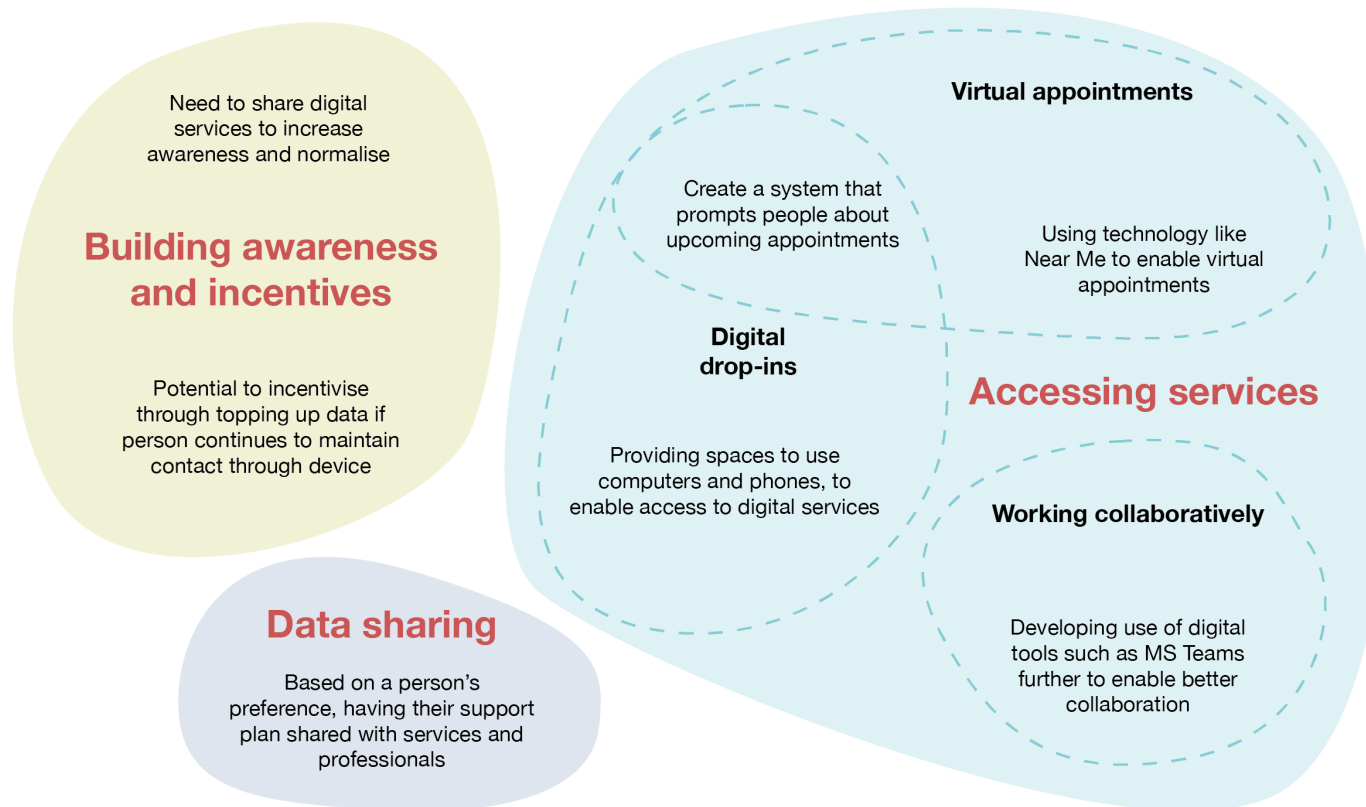
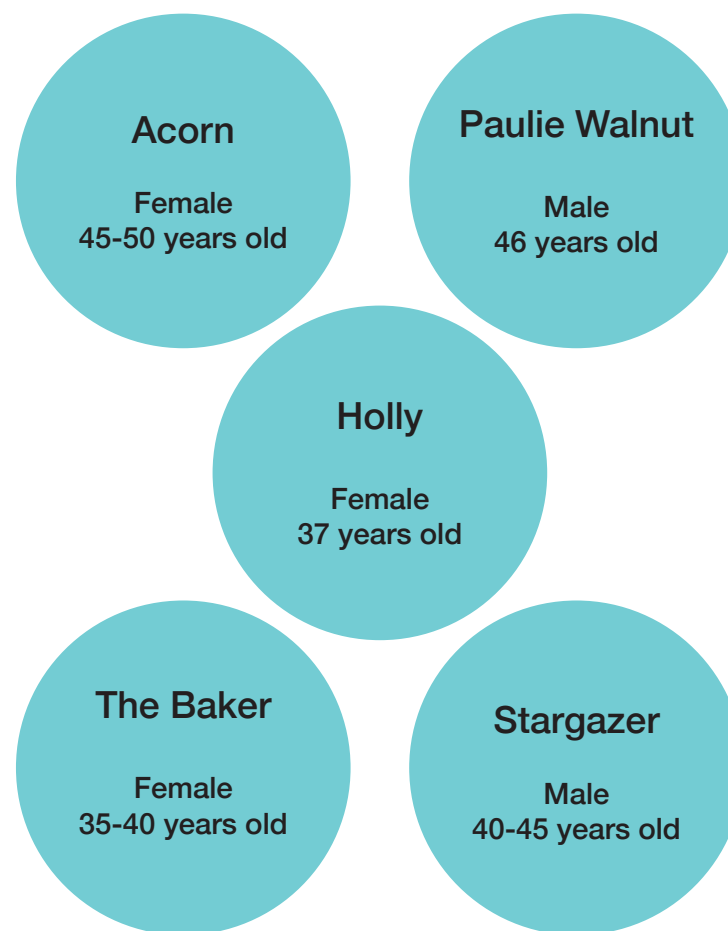


Figure 17. Opportunities for services in Dundee City

## Lived experience engagements

The engagements were framed on living well and exploring people's journey of using drugs, acknowledging that 'recovery' is personal to everyone with varied definitions of what it means. Recruitment focused on capturing the diversity in these experiences - and our recruitment partners identified people who currently access their services, who are at different stages of seeking support and engaging with the services. Key insights and themes emerging from each of the lived experience engagements have been synthesised visually to capture people's personal journeys and the diversity in their experiences, and participants were given the opportunity to review them (see figures 18, 19, 20, 21 and 22).

Shared opportunities for service and support across people's experiences include: focusing on the person not their drug use; building relationships and making care visible; mental health and wellbeing support for living well; routines, structures and responsibilities for living well; building the person up through motivations, skills and knowledge; embedding lived experience in services and peer support; multi-agency support through single point of contact; addressing stigma and support within primary care and other services; supporting informed decisions around medically-assisted pathways.



# Acorn

Acorn was born in Dundee and still lives in the city. She has a daughter, a sister and her gran who she is close with. Acorn was using methadone for 20 years, but now has a monthly injection. She is working towards coming off the injection, but has found the process difficult to progress. She enjoys cycling, meditation, yoga and volunteering at Just Bee. She finds the schedule and keeping busy important to keeping well as well as friendships with other people with similar experiences.

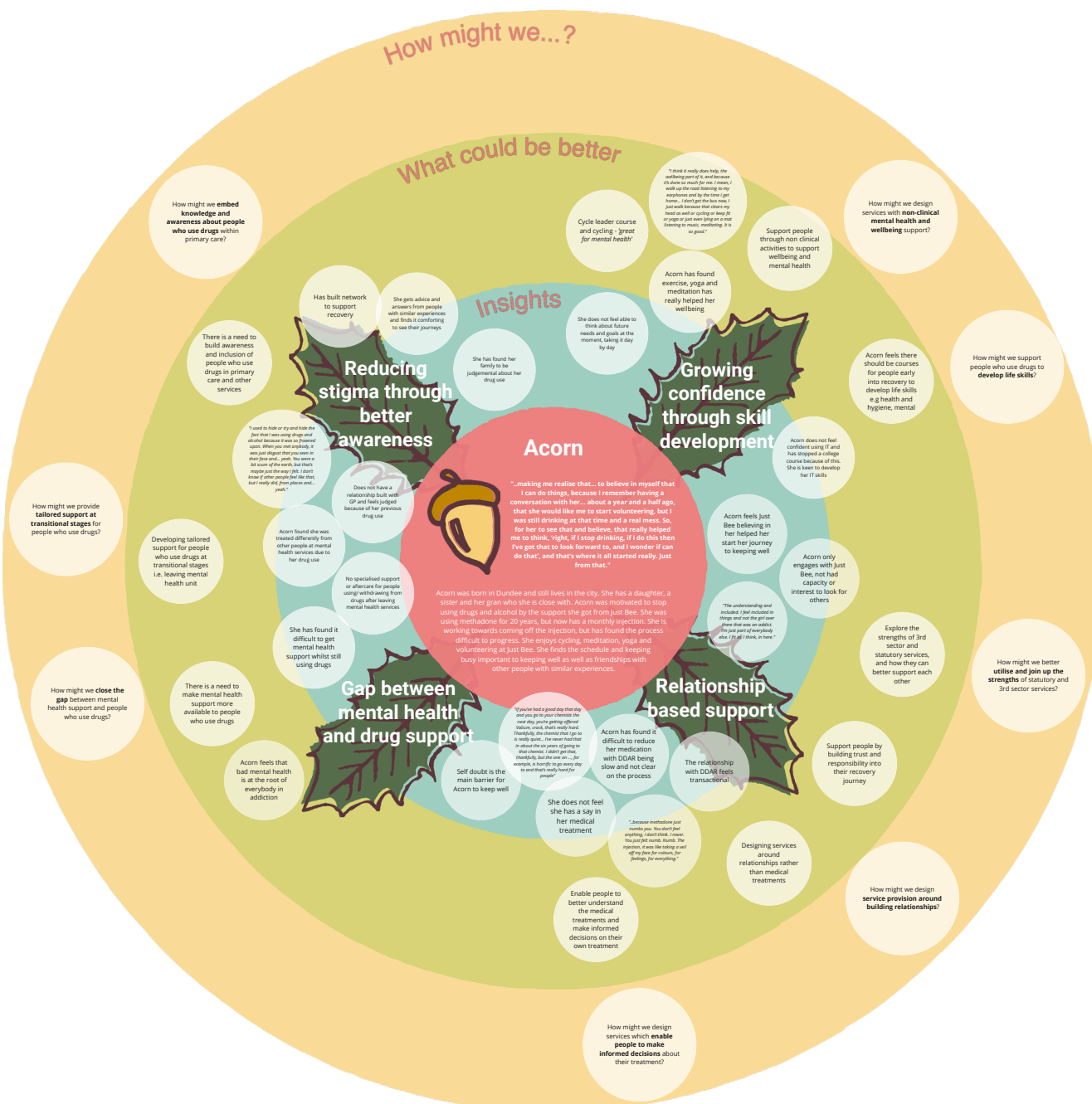


Figure 18. Acorn's story and experiences

# Paulie Walnut

Paulie Walnut is 46 years old. He has been living in a hostel in Dundee for about six months. He has three sons – the older ones are 23 and 20, and he is closest to his youngest son who is 6. He feels that his family is always there to support him. He described his journey as “making bad choices for last 28 years”, and “starting to getting my head together” in the last few months. The youngest son is his life and keeps him going. Going to Street Soccer is another key positive influence in his life currently, and he is also looking forward to restarting his education through an Aspire course soon.

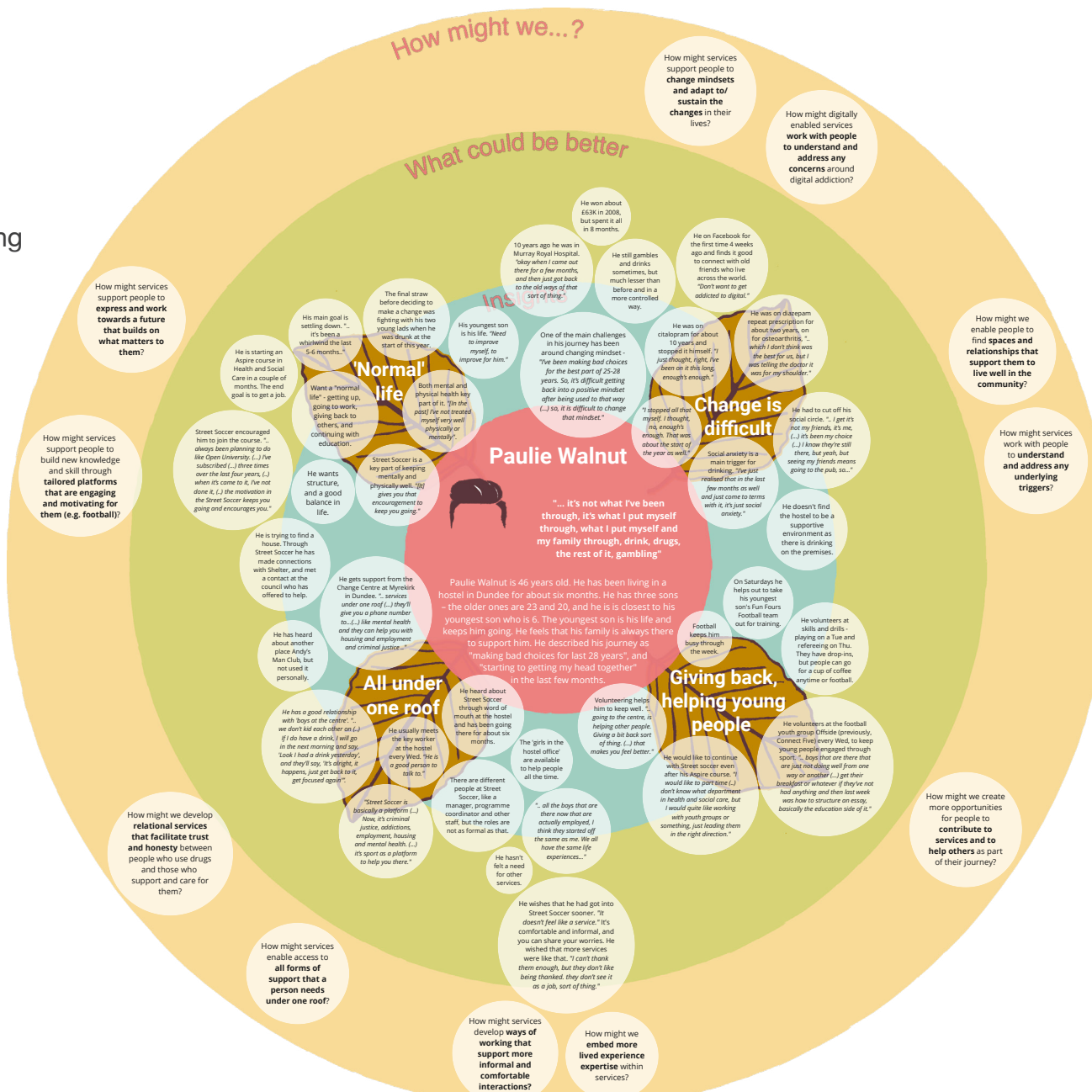


Figure 19. Paulie Walnut’s story and experiences

# Holly

Holly is 37 years old, she lives up town in Dundee with her partner and little girl who is 10 months old. They will be moving into a new house soon. It was her partner that initially pushed her to stop taking drugs and she is very thankful he did. Holly enjoys watching films and playing with her daughter. She attends a lot of groups at a local charity and now runs her own group for mums in recovery. She has found a good friend through the charity and the people are a big help in her recovery. Holly has had bad depression and has suffered the loss of her mum, sister and niece quite recently. In the future she would like to have another baby and to have a happy existence, with nice people around her and good friends.

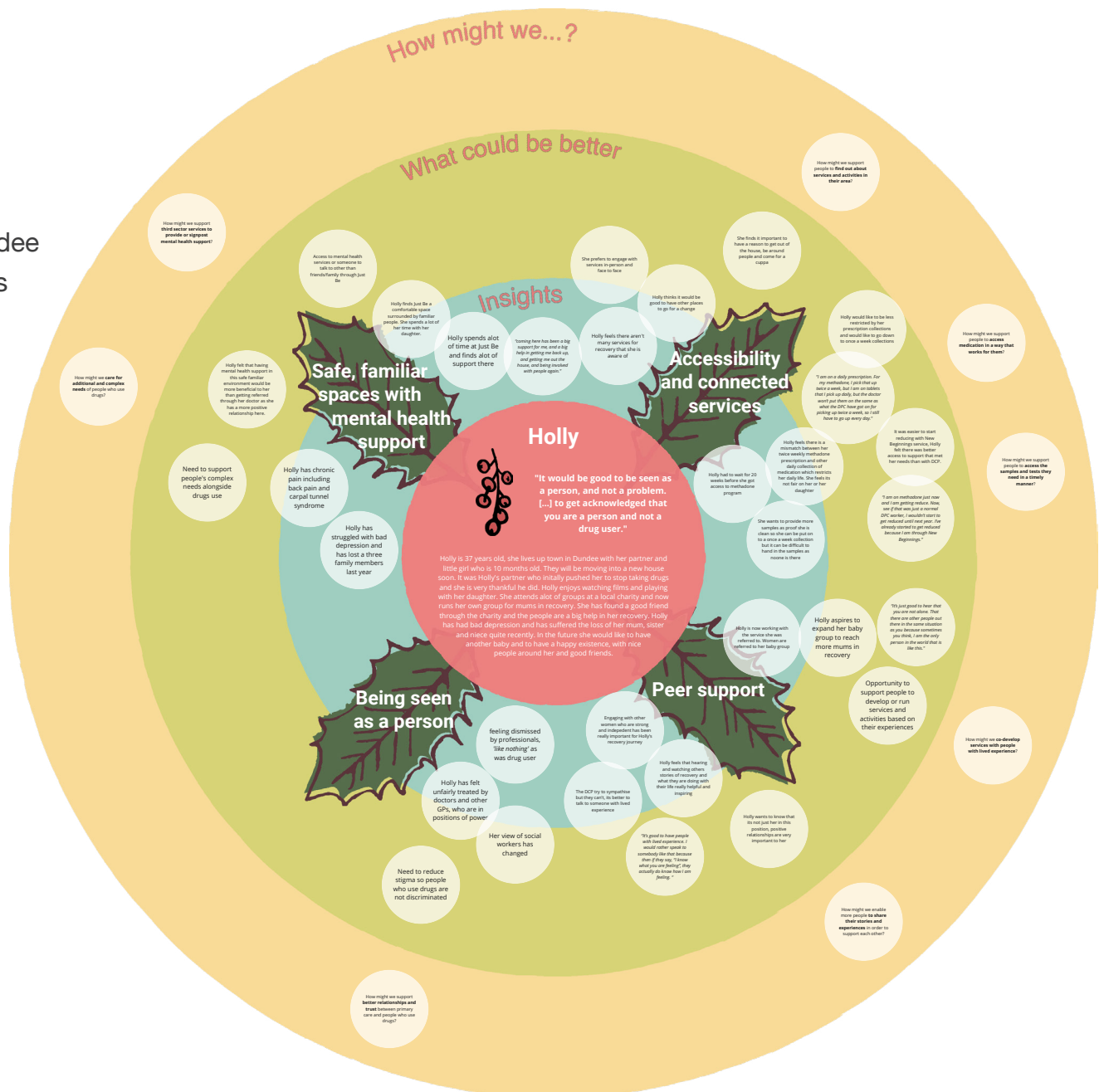


Figure 20. Holly's story and experiences







# Focus Areas for Future Services and Support

In the final stage of this work, we reviewed shared themes and emerging insights across all activities from the integrated ‘Discover and Define’ phase. In the following section, we have synthesised key opportunity areas for future digitally enabled services and support with a collective focus on people who use drugs, services, wider sector and policy (see figure 23). The following pages expand on the key focus areas from the perspectives of – what **people** who use drugs need/want from future services and support (see figure 24); what future **services** need to do to provide support and care for people who use drugs (see figure 25); and what the **wider sector and policy** need to do support development of these future services (see figure 26).

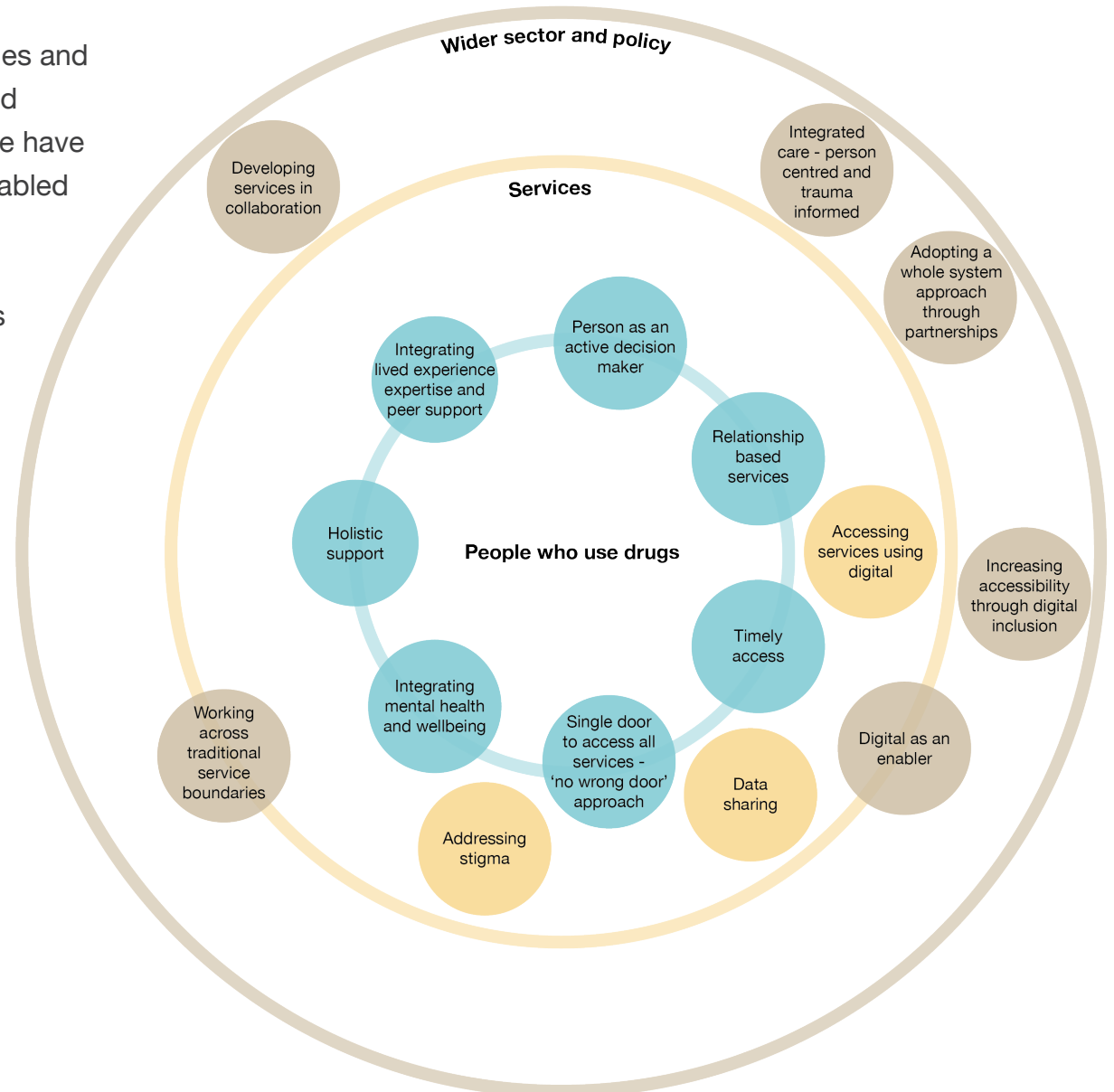


Figure 23. Collective themes

## People who use drugs need/want..

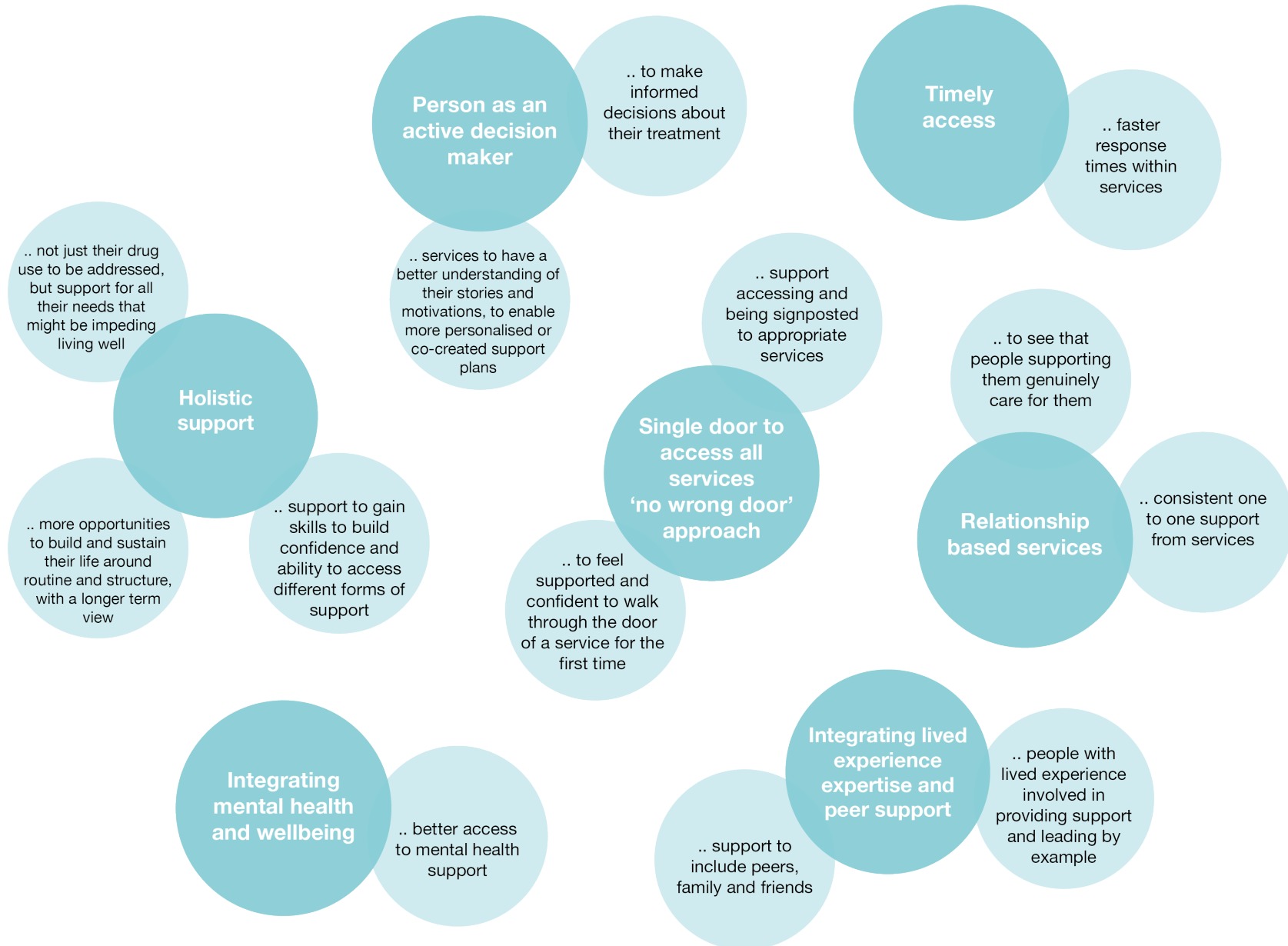


Figure 24. What people who use drugs need/want from future services and support

## Services need to..



Figure 25. What future services need to do to provide support and care for people who use drugs

## Wider sector and policy need to..



Figure 26. What wider sector and policy need to do support development of future services

# Conclusion

A number of key insights and themes have emerged through the scoping work with the programme delivery team and collaboration with several participants across the sector, services and people with lived/living experience of using drugs. The previous sections of this report have captured these in detail.

We have also further synthesised key focus areas for future digitally enabled services and support based on a collective review of shared insights and themes across these. One of the key takeaways is that **people who use drugs do not see harm reduction and recovery as distinct or chronological, but as interconnected experiences that shape their journey towards living well. Future services need to consider how to develop flexible and non-chronological pathways, to meet people's needs around reducing risk of harm and living well using an integrated approach.** The overall findings from the integrated Discover and Define phase are summarised below.

PEOPLE who use drugs want **relationship-based services** where they are an **active decision maker** and **lived experience expertise** is integrated at all levels. People need a **'no wrong door'** approach where all services can be accessed through one point and there is timely and flexible access. People need access to **mental health support** and want a **holistic approach** to their support based on **building confidence and routine.**

SERVICES need to work with people to address underlying reasons for using drugs, exploring **holistic and non-clinical** forms of support. Services need to address stigma by **embedding knowledge and awareness** through all services that engage with people who use drugs. Services have opportunity to use digital solutions to enable **sharing and joined working** and provide **softer or flexible forms of access.**

THE SECTOR AND POLICY need to support services to enable **integrated care** that uses **person centred, trauma informed** and **human rights** based approaches to support individuals on their own, unique journeys to living well. They need to look at **working across traditional service boundaries** to enable **collaboration and knowledge exchange and learning around digitally enabled services.**

The above focus areas and insights on what people who use drugs need/want; what future services need to do deliver; and what the wider sector and policy need to do support development (p. 42 to 44) will inform the 'Develop' phase of co-designing future digital solutions and services.