



Evaluation of the Dumbarton Road Corridor (DRC) Addiction Forum

Final Report

June 2009

Prepared for:

DRC Addiction Forum

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A. Background and introduction

Background

Dumbarton Road Corridor (DRC) Community/Addiction Forum was funded by the DRC Social Inclusion Partnership from May 2002 to March 2006 (ring fenced "Tackling Drugs Misuse" funding). Glasgow Community Planning Partnership (CPP) then provided funding through the Community Regeneration Fund (CRF) in 2007 - 2008 and then the Fairer Scotland Fund (FSF) until September 2008. In their guidance notes for funding for 2008/2009¹, information is provided on the purpose of the funding provided by the CPP. As can be seen below, much of the information emphasises the priority of community engagement for Community Planning.

- The focus of FSF Funding is to regenerate communities, tackle poverty and improve employability.
- Community engagement is a key priority for Community Planning, which consists of involving the community (including service users) in shaping or planning services, managing or delivering services, managing people, supporting customers or service users being consulted on future developments.
- Glasgow CPP will be monitored annually on how it is delivering outcomes that contribute towards the Government's Strategic Objectives. These outcomes will be articulated through the city's Single Outcome Agreement (SOA). The Scottish Governments' strategic objectives are: Wealthier & Fairer Scotland; Smarter Scotland; Healthier Scotland; Safer & Stronger Scotland; and Greener Scotland.
- Glasgow CPP requires information on how the initiatives funded through the FSF are helping to deliver upon the strategic themes outlined within Glasgow's Community Plan 2005-2010. The themes are: to create a working Glasgow; to create a healthy Glasgow; to create a learning Glasgow; to create a safe Glasgow; and to create a vibrant Glasgow.
- The Single Outcome Agreement (SOA) sets out the priority outcomes of the Glasgow CPP. The FSF must be used to contribute to relevant local outcomes.

Single Outcome Agreements are agreements between the Scottish Government and each council which set out how each will work in the future towards improving national outcomes for the local

¹ Guidance Notes for Applicants for Fairer Scotland Funding 2008/2009. Glasgow Community Planning Partnership

people in a way that reflects local circumstances and priorities. The priority outcomes set out in the SOA which relate to community safety are as follows:

- Reduce the level of violent crime, including gender-based and domestic violence
- Reduce injuries as a result of road traffic incidents, fires and incidents in the home
- Reduce the public acceptance and incidence of over-consumption of alcohol and its subsequent negative impacts (personal, social and economic)
- Reduce the impact and incidence of anti-social behaviour
- Reduce the involvement of young people in crime and as victims of crime and accidents
- Reduce the fear of crime

The West Glasgow Community Health and Care Partnership (CHCP) came into existence in April 2006. Key characteristics of the area indicate that 41% of the local population lives in the 15% most deprived areas, and 9% live in the most affluent areas. In the Drumchapel, Anniesland, and Garscadden/Scotstounhill CPP, unemployment or worklessness, health, and housing have been identified as specific issues for action.

The West Glasgow CHCP Development Plan 2006/2007² outlines the 3 year plan for the CHCP area. In the introduction to this plan, one of the main priorities is:

“To focus on developing sound relationships with key partners, such as Community Planning Partnerships, and putting in place processes for engaging with the community”.

The strategic direction for West Glasgow CHCP is to: deliver better health and social outcomes for service users; ensure community health and social care services are effective, coordinated, and offer value for money; underpin all actions and interventions with the objective of improving health and tackling inequalities; and work in partnership with related sectors, organisations, communities and groups and be locally accountable.

The Public Partnership Forum (PPF) was developed to be the main vehicle for developing partnership and engaging with the public, community groups and voluntary sector agencies, service users and

² The West Glasgow Community Health and Care Partnership Development Plan 2006/2007

carers, to enable them to influence the work of the CHCP. There is a PFF steering group which has developed an appropriate model for community engagement, and will build on current community involvement work.

In 2008, the Scottish Government published their smoking prevention action plan: 'Scotland's Future is Smoke Free: A Smoking Prevention Action Plan'³. The action plan sets out measures specifically designed to dissuade children and young people from smoking. These actions include the following:

- To encourage all those responsible for smoking prevention activity aimed at children and young people to actively involve children and young people themselves in the planning and delivery of services and programmes to ensure their perspective is fully reflected in the approaches adopted and to encourage active citizenship.
- To develop and assess the feasibility of a small number of pilot interventions designed to discourage the uptake and/or encourage smoking cessation in young people, particularly those living in disadvantaged circumstances; and , if appropriate, to evaluate the effectiveness of the most promising interventions (s).

These actions have direct relevance to the peer education project operated by the DRC Addiction Forum which is discussed in more detail throughout the report.

In 2008, the Scottish Government published 'The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem'⁴. The report includes 15 national outcomes, outlining what the Government hopes to achieve over a 10 year period, which are as follows.

- We will live longer, healthier lives.
- We realise our economic potential with more and better employment opportunities for our people.
- Our children have the best start in life and are ready to succeed.
- Our children are successful learners, confident individuals, effective contributors and responsible citizens.
- We have improved the life chances for children, young people and families at risk.
- We live our lives safe from crime, disorder and danger.

³ Scotland's Future is Smoke Free: A Smoking Prevention Action Plan. Scottish Government, Edinburgh, 2008 ISBN 978-0-7559-5727-9

⁴ <http://www.scotland.gov.uk/Resource/Doc/224480/0060586.pdf>

- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
- We live in a Scotland that is the most attractive place for doing business in Europe.
- We are better educated, more skilled and more successful, renowned for our research and innovation.
- We have tackled significant inequalities in Scottish society.
- We live in well-designed, sustainable places where we are able to access the amenities and services we need.
- We value and enjoy our built and natural environment and protect it and enhance it for future generations.
- We take pride in a strong, fair and inclusive national identity.
- We reduce the local and global environmental impact of our consumption and production.
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Background to the DRC

The DRC Addiction Forum is a Community-Led Health initiative covering Scotstoun, Whiteinch, and North and South Yoker.

When the Community Development Coordinator (CDC) was appointed in May 2003, she was directly responsible both to Scottish Drugs Forum (SDF) and to the DRC Addiction steering group which consisted of representatives from Yoker Resource Centre, Peterson Park Hall, West Community Addiction Team, DRC Community Forum, GGNHS Health Promotion Team, Community Social Work Team, and DRC Social Inclusion Partnership (SIP).

At the time of her appointment, a consultant who had developed the DRC Substance Use Strategy was organising a series of seminars. The remit of the CDC was to undertake and develop the strategy, and also to be involved in community engagement. Part of the strategy involved developing the steering group into a forum that was more community based rather than a focus on statutory services. Due to unforeseen circumstances, the consultant could no longer be involved and so the CDC was responsible for coordinating and planning these events, linking in with speakers and other

facilitators as well as engaging with local community members and groups. This work was felt to be effective in terms of engaging with the community and establishing the Addiction Forum:

“Upon reflection, I believe and so do most of the Board that this was the making of the Addiction Forum. Through these seminars, we effectively linked into the community and brought a more community focus to our work”. (DRC staff)

The Forum then began working with a range of other partners including SDF (through the Substance Misuse Coordinator for Drumchapel and the User Involvement Worker) and the Drumchapel User Involvement Group. In May 2003, this group were recruiting from both DRC & Drumchapel areas and *“going from strength to strength”* by engaging with other groups, consulting in the DRC & Drumchapel communities, as well as conducting a survey for SDF in Dundee & Ayrshire (2004). The group became known as the West Volunteer Action Team (WVAT) DRC Area, although were still known as the Drumchapel User Involvement Group in Drumchapel. It was felt that this meant the group was at cross purposes and was also confusing for people as it operated in both the DRC & Drumchapel areas.

At this stage, the CDC advised the SDF that her role was a community engagement officer rather than a user involvement worker, and only agreed to continue working with the group if they were fully engaged with all services in both areas. This led to consultation, engagement and placement work across the area (including conducting a community survey on behalf of DRC Addiction Forum for SDF in DRC area, Dundee & Ayrshire). The work was so successful that the majority of the group went onto employment, college or other voluntary work by September 2004.

In October 2003, the DRC and WVAT Chairperson's along with the Community Development Co-ordinator for the DRC attended a SCVO & Housing seminar where they were shown models of Peer education. It was agreed that these models should be showcased to partners, which led to the identification of the current After School peer model and the housing sustainability model (on hold).

In 2004, the DRC began working with the Survivors of Bereavement by Suicide-Touched by Suicide (Touched by Suicide Scotland 2009) and DRC Family Support group. Although the bereavement group continues to this day, the DRC Family Support group ceased after an initial five month pilot, as those that attended wished one to one support rather than support provided via a group setting.

In June 2004, the DRC Social Inclusion Partnership recognised that the ongoing work of the DRC Addiction Steering Group was impacting on all four thematic groups (not just Health and Wellbeing). Thus, after discussion, the SIP agreed to the Addiction Steering Group becoming a fully fledged forum recognised as an unofficial thematic group in their own right.

Between June 2004 & August 2006, the CDC organised quarterly network events, awareness raising workshops, and alcohol & drugs awareness training alongside other community fun activities. This led to the piloting of an addiction awareness week in June 2005, and a further three day pilot event in 2006 prior to city wide activity in September 2007 and 2008. During this time, individuals and community representatives undertook training, developed their constitution, and arranged their First Annual General Meeting. The CDC continued with all of the above work, establishing the West Glasgow Grandparent's Kinship Care Support Group in May 2006, as well as coordinating and developing the peer model, and 'selling the idea' to primary schools and other stakeholders. Once the idea was established, the DRC then had to begin the process of securing funding which was an onerous task.

In 2006, the Scottish Drugs Forum (SDF) conducted a community consultation exercise on behalf of the DRC Addiction Forum⁵, which consisted of qualitative research with around 130 members of the community. In order to inform the DRC substance use strategy, the research investigated the knowledge and understanding of addiction related issues among members of both the residential and business community within the Corridor. The main findings were as follows:

- The community considered drugs, anti-social behaviour and the local environment to be the main problems within the DRC area.
- Alcohol and drugs were thought to affect family and home life and to have a negative financial affect on the local area through the devaluation of property.
- Over half the respondents knew someone with a drug, alcohol or gambling problem, indicating that a significant proportion of the community are personally affected by addiction problems in some way.
- A significant minority of the community members interviewed had seen items associated with drug use (e.g. needles and pipes) in the local community within four months prior to interview.

⁵ Dumbarton Road Corridor: Community Consultation. Scottish Drugs Forum, 2006.

- While there is some knowledge of addiction services within the area, a great deal of knowledge was inaccurate suggesting that the community require clear, concise and accurate information on available services.
- Two thirds of community members had received information on drugs, alcohol, or gambling; most commonly from health centres. The community thought there should be more information available, primarily from community and health services.
- Support required included counselling services, drop-in centres, information on help available, addiction forums and centres, and activities/facilities for young people.

From the beginning of 2006, there began to be problems between the SDF and Addiction Forum which led to uncertainty over the role of the CDC and the forum itself. To illustrate:

“the partnership between SDF & the Addiction Forum was beginning to crumble with me (CDC) being pulled in two different directions. I advised the Board that this could not continue and offered my resignation three times as I didn't know if I was coming or going with the additional stress on top of workload. In the end, the partnership dissolved in March 07 with my post transferred in April 07”. (DRC staff)

In April 2007, the DRC recruited a 7 hour admin worker to assist the CDC with paperwork. The CDC's role had now changed to consist of full responsibility for all finances (she had previously only worked with monies secured for pieces of work, and not Community Regeneration Funds as this was SDF responsibility).

In September 2007, the DRC Community Forum ceased to exist. As the DRC Addiction Forum was based within their office, the CDC's workload increased again acquiring the premises along with the employment and management of finances which had transferred to the Addiction Forum Board in April 2007. Additional funding was secured from West Community Planning Partnership to allow the forum to continue to operate in the same premises providing continuity, with sustained development and growth of the project. Additionally, the hours of the admin worker were increased to 35 hours per week.

After struggles to secure funding for the Peer Programme, the forum was allocated 4 years funding by the Big Lottery from April 2008. Community Planning and Community Health Partnership had decided that they wanted one non-service providing Forum in the West. They called for Expressions of Interest from the DRC and Drumchapel Forum (which was also established as a constituted body in 2006).

The DRC were unsuccessful and the contract was awarded to the Scottish Drugs Forum. The DRC had previously advised the Big Lottery (main funder) of this situation who agreed to put the new posts on hold until the awaited outcome. Following the result, the Big Lottery then agreed that they would fund current staff posts including sessional staff rather than appoint new members of staff. This funding is matched with contributions from Robertson Trust, Lloyds TSB Foundation, Glasgow Housing Association Wider Action Fund through Clydeside Tenant Partnership LHO and Choose Life (as they awarded funding to Survivors Of Bereavement By Suicide – Touched by Suicide).

The role of the CDC has changed over the years to include the management and supervision of staff, and also working with and co-ordinating over 20 volunteers. The CDC still remains responsible for all finances, reports, applications etc. as well as Board meetings and working groups. She summarised her role as follows:

“I still have responsibility for the coordination, planning and development of all areas of work and thoroughly enjoy engaging with the community at events and schools and more importantly, feeling at the end of the week, that as an organisation we have achieved something if we have been able to assist/help one person to see a light at the end of a long tunnel”. (DRC staff)

The DRC works in partnership with a range of agencies and organisations including: Drumchapel Drug & Alcohol Forum; Glasgow Council on Alcohol (GCA); Kingsway Health & Wellbeing; Yoker Resource Centre; Peterson Park Hall; Glasgow West Money Advice; GG & Clyde Drug & Alcohol Action Team; Glasgow Housing Association; Clydeside Tenant Partnership LHO; Yoker & Glasgow West Credit Union's; West Community Social Work Team; West Community Addiction Team (WCHCP); West Glasgow Regeneration Agency; Glasgow Volunteer Centre; Scottish Community Development Foundation; CHEX; Outside the Box; Youthlink Scotland; and GG&C NHS

Evaluation

DRC Addiction Forum commissioned Dudleston Harkins Social Research Ltd to conduct an evaluation of the forum, in order to provide evidence of the success and effectiveness of the different outputs (e.g. Peer education programme and Touched by Suicide Scotland group). The evaluation took place

between February and April 2009 and involved a mixed method approach. Details of the research are provided below.

Methodology

The evaluation consisted of the following elements:

- Baseline and follow up survey with P7s involved in the peer education project. Teachers administered the questionnaires at the beginning and end of the 6 sessions and asked pupils to complete these.
- Qualitative interviews with 6 peer educators.
- Focus group with teachers involved in the peer project.
- Qualitative paired depth interview with peer sessional workers.
- Focus groups with Touched by Suicide group and Kinship Carers group.
- Focus group with DRC Board members.
- Qualitative interviews with DRC staff (Community Development Co-ordinator and Admin Worker).
- Qualitative interviews with other key stakeholders.

Structure of the report

The next chapter provides a detailed discussion of the peer project, from the perspective of P7s, peer educators, peer sessional workers, teachers, and DRC staff and volunteers. The following chapter discusses the Touched by Suicide Scotland project. The next chapter discusses the Kinship Carers group and other aspects of the DRC. Barriers and challenges are discussed in the next chapter, and the final chapter details the conclusions.

B. Peer Education Project

Details of the project

The peer education project comprises 80% of the DRC's funding, and so is an important project for the DRC. Peer Education is an approach which empowers young people to work with other young people and draws on the strength of positive peer pressure. By means of appropriate training and support, young people become active players in the educational process rather than passive recipients of a set message. Central to this process is the collaboration between young people and adults.

The aims of the programme are as follows.

- To deal with the uncomfortable reality of drug and alcohol misuse targeting young people in transition.
- To meet young people's demands for training and volunteering.
- To adopt preventative measures and early intervention programmes.
- To inform and equip young people with skills to deal with media and peer pressure.
- To compliment the school curriculum.
- To allow young people to take responsibility for their own actions.
- To enable young people to make positive contributions to their own communities.
- To invest in a peer-led approach to health promotion and prevention strategies in order to ensure our current and future young population are informed and able to deal with relevant issues within their own communities.
- To allow young people the opportunity to be involved in decision making on issues which affect their lives.

The peer education project consists of secondary pupils being trained to deliver a 6 week drug and alcohol awareness raising session in local primary schools. The training sessions involve drugs information, activities, group work skills, quizzes, alcohol information and exploring risks young people may take. Peer educators then work with P7s to discuss behaviour, risks and consequences (focusing

in particular on drugs and alcohol). The transition from primary to secondary school is also discussed, with the peer educators using their own experience of transition.

The peer educators meet weekly for support sessions during the delivery of the P7 sessions. Support is offered by peer sessional workers, DRC staff, and within the group itself. The DRC provide a residential weekend for peer educators once a year to reward them for their time and hard work, and also to help with team building.

Peer educators also have the opportunity to gain a nationally recognised award which accredits their participation, learning, and development within the peer education experience. Experienced peer educators are also involved in designing and making high quality resources for peer education work, including the production of the P7 workbook.

Details of the project are as follows:

- The programme encompasses peer pressure, substance misuse, and crime and health related activities.
- It creates a network of peer support for young people moving from P7 to S1.
- It offers opportunities for continued learning and new experiences with media projects and creative art.
- It involves the continued development of S3 and S4 pupils involved in the project as a resource for other community based projects.

History of the peer project

From June 2004 – August 2006, the pilot peer programme ran (based on the Corner Peer Education Project in Dundee), developed by the Community Development Coordinator in partnership with Strathclyde Police, West Community Addiction Team, Clydeside Tenant Partnership, voluntary groups and organisations, and local schools. The resultant DRC Addiction After School Peer Education Programme is a 48 week programme, consisting of 18 weeks of substance and alcohol awareness, and 30 weeks comprising confidence and team building training enabling the young people to deliver a 6 week drugs and alcohol programme to P7s.

In 2007, peer educators from Knightswood Secondary delivered sessions in 2 primary schools (Garscadden and Yoker) from March to May. In 2008, pupils from St Thomas Aquinas also became

involved with peer educators delivering sessions in Bankhead and Garscadden Primaries from February 2008 and St Brendan's, St Paul's Whiteinch, Scotstoun, and Yoker Primaries from April 2008.

From October 2009, S1 pupils will be recruited as Tobacco peer educators as part of a pilot programme. The S1s will devise and develop a Tobacco workbook which they will then deliver to P6 pupils within Garscadden and Yoker Primaries.

Funding for the project has been secured from the Big Lottery from April 2008 to July 2011, GHA Wider Action Fund from April 2008 to March 2010, and The Robertson Trust April 2008 to March 2010.

Research with P7 pupils

Baseline and follow up survey with P7s involved in the programme

P7 pupils completed a questionnaire both at the beginning and end of the 6 week session, to determine their views on the peer programme and also the extent to which they had learned about drugs and alcohol. All school involved in the project were provided with questionnaires for pupils. The numbers returned for each school are detailed in the table below.

Table B-1: Number of pupils completing baseline and follow up questionnaire by school

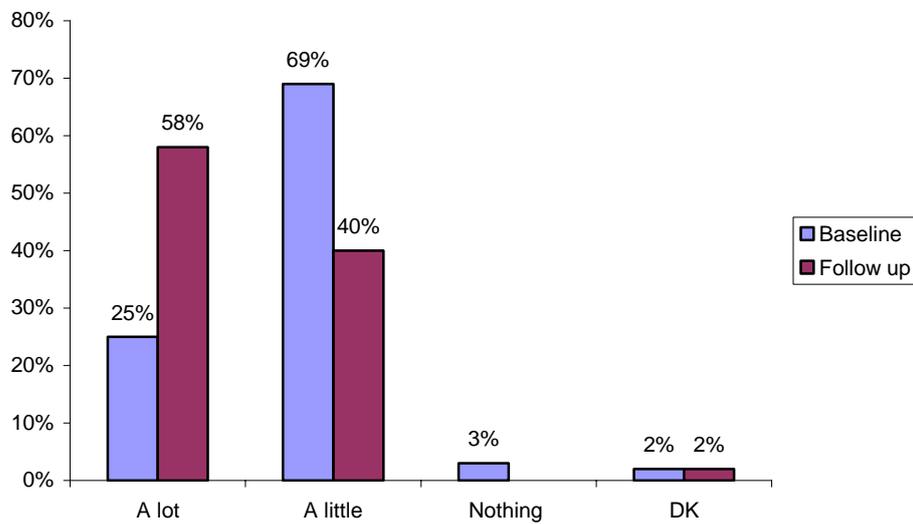
	Baseline	Follow up
Bankhead	58	57
Corpus Christi	59	53
Knightswood	21	-
Garscadden	16	-
Total	154	110

Of those pupils who completed a questionnaire, 58% were male and 42% were female.

Pupils were asked at both stages how much they knew about drugs and alcohol. The results in relation to alcohol are displayed in Figure B-1, and indicate that a significantly higher proportion of pupils at the follow up than baseline stage indicated that they knew a lot about alcohol (58% compared with 25%). This indicates that pupils' knowledge about alcohol has significantly increased after completing the programme.

Figure B-1: How much would you say you know about alcohol?

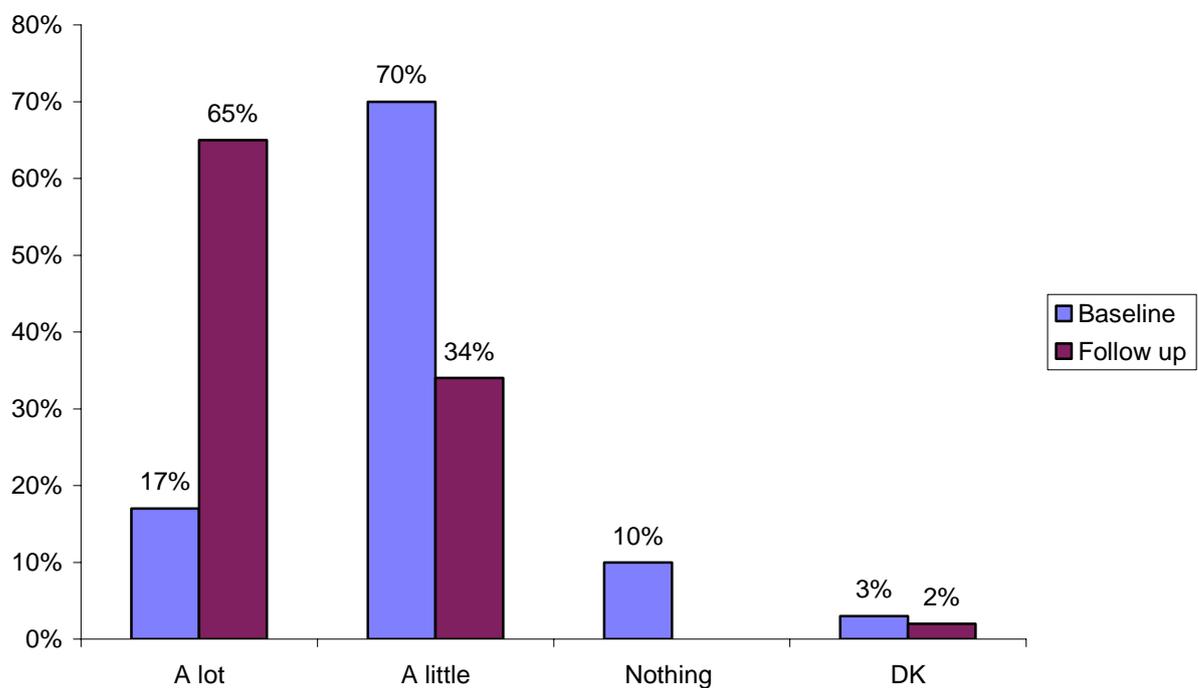
Base: Baseline = 154; Follow up = 110



The same question was asked of pupils in relation to drugs (Figure B-2). The results are even more marked, indicating that 17% of pupils knew a lot about drugs before taking part in the programme compared with 65% after completing the programme. In fact, 10% of pupils said they knew nothing about drugs at the start of the programme, compared with no pupils at the completion of the project.

Figure B-2: How much would you say you know about drugs?

Base: Baseline = 154; Follow up = 110

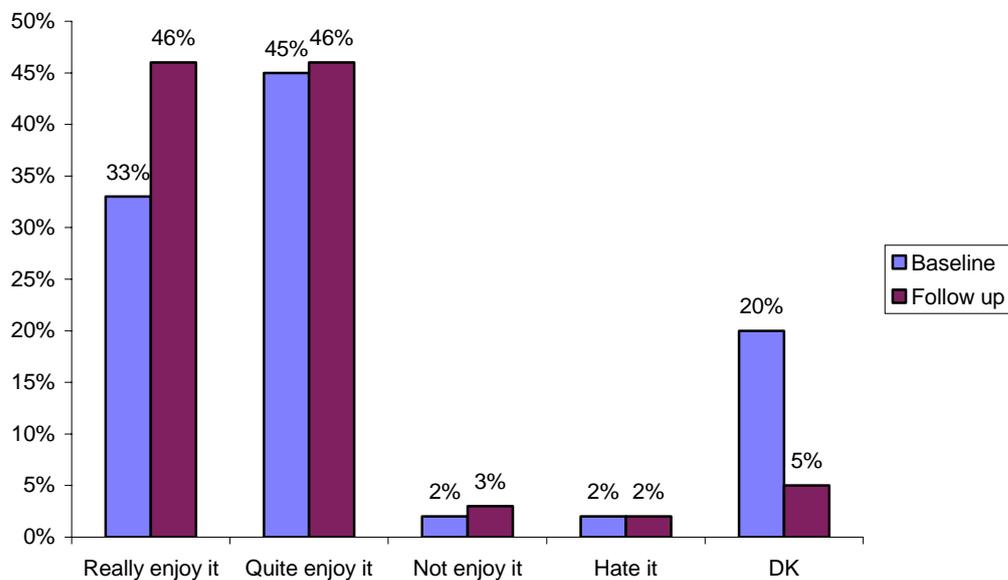


Taken together, these results indicates the effectiveness of the programme, in that a significantly higher proportion of pupils after completing the programme say they know a lot about alcohol and drugs.

Pupils were asked how much they thought they would enjoy the programme at the baseline stage, and how much they did enjoy the programme at the follow up stage. The results are displayed in Figure B-3. The results are positive, and indicate that at the baseline stage, 78% of pupils expected to enjoy the project to some extent, with 92% enjoying the programme at the follow up stage. This indicates that pupils appear to be enjoying the programme, as well as gaining knowledge on drugs and alcohol.

Figure B-3: How much pupils expected to enjoy/enjoyed the project

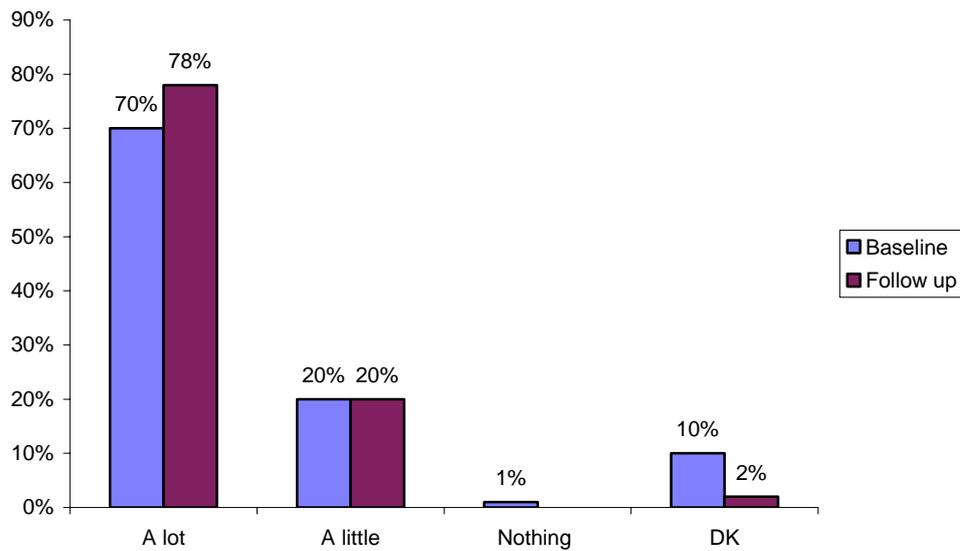
Base: Baseline = 154; Follow up = 110



Pupils were asked how much they expected to learn/how much they did learn from the programme (see Figure B-4). Again, the results were very positive with the significant majority (70%) saying they had learned a lot, with a further 20% saying they had learned a little. The figures were similar in the baseline research with 90% expecting to learn something from the project.

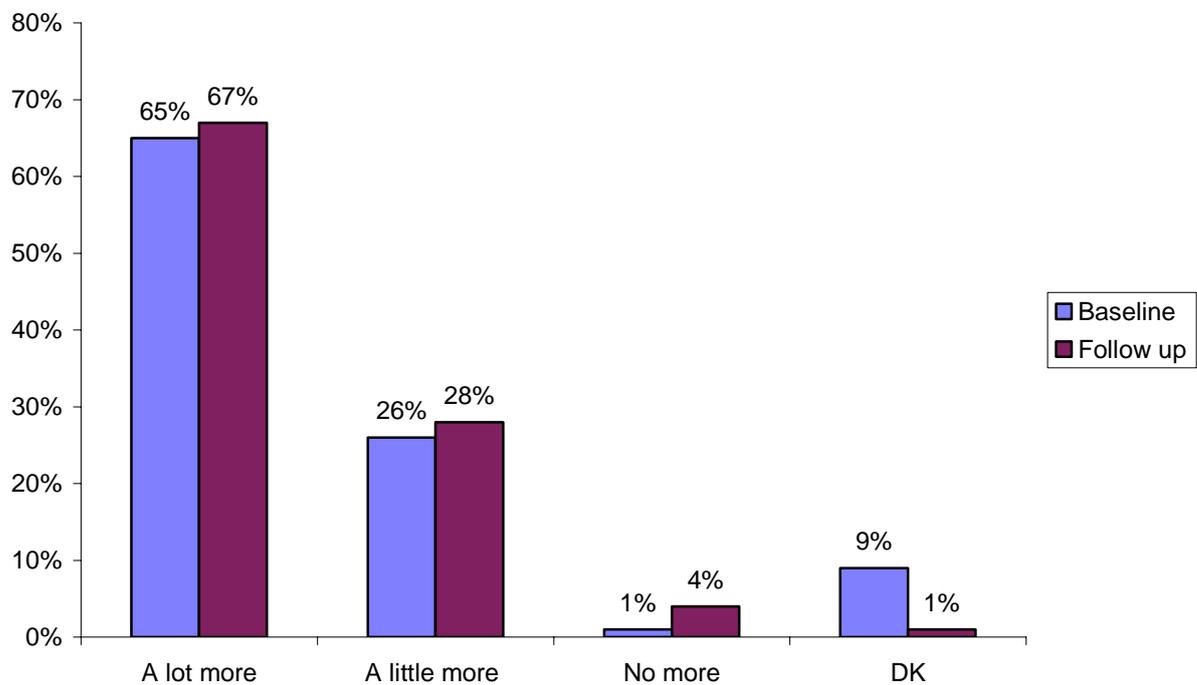
Figure B-4: How much pupils learned/expected to learn from the project

Base: Baseline = 154; Follow up = 110



Pupils were asked to what extent the project has made them more aware about alcohol and drugs. The results in relation to alcohol are displayed in Figure B-5 and indicate that the project has been successful in raising awareness, with around two thirds of pupils (67%) saying the programme has made them a lot more aware and a further 28% saying it has made them a little more aware (the results were very similar in the baseline research). Only 4% of pupils said they were no more aware after taking part in the project.

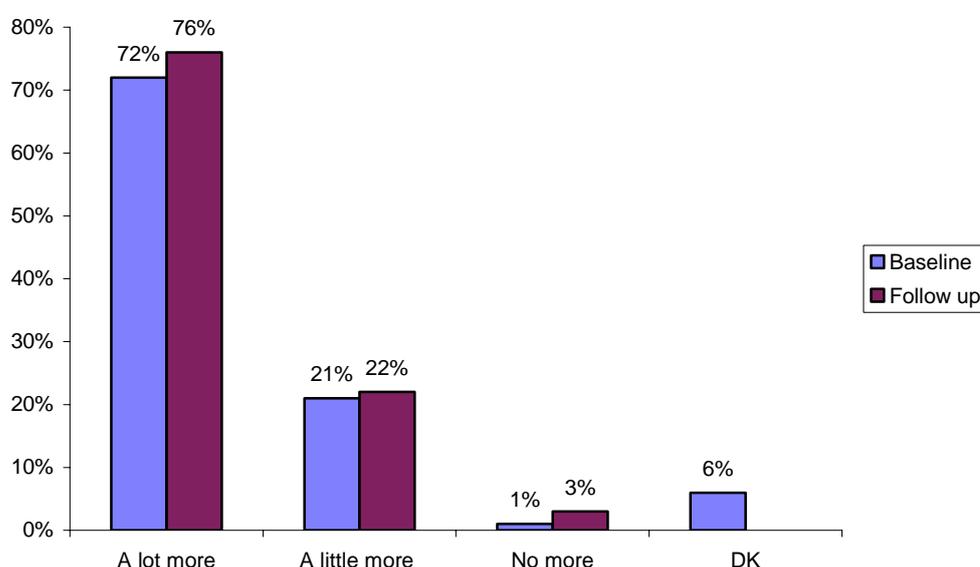
Figure B-5: Whether taking part in the programme will make/did make pupils more aware about alcohol
 Base: Baseline = 154; Follow up = 110



The results in relation to drugs are displayed in Figure B-6. Again, the results in relation to drugs were even more marked (perhaps as pupils indicated less awareness about drugs than alcohol at the baseline stage). That is, around three quarters of pupils (76%) said they were a lot more aware about drugs after taking part in the programme with a further 22% being a little more aware. Again, these figures were very similar to those in the baseline stage. The results indicate that the project appears to have significantly raised pupils' awareness of drugs.

Figure B-6: Whether taking part in the programme will make/did make pupils more aware about drugs

Base: Baseline = 154; Follow up = 110



Taken together, the results of the quantitative survey with pupils are very positive and indicate real support for the peer project. The results indicate that after taking part in the programme, pupils' awareness of drugs and alcohol has increased, and that almost all pupils feel they have learned from the project and enjoyed the project to some extent. These figures provide some indication of success of the project, in terms of the short term impact of raising awareness among pupils of drug and alcohol issues.

Pupils' comments

As part of the project, pupils are asked to write down their comments after each session. Below is a random selection of comments from pupils in relation to all sessions. As can be seen from these

comments, pupils appear to very much enjoy the sessions, find them interesting, and also learn a lot both about drugs and alcohol and other issues such as the transition from primary to secondary school.

- I liked it and I learned a lot about secondary and I now feel a lot better.
- It was really good so it was very interesting.
- I liked today's session because I learned a lot about some drugs and what they can do to you.
- I thought it was great because it boosted my confidence and I learn a lot more in this session.
- To help me know what it is if I'm offered it, it is a lot of money for drugs. Helps me know what part of the body each drug affects.
- It helps me because it is not the teacher teaching, it is a pupil from secondary school.
- I enjoyed it because I now know what to look out for.
- The drug box was cool and I learned lots of forms of drugs.
- We learned how many years you would have in prison for possessing or dealing drugs!!!!
- I thought it was fun making a film.
- I think today's session has been great. I am really looking forward to high school. X is a great peer educator. It is easier working with a student than a teacher.
- I was so fun. X is nice, she makes it more relaxing.
- I was good when we watched the DVD about the story of girls doing drug dealing. I was a bit disappointing that everybody started talking.
- I learned that it is dangerous to take drugs.
- We got to calculate the amount of money that fags cost you.
- I think it was really good because we got to express ourselves.
- I learned that drugs can affect lots of parts of your body or can even kill you.
- It was good to know how it was to feel drunk.
- It was very good but I didn't want a shot of the glasses.
- It was fun – I look forward to the next time

Qualitative research with peer educators

Qualitative interviews were undertaken with 6 peer educators, 3 from S2 who had just recently started the project and 3 from S4 who had been involved with the project for a few years.

Some of the S2s had been involved in the sessions as P7s, which had inspired them to become peer educators when coming to secondary school. They felt the project was an effective method of learning:

"I thought it was really good...it gave you a good understanding...you felt like you could talk to them [peer educators] more, you just felt more comfortable". (Male peer educator – S2)

*"it was quite fun...but it didn't take away from the fact that you learned stuff from it".
(Male peer educator – S2)*

There were mixed views towards the training provided, with some feeling it was difficult and boring and other saying it was fun. However, regardless of whether the pupils found the training boring or fun, they all felt they had learned a lot. For example, one pupil said the training had made her much more aware of the affects, consequences, and dangers involved in taking alcohol and drugs, and in fact she now tries to educate her friends on these topics. She suggested that what is covered during this training should be part of the curriculum. To illustrate:

"bits of it are boring, and bits of it are fun as well. You do have to learn so there is the boring bits...some of the learning was really fun". (Female peer educator – S4)

"some parts of it are difficult but [peer sessional workers] try and make it as fun as possible so its good that way". (Male peer educator – S2)

"it was quite hard remembering everything...but it was really good...I didn't have a clue when I first started, but now I know a lot". (Female peer educator – S2)

"there's so much to learn and there's so much you're not aware of...all these things you didn't know existed and they're around you all the time. It was really interesting". (Female peer educator – S4)

All peer educators said they were nervous and apprehensive before delivering their first session to P7s, as they felt nervous about speaking in front of a group of people and also as they worried the P7s would not take them seriously. However, due to the effectiveness of the training including sessions on confidence building, and the support and encouragement provided by the peer sessional workers, the peer educators said the experience was not as daunting as expected and generally felt the session had gone really well. To illustrate:

"when I went in, I was like 'they're not going to listen, they're not going to pay attention, they're just going to sit and carry on' but no, it worked out fine. They all sat and listened". (Female peer educator – S4)

“you’re quite nervous at first, but then you get into it so its quite good...it was really quite enjoyable. My group were dead good and really listened”. (Male peer educator – S2)

“I was so nervous but I really enjoyed it...it’s really rewarding teaching all the kids”. (Female peer educator – S4)

Peer educators felt that the P7s responded well to them as they were not teachers, and also as their sessions provided a break from the normal classroom routine:

“it’s like a break from the classroom, they’re not having to listen to the same teacher over and over and it’s somebody who’s roughly their age”. (Female peer educator – S4)

“there’s always that thought that they are your teacher so you’re not really wanting to listen to them because they are a teacher”. (Female peer educator – S4)

They also said the P7s asked them many questions about secondary school, and felt these discussions were effective in terms of dispelling myths and making P7s less daunted about secondary school. In general, peer educators felt the course was effective in teaching P7s about the dangers of drugs and alcohol at a time when this knowledge was needed:

“it’s so handy because they’re going up to the big school where all this kind of thing is taking place...it’s good for them to know what to expect and to have a knowledge of the basics...because they will come across it”. (Female peer educator – S4)

One pupil stressed that the project was not solely about prevention, but was about providing pupils with accurate information so they could make informed choices, and also teach them about issues such as peer pressure.

Pupils were asked what they had gained from their involvement in the project. Many said they had gained more confidence which they felt would help them in all aspects of their life:

“I’ve got a lot more confident, because before I couldn’t go in and speak to P7s”. (Female peer educator – S4)

"it boosts confidence for people, people who are really nervous and don't stand up for themselves...this has helped my confidence so it's really good". (Male peer educator – S2)

"I'm really shy but because I've done this, I feel more confident in myself so I'll be able to do other things". (Female peer educator – S2)

Other benefits include increasing their knowledge of drug and alcohol issues, and also pupils making new friends:

"people that I would have just walked past, I've become really good friends with". (Male peer educator – S2)

"it just gives you a good knowledge about drugs and alcohol...it raises your awareness and the consequence of these things". (Male peer educator – S2)

"I thought it was quite interesting because we learn all about the consequences and we get to tell younger people so that they don't grow up under the influence...to try and stop them". (Female peer educator – S2)

Peer educators said they had developed good relationships with the peer sessional workers, and that they relied on them for support and guidance.

"if I can't remember anything, I'll go and ask [the peer sessional workers]. (Female peer educator – S2)

In general, pupils spoke highly about all staff involved with the DRC and the atmosphere that existed:

"the support in here from everyone is so encouraging...the support we get from [the peer sessional workers] and from each other is so good – it's one big happy family". (Female peer educator – S4)

Some pupils said it had reinforced their idea to become a teacher, and other said it had made them consider becoming a teacher. Pupils recognised that being involved with the project required a time commitment, but did not perceive this to be an issue:

"it does use a lot of time but it's worth it...I want to come, I look forward to it at the end of the day". (Female peer educator – S4)

"it does take some time obviously but not so much that it's a nuisance". (Male peer educator – S2)

All pupils felt that the project should be rolled out to other schools.

"I think its really good, they should do it in more secondary schools". (Female peer educator – S2)

Peer sessional workers

In 2005, the DRC recruited two volunteers to the project to work as peer sessional workers. These workers were provided with training on drugs and alcohol issues (from representatives from the West Community Addiction Team and Glasgow Council on Alcohol) and then were involved in recruiting peer educators from secondary schools. After working as volunteers, they were then employed as sessional workers for the forum. They are currently contracted for 20 hours a week, although they both work many hours over and above this unpaid:

"we still do 4/5 voluntary hours a week or...sometimes 7, but that just basically shows the board that you're still interested, that you're not just in it to get paid". (DRC staff)

The peer sessional workers are now involved in training the peer educators, providing the second training session each week after the initial session provided by a representative from the West Community Addiction Team. They attempt to make the training fun and interactive to ensure pupils remain engaged and take on the information, and also get the pupils to consider the best ways of relaying the same information to P7s:

"we try to make it more fun for them...we try and make it more interesting for them...then ask if you found that boring, how can you change that for teaching the primary 7s not to make it boring? That gets them thinking as well". (DRC staff)

As well as training, the peer sessional workers attend the delivery sessions with the peer educators to provide a supportive role. That is, they sit with the teacher during the session and take notes on the peer educators performance if necessary so they can make any suggested improvements if required (such as asking the peer educators to speak more loudly, to ensure they do not hurry through the lesson, and to make sure they engage with all pupils). The peer sessional workers stress that they are there to help and support the peer educators but do not intrude unnecessarily:

"we just step back but if they need any help they know that we're there...we tell them 'just ask us, its no big deal if you forget something everybody forgets'". (DRC staff)

Another important aspect of their role is highlighting ethical issues, such as encouraging peer educators to speak in a general way about the impacts of drug and alcohol use, in case a pupil in the class may be experiencing issues with a family member. The peer sessional workers stress that they monitor the behaviour of P7 pupils during the classes, to detect if any pupils are not engaging or appear to be uncomfortable.

There appears to be an effective working relationship between the peer sessional workers and teachers:

"The teachers are all perfect, the teachers are always happy enough, they are always willing to give you a hand as well or help with anything. If you need any involvement, they're always there to ask". (DRC staff)

One reason why this partnership might work so well is as the peer sessional workers fully brief the teachers on what the session will involve, and also how they would like the pupils to behave, e.g. that the session should be interactive and that noise levels being higher than normal is not a problem. The teachers generally take more of a backwards role, although become involved in certain aspects of the session if appropriate:

"When the beer goggles are on, the class just erupts...we get the teachers involved, we get all the pupils laughing with us...the teachers are laughing with the pupils". (DRC staff)

"we try as teachers to just stand back and let them get on with it, we're just there as a presence". (Teacher)

The teachers were very positive and appreciative about the hard work and dedication shown by the peer sessional workers and the DRC staff in coordinating and undertaking the project.

"the work that has been done with the peer educators to enable them to come and work with the primary 7s has been fantastic". (Teacher)

"the fantastic commitment of the staff here, the quality of what they produce and the dedication – nothing is too much trouble". (Teacher)

Views of peer project

During the qualitative interviews with DRC staff, volunteers, teachers, and peer sessional workers, they were asked for their opinions on the peer project, in terms of what benefits it has for those involved and how successful it has been to date.

Overall, respondents spoke very highly of the peer project. To illustrate:

"I think it works well and I think it's really healthy for the addiction forum as well to be working very closely with the schools, and for the community". (DRC staff)

"I think anything which is raising awareness and hopefully starting to challenge certain cultures that are around with alcohol and drugs is a good thing". (Stakeholder)

"you get something out of it, watching these young people, everywhere I go; I brag about them, I think they're absolutely brilliant". (DRC volunteer)

"we've found it working very, very well indeed. It's really been useful input for the children. Obviously, time will tell. We won't know until these children are 15, 16 whether this has worked and made some kind of impact on them, but certainly from the point of view of their knowledge of drug awareness, it has made a huge difference to them". (Teacher)

Key aspects of the project

Perhaps the most important aspect of the project in the view of all of those involved, is the fact the project is delivered by peer educators rather than teachers, i.e. that P7s are being taught about drug and alcohol issues by young people not much older than themselves.

“that’s the best aspect of it. They would prefer somebody closer to their own age going in instead of a boring teacher as they say”. (DRC staff)

“the difference is that they’re much closer to age to the pupils, so in many ways, much more credible”. (Stakeholder)

“They would far rather listen to information like this from young people near their own age than to listen to an old fuddy duddy teacher”. (Teacher)

An important aspect of the project in the view of DRC staff is that it provides pupils with information about drugs and alcohol so they can make an informed choice, rather than taking a wholly negative approach where these substances are forbidden. It is thought that this helps to keep pupils engaged with the project and also ensures pupils are equipped to deal with the consequences of drinking if they decide to drink:

“the reason they connect quite well with you is cause you don’t go and say ‘don’t take drugs, don’t do this, don’t do that’... you just basically just give them information on what can happen and how you keep safe, if you are going to drink what precautions to take. There’s no point in ‘don’t drink’ and then leave it at that cause they go and drink and they don’t know what to do...we just advise them”. (DRC staff)

“you’re not saying don’t drink, you’re not saying to them don’t do drugs because they’re going to do it, but just making sure that they’re well aware of the risks”. (DRC staff)

Allowing the peer educators to take ownership of the project, and have some say in the way the sessions are delivered was also thought to be important:

*"The kids make the changes...if there's anything they're not happy with...then they let us know...and we just do the wee changes ...The kids are in charge basically".
(DRC staff)*

"They might not have the voice in the school or at home but they've got a voice here". (DRC staff)

Benefits for pupils

Difficulty evidencing impact at this stage

Although it was recognised that it was difficult to measure the true impact of the project at this stage, in terms of whether the raised awareness will lead to fewer young people becoming involved in alcohol and drugs, there was a feeling that even if the project changed the path of a few individuals then this would be worth it:

"if you save 100 lives or 1 life, how much can you put on somebody's life?" (DRC staff)

"it's too early to tell if it's having an impact. The impact for me will come in later years...you're hoping you're planting the seed so that in 5 years time when the younger ones who are in P7 are faced with that choice about whether to get too drunk, you hope it'll have an impact". (DRC staff)

"I think they get a fair amount out of it, but it's more about the spin offs such as the confidence building and insights. The proof of the pudding is probably going to be when they're 25 – how far has that affected their drinking behaviour and consumption...will they retain the messages". (Stakeholder)

In the view of DRC staff, a measure of the success of the programme is the fact that many of the current peer educators were involved in sessions as P7s, and enjoyed the project to the extent that they wanted to become involved.

"they basically felt the information they got was good and they'd really like to do the same thing". (DRC staff)

Raising awareness of drugs and alcohol

Perhaps the most obvious benefit for pupils is raising their awareness of issues surrounding drugs and alcohol, so they can make informed choices and also so they are more aware of how to react if they find themselves in a situation when they have e.g. had too much to drink:

"I think the fact that they're more knowledgeable is good for them, cause they're at that age when they want to start going out to the dancing and they know not to touch the stuff". (DRC staff)

"now they've got the knowledge, if they think their drinks been spiked, and all those other kinds of things you wouldn't have otherwise". (DRC staff)

It was thought that the sessions undertaken with P7s would help to challenge the myths portrayed in the media in relation to drugs and alcohol, and make them aware of the negative consequences of becoming an addict:

"they don't realise how much money drugs actually costs...what family problems it can actually cause... they don't realise all the consequences that actually come with it...so you just basically enlighten them say these sorts of things can happen". (DRC staff)

Improved confidence

In the view of those involved with the peer education programme, there are many positive outcomes for both the peer educators and P7s which go beyond raising awareness of drug and alcohol issues.

"It's much more widespread than that one thing. We have to explain to the youngsters before they even start...you're benefiting in all aspects really". (DRC staff)

It would appear that the peer educators gaining more confidence is an important benefit:

"a lot of them (peer educators) were nervous and we were like 'you'll be fine', trying to give them confidence but maybe five/ten minutes after speaking they just came

right out their shells... you started thinking they're doing much better than we even expected". (DRC staff)

"the confidence our pupils have gained is fabulous". (Teacher)

For example, DRC staff spoke of the progress of some peer educators, who previously felt shy introducing themselves in front of a small group of people but have now undertaken assemblies in front of around 300 people.

"she's one of the girls who's so much more confident, see if you like met her 2 years ago, you wouldn't even recognise her....she wouldn't speak out and now her confidence is massive". (DRC staff)

"you can see the changes in them, you actually see them going from being children to adults". (DRC staff)

Feedback from parents in relation to this issue has also been very positive:

"we get great feedback from their parents because of the change that they see themselves in them...one of the mums 'I can't believe the way she is now, she's just so confident and she's not frightened to say how she feels. Before this, she was just all quiet...wouldn't say a word". (DRC staff)

"all of our parents have been very, very enthusiastic and very much for this programme with the children". (Teacher)

Some of the peer educators have now decided that they would like to become primary teachers, as they have enjoyed engaging with the younger pupils. In general, it was thought that the commitment and dedication shown by peer educators would help with their job prospects:

"if somebody's going for a job and you see that they're willing to give up that time for free, you're obviously going to be quite interested". (DRC staff)

However, it should be noted that not all parents are keen for their children to become peer educators:

"A lot of parents don't want their kids to know this sort of stuff...they might just think they're too young still and they just want them to be naive... but at the end of the day they're as well learning things like this at an early age". (DRC staff)

Meeting new people

An additional benefit (as mentioned by the pupils themselves) is the fact that peer educators have the chance to mix with pupils both from their own school that they have never spoken to before, and also from different schools. This helps to overcome territorial issues, and also teaches the pupils important social skills:

"there's supposedly some territorial stuff between them but there's not in the slightest. They all mix and they're all good friends...people have become friends with people they wouldn't have become friends with... you'll get the ones that are like the kinda cool dudes of the year, then you'll get the ones that are like the quiet ones of the year but they end up realising they are nice people and we're friends". (DRC staff)

"Its social skills as well...learning how to get on with people that you wouldn't normally speak to...it breaks down barriers between different peer groups within the school. It can be really difficult when you're a second year whether you're in the good group or the bad group". (DRC staff)

"these children really enjoy it, and they've built relationships with other pupils that they might not have known otherwise". (Teacher)

Future of Peer Programme

One respondent raised a concern about the sustainability of the peer programme, in terms of recruiting enough peer educators to deliver the sessions to the P7s. However, the peer sessional workers did not perceive this to be an issue:

"its not a problem to be honest...We're always reaching our targets. We always cover it and we're always well equipped to do the schools". (DRC staff)

Those involved with the project were keen for it to expand to cover more schools in the years to come:

"The more young people know about drugs and alcohol the better". (DRC staff)

"I hope it continues in years to come. I see a big change in the young people that started". (DRC staff)

*"I think it's been really, really worthwhile and I would like to see it continue".
(Teacher)*

However, the community development coordinator stressed that the forum will have reached capacity in terms of the peer programme next term, by introducing another high school. She stressed that she would be happy for the model to expand to the whole of the West, but the DRC would not have the capacity to resource and undertake this.

Another suggestion for a way in which the programme could be developed is expanding the programme to younger pupils and older pupils:

"how do we pass this message on to P5s, because it's getting to that stage, when you see 7 and 8 year olds running about with bottles of Buckfast, how do we get in there earlier and do it in a shape and form that they understand....I would love to see it going from P3 right through to S6". (DRC staff)

Summary

This chapter highlights the apparent success of the peer programme, and the high opinions of the project by everyone involved. Most importantly, the results with pupils indicate that the project has had an impact in terms of increasing pupils' awareness of drug and alcohol issues. However, the project appears to have many other benefits including raising the confidence of pupils and providing an opportunity for them to mix with other pupils and make new friends. In the view of respondents, the aspects of the project which are most crucial is the fact the sessions are delivered by pupils of a similar age to the P7s and also as the focus is on providing information so pupils can make an informed choice. To summarise, the project appears to be providing both P7s and peer educators with a valuable and enjoyable learning experience.

C. Touched by Suicide Scotland (former Survivors of Bereavement by Suicide (SOBS) – Touched by Suicide)

Touched by Suicide Scotland exists to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend. Emotional and practical support is offered through: the confidential telephone helpline; support information; help by email; group meetings; network meetings; and information relating to practical issues and problems.

The aims of the organisation are as follows

- To provide a safe, confidential environment in which bereaved people can share their experiences and feelings, so giving and gaining support from each other; and
- To strive to improve public awareness and work with many other statutory and voluntary agencies.

The Survivors group is thought to 'sit well' within the addiction forum due to the link between suicide and addiction. The role of the DRC in the Touched by Suicide Scotland group is as follows: providing accommodation and administrative support with establishing new groups across Scotland; mail, production and printing of information leaflets; assistance with funding applications, annual accounts, alternative therapies, information, advice and referral onto partner organisations for Counselling; and link into other areas of work. Choose Life (Glasgow and Ayrshire) have provided funding for 20% of the Community Development Coordinator's time to undertake these tasks and cover some of the running costs for both Glasgow and Kilmarnock groups.

Touched by Suicide Scotland have their registered office at the DRC premises "*so that if the forum does disappear, we still have the registered office*".

The SOBS-Touched by Suicide Annual Report 2007 outlines the following objectives being met

- 77 individuals have attended the Glasgow meetings at the DRC
- Group established in Edinburgh October 2007 which meets on a monthly basis. 10 regular attendee's on a monthly basis
- 144 Telephone enquires from all over Scotland to our 12 hour helpline and 25 calls received assisting the U.K. Helpline
- 84 information packs distributed across Scotland.

- Attended various events including: Peer education Project Showcase 8th June 08; Drugs & Alcohol Day Crowne Plaza Glasgow 19th June 07
- Information Stall at Active seniors Day in Victoria Park 12th June 07, Kingslink Gala Day 25th August 07 event Alcohol awareness week event 22nd October 07
- Involved in steering group coordinating West Area Addiction Awareness Week event with Information stall throughout 10th to 15th September 07
- 10 members of our group attended two Survivors of Bereavement by Suicide national conference/network/training events October 07 and February 08.
- Group is represented on DRC Addiction Forum Board and so has a voice on Communities Sub of Greater Glasgow & Clyde Drug & Alcohol Teams.
- Discussions ongoing with Choose Life regarding establishing a further group in South Ayrshire.

Background and details of support group

The treasurer of the Touched by Suicide Scotland group along with one other created the "Touched by Suicide" group around 6½ years ago, as she felt there was a desperate need for a support group for families who had experienced suicide. Current services and support groups were not seen to appropriately and effectively deal with the very specific needs of people who have experienced bereavement by suicide such as the stigma surrounding suicide and feelings of guilt:

"Suicide is almost a unique way of losing somebody and we felt we wanted to speak to other families that had been in the same position as ourselves. We had gone for bereavement counselling, as it doesn't touch on suicide, there are so many unanswered questions...there is still the stigma, you feel responsible because you are a mother, you should have known. There are so many obstacles to get over".
(DRC volunteer)

The purpose of the group was described as follows:

"we fight for survival and that's what Touched by Suicide is - we are survivors...it's a group that we really don't want people to be in but it's a much needed group".
(DRC volunteer)

She had conducted some research on the Internet, and found that a similar group Survivors of Bereavement by Suicide existed in England. After visiting this group, she started fundraising for the Touched by Suicide support group and the group agreed that though they would be independent of the group in England added the Survivors Of Bereavement by Suicide to their Touched by Suicide name

(SOBS-Touched by Suicide). The Treasurer decided to approach the community forum to enquire about premises. During this visit, she discovered the addiction steering group and the CDC identified the link between addiction and suicide and so a working relationship was established. Consequently, the SOBS-Touched by Suicide group has taken place at the DRC for the last 5½ years. In order to recruit members to the support group, flyers were sent to GP surgeries and libraries and also displayed posters in local shopping centres.

There are now 4 Touched by Suicide support groups which are located in Glasgow, Edinburgh, Kilmarnock and Paisley. There are normally around 10 - 15 people that attend each of the groups, although the attendance has been as high as 40 individuals (particularly in Glasgow). The Glasgow group at the DRC meets twice a month and members share responsibility of hosting each meeting. The other groups meet monthly. This is partly driven by the fact that the treasurer hosts each meeting in the interim on a volunteer basis, which is a big commitment:

"I'm doing it on my own at the moment until members are ready in each area to assist...I've got to get out to these places to facilitate it and because we have no funding for the Edinburgh and Paisley groups. I couldn't let these people down ...I've got to take it out my own money to get to these places, I couldn't expect other groups to subsidise these groups... If the funding was there it would make things a lot easier but the important thing is that we keep it going. (DRC volunteer)

As well as the support groups, Survivors have also been involved in producing leaflets for SAMH which are distributed as part of a bereavement pack and with Channel 4's production "The New 10 Commandments". Additionally, the Touched by Suicide service provides an 8 hour telephone hotline, and the treasurer is also involved with the UK national Survivors of Bereavement by Suicide helpline each Saturday. Touched by Suicide also tries to offer alternative therapies and retreats to service users. The service also conducts home visits (a volunteer alongside a counsellor and/or member of staff) to people who do not feel like leaving the house and attending the support group.

"at first somebody would rather talk on a one to one basis before they came into the group. It's quite daunting to walk into a group full of people and all these people are at different stages of their bereavement". (DRC volunteer)

However, after around 2 home visits, the workers attempt to encourage the individual to attend the meetings so they leave the house for a short time.

The treasurer of the Touched by Suicide Support group attempts to promote the group in any way possible, such as attending events such as health days and GRAND events. She would like to see more Touched by Suicide groups being available across the City.

Aspects of the Touched by Suicide group (TBS)

Given the very sensitive nature of the bereavement faced by people and their possible previous failed histories with health professionals etc., an important element of the group is that it is ran and attended solely by people who have experienced bereavement in this way. This is thought to be extremely important, to ensure that people engage in the group

"People in the groups don't want workers sitting in on meetings because we feel we have been let down by so many people like psychiatrists, doctors...they just don't want anyone whose not been bereaved to sit within a meeting. It just doesn't work just being a bereavement group it's got to be a suicide bereavement group". (DRC volunteer)

"it's very much a self support group... These groups are very much about them, they don't want to be dealing with workers. It's very much got to be people that have been there". (DRC staff)

The project faces constant struggles in terms of acquiring funding both for the premises and support with financial matters, although there is the feeling that funders are beginning to recognise a need for the service:

"you have got to sit at all these different meetings to try and get money, it's constant, it's a full time job...but now people are starting to recognise the need for it". (DRC volunteer)

The group currently receive funding from Choose Life which allows the group to cover 20% of the community development coordinator's time, with the remainder going towards the Glasgow and Kilmarnock groups retreat, travel and subsistence, management committee costs etc. The treasurer

praised the staff at the DRC who have provided help in many different ways such as providing support and helping with home visits.

She also feels that the link between suicide and addictions is beginning to be recognised. Her experience of running the support group is that there is a clear link between the two:

"I would say 7 out of 10 people that sit round all the groups there is an addiction of some sort". (DRC volunteer)

Views of service users

A focus group was conducted with service users attending the Glasgow group at the DRC.

Respondents were overwhelmingly positive about the support group, and felt it provided them with a source of support and comfort at an extremely difficult time. What seemed to be particularly important was that the group provided support from people who had experienced the same trauma as themselves, and so could truly empathise and understanding their pain and loss. To illustrate:

"It really helped me enormously – I don't know what I would do without it". (TBS service user)

"Before I started, we could only talk to each other, nobody else understands". (TBS service user)

Respondents commented on the fact that they do not have to speak or interact during the group, but can simply turn up and listen if that is all they feel they can cope with. They also mentioned the experience and 'symptoms' of losing a loved one to suicide which include guilt, anger, confusion, and pain and frustration at the lack of answers.

Members of the group also said they had taken comfort in seeing other members progress through the experience, as it gave them hope that they would reach that stage at some point:

"it's helpful to see the stages of recovery, as you really think you won't get through it. You can see people coming on, even though they don't realise it". (TBS service user)

As well as the support group itself, individuals also mentioned the importance and benefits associated with the other services offered such as alternative therapies and retreats. Respondents explained that high levels of stress are associated with their situation, and they feel it is vital that they have coping mechanisms to deal with the stress.

In the majority of cases, individuals had heard of the SOBS-TBS group by word of mouth, with a few accessing the group through the National UK website. However, there was a general feeling that not enough people are aware of the SOBS-TBS group, and that it should be better advertised. In addition, it was felt that there should be more referrals to the group from a range of sources including GPs, psychiatric nurses, the Police, and undertakers.

To conclude, service users said they would be lost without this support group, and felt terrified at the prospect of it ceasing to exist. Overall, the research with service users highlights the great need for this service, in order to provide support to this extremely vulnerable group of people, to make their bereavement experience slightly easier to cope with.

D. Kinship Carers and Other Elements of the DRC

Kinship Carers

West Glasgow Grandparent's Support Group – Kinship Carers is aimed at grandparents and extended family members who are the main carers of children. The group was established in 2006 by the DRC in partnership with local grandparents, West Community Addiction Team, and West Area Community Social Work Team. The organisation was set up by a group of grandparents and extended family members *"in an attempt to make things easier for all people in our situation here in the West"*. Members to the group may or may not have formal guardianship of the children, but all are the main carers. The aims of the support group are to: benefit children in the care of kinship carers; make changes for carers; organise social activities; and provide confidence and mutual support for members.

The meetings which are held fortnightly involve sharing experiences, organising speakers on specific topics, discussing ways to influence local services, and canvassing local Politicians to ensure Kinship Care has the recognition and appropriate allowances it deserves, alongside those of foster parents. The meetings also allow for individuals to get together for a general chat and support over tea and coffee.

Currently, the group is deciding whether to apply for charitable status. The DRC staff feel that there is an issue with the group not fully recognising the need for funding to pay for e.g. staff time and accommodation costs.

"they, feel that any funding they get should be for the group and for them as kinship carers, I understand where they are coming from but they don't realise that they have to pay/contribute for any resource's including staff time, they just expect staff and materials to be there when the need it". (DRC staff)

It was explained that when the forum was funded by the SIP as a community forum, there was money available for community members to make use of the premises. However, due to changes in funding, this is no longer the case:

“but the money’s not here for that now...we need to run this place. All we’re looking for is a basic unit cost; we’re not looking to make a profit from the grandparents group”. (DRC volunteer)

Views of service users

A focus group was conducted during a Kinship Carers meeting which took place at the DRC. Respondents had come to hear of the group through word of mouth and advertisements in the local paper.

Respondents spoke extremely highly of the group and the support it provides, and emphasised the need for such a group for people in their position, describing it as a “lifeline”. For example, some said they had felt extremely isolated and alone before joining the group, but that now they knew people with whom they could share problems and solutions. As well as receiving support, they also mentioned that they received government information regarding kinship care and are also signposted to other services. This was perceived to be an important element of the service, as the process of kinship care was described as very complicated and challenging. To illustrate:

“you’ve no life of your own – your life goes on hold and your health as well”.

Similar to the SOBS-TBS group, respondents highlighted the importance of the group being run by kinship carers, as it means all attendees are in similar circumstances and can share their views and opinions:

“we’re all from the same area and we’re all in the same position – that’s vital”.

The fact that minibuses are available to transport people to the group was appreciated by respondents, as it removed a potential barrier for some people from attending.

Respondents felt very strongly that they would be negatively affected by the closure of the group, and mentioned that funding was a constant worry:

“funding is still a worry, we don’t know exactly how long we’ll stay open for, it is under threat”.

“we’d lose everything, a big part of ourselves”.

"it would be devastating"

"there's nothing else like this, we would be left high and dry".

In fact, they suggested that there should be similar groups present in other areas. It was suggested that the government should fund (but not run) these groups. The group meet up with a similar group located in North and East Glasgow around once a month.

Other elements of the DRC

As well as the peer education project, the SOBS-TBS group, and the Kinship Carers group, the other elements of the DRC are as follows.

- Accommodation/Premises: Office accommodation & meeting space is provided to partner organisations, community groups, and small organisations.
- Information, advice, signposting and referral to partner organisations, community groups, statutory and voluntary organisations/agencies operating within the West area of Glasgow, city wide and nationally. In 2007, over 70 people accessed our information, advice and referral drop-in at the Addiction Forum Office, 25 people were referred onto various partner organisations and services. The other 45 were supplied with information on Family Support, and given access to one to one and our support groups.
- Awareness Raising Activity: Coordinated and planned activities for the Addiction Awareness Week, organised information displays at various events across the corridor i.e. Kingslink Gala Day, Partick Gala Day, parent's evenings; and other areas within Scotland throughout Suicide Prevention Week. In partnership with West Area Community Planning, Scottish Drugs Forum and Drumchapel Drugs Forum, the DRC planned, coordinated and participated in a joint West area event held on Friday 14th September 2007 in Partick Burgh Hall. A total of 52 organisations took part with displays and activities as well as networking, 63 people attended the event and information packs were provided. This was part of the City Wide GRAND week 2007. The DRC also organised their own local activity which consisted of an open afternoon followed by our AGM. The Active Seniors held their Tea Dance sponsored by the DRC, and 2880 information packs were distributed throughout the day.
- Networking events. In 2007/2008, the DRC held three networking events – showcase of peer educators in June, office opening in October, and Community Service Award in partnership with Yoker Community Campus on March 2008.
- Community Transport: The community transport mini buses were transferred to the DRC Addiction Forum Board in 2007 due to the demise of the DRC Community Forum. The community are still accessing both mini buses, and from 1st October to 31st March 08, there were 343 outings by various projects across the West of Glasgow.

- Ensuring the above work is effectively linked into local, city wide policy & structures i.e. Greater Glasgow & Clyde Drug & Alcohol Action Teams through their Communities Sub Group, Choose Life, Strathclyde Police, Scottish Community Development Foundation, Community Health Exchange (CHEX), Youthlink Scotland, and West Community Safety Forum.

E. Barriers and challenges

Funding issues

In the view of all staff and volunteers involved with the DRC, the greatest challenge both to the forum's existence and ability to work with the community is funding. There was a frustration among all involved that so much time had to be dedicated to applying for funding, and in many cases struggling to acquire funding, given the worthwhile work carried out by the project.

"I feel that for the last 3 years that's all I've done is funding applications". (DRC staff)

"obviously with the funding, we've got our limits, but we don't let it stop us". (DRC staff)

"the only thing that worries me constantly is the problem we have with funding...it's a constant battle to secure funding and I think projects like this, you shouldn't have to go out there and fight constantly for money...it affects the whole community....for vulnerable people who need these services". (DRC volunteer)

"I strongly believe this place does a good job...the staff do a wonderful job and all I see is them getting shot down at every turn". (DRC volunteer)

For example, when the forum was previously funded by the CPP, there was a budget for staff training and for other organisations to use the premises etc. but this is no longer the case. One respondent suggested that there should be funding in place for another worker whose sole responsibility would be community engagement, given the change in role of the community development coordinator.

Change in funding from CPP

The main change in funding stream is the fact the forum is no longer funded by the CPP (as of September 2008). This change in funding has impacts on the role of the DRC staff, and their ability and willingness to be involved in certain pieces of work. For example, in previous years, the CDC has been involved in coordinating and organising community events for the GRAND week, but will be

unable to do that this year as this is no longer part of her remit in terms of the job that she has been funded to do. As such, she suggested that she would be willing to be involved, but would need to be paid for her time:

“Community engagement work which is under the umbrella of the addiction forum, like the GRAND event, we’ll still be feeding into it...but if community planning want to be involved then they can come and talk to the forum and we can provide our staff as a consultant but they’ll need to pay for it...as we need to generate our own income...it’s unfair to expect our other funders who are picking up 80% of salary costs”. (DRC staff and volunteer)

In a similar vein, it was felt that any help or support required in terms of setting up the new West forum would need to be paid for:

“Our services are there....if they want advice on how to set up a new forum, then come along and use us as a consultant but pay for it”. (DRC staff)

Change in direction of forum

As a result in the change in funding streams and the fact that 80% of the CDC’s role is funded to work on the peer programme, there was a strong feeling among some board members that the purpose and direction of the forum had changed significantly, and in fact, that it did not currently operate as an addiction forum:

“I think it’s doing great...when I’m saying I don’t think we’re an addiction forum at the moment, that’s not a criticism. It’s a reality of funding...we are here because we’re an addiction forum, but we’re not getting the funds to do that type of work...I think we’re probably about 70-80% a peer project as opposed to being an addiction forum”. (DRC volunteer)

For example, the forum used to have a users group which was very successful and also provided resources to community members in terms of an IT suite, but does not currently have the capacity to do this which was felt to be a loss. However, the DRC staff stressed that although they are not funded

to work with people who approach their offices, they always make some attempt to engage with them and signpost them to other services:

"we're not actually open to the public but we wouldn't turn them away at the door. We don't ever say to anybody "we can't help you", there's always something we can do". (DRC staff)

As such, it was felt that the forum has developed into a service provider rather than a community body dealing with addictions. Overall, despite the fact that the Scottish Government claim community involvement is a priority (i.e. the addictions strategy involving local people in issue of engaging with services) board members did not feel this was actually the case as there was no funding in place to undertake this work:

"if you want local people involved in anything, you need to resource it, and we're not being resourced at the moment...there has to be more of a priority for local people to get involved in forum". (DRC volunteer)

"I would like to see more funding coming in so we could open our doors to the public, and not have our doors locked, and have the training that we did have available for the community". (DRC staff)

However, it should be noted that not all respondents were of that opinion. For example, a peer educator felt that the peer education model and the knowledge passed to primary school pupils on drug and alcohol issues mirrored the work of an addiction forum operating in the community:

"The work we do as peer educators in the schools, to a captive audience is the same as the work the Addiction Forum does to a much wider, harder to reach audience called the community". (Peer educator)

Reliance on volunteers and committed workers

It should be noted that those involved with the forum do not consider the forums' reliance on volunteers to be an issue, as there was a feeling that volunteers would always be there and would want to be involved.

“the volunteers will always be there as it is their community. Having worked in the community for 25 years, I can say that the person might change, having developed their skills, they move on. Like staff, they leave their mark and another volunteer will be there, ready and willing to try and make a difference”. (DRC staff)

For example, the forum is currently involving the peer educators in board meetings etc., so the young people can shape the future of the forum. However, the fact that many of the forum’s services (such as the SOBS-TBS group) are so reliant on volunteers does present an issue in terms of sustainability. The staff members at the DRC admitted that they work many hours unpaid, but viewed this as volunteer work that they were happy to do:

“everybody does some form of volunteering in the organisation, all the staff, because we all believe in what we’re doing”. (DRC staff)

However, board members expressed some concern that the success of many of the forum’s outputs were reliant on the commitment and dedication of particular members of staff:

“if staff were were to go, this place would fall apart”. (DRC volunteer)

“the main strength is this building, the people who are in it, and the people on the board that care”. (DRC volunteer)

Partnership working

The DRC staff emphasised that they have many good working relationships with local services and organisations, and that the forum was involved in many instances of effective partnership working. However, in general, it was felt that the effectiveness of partnerships reduced when the area changed from Social Inclusion Partnership to Community Planning (i.e. from DRC SIP to Glasgow West), due to accountability issues and a lack of knowledge and direction:

“we had many partners because they had to be there, now they don’t have to be there so they’re not...all the structures that we all fed into disappeared, so nobody knew who was happening”. (DRC volunteer)

For example, respondents noticed that attendance at meetings diminished significantly:

“people used that as an excuse not to come down here...it literally was a flow of people out of this area”. (DRC volunteer)

There was also a feeling among some respondents that partners were not prepared to undertake the work necessary to network and conduct joint pieces of work, which led to frustration:

“there’s times where I’ve felt we’ve maybe wanted to go a wee bit further with partners, and not because of ourselves, we can’t because the partner has that barrier...Partners not attending meetings and finding out more about us, instead of just playing it by ear – that irritates me, people not coming in and seeing what we do”. (DRC staff)

However, DRC staff noted that the work required in attending all meetings was huge, and so organisations made strategic decisions about which meetings to attend. As such, it was felt that the willingness was still there in many cases:

“the partnership is still there but they don’t come to meetings, as we’re inundated by meetings”. (DRC staff)

It was also suggested that the possible creation of the West forum has had a negative impact on partnership working:

“the signal has been sent out that the 2 (DRC & Drumchapel) forums have to be wound down a wee bit because they want this West forum, and I think that has split the partners”. (DRC staff)

Creation of West forum

The potential creation of one new forum in the West has been seen to create some issues for the DRC forum, partly due to confusion surrounding what is happening with the new forum and what role the DRC will play in this:

“I wish the CHCP would communicate more”. (DRC staff)

This has seen to cause uncertainty for the DRC forum in relation to many issues:

“That is the key. What is our role going to be as an addiction forum, depending on how the West forum goes”? (DRC volunteer)

Respondents also raised concerns about how effective or appropriate it would be to have one forum operating in the West, given the size of the area. It was felt that a forum should be more tailored to a specific area and the community living within that area.

“you’re much better having small local forums feeding in to something, rather than having something that is West wide.... It’s hard to keep community members engaged, they want to be dealing with their local area because there is no such thing as the West CHCP community, it isn’t a community. It’s Drumchapel and Yoker and Scotstoun, that’s where people live, they don’t link in the West CHCP”. (Stakeholder)

“at the end of the day what works here might not work in a different area because it’s different people”. (DRC volunteer)

DRC staff and volunteers stressed that they were happy to work with others and provide support and advice for creating the new forum (for a fee), but felt that one large forum would be ineffective:

“you can’t put in a worker to work on addictions in a quarter of the city and expect results, that’s just madness”.

Future of DRC

Firstly, it was emphasised that due to the Big Lottery funding, the forum was secure for the next three years (although additional funding was still required):

“we still need to get additional funding, but it’ll still be here for the next 3 years, in some shape or form”. (DRC staff)

Perhaps the main way that respondents see the forum developing in the future is through the successful peer project (as discussed earlier). However, in addition to that, respondents did make suggestions on how they would like to see the forum develop. In relation to the future of forums

operating in the West, respondents said they would *"love to see 3 or 4 small forums in the West working together"* with representatives from each comprising a West forum.

DRC staff indicated that they would like the young people involved with the forum to drive the future of the organisation. It was felt that young people are aware of the link between addictions and suicide (due to the SOBS-TBS group) and that they would like this issue to be given more attention and resources:

"the message about suicide and addictions is passing...I see that can only get developed...the young people are exploring things and looking for new avenues and I think they'll take the next step of where the project should go, and I think that'll be a greater awareness of how suicide and addiction link". (DRC staff)

F. Conclusions

The current research consists of an evaluation of the DRC addiction forum, by examining the success of its outputs and also consulting with key stakeholders in relation to the main challenges faced by the forum. This chapter summarises the main results of the evaluation and includes recommendations on ways in which the forum should develop in the future.

Background

The DRC Addiction forum has undergone many changes since its creation in terms of its purpose, focus, and most importantly, its funding stream. From April 2008, the main source of funding for the DRC has been the Big Lottery and in September 2008, the CPP ceased to fund the DRC due to the intention of creating one forum in the West. This had obvious implications for the DRC in terms of its remit and focus.

It is a community led initiative which currently consists of 2 full time workers, 7 sessional workers, and a range of volunteers. The forum works with a range of partners including Knightswood Secondary, St Thomas Aquinas Secondary and their New Learning Communities, West Glasgow Regeneration Agency, Glasgow Council on Alcohol, and Kingsway Health & Wellbeing. The two main aspects of the forum are the peer education project and the Touched by Suicide Scotland group. However, the future of the forum faces many uncertainties including funding issues and the creation of the new West Forum.

Peer education project

The peer education programme (which comprises 80% of the forum's funding) is viewed to be a successful and effective project in the view of everyone involved. The research with pupils indicates that the project has led to increased awareness and knowledge among pupils of alcohol and drugs. The project was also viewed to be enjoyable with pupils, with the majority feeling that they had learned a lot. These results indicate the success of the project in relation to its short term outcomes.

The most important aspects of the programme were perceived to be: that pupils react better to other pupils of a similar age as opposed to teachers; that the programme provides pupils with information so they can make an informed choice; that the programme dispels myths among primary pupils of secondary school and thus makes the transition process easier; perhaps most importantly, that it raises awareness and increases knowledge of drug and alcohol issues; that peer educators are allowed to take ownership of the programme; and that outcomes for peer educators include gaining confidence, making new friends, and having increased awareness of drug and alcohol issues.

Given the success of the project and the importance of the role of the project within the DRC, it is recommended that:

- Continued attempts are made to recruit peer educators to ensure the sustainability of the programme
- The peer education model is used by the forum as an instance of good practice, and that the model is showcased to other organisations/projects. This may help to ensure that the model is rolled out to other schools and also to younger pupils, as it is acknowledged that the DRC forum does not have the capacity or resources to do this at this stage.
- The success of the peer education model is promoted wherever possible (especially in relation to funding applications) using the evaluation data as a means of highlighting the short term impact of the project.

Touched by Suicide Scotland

This support group appears to play a crucial role in the lives of those affected by suicide. The most important elements of the project appear to be that support is provided by people who have faced similar trauma, that service users can progress at their own pace, and also that service users can witness other people in later stages of recovery for a source of inspiration and hope.

In relation to the TBS group, it is recommended that:

- Continued efforts are made to promote and advertise the group so it is accessible for all people who are dealing with losing a loved one through suicide. In particular, it is recommended that work is undertaken to ensure that professionals such as GPs and the Police are aware of the support group so they can make referrals.
- Again, given the value of the group, that attempts are made to promote the group in other areas so that similar groups exist nationally.

Challenges and recommendations

The main challenge faced by the forum is funding.

- It is recommended that the evaluation data is used in future funding applications, to evidence the positive outcomes and successes of the projects. It is also recommended that future attempts are made to access funding through the CHCP (given the role of the forum in supporting the community) and also that other sources of funding are accessed to ensure the sustainability of the forum.
- Due to the change in funding streams, it is recommended that work is undertaken to highlight the different role and remit of the DRC to both staff and volunteers of the forum (in terms of what their roles consist of and what is achievable within their capacity) and external partners (in terms of what can be expected from the forum). As funding for the forum is for the peer education project and the TBS group, the extent to which staff focus on other activities relies on their goodwill and dedication. It is recommended that staff focus on the aspects of their role that they are funded for, and use their knowledge and experience through the role of a consultant to the CHCP (e.g. in relation to GRAND and the creation of the new West forum).

The sustainability of the forum very much relies on the work of volunteers and also staff working as volunteers (i.e. undertaking extra unpaid hours).

- It is recommended that the forum continues to promote its services and role in the community to ensure that more volunteers become involved.

The forum appears to have many good working relationships with partner organisations.

- It is recommended that the forum continues to make attempts to engage with partners such as encouraging attendance at meetings and events and attending meetings with other organisations.
- Finally, given the positive role of young people in the forum, it is recommended that consultation is undertaken with young people involved with the forum to help drive the future of the organisation.