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Evaluation of the National Development Project Fund (NDPF) Final Report



HEALTH AND SOCIAL CARE



Evaluation of the National Development Project Fund (NDPF) Final Report

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1 Introduction

The National Development Project Fund (NDPF) is part of the Scottish Government’s investment in services to reduce problem drug and alcohol use and reflects the priorities of the Rights, Respect and Recovery strategy published in November 2018. Ten projects were awarded NDPF funding in January 2019 to address gaps in advocacy services, family inclusive services, and start-up investment for new approaches to recovery. In October 2019, the Scottish Government commissioned Iconic Consulting to evaluate the Fund. This is the final report of the evaluation, which is intended to share learning from the projects and evidence their impact.

Background

Rights, Respect and Recovery is the Scottish Government’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths. The strategy focuses on prevention and early intervention, developing recovery orientated systems of care, promoting a human rights and person-centred approach to individuals and families, and a public health and evidence-based approach that puts lived experience at the core. The figure below – taken from the Rights, Respect and Recovery Action Plan 2019-21 – summarises the strategy’s vision, priorities and outcomes.

Figure 1 – Rights, Respect and Recovery



The Scottish Government introduced three funds to deliver an investment of £20million per year over the duration of the current parliament (2018/19 to 2020/21) to support the delivery of services to reduce problem drug and alcohol use. NDPF was one of the three funds. £1million per annum was ringfenced for the NDPF for projects of national significance operating at either a national or a local level focused on addressing gaps in:

- Advocacy services.
- Family inclusive services and support.
- Start-up investment for new approaches to treatment, support and recovery.

Following an open application process the ten projects shown in Table 1 were awarded funding in January 2019, to the end of March 2021.

Table 1 – NDPF projects				
Lead agency	Project	Priority	Area	Funding
Access to Industry	Midlothian and East Lothian Advocacy Project	Advocacy	Mid and East Lothian	£120,000
The Advocacy Project	Glasgow Alcohol and Drug Advocacy Service	Advocacy	Glasgow	£150,000
East Ayrshire Advocacy Services	Represent Recovery	Advocacy	East Ayrshire	£139,573
Scottish Recovery Consortium	National Recovery Advocacy Network	Advocacy	National	£174,000
AdvoCard	Problematic Substance Use Advocacy Service	Advocacy	Edinburgh	£180,000
Mental Health Advocacy Project	Collective Advocacy - Substance Addictions	Advocacy	West Lothian	£141,655
Scottish Families Affected by Alcohol and Drugs	Families as a Movement for Change	Family inclusive services	East and West Dunbartonshire	£187,500
Children 1 st	South Ayrshire Kinship Family Support Service	Family inclusive services	South Ayrshire	£147,880
Independence from Drugs and Alcohol Scotland	River Garden Auchincruive	Start-up investment	National	£125,000
Alcohol and Drugs Action	Recovery Peer Partnership	Start-up investment	Aberdeen	£130,200

Evaluation

The overriding purpose of the NDPF evaluation was to provide the Scottish Government with timely, robust information on the performance of the Fund and the project management in order to support shared learning.

The evaluation had three specific aims, each one accompanied by research questions, namely:

1. To enhance understanding of the programme development process to support continuous improvement of the fund management and delivery.
 - How accessible and relevant was the application process and how can it be improved?
 - How well designed is the programme as a whole?
2. To support individual projects in an advisory capacity to improve the quality of self-monitoring and evaluation.
 - Are the proposed self-evaluation approaches appropriate?
 - Will they provide adequate information to support a national evaluation?
 - How can they be improved?
3. To provide an overview of the outcomes achieved by the individual projects and how the programme has performed overall, to support shared learning.
 - Has the programme met its overall objectives?
 - What are the shared learning messages and how can these best be disseminated?

To address the first study aim, the evaluation team reported on the design, development and initial management of the Fund in December 2019. This short report was informed by feedback from the ten funded projects and the Scottish Government's alcohol and drug policy teams.

To address the second study aim, the evaluation team initially reviewed the ten funded projects' monitoring and self-evaluation plans set out in their application forms. Individual meetings took place with the ten projects in November and December 2019 to discuss their plans and potential gaps or weaknesses identified by the evaluation team. Where necessary, recommendations were made to address gaps or strengthen the monitoring and self-evaluation approaches. Support was also offered to help implement the recommendations, where required.

This final evaluation report addresses the third study aim. At the outset of the evaluation, the Scottish Government emphasised the importance of establishing learning of national significance which could, potentially, inform the future development of services to reduce problem drug and alcohol use across Scotland. Evaluating the Fund was challenging given the diverse nature of the ten projects which varied in their approaches and target groups, not only across the three priorities – advocacy, family inclusive services, and start-up investment – but also within each of the three priorities. The evaluation therefore focused on gathering

evidence from each project and drawing out learning where possible. Fieldwork consisted of:

- A document review including monitoring reports submitted by the projects to Scottish Government, internal progress reports, promotional material, case studies and other outputs produced by the ten projects.
- Interviews with 18 individuals responsible for managing or delivering the ten projects.
- Interviews and feedback from 15 stakeholders connected to the ten projects including representatives of alcohol and drug services at an operational level and Alcohol and Drug Partnerships (ADP) at a strategic level.
- Interviews with 11 beneficiaries from seven of the projects who provided valuable first-hand experience of the support they received and its impact.

The fieldwork was undertaken between October and December 2020. Interviews were conducted via telephone and video conferencing due to COVID-19 restrictions.

Limitations of the evaluation

It was not possible, at this stage, to fully assess the impact of NDPF funding. There were two limiting factors.

The first issue was one of timing. The projects were ongoing at the time of writing this report with funding continuing until the end of March 2021. As noted above, fieldwork for this evaluation was undertaken between October and December 2020, and the latest monitoring reports related to the period July to September 2020. This was six months before the projects' planned end meaning further delivery and impact was still to take place and not captured by the evaluation. In addition, the projects started at various points during Spring 2019 meaning the delivery time to the end of September 2020 was approximately 18 months. This was a relatively short delivery period that included, in some cases the need to recruit and/or train staff, and raise awareness of the project with referral partners and the target groups, before delivery commenced. Delivery itself was also affected by the COVID-19 pandemic as discussed in more detail in Section 3.

The second issue was one of evidence. The funded projects were required to submit quarterly monitoring reports to the Scottish Government using a template provided at the outset. The timely submission of these reports was mixed, limiting the availability of information on implementation and impact available for this evaluation. Five projects submitted all of the monitoring reports required between April 2019 and the end of September 2020. Another project submitted monitoring reports covering the whole period albeit in the form of one report covering April 2019 to March 2020, as well as reports covering the quarters before and after this period. The researchers did not have access to all of the quarterly monitoring reports for the remaining four projects.

Report structure

This report is structured as follows:

- Section 2 discusses the learning from the ten projects with specific reference to the three priorities of advocacy, family inclusive services, and start-up investment.
- Section 3 covers implementation and impact of the ten projects, the impact of COVID-19, and fund management.
- Section 4 presents the evaluation conclusions and how they relate to the evolving policy context.

2 Learning

This section discusses learning emerging from the NDPF projects. As noted in Section 1, the focus is on learning of national significance which could, potentially, inform future services to support the delivery of services to reduce problem drug and alcohol use across Scotland. The section focuses on learning for each of the NDPF priorities - advocacy services, family inclusive services, and start-up investment.

Advocacy services

Advocacy services had been identified as a gap in support for people with alcohol and drug problems with Rights, Respect and Recovery committing the Scottish Government to fund advocacy services through the NDPF to support a human-rights based approach. The strategy outlined the approach and how it could potentially assist people affected by alcohol and drug problems, as shown in the figure below.

A Human Rights based approach

Taking a human rights-based approach is about using international human rights standards to ensure that people's human rights are put at the very centre of policies and practice. A human rights-based approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations. It also creates solid accountability so people can seek remedies when their rights are violated.

Clearly everyone has a right to life and health and we need to ensure this is the case for those who experience alcohol and drug problems.

The PANEL principles are one way of breaking down what a human rights-based approach means in practice

- | | |
|---------------------------------|---|
| Participation | • People must be involved in decisions that affect their rights. |
| Accountability | • There should be monitoring of how people's rights are being affected, as well as improvement action taken. |
| Non-Discrimination and Equality | • All forms of discrimination must be prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised. |
| Empowerment | • Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives. |
| Legality | • Approaches should be grounded in the legal rights that are set out in domestic and international laws. |

We need to apply this approach to how we respond to problem drug use, including service planning, development, delivery and regulation.

We need to ensure that people have access to independent advocacy services to support this approach.

The Scottish Government will invest in advocacy services through the National Development Fund to support the development of a human rights-based approach.

Six of the NDPF-funded projects were advocacy related. Five involved the direct provision of advocacy support to people affected by alcohol and drug problems and were delivered by existing advocacy services. These organisations already had the structures and expertise in place to deliver advocacy to people with alcohol and drug problems. The sixth NDPF-funded advocacy project was delivered by the Scottish Recovery Consortium working in collaboration with another established advocacy service REACH Advocacy. As described in Section 3, this project delivered valuable training and support for peer advocates and awareness raising training for advocacy services about the human rights based approach. Overall, NDPF funding enabled the advocacy services to support people with alcohol and drug problems which they had not been able to previously.

Although support for people with alcohol and drug problems was broadly similar across the projects, there were also variations, noted below, that provide useful learning for any future rollout of advocacy services in this field.

- All of the advocacy services **supported people with alcohol and drug problems to connect, re-connect or address issues with alcohol and drug services**. The advocacy workers helped people to be more involved in decisions about their support and therefore contributed to the Participation element of the PANEL¹ principles described in the figure above. In the majority of cases, alcohol and drug services were receptive to the involvement of advocacy workers, although there were some isolated examples of individual staff members being less receptive. There was a suggestion from one consultee that staff from statutory services could be less receptive to advocacy than third sector providers although this view was not shared by other consultees. The projects' experiences highlight the importance of other services understanding, respecting and being responsive to the role of advocacy workers.
- All of the advocacy services supported people with alcohol and drug problems **to address other issues and services such as housing, debts and benefits**. Some of the advocacy services developed good contacts with partners such as housing providers and the DWP. For example, during the COVID-19 lockdown the Midlothian and East Lothian Advocacy Project negotiated two-week extensions for clients to submit documentation and in doing so prevented them from being sanctioned. Equally, there were reports of the opposite situations arising; for example, the same project also reported a housing officer being unreceptive to concerns raised about the state of a particular tenancy. Such experiences again highlight the importance of other services understanding, respecting and being responsive to the role of advocacy workers.
- All of the advocacy services **provided a degree of emotional and practical support** to people with alcohol and drug problems to aid their recovery. This included listening to people when they wanted someone to speak to and, at

¹ Scottish Human Rights Commission (n.d.). A Human Rights Based Approach: An Introduction. Available at: https://www.scottishhumanrights.com/media/1409/shrc_hrba_leaflet.pdf

times, encouraging them to maintain their recovery. On a practical level it also involved tasks such as picking up medication for people during lockdown, or accompanying them to appointments.

- Some of the advocacy services **developed groups and activities** (in-person before COVID-19 and virtual since) for people with alcohol and drug problems to combat social isolation, improve mental health and increase confidence. For example, the East Ayrshire project took a group of people using the service on a fishing trip and also instigated walk and talk sessions to enable some form of face-to-face contact and social interaction during lockdown.

In providing emotional and recreational support, the advocacy workers role was comparable to that of substance use support workers and, in these instances, their support could be seen as complementary or, in some cases, a preferred alternative for substance use services. The advocacy workers role here could also potentially overlap with the role of recovery communities which Rights, Respect and Recovery recognised are well placed to lead on the development of recovery capital and reducing stigma within communities, as well as making a positive impact more broadly on their local community. This raises a question about the respective roles of advocacy services, alcohol and drug recovery services and recovery communities where it could be seen as advocacy workers blurring the boundaries with others, and with their objective to signpost people to existing services/groups or to highlight gaps in provision. One of the addiction services welcomed such support from advocacy services, where it was temporary and led to signposting to other services, describing it as a soft transition from counselling to community based provision. It is possible the advocacy workers took on this wider role in response to the closure of other sources of support such as recovery cafés during the COVID-19 restrictions. Nonetheless, in our view, **there is a need for clarity in the role of advocacy workers before expanding advocacy services for people with alcohol and drug problems.**

“I was attending [NHS addiction service] but I didn’t feel I was getting a good service. I felt like I had to watch what I said – I’ve had social work involvement in the past. I phoned them to say I was happy to continue to see [advocacy worker] and not them. I had also been attending [third sector recovery services] and I’d had some minor blips with them too so I stopped. I know I can phone [advocacy worker] whenever I need to and I’ve no plans to go back to the other services.” (Anonymous person using advocacy services).

NDPF funding of advocacy services also provided valuable learning regarding **advocacy workers with and without lived experience**. Represent Recovery in East Ayrshire and Collective Advocacy in West Lothian employed advocacy workers with relevant lived experience and feedback from people using the service highlighted the benefits of their support. It helped build confidence and empower people with alcohol and drug problems which was linked to the workers’ understanding of the issues facing those they were supporting, their knowledge of support services and the challenges they could face accessing these services. However, it is important to also state that the NDPF-funded advocacy services

where workers did not have lived experience also engaged their target group and were well regarded by consultees including individuals using these services.

“It definitely helped that [advocacy worker] had been through it themselves. Other workers have just read about it in a book. It’s like me reading an Andy McNab book and thinking I could be a special forces guy.” (Anonymous person using advocacy service).

The NDPF experience of the advocacy services underlines **the importance of connections with other services**. They all embarked on awareness raising work at the outset to inform and engage services. The AdvoCard service in Edinburgh has a Development Coordinator with the specific remit to make these connections and it was felt by the service that this is a good model for further work, although the need for this may also be dependent on the size of the area being covered. Across the advocacy projects there was a concern raised that other services were not always fully aware of what advocacy was and any additional advocacy services will need to raise awareness of their support, not only at the outset but also at regular intervals.

Outreach by the NDPF-funded advocacy services was important in engaging people with alcohol and drug problems. This applied in rural areas such as East Ayrshire where access to services, particularly via public transport, can be challenging. More generally, outreach was important in urban and rural areas as people with alcohol and drug problems not engaging with support services are, by definition, harder to reach. The Mid and East Lothian Advocacy Project had relative success in engaging people in active addiction and this highlights the value in making services as inclusive as possible.

Rights, Respect and Recovery emphasises the importance of services being accessible. One of the key learning points highlighted by the Collective Advocacy Project was the importance of **helping people with alcohol and drug problems to overcome practical barriers to engaging with support**. The project’s success in influencing local services so that people with alcohol and drug problems had access to free bus passes in West Lothian highlighted that ‘insider knowledge’ brings to the fore the everyday lived realities people face which may not always be known or fully understood. This example also shows how collective advocacy can be a way of pooling resources and experiences to affect change. Moreover, by bringing people together to understand that their situation is not an isolated one, this collective experience of sharing can overcome the individualised stigma and shame felt, particularly when the barriers are related to poverty.

“I feel like we are being listened to...It used to be that this was just about what the professionals thought, but now it is about hearing from people who are going through it and really understand.” (Person using Collective Advocacy Project).

Feedback from both people using advocacy services and providers of alcohol and drug services demonstrated the benefits of advocacy services in this setting. They

highlighted the value to those who used the service, as well as the value to service providers of being able to signpost individuals using the service to additional support for issues outwith their own remit.

“Before this had been set up we didn’t know what we were missing, but now that it is here it is daunting to think about what we will do without it as it is really needed.” (Alcohol and drug service provider).

“[Advocacy worker] sorted out a problem with DWP. I’d been pushed from pillar to post by them and [Advocacy worker] told me what I was entitled to, and what my rights were. I didn’t know the ins and outs, what was available, or what I was entitled to. It was a total minefield... I was already hooked into the addiction service but I had a couple of issues. [Advocacy worker] helped me with what to say to them and it worked. They said they’d have spoken to the service for me if I needed them to. I would have been walking around in circles without them... They take the stress out of situations... When they go with you to meetings, the services talk to you better, you normally feel shunned by services.” (Anonymous person using advocacy service).

Some of the people with alcohol and drug problems supported by the NDPF-funded advocacy services were from specific groups that the services already focused on, such as those with mental health challenges, those with criminal justice involvement, young people, or older people. There was therefore an **element of duplication, whereby a number of people with alcohol and drug problems would have been able to access existing advocacy services**. Our research confirmed that this was particularly the case with people with both substance and mental health issues, with a number of referrals from mental health workers. In some of these cases mental health appeared to be the primary reason for their engagement with the NDPF-funded alcohol and drug advocacy services. This led us to question the added value of the NDPF-funded advocacy services in these situations. While we appreciate that alcohol and drug problems and mental health can be interlinked, **it would maximise the effectiveness of funding for advocacy services for people with alcohol and drug issues, in our view, if referrals, signposting and awareness raising focused on alcohol and drug issues**. There was some evidence that advocacy services with dedicated alcohol and drug advocacy workers had a clearer focus on people with these issues than those that integrated support for people with alcohol and drug problems with their existing services for people with other issues.

Advocacy services have an important role in helping inform and shape recovery orientated systems of care. The NDPF-funded advocacy services also had some influence at the strategic level as demonstrated by the following examples. East Ayrshire Advocacy Service was an active member of the Alcohol and Drug Partnership and regularly shared emerging experience and learning with partners. It was reported that this helped make recovery more visible in East Ayrshire, especially the rural areas where services were more scarce, and advocacy was referred to by one strategic consultee as being an important part of a journey from medically-based treatment to a more community-based recovery

modality. This led to the Integrated Joint Board funding an ADP proposal to invest in peer-led recovery support. In West Lothian, as discussed in Section 3, the Collective Advocacy Project met with the manager of the Community Mental Health and Addictions Service and was able to influence future plans. It was also reported in Section 3 how SRC's peer advocacy training and support in Argyll and Bute directly led the ADP to invest in peer-led advocacy workers. These examples show that advocacy services have an important role in helping inform and shape recovery orientated systems of care. It is vital, in our view, that advocacy services have the opportunity to share their learning with alcohol and drug services and commissioners, ideally at a strategic level via ADPs. Rights, Respect and Recovery promotes an intelligence-led approach and part of this is about understanding the changing trends in need and service use. Based on the NDPF experience, advocacy appears to be well placed to have a role in broader discussions that seek to inform policy.

Family inclusive services

Rights, Respect and Recovery included a commitment that families affected by alcohol and drug problems have access to support in their own right and there was recognition of the stigma faced that can isolate families from their communities. Carers and Kinship Carers were also identified as groups requiring support within communities. Key learning from the two NDPF-funded family inclusive services – Families as a Movement for Change and South Ayrshire Kinship Family Support Service – is discussed below.

Both services highlighted that young people (particularly those aged around 12 to 16), kinship carers and **family members more widely affected by substance use can be 'hidden' with limited support currently available in the community.** The invisibility and isolation of those supported by the NDPF funding was evident throughout, with lockdown further highlighting the severity of their need through, for example, highlighting the need for emergency food provision and addressing digital exclusion.

South Ayrshire Kinship Family Support Service reported challenges in engaging statutory services in new ways of working and suggested, by way of learning, **that establishing stronger links with senior managers at the outset** may help services in other areas seeking to implement a new approach. Where the service was able to engage kinship families, via statutory services, significant benefits were reported and this generated some useful learning. The service demonstrated the positive impact which support can have on kinship families that would otherwise struggle to access any support. There was also a suggestion that kinship family support could, potentially, alleviate pressure on social work.

“If it wasn't for the service giving me the support I would have been stuck in a terrible situation... It's a brilliant idea that there is support for kinship carers who no longer need social work involvement. It must free up social workers for children who do need them. I'm quite sure that they can see that the children who don't need social workers are quite safe and secure where they are. It

was a shame social workers were coming to give us support when there was children out there who need them more. Most children in kinship care are safe and happy. When I used to talk my grandchild to nursery the other parents there were all my age. All these grandparents are left with these children, from the lost generation. That's what I call them, the lost generation." (South Ayrshire Kinship Family Support Service beneficiary).

"With kinship carers there's no other support available for them. There's a strong theme that kinship families need support, they no longer need social work intervention but there's a huge gap, they still need ongoing support. It's a very complex and challenging journey for kinship families in relation to the children's adverse experiences, their trauma, but they've got nobody to help them navigate their way through that. There is a huge gap. This project has shown there is a huge need for intensive support for kinship families, for both carers and children in relation to their journey. There are so many challenges around their age, the generational challenges around technology, especially around our current climate, there's real financial pressures on kinship carers as well... Carers feel extremely isolated. They tell us that in their family networks nobody really understands how complex and challenging kinship caring can be." (South Ayrshire Kinship Family Support Service beneficiary).

One of the key learning points arising from the 'Routes' Project which was part of the Families as Movement for Change initiative, was the **need for teachers to be more aware and attuned to the specific needs of young people affected by substance use**, and to support them to remain in school. Similarly, some of the young people supported by the Kinship Family Support Service, faced challenges at school, such as bullying, that the service helped the families address. The links between school exclusion and the impact on life chances is well established within research². The Families as a Movement for Change Initiative also emphasised that **families preferred not to simply sit and talk about their problems but engaged more readily by doing, and building organic networks through action together**.

"The big difference is connecting with someone who really knows and has been there. It is amazing to see how people have really come out of their shells and are telling their story. We had one mum who always used to give her money away to her son (who had alcohol and drug problems) and have nothing for herself. Now she will buy him gas or electricity but she doesn't give it all away. I think that comes from the CRAFT training. I have also seen that people's mental health has really improved and that includes the children." (Person using the Families as a Movement for Change service).

² See for example, Sosu, E and Ellis S. (2014) *Closing the attainment gap in Scottish education*. York: Joseph Rowntree Foundation and McAra, L. and McVie, S. (2010) Youth crime and justice: Key messages from the Edinburgh Study of Youth Transitions and Crime. *Criminology and Criminal Justice*, 10(2): 179-209.

Start-up investment

Scottish Government funding for start-up investment demonstrated a notable commitment to finding new and innovative ways to deliver Rights, Respect and Recovery. Key learning from the two NDPF-funded projects – River Garden Auchincruive and Recovery Peer Partnership – is discussed below.

NDPF-funding for a CEO at River Garden Auchincruive was beneficial and other organisations at the same stage of development could, potentially, benefit from similar support. NDPF allowed the project to develop in ways, and at a pace, that would not have been possible without external funding as the role had previously been undertaken by volunteer Trustees. It was reported that governance issues impacted on the CEO's ability to fully meet the job specification and other projects in a similar position could learn from this experience. Respondents from the organisation suggested that others in their position should think carefully about what the needs of the organisation are at that time as, in hindsight, an operational lead may have been more appropriate than a CEO.

Although the NDPF funding for River Garden Auchincruive CEO was primarily to aid organisational development, the project also generated learning at an operational level which may be of interest to those involved in ongoing discussions about residential rehabilitation in Scotland. The CEO worked closely with staff, Trustees and residents to develop a recovery orientated model of care - the River Garden Way - for very long-term residential rehabilitation. Although similar to approaches in other countries, the River Garden Way, was seen as reflecting the unique circumstances in Scotland with its emphasis on building a supportive community.

Although another NDPF-funded project, the Recovery Peer Partnership set out to promote peer-led recovery 'pathways' it was unable to bring people together as they had envisaged because of COVID-19 restrictions. The project reported, however, that the connections and structures were in place to establish these pathways in the future. Factors restricting access were around digital exclusion. It was also reported that some potential beneficiaries were wary of digital technology, suggesting **mistrust may be a barrier to the use of digital communication**. The Partnership report having a 'blueprint' for working with people who are affected by alcohol and drug problems in rural areas could be particularly beneficial in the future as there is growing awareness that this is a different context that requires more attention³. The Partnership also emphasised the importance of accessibility to peer-led recovery support, particularly linking in with services such as DWP and NHS to engage people in active addiction who are accessing these services.

³ MacDiarmid, J. (2020) *Rural Matters: Understanding alcohol use in rural Scotland: Findings from a qualitative research study*. Edinburgh: Scottish Health Action on Alcohol Problems (SHAAP).

3 Implementation and impact

This section focuses on the implementation and impact of the National Development Project Fund. A summary of each project is followed by an assessment of the impact of the COVID-19 pandemic on the ten projects, and a review of the fund management arrangements.

NDPF-funded projects

The following pages present summaries of each of the ten NDPF-funded projects. The summaries are grouped by the three NDPF priorities: advocacy services; family inclusive services and support; and start-up investment.

Each summary describes how NDPF was used by the organisation, seeks to assess progress against their stated outcomes (as far as possible based on the information available), and presents key findings from the review of each project particularly consultation with the staff, beneficiaries, partner agencies, and other stakeholders.

Project 1: Represent Recovery

Lead organisation: East Ayrshire Advocacy Services

NDPF priority: Advocacy services

Total NDPF award: £139,573

East Ayrshire Advocacy Service developed the Represent Recovery service employing two additional full-time advocacy workers to support people with substance use problems across East Ayrshire. Extensive awareness raising undertaken at the outset with statutory and third sector services led to the engagement of 135 people using the service by the end of December 2020.

Progress against outcomes

The outcomes for this project were:

- Through advocacy people involved in the project with drug and alcohol problems are supported in their recovery journey and to improve their wellbeing.
- People are more able to access recovery focused services.
- People are more engaged with recovery focused services.

There was limited quantitative evidence available to fully assess progress against the outcomes. The project intended tracking engagement with substance use services however this data was not forthcoming. Qualitative evidence presented in the monitoring reports and during consultations, and drug and alcohol outcome star data, suggests good progress has been made in supporting people in their recovery journey.

Key findings

- Partner agencies, and those using the service, all regarded as beneficial the lived experience of the two advocacy workers. It enabled the workers to engage people using the service and apply their understanding and knowledge of recovery and services.
- The advocacy workers provided a broad range of support. They supported people to engage and re-engage with substance use services and to access other services such as Department for Work and Pensions (DWP). In addition, the workers also provided recovery-focused emotional and practical support which appears to have been complementary, and in some cases, a preferred alternative to substance use services. The support included individual and group activities, delivered in-person and online during the first COVID-19 lockdown.
- Cases were highlighted where the advocacy workers were seen as providing crucial, life-saving support for people with substance use issues.
- The advocacy service appears to be well known, integrated and highly regarded among substance use service commissioners and providers in East Ayrshire. The workers have helped bridge gaps between people providing and using services at various levels.
- NHS addiction services engaged with the advocacy service although some challenges were highlighted. The complex needs of people using services, workloads, COVID-19 related restrictions, and limited understanding of advocacy's role and how it could potentially support people using the service were identified as issues.

Project 2: Glasgow Alcohol and Drug Advocacy Service

Lead organisation: The Advocacy Project

NDPF priority: Advocacy services

Total NDPF award: £150,000

The Advocacy Project was awarded NDPF funding to deliver independent advocacy to people with alcohol and drug issues in Glasgow. The project provided comprehensive training, including input from Scottish Drugs Forum and Shelter Scotland, to upskill their team of existing advocacy workers. Extensive awareness raising with public and third sector services including Glasgow Alcohol and Drug Recovery Service, led to 331 referrals by mid-December 2020.

Progress against outcomes

The outcomes for this project were:

- Prevention - Individuals at risk of developing problem alcohol and substance use to access independent advocacy at an early stage to assist their engagement with prevention focused support services.

- Recovery - Individuals and their families engaged in the recovery pathway have access to independent advocacy to support their sustained and stable recovery.
- Rights and Respect – There is evidence of greater respect and less stigma for individuals accessing recovery focussed care pathways.
- Harm Reduction - Independent advocacy contributes to the reduction of harm from problem use of alcohol and drugs by providing independent support to individuals on co-producing their own recovery pathway.
- Family - Independent advocacy supports individuals to sustain or re-establish positive & nurturing relationships with their children and families, leading to safer families and children.
- Society/Community - Independent advocacy assists individuals to have equal rights and a valued role in their community, building positive social networks.
- Wellbeing - Independent advocacy supports individuals to focus on their physical and mental wellbeing by accessing a range of recovery-oriented services through their recovery journey.

Quantitative and qualitative evidence presented in the monitoring reports and during consultations suggests good progress has been made; particularly towards the outcomes related to prevention, recovery, rights and respect, and harm reduction.

Key findings

- A comprehensive approach to planning, including referral criteria and pathways, and awareness raising, including presentations and promotional material, led to strong demand for the service.
- Outreach, involving drop-in at services including recovery cafés/hubs in three localities across Glasgow, aided access and engagement and was replaced by online and telephone support provided during COVID-19 restrictions.
- People using the service were provided with independent support on a range of issues including housing, health, benefits, and recovery engagement/re-engagement.
- Upskilling existing workers ensured the service was not affected by staff turnover issues. Staff were also attuned to alcohol and drug issues when supporting those using the service who experience other issues.
- Generally there was good awareness and understanding of the advocacy service among alcohol and drug services, although there were exceptions.
- Robust monitoring and evaluation processes gathered detailed information about people using the services, support, and individual outcomes.
- Approximately a third of referrals did not go on to access the service. The organisation suggested that reasons for this included; a reluctance to engage; referrals for statutory processes not progressing (for example people detained under the Mental Health Act where the detention was later revoked);

and the initial support issue having been resolved when contacted by the service.

Project 3: Problematic Substance Use Advocacy Service

Lead organisation: AdvoCard

NDPF priority: Advocacy services

Total NDPF award: £180,000

NDPF funding supported three staff members - a Development Co-ordinator, Advocacy Worker and time allocated for a Volunteer Co-ordinator - to provide an independent advocacy service for people with problem alcohol and drug use in Edinburgh. The service set out to provide individual casework, collective advocacy and support decision-making by preparing strategic structures to respond to collective advocacy. During 2020, 152 people received individual advocacy support. An independent evaluation was ongoing at the time of the programme evaluation.

Progress against outcomes

The outcomes for this project were:

- People are attracted to, and engage with, the service.
- People are satisfied with the service and self-report that they: are more in control of their lives; are more involved in decisions that affect them; are more supported in making informed choices; have more influence over the services that they use; are better understood by others; are listened to more by others; and are better informed about available options.
- We are able to recruit volunteer advocates (including a number with lived experience of addiction) and enable them to intervene effectively.
- Collective advocacy fora can be developed and strategic decision makers enabled to respond to their concerns.

Based on the quantitative and qualitative information presented in the monitoring reports and during the consultations limited progress was evident in meeting the above outcomes. The service was not able to recruit volunteer advocates because of COVID-19 restrictions. Collective advocacy groups had been established prior to the first COVID-19 lockdown but ended due to the restrictions and individuals' inability to connect digitally; there was no evidence available that the groups influenced strategic decision makers. Two people using the service who were interviewed as part of this evaluation reported that the project had a positive impact on their recovery.

Key findings

- The organisation reported that the project addressed an identified gap in advocacy support for people with alcohol and drug problems and is well regarded by substance use support services and the ADP.

- Through this initiative the organisation has expanded its knowledge, connections and impact beyond their primary focus (mental health).
- A lack of awareness from services more broadly about the role of advocacy was reported.
- A drop-in service held at two clinics was well attended and demonstrated the value of outreach work.

Project 4: Collective Advocacy

Lead organisation: Mental Health Advocacy Project

NDPF priority: Advocacy services

Total NDPF award: £141,655

NDPF funding provided for a part-time advocacy worker and one day per week of support from West Lothian Drug and Alcohol Service (WLDAS) staff, and an independent evaluation. The project was referred to as 'The Voice of West Lothian' and it aimed to raise collective advocacy issues with service providers, policy makers and any other relevant organisations. An independent evaluation was ongoing at the time of the programme evaluation.

Progress against outcomes

The outcomes for this project were:

- People using the service have a greater awareness and understanding of collective advocacy.
- People using the service are more involved in decision making processes that affect their lives
- People using the service are more able to collectively advocate
- People using the service are more aware of, and able to access, their rights and entitlements.
- People using the service from all backgrounds and circumstances are able to access collective advocacy.
- The views of those using the service inform local strategic commissioning, service design and delivery.
- Increased engagement with advocacy by service providers.
- The forum is used as a consultative body by services.
- Barriers between adult care groups are broken down and stigma is reduced.
- Increased stability on recovery journey.

Based on the quantitative and qualitative information presented in the monitoring reports and during the consultations some progress was evident in meeting the above outcomes. Prior to the first COVID-19 lockdown six individuals using the service regularly engaged in 'The Voice'. They met with the Manager of the West

Lothian Community Mental Health and Addictions Service to inform the Local Outcome Improvement Plan and West Lothian's Alcohol and Drugs Partnership Commissioning Plan. Contact with individuals has been maintained but the group has not been able to continue to meet or connect as a result of restrictions and digital exclusion.

Key findings

- The advocacy worker with lived experience has delivered a valued service to people in recovery from substance misuse.
- The service evolved during the COVID-19 lockdown to provide individual support to sustain recovery and combat social isolation, filling a gap in provision.
- A meeting was held between The Mental Health Advocacy Project and the Manager of the West Lothian Community Mental Health and Addictions Service to affect local plans. This highlights the role collective advocacy can play to enable policies relating to the involvement and impact of people using the service.
- The collective concerns raised spotlighted the practical barriers to accessing treatment such as lengthy waiting time. 'The Voice' was able to influence the ADP so that those with substance use issues can now access bus passes.

Project 5: Midlothian and East Lothian Advocacy Project

Lead organisation: Access to Industry

NDPF priority: Advocacy services

Total NDPF award: £120,000

NDPF funding provided for an advocacy worker who delivered one-to-one support on an outreach basis to people from Mid and East Lothian affected by addiction issues to strengthen recovery pathways. Group sessions on topics of value to people using the service were also delivered. However, plans for some of those using the service to undertake training as volunteer peer advocates were not progressed due to the COVID-19 pandemic.

Progress against outcomes

The outcomes for this project were:

- Engage with 85 new people throughout the project.
- Increased stability in recovery.
- Barrier removal, increase in motivation, increase in skillset (knowing rights).
- Building positive social networks and reducing isolation.

The first outcome has been exceeded with 128 individuals engaging by October 2020. Half of clients engaged in a single contact and half in multiple contacts, with

316 one-to-one sessions delivered. Based on the qualitative data presented in the monitoring reports and during the consultations the project has partially achieved the outcomes related to individuals. The worker has provided information and supported individuals which was very much aligned to the outcomes although robust evidence of improvement in these areas was limited.

Key findings

- The project has demonstrated a demand for advocacy service and highlighted the complex needs of some of those using the service. Advocacy was delivered in a range of areas such as benefits, debt management, housing and employment. The service also liaised with the DWP to get an extension for benefits claims.
- On average, the project supported each individual using the service for five hours.
- The service continued throughout the COVID-19 pandemic connecting with individuals by phone or face-to-face where possible. When lockdown restrictions allowed, the service continued to use the Esk Centre in Musselburgh offering appointments to meet with individuals.
- Two group work sessions lasting six weeks took place before the pandemic, and one other session about budgeting has since been delivered.
- Although digital technology was sourced for some of those using the service, some remain digitally excluded as they are not able to engage this way.
- The service is highly regarded among substance use services in Midlothian and East Lothian and has helped to bridge gaps in advocacy provision and support.
- The relative success in engaging with people in active addiction has led the service to continue to have this open approach and also emphasised the importance of the service being trauma informed.

Project 6: National Recovery Advocacy Network

Lead organisation: Scottish Recovery Consortium

NDPF priority: Advocacy services

Total NDPF award: £174,000

NDPF funding enabled Scottish Recovery Consortium (SRC) to establish a recovery advocacy network across Scotland. Working in collaboration with REACH Advocacy, a SQA-accredited peer advocacy training and support programme was developed and delivered in Argyll & Bute (four participants) and South Ayrshire (nine participants). After COVID-19 related delays, a third cohort started in December 2020 in Angus, Perth & Kinross, Aberdeenshire, Aberdeen City, and Moray. In addition, the project has delivered training to advocacy services on a rights-based approach so that all staff are better informed and knowledgeable about the approach and better able to support people with substance use issues.

Progress against outcomes

The outcomes for this project were:

- A network of trained and qualified Recovery Advocates with lived experience across Scotland.
- Structures in place to co-ordinate and support Recovery Advocates regionally and nationally.
- Data gathered to evaluate the efficacy of National Specialised Advocacy provision.

Based on the quantitative and qualitative information presented in the monitoring reports and during the consultations the outcomes have been partially met. Delays and the challenge of delivering the training and support programme during the COVID-19 pandemic were contributory factors to further progress.

Key findings

- Training of peer advocates in Argyll and Bute in conjunction with Lomond and Argyll Advocacy Service (LAAS) led to the creation of three ADP-funded advocacy posts within LAAS. Feedback from the peer advocates, LAAS and the ADP was very positive and this provides a model of good practice in the development of peer-led advocacy services.
- Although COVID-19 restrictions were challenging, the project adapted and successfully delivered online training to peer advocates and advocacy services. SRC and REACH Advocacy provided valuable support to participants.
- The restrictions, such as temporary closure of recovery cafés, reduced the planned opportunities for participants to apply their learning to support people in recovery in practice.
- The project has created a sustainable package of peer advocacy training and support which can be rolled out to other areas at a relatively modest cost per participant. SRC will continue to promote the training and support.
- The project has helped SRC build wider and stronger relationships with advocacy services and ADPs in a number of areas.

Project 7: Families as a Movement for Change

Lead organisation: Scottish Families Affected by Alcohol and Drugs

NDPF priority: Family inclusive services and support

Total NDPF award: £187,500

Funding from NDFP contributed towards Families as a Movement for Change which consisted of two projects. Firstly, the Young Person's National Demonstration Project, hereafter referred to as 'Routes' in East and West Dunbartonshire was set up to support young people aged 12-26 years affected by substance use. Secondly,

the Connecting Families is a national project to support family support groups. With the existing funding and additional investment NDPF funding supported 1.8 whole time equivalent Connecting Families Workers.

Progress against outcomes

The outcomes for the Routes project were:

- Young people in East and West Dunbartonshire affected by someone else's substance use are empowered to co-produce, test and share across Scotland a programme of support based on their own experiences.
- The confidence of young people in East and West Dunbartonshire is increased.
- Young people in East and West Dunbartonshire develop and strengthen their connections and relationships with peers.
- Young people have their views and experiences on substance use recognised and responded to.

The outcomes for the Connecting Families project were:

- New, emerging and existing peer-led family support groups across Scotland are better supported and sustained, and have increased resilience.
- Family group members and leaders/ emerging leaders have increased knowledge, skills, capacity and confidence.
- More families connect with peer-led family support groups for mutual support and solutions.
- Solutions-focused and evidence-based family programmes such as CRAFT have increased reach and impact.
- Local, regional and national connections and networks of peer-led family support groups are developed and sustained.

Based on quantitative and qualitative information presented in the monitoring reports and during the consultations, the outcomes as stated above for both elements of the project have been partly achieved. For Routes, 171 activities and/or trips have been delivered with a consistent group of around 50 young people, which is significant considering that 28 do not regularly engage in school. Moreover, only 12 of the 50 referred in the first year have parents engaging with professional support for their addiction. For the period April to September 2020, Routes delivered a total of 449 hours of one-to-one support and 148 hours of groupwork. In the same time period Connecting Families had 639 family contacts and developed nine leaders, with a Regional Leadership Network set up.

Key findings

- Routes moved to online activities in response to COVID-19, supporting young people to access electronic devices and delivering classes such as Zumba and cookery, as well as bespoke wellbeing packs and food parcels.

- Connecting Families also provided online activities such as Voices Together, which is a virtual choir. In September 2020, two-day CRAFT training was delivered with social distancing in place in South Lanarkshire.
- The service was able to adapt and support families who are sometimes very isolated to overcome digital exclusion, mediating some of the effects of the restrictions and responding to the increased demand for support.
- Key features of effective coproduction were a need for stigma free zones, and the time taken to build confidence to overcome anxiety to engage in groups.
- Interactive activities were seen as a preferable way to for families and young people to engage rather than sitting and talking about problems.

Project 8: South Ayrshire Kinship Family Support Service

Lead organisation: Children 1st

NDPF priority: Family inclusive services and support

Total NDPF award: £147,880

NDPF funding enabled Children 1st to deliver the Kinship Family Support Service to assist kinship carers in South Ayrshire. The funding contributed to staff costs including a Service Manager and a part-time Family Support Worker who provided Intensive Family Support and Family Group Decision Making (FGDM) which are key elements of Children 1st services. By the end of December 2020, 24 families, consisting of 76 individuals, had been referred to the service.

Progress against outcomes

The outcomes for this project were:

- Children and young people will remain within kinship care arrangements.
- There will be a reduction in the use of both internal and external resources.
- Fewer children and young people will be referred to Scottish Children's Reporter Administration for drug and alcohol related concerns.
- Children and young people will be supported to remain in educational provision.
- Carers will feel valued, skilled and supported.
- Key staff will have the necessary skills to work in partnership with kinship carers through the use of Family Decision Making Forums.
- Kinship Carers have a better understanding of the impact of trauma.

The project has engaged fewer kinship carers than envisaged at the outset. Challenges in gathering quantitative evidence limit assessment of progress towards outcomes including the overarching outcome that children and young people will

remain within kinship care arrangements. Qualitative evidence shows families supported by the service had benefitted.

Key findings

- NDPF enabled Children 1st to address a gap in supporting kinship carers in South Ayrshire. Alcohol and drug use was reported as an underlying issue that contributed to the kinship caring arrangements, although it was not part of the eligibility criteria.
- Very positive feedback provided by kinship carers showing that the service is filling a gap in emotional and practical support to kinship carers and the young people they care for.
- Positive outcomes reported for the young people being cared for, including improved emotional wellbeing, social interaction and improved engagement with education.
- A support group - Kin Conversation Café – was attended by only two kinship carers but was reported as being beneficial, allowing them to share their experiences and provide peer support.
- Valuable support provided to potentially vulnerable families during lockdown, including food parcels, activities, and IT equipment. Socially distanced support also provided alongside telephone and online support. Support included access to Children 1st money advisor.
- Challenges engaging statutory services resulted in lower than anticipated numbers using the service. Workload, awareness of the service, and organisational culture were suggested as the main barriers. A six month vacancy with the Family Support Worker post also limited the service's capacity and impact. These challenges limited the gathering and reporting of quantitative information on the service's impact on statutory services.

Project 9: Recovery Peer Partnership Alcohol and Drugs Action

Lead organisation: Alcohol and Drugs Action

NDPF priority: Start-up investment

Total NDPF award: £130,200

This was a partnership between the local Recovery Community and commissioned Recovery Support Services in Aberdeen City. NDPF funding was to provide for a Project Co-ordinator, co-creation of a recovery coaching programme for family members, development of the Drug and Alcohol Recovery Training (DART) and to provide flexibility among staff and all training costs. The outcome was to develop a shared recovery peer pathway to increase accredited learning and volunteer opportunities for families and those with direct lived experience of substance problems. The service also set out to develop Peer 'Outreach' roles as the pinnacle of volunteering to reach and support people who may potentially benefit from the service but who were not accessing support.

Progress against outcomes

The outcomes for this project were:

- Recruitment (Staff) Supervision & Mentoring Roles.
- Peer Volunteer Roles (Scope).
- Increase in Volunteers for all activities within the Development Pathway.
- Aberdeen in Recovery activities.
- Ongoing Development & Activity.

Based on the limited quantitative and qualitative information presented in the monitoring reports submitted and evidence from the consultations the project's outcomes have been partially achieved. It has developed the shared recovery and volunteer pathway and increased capacity for supervision and their reach to 'at risk' individuals. From April until the end of November 2020, the service reported delivering 846 hours related to peer-led groups and 151 hours of training. Twenty-five Peer Volunteers joined the pathway and 23 achieved Bronze status. A radio show was also produced in HMP Grampian and a tri-annual magazine. The service has not been able to recruit volunteers as envisaged because of the COVID-19 restrictions.

Key findings

- In response to COVID restrictions, the service moved to a befriending phone service, delivering online recovery sessions, training, programs, SRC's Recovery College, and also bringing groups together.
- The experience highlighted the importance of digital inclusion and the service is now working towards having a hybrid model of working involving online as well as face-to-face support.
- The service has expanded opportunities for outreach, connecting with the Aberdeen Royal Infirmary to increase levels of engagement and reduce missed appointments.
- Although the pathways were focused on recovery, the service have found that people want to move on quickly to other tangible outcomes, such as paid employment and the 'Pathway' needs to be developed to consider this. There is one volunteer in employment, one who has set up their own business and two created their own service for rough sleepers.
- COVID-19 restrictions impacted on the project's ability to bring people together as envisaged at the outset.

Project 10: River Garden Auchincruive**Lead organisation: Independence from Drugs and Alcohol Scotland****NDPF priority: Start-up investment****Total NDPF award: £125,000**

Independence from Drugs and Alcohol Scotland (IFDAS) was awarded NDPF funding towards the creation of a new Chief Executive Officer post. IFDAS' mission is to establish a residential project in Scotland to help people in the early stages of recovery from alcohol and drug problems, who have a history of frequent relapse, to access long-term recovery. Based on a 48 acre site in South Ayrshire, River Garden Auchincruive (RGA), provides accommodation, peer support, training and skills development, work experience and paid employment for up to 40 residents who live on-site for up to three years while they recover. The NDPF-funded CEO post was initially filled in April 2019 although the postholder left within two months. The post was refilled in October 2019 before this postholder left in December 2020.

Progress against outcomes

The outcomes for this project were:

- The RGA demonstration project will be well known across Scotland.
- Social enterprise income will grow, enabling the Chief Executive post to be mainstreamed beyond this grant funding.
- RGA's activities will contribute to a reduction of stigma around people in recovery in the local area and beyond.

Progress has been made towards the outcomes. By December 2020, RGA had eight residents and had received referrals and interest from potential residents across Scotland. There was also widespread interest in the project from service commissioners and providers. Five social enterprises have been established - River Garden Wood, Café, Produce, Merch, and Events - with varying incomes, some affected by COVID-19 restrictions. Income was insufficient to mainstream the CEO position and additional external funding was being sought. There was limited evidence regarding a reduction in stigma in the local area and beyond; COVID-19 restrictions limited interaction although a pop-up café and the Little Acorns forest school helped attract visitors.

Key findings

- The CEO post provided a valuable lead for strategic and operational issues which aided organisational development that were previously undertaken on a voluntary basis by Trustees. This included developing a strategic approach to long-term residential recovery - the River Garden Way - in collaboration with residents, staff and Trustees.
- However, the CEO was unable to fully address all aspects of the role such as implementing the strategic approach due to governance issues including clarity around roles and responsibilities, trust, and communication.

- The social enterprises are impressive and innovative. They have the potential to generate surpluses to contribute towards running costs although the size of the contribution is difficult to forecast.
- The concept of a long term residential support community for people in recovery in Scotland has been tested and, at this stage, appears to be beneficial.

Impact of COVID-19

The COVID-19 pandemic had a considerable bearing on the implementation and impact of the ten NDPF projects. As described in the above summaries, all ten projects were affected in some way, and in most cases, quite considerably. A very direct effect was felt among those projects delivering face-to-face support to people in recovery or their families. It was admirable, however, how quickly and effectively the projects adjusted their services to continue to support people using these services by turning to telephone and online support, or online training, where relevant. The services played an important role providing additional support to people affected by alcohol and drug problems during lockdown. This included practical and emotional support to adapt to the circumstances which were particularly challenging for some of those affected by alcohol and drug problems.

Projects reported that the experience of successfully delivering online services will inform the design and delivery of services in the future. Projects also highlighted the challenge faced by some of those using their services in accessing online support and the potential impact this may have had on their recovery, and in some cases, on mental health and wellbeing.

Fund management

The grant claims and payments process was well managed by Scottish Government. Grant recipients reported no issues and appreciated this aspect of fund management.

The submission of quarterly monitoring reports by the funded organisations was mixed, as reported in Section 1. Four of the ten projects did not submit the full complement of monitoring reports and the Scottish Government could have done more to contact projects regarding the missing monitoring reports. The missing monitoring reports contributed to the limited information available for this evaluation.

The funded organisations reported they tended not to receive an acknowledgement or feedback on the contents of the monitoring reports they submitted. The majority of organisations stated they would have welcomed feedback from the Scottish Government as it would have demonstrated interest in their project.

The programme evaluation commissioned by the Scottish Government in September 2019, included input, in an advisory capacity, to support grant recipients

with the quality of self-monitoring and evaluation. The support was provided by the programme evaluators, Iconic Consulting. As reported in Section 1, the consultants provided each project with feedback on their proposed approach to monitoring and evaluation, with recommendations to strengthen the approach where necessary; the feedback was informed by a desk-based review of their application form and supporting documents and a meeting to discuss their approach in detail. The projects were made aware that ad-hoc support on monitoring and evaluation was available throughout the delivery phase, although none of the projects asked for any assistance. Generally, the projects gathered comprehensive information on service delivery and qualitative feedback from people using these services and from partner agencies. However, robust evidence on impact was more limited in most cases.

At the outset of the programme, the Scottish Government stated that networking events would be held to share learning among the projects. The guidance stated that 'successful projects will be required to participate in a forthcoming national working group to support the development of advocacy services across the country. This will involve attendance at quarterly meetings and participation in key activities which will result in the development of national good practice around the delivery of advocacy services for this group of people and their family members'. The Guidance included a similar statement for family inclusive services and support. A number of the funded projects reported their interest in such sessions during our initial discussions with them, particularly the advocacy projects that saw this as an opportunity to network and share merging benefits and challenges. No sessions were held and projects expressed their disappointment at this. Staff turnover among the Scottish Government's Alcohol and Drugs Team and the COVID-19 pandemic were contributory factors to this and the limited contact regarding monitoring reports.

4 Conclusions

The Scottish Government established the National Development Project Fund (NDPF) to implement the priorities of the Rights, Respect and Recovery strategy and help address problem drug and alcohol use in Scotland. Ten projects were awarded NDPF funding in January 2019 specifically to address gaps in advocacy services, family inclusive services and support, and start-up investment for new approaches to treatment, support and recovery. This final report of the evaluation has highlighted learning from the projects and, as far as possible, evidenced their impact. The evaluation focused on learning of national significance that could help inform the support provided for people with alcohol and drug problems across Scotland.

Conclusions regarding the overall impact of the NDPF are difficult. As noted, timing and gaps in monitoring reports limited the available evidence for the evaluation. It was also noted that the ten projects were diverse not only between, but also within, the three priorities, and there were only two projects for the family inclusive services and start-up investment priorities which limited the conclusions that could be taken from their delivery. There were six NDPF-funded advocacy projects, including five that directly delivered advocacy to people with alcohol and drug problems, and there was therefore more scope to draw out lessons from these projects.

Based on the evidence presented in monitoring reports and consultation with service providers, people using these services and other stakeholders, the NDPF-funded advocacy services provided valuable support to people with alcohol and drug problems. The services helped people from the target group connect, re-connect or address issues with alcohol and drug services, and provided emotional and practical support to sustain their recovery. They also helped people access other support for issues often connected to their alcohol and drug problems such as housing, debt, and benefits. NDPF-funded advocacy services also provided valuable learning related to the benefits of having workers with lived experience and workers specifically dedicated to supporting people with alcohol and drug problems (as opposed to advocacy workers supporting people with a range of issues). Based on the NDPF experience, these elements could form the core of advocacy services for people with alcohol and drug problems across Scotland.

It was shown that some of the NDPF-funded advocacy services provided additional support, individually and in groups, which aimed to further support people's recovery. This raised questions about the respective roles of advocacy services, alcohol and drug support services, and recovery communities that, we suggest, would benefit from discussion involving all parties and the Scottish Government. Guidance on the role of advocacy services in the alcohol and drug setting could be a useful output from these and any subsequent discussions. These issues would also benefit from discussion involving the above stakeholders, in our view. These issues could have been discussed at the networking and information sharing sessions which were planned as part of the Fund and welcomed by the funded organisations at the outset. The impact of staff changes and responding to COVID-

19 within the Scottish Government contributed to these sessions not taking place. These issues were also factors in the gaps in monitoring information which limited the evidence available for this evaluation, remaining unfilled.

Although more limited, conclusions can still be drawn from the other two NDPF priorities. NDPF funding confirmed the need for additional financial support, from the Scottish Government and other funders, for family inclusive support services and start-up investment. The funding highlighted that families, including kinship carers, can be hidden and have limited support options. It also demonstrated that start-up investment is useful and otherwise in short supply. It can also involve risks and may not always be as impactful as envisaged but is, nonetheless, likely to produce useful learning.

Overall the evaluation has shown the National Development Project Fund has produced learning and impacts of national significance that could be applied to help address problem drug and alcohol use in Scotland in the future. Learning related to advocacy services should be particularly useful to the Scottish Government and partners in terms of future policy and funding.

How to access background or source data

The data collected for this social research publication:

- are available in more detail through statistics.gov.scot.
- are available via an alternative route
- may be made available on request, subject to consideration of legal and ethical factors. Please contact social.research@gov.scot for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



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