Review of the Low Threshold, Harm Reduction Service based in the Northwest

EXECUTIVE SUMMARY

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DEPAUL
Homelessness has no place

FIRST HOUSING
Aid & Support Services

solace

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1.0 Introduction and Research Aims/ Questions

Depaul and the consortium commissioned an independent evaluation of the 'Low Threshold Harm Reduction Service' based in the Northwest. The evaluation sought to address the following research questions (RQs):

RQ 1: How has the service been delivered over the past 10 years?

- How have service users experienced the service?; From the perspectives of service users and delivery partners, what have been the key learning points, challenges and successes?; From the perspectives of service users and delivery partners, what are the key recommendations?

RQ 2: What impact has the service had on service users over the past 10 years?

- From the perspectives of service users, what impact has the service had on their lives?; From the perspective of other stakeholders, what impact has the service had on service users and the broader sector?; From the perspective of all stakeholders, how does the service and reported impact align with key public health strategies.

RQ 3: How can the learning from this evaluation inform future service delivery?

- Considering the evidence, what recommendations could be made for addressing the needs of service users in the North-West over the next 3-5 years?; What recommendations would be made for future and ongoing monitoring and evaluation?

2.0 Methodology

A two stage approach was designed (in consultation with a research advisory group) to address the research questions.

Stage 1- Policy Review and Analysis of Existing Data: Working alongside the advisory group the research team began by collating relevant anonymised data from the 10 year time frame in question. Data collected by Depaul and the consortium was interpreted and explored within the context of the public health strategies across that 10 year period.

Stage 2- Stakeholder Engagement: Key stakeholders were invited to participate in this evaluation. This included:

- *Service users* - Current service users across all three partner organisations (Depaul, Solace, First Housing) were invited to share their perspectives via face-to-face interviews, online (using a bespoke Google Form) or via a telephone interview. A total of 34 service users took part in the evaluation. Of these 34, 11 interviews (32%) were completed face-to-face, 19 (56%) were completed online (using google forms) and 4 (12%) over the telephone. Across

the three sites, 65% (n=22) of service users who took part were from Depaul, 21% (n= 7) from First Housing and 14% (n=5) from Solace. In terms of gender, 62% (n=21) of the sample were male and 38% (n=13) female. The age ranged from 18-54. Interviews addressed issues such as, service users' initiation with the service and length of contact; perceptions and experiences of the service; perceptions of support services; targeting their perceived outcomes, benefits, challenges with a focus on physical/mental health and wellbeing; and expectations and future recommendations for improvement. There were variations in the length and depth of interviews with service users across the three sites.

- *Delivery partners* - Focus groups (n=3) were undertaken with the delivery partners (staff from Depaul, Solace and First Housing). A total of 13 staff members took part in the research. Interviews with all delivery partners focused on a range of delivery-level issues (service delivery/ resources/ funding/ challenges encountered) as well as their perceptions of outcomes and future recommendations.

- *Additional stakeholders* - Focus groups and one-to-one interviews were conducted with external stakeholders (n=7) e.g., individuals from Trust based health care provision, voluntary and statutory services, and the Public Health Agency NI. Interviews explored the relationship between stakeholders and the services as well as perceptions of service delivery, any perceived gaps in service delivery and recommendations for the next 3-5 years for the Northwest.

3.0 Policy, Deliverables and Output

A mapping exercise was undertaken with relevant policy and key programme deliverables to address one of the key research objectives: *'To evaluate the impact of the service over the past 10 years, analysing data collected across the monitoring periods, and exploring how this fits within the context of public health strategies across that time.'*

In particular, key objectives of the 'New Strategic Direction (NSD) for Alcohol and Drugs (2011-2016): A Framework for Reducing Alcohol and Drug Related Harm in Northern Ireland' and the 'Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (2021-31)' were mapped alongside the Public Health Agency (PHA) service specification for tender for the provision of Low Threshold Services. Evidently, the defined outcomes of the PHA specification translated across the strategic frameworks for the time period.

Information requested and provided to PHA by Depaul and the consortium, in terms of service monitoring, was lengthy and detailed across the 10 year period. Analysis of these reports and input from primary research in this evaluation with stakeholders (including service users) indicated that the service delivered over and above on what was commissioned by PHA in terms of specified objectives, notably in the areas of:

- Providing a person-centred service to those who misuse drugs and alcohol at harmful levels (and who are not able or willing to consider abstinence or engage in structured treatment), to reduce harm caused by their dependence on substances;
- Facilitating access to other relevant support services (Housing, Health, Employment etc.);
- Adapting service provision (e.g. balance between drop in versus outreach service delivery and range of services required from the menu of services in line with the needs of the service user population);
- Ensuring that relevant pathways are established for service users;
- Ensuring appropriate liaison and engagement with the families of service users;
- Ensuring service users are involved in the design and delivery of the service in accordance with the PHA Service User Engagement Framework;
- Provision of dedicated support or facilitated access to accommodation;
- Promotion of services.

4.0 Key findings

The three overarching research questions proposed were address through all evidence gathered. Each is addressed below.

4.1 Delivery, experiences, success and challenges

Research question 1 asked: How has the service been delivered over the past 10 years with a focus on experiences of the services, key learning, challenges, success and proposed recommendations (note, recommendations are addressed in section 4.3)

The data collection demonstrates the varied delivery across each delivery partner, using a holistic and person-centred approach to best meet the needs of service users and the locality. It appears that the services are held in high regard by all the stakeholders. The service staff and stakeholder findings present a range of strengths of the services involved, which are often complemented by the service user's own testimonies as presented in their interview findings. The findings across all participant data suggest the following key strengths.

- Meeting the 'hierarchy of needs' of service users - Whereby the services are perceived to be serving both the physiological and the psychological needs of the service users, providing both lifesaving and life changing outcomes

- Filling in the statutory gaps - The staff and stakeholders referred to the 'safety net' the services offer in tackling issues or clients who, for a range of reasons, don't meet the criteria for statutory services

- Relationships - Another key strength of the programme are the relationships cultivated between each of the three services themselves, between the services and external stakeholders and between the services and the service users (the data suggests that these relationships have flourished as a result of four underpinning pillars: relatability, equality and lack of judgement; trustworthiness and transparency; care and professional closeness; and ongoing/ forever support).

- The workforce - The vocational commitment of the staff was evident across all participant groups, so too was the professionalism, qualifications, commitment to continuous professional development (necessary in an ever-changing societal context) and pride they each take in their work and the organisations and communities they represent.

- Holistic and person-centred approach - The data highlights the strength in the service's adopting a person-centred and holistic approach to harm reduction, whereby they meet the service user where they are at, work with the existing supports (familial, wider community) and advocate on their behalf for the betterment of lives.

- Savings for health service - Acknowledged by a range of external stakeholders and staff, the intervention of these services is invaluable for the health services, i.e., by reducing ambulance call outs and A&E presentations. The perceptions-based data suggest that the return on investment for the health service is considerable. These services operate on stretched budgets, with increasing demand, short-term funding and constant instability, yet without them, the system would be crippled (as suggested by the stakeholders engaged).

The data suggests that the strengths and successes these services have seen have been in spite of wider systemic and societal challenges, which appear to be exacerbating problems, rather than facilitating or supporting service delivery. Challenges discussed include:

- Service demand, increasing complexity and sustainability - The increasing demand and nuanced complexity of the addictions/ homelessness landscape is undoubtedly evolving and increasing the pressures on services. The nuances and challenges of: the localities involved, particularly the rural communities (dearth of services, wide spread client base etc.,); the displacement of Belfast-based clients to an already overstretched service; the introduction of

more drug-related addictions; the changing demographic; and added mental health complexities; all of which are compounded by a host of socio-political, environmental and economic challenges (e.g.., cost of living crisis, Covid etc.,) which appear to have stretched these services to the limit. These findings point to concerns regarding both the manageability and the sustainability of these services. The services which are reportedly under-resourced and under-funded, are reliant on the commitment and (to an extent) goodwill of their staff who, by the service users' account, go above and beyond duty. The staff in some services are approaching retirement, there is risk of burnout amongst all, as reported the terms and conditions are lacking – all of which points to issues of sustainability and business continuity. This is of great concern not only to the services themselves, but to the wider statutory health systems who, by stakeholders' accounts, could not withstand the increasing pressure that would come their way, should these services not exist.

- Funding, collaborative investment and collective impact - As recognised by Depaul staff, the issues attended to via these services, extend far beyond health, and towards justice, housing, economy, and beyond. The data points to the potential for a more collaborative funding model, and a more collective approach to tackling these issues, involving a range of non/statutory partners, akin to the 'Complex Lives' initiative in Belfast.

- Demonstrating impact - Challenges were raised in terms of definitively demonstrating impact. For example, there was recognised difficulty in: demonstrating harm reduction, particularly within a person-centred approach where success might be very different for different people; measuring what didn't happen, i.e. those who did not attend A&E, or those for whom an ambulance wasn't called, due to the service's early intervention; collating an overarching monitoring and evaluation framework which is driven by service delivery and outcomes rather than funder's standardised requirements.

4.2 Perceived impact of service engagement

Research question 2 explored the perceived (from the perception of all relevant stakeholders) impact that the services have had on service users over the past 10 years, as well as how the service and reported impacts align with key public health strategies.

Overall, the service users (and the staff and stakeholders) highlighted the lifesaving and life changing impact the service has had on them, they highlighted physical health improvements as well as mental health improvements (also corroborated by the small scale survey). The extent of outcomes was very much dependent on the individual, for some, this may be seeking help again after returning to substance misuse, for others this could be living a more fulfilled and less chaotic life. All the data collected suggests the services are directly targeting numerous public health strategies (e.g., NSD

2011-2016; Preventing Harm, Empowering Recovery (2021-2031)), as well as meeting the objectives as set out by the PHA service specification.

4.3 Recommendations

Research question 3 focussed on how the learning from this evaluation could inform future service delivery.

There is great learning in the data collected via this evaluation, providing a sound evidence base for service planning and systems-level influence. Three key recommendations are provided, centred around 3 core themes: Implementation, Learning and Expert by Experience input.

Enhanced Implementation - Collaborative, participatory and person-centred approach: Firstly, a review of the current delivery models and wider implementation across all three partners is recommended, whereby a co-developed logic model and theory of change underpins and frames service delivery moving forward. Collective impact approaches and collaborative funding models are suggested as a potential model for exploration, with reference to potential learning to be achieved from the Complex Lives initiative.

Enhanced Learning Frameworks: The development of a bespoke and co-constructed 'Learning Framework' is recommended, grounded in the core activity, objectives and outcomes of the services, whilst also aligned to policy and commissioning body priorities. It is recommended that this framework will be shared amongst all delivery partners, providing consistency and capacity for assessing collective impacts, whilst also facilitating some service-delivery bespoke measures and the accurate measurement of person-centred and individualised targets and progress.

8.5.3 Experts by Experience Groups: Finally, in recognising and building upon the services' existing participatory approaches and the value placed on the service users' perspectives, it is recommended that this is 'formalised' via 'experts by experience' or 'lived experience' advisory groups across each of the services/ the collective. The anticipated outcomes of such a group would be twofold: 1) to enhance service delivery/ broader systems and practices, via rich lived experience insights, and 2) to empower and encourage the service users involved. It is recommended that the formalisation of such a group is prioritised ensuring service user perspectives are centred in the consideration and implementation of all recommendations and actions moving forward.

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