



Ian

Age **29 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

Employment Status **Unemployed and never worked** Number of DTTOs **1 and been on CPO's**

Background

Ian is care-experienced as his family had addiction issues themselves. He was physically and mentally abused at home and also whilst in the care system and so has little trust in people/authority. He has lost custody of his 4 year old child from a past relationship when he was convicted of domestic abuse.

Experience with services / treatment

Historical

- Care system
- School reach out services
- Criminal Justice Social Work

Prior to DTTO

- Criminal Justice

During DTTO

- Criminal Justice

Substance Use, Mental & Physical Health

- Cannabis addiction
- Benzodiazepine addiction
- Alcohol addiction
- Opioids
- Anxiety, depression and other mental health issues - has visited GP practice and been given medication but has accessed no other services.

Criminal Behaviour

- Ian drug use has fueled his criminal behaviour
- He has been under the influence of drugs when arrested
- He also committed crime because he needed money for the habit
- He has been convicted of domestic abuse

Family & Community Health

- Has little family support and lacks stable housing
- Has lost custody of child due to domestic abuse
- Ian has few friends but tend to have similar issues, so he finds it hard to find the strength to change

What are Ian's needs?

Structure
and
routine

Needs a strong
support
network to have
people to talk to
if he's struggling

A way to
contact
him/arrange
appointments
in person

A consistent
worker to
unlock barriers
and trust
issues

Stable housing
and/or
accommodation

Contact
with his
child

What are Ian's challenges when interacting with services?

Trust issues
as feels all
services have
let him down

Past trauma
leading to
poor mental
health

Difficult to
contact and
keep in
contact with

Ian was used to
children's
services and
now struggling
with adulthood

Social
development
needs of
someone
much younger.

Location- service
expectations is
that Ian has to
come to the office

Considerations/ Requirements when designing services for Ian

Lack of
family
support

Significant
trauma from
childhood
abuse

Ian grew up in an
environment where
abuse was common,
so he does not know
what healthy
relationships look
like

Impact of
benzodiazepines
in his cognition
and physical
health

When
transitioning from
DTTO his level of
support will likely
drop off

Address the
trauma Ian
has, not just
addiction

What could be opportunities to improve the service for Ian?

A more holistic
assessment by
better
understanding Ian's
situation, day-to-
day, network and
overall needs.

Assertive
outreach by
bringing
services to
people

Links in with
trauma
informed
services

Adopting a family
approach through
including them as
part of Ian's plan
and any future
meetings

Create
opportunities to
build
relationships and
a support
structure.

Join up services
to allow for
personalisation

Other notes

Ian may present a risk to
others and partners due to
his childhood experience
and addictions

We can't undo Ian's
trauma, but we can
understand his experience
through a trauma lens

Getting an insight into
Ian's life by going out
into their environment



Michael

Age	Gender	Ethnicity	Area
35 years	Male	White	Edinburgh

Employment Status	Number of DTTOs
Currently unemployed	3 DTTO's

Background

Michael was homeless as a teenager and has been in hostels where they try to help with housing and addiction but felt that the underlying problem - ADHD - was never acknowledged nor treated as wasn't diagnosed until 33 years old despite asking for tests since was 11 years old.

Experience with services / treatment

Historical

- Juvenile Justice

Prior to DTTO

- Homelessness services
- GP recommended medication treatment for ADHD. Disrupted treatment in Criminal Justice.

During DTTO

- Mental Health community services

Substance Use, Mental & Physical Health

- As he was only recently diagnosed nor give medication for his ADHD symptoms, Michael has relied on drugs as a coping strategy.
- Opioids addiction
- Cannabis addiction
- Regularly takes street valium
- He has been illegally gambling in the streets since a young age and finds it difficult to fight the compulse to gamble. He has accumulated more debt than he can afford to pay.

Criminal Behaviour

- Committed crimes as a young adult because he needed the money for the habit
- Minor crimes under the influence of drugs

Family & Community Health

- He was expelled from primary school aged 9 as had 'behavioural problems' and continued to have so as no one asked for a diagnosis and instead referred to him as 'badly behaved'.
- Finds it difficult to maintain relationships with people and commit to services

What are Michael's needs?

Stable housing
and/or
accommodation

Consistent
ADHD
treatment
and follow up

A review of
what occurs
when on a
DTTO

Developing
sustainable
relationships to
feel less excluded
from society

Go to an
appointment with
a GP in order to
continue his
ADHD treatment

A
consistent
worker

What are Michael's challenges when interacting with services?

Feeling
understood

Understanding
what services
do

Chaotic lifestyle
meaning he's
constantly
moving around

Being able
to visualise
positive
change

Struggles with
remembering
booked
appointments
with different
services

Considerations/ Requirements when designing services for Michael

To have an
understanding of
ADHD and how it
can impact
behaviour

Due to constantly
moving around,
he's difficult to get
in touch with

Support
Michael in
feeling safe
when entering
a community

Finds it
difficult to
manage
within society

A key
worker/person
may be
stability for
him

What could be opportunities to improve the service for Michael?

Facilitate face to
face
appointments at
a location
convenient for
him

Arrange
appointments in
advance so
there is stability
for Michael

Recognise how
ADHD impacts
behaviour and
have protocol
in place

Have services
designed for people
with disabilities/
conditions alongside
their substance use

Links in with
trauma
informed
services and
3rd sector

Joined-up
services to
create less
barriers to
engagement

Multidisciplinary
approach to
achieve accurate
diagnosis and
treatment plan

Employability
training

Other notes

There is an expectation for
Michael to organise himself
between all the services
which is not realistic due to
his ADHD



Jim

Age	Gender	Ethnicity	Area
51 years	Male	White	Edinburgh

Employment Status	Number of DTTOs
Disability benefit (as a result of substance use)	4 DTTO's

Background

Jim began dealing drugs as part of a gang, and became addicted to cocaine and benzodiazepines in his early 20's. Due to drug dealing and fraud, Jim has been institutionalised for approximately 30 years as feels comfortable in prison and does not know how to function outside of this environment.

Experience with services / treatment

Historical

- Not registered at the GP

Prior to DTTO

- Jim is already registered with a substance use service but will have to leave to begin the DTTO (similar to around 66% of those entering a DTTO).

During DTTO

- Criminal Justice

Substance Use, Mental & Physical Health

- Alcohol addiction
- Opioids addiction
- Moderate anxiety and depression - no services approached

Criminal Behaviour

- Charge with possession with intent to supply drugs
- Multiple burglaries and thefts

Family & Community Health

- Neglected from peer groups and family outside of prison, meaning he has no support network
- Jim only learned to read a few years ago as was not part of the education system and was able to get by
- Has difficulties socialising and finds it difficult to engage in conversations

What are Jim's needs?

constant professional help to come off drugs and alcohol

set realistic and achievable goals e.g going for a day out with friends or family

Developing new relationships and/or old ones (before being institutionalised)

Jim needs structure as he has gotten used to prison's routines

Needs a better understand of benefits might he eligible for

What are Jim's challenges when interacting with services?

Difficulties in committing to long-term goals /treatment

Jim doesn't understand how services work outside prison

Jim has found it difficult adjusting to life outside of prison and meet demands and/or expectations outside of prison

Jim finds it difficult to trust people and develop new relationship

Considerations/ Requirements when designing services for Jim

His peer network is mostly composed by convicted criminals

As Jim feels comfortable in prison, any transition for him will be extremely difficult

Literacy problems meaning he can miss letters posted to him regarding appointments - make other arrangements

Has difficulties socialising and finds it difficult to engage in conversations

Jim is not registered at the GP

Experiencing symptoms of Post-traumatic stress disorder such as flashbacks, nightmares, and avoidance of triggers

What could be opportunities to improve the service for Jim?

Set realistic goals Jim can achieve without feeling like he has 'failed'

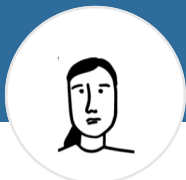
Joined-up services to create less barriers to engagement

Assertive outreach - Bring services to people

A consistent programme of support where he can build routines

Other notes

Jim only learned to read a few years ago as was not part of the education system and was able to get by



Sarah

Age **38 years** Gender **Female** Ethnicity **White** Area **Edinburgh**

Employment Status **Currently unemployed** Number of DTTOs **1 DTTO**

Background

Sarah used alcohol and drugs socially as a teenager and became addicted to opioids around 19 years old as was in a relationship with someone who sold drugs. Sarah states this was a violent relationship and was controlled through by being given substances, from where she has a 5 year old child.

Experience with services / treatment

Historical

- Sarah had a social worker whilst pregnant to try and help with her addiction and prepare for the baby arriving
- Women's Aid also tried to refer Sarah to a safe house when had her child as partner continued to be violent but as it did not have addiction services within the service it was not suitable

Prior to DTTO

- Prepare (service for pregnant women)

During

- Children Social Work services

Substance Use, Mental & Physical Health

- Opioids addiction
- Sleeping pills
- Postnatal depression
- Suicide attempt

Criminal Behaviour

- Shoplifting
- Breach of peace

Family & Community Health

- Has lost custody of child due to addiction and risk behaviours
- Relationships tend to be with violent men who control Sarah with drug use
- Sarah has lost her self-confidence and has a fear of being alone
- She has lost trust in people following abusive relationships

What are Sarah's needs?

Stable housing and/or accommodation

Gaining back custody of her child

A key worker/person may give her much needed stability

Self-confidence and knowing she can decide to leave her relationship

Mental health support

Financial support as Sarah is currently unemployed

What are Sarah's challenges when interacting with services?

Trust issues as feels all services have let her down when lost custody of her child

Neglecting herself, so lack confidence to commit to treatments

Low self-esteem and lack of confidence in herself

Sarah doesn't feel safe talking to a male member of staff

Chaotic lifestyle meaning he's constantly moving around

Location of services might be putting Sarah at risk

Considerations/ Requirements when designing services for Sarah

Sarah has a **fear of being alone** and so will live in any squat that has other occupants, rather than be housed alone

Her biggest motivation is gaining custody of her child

Neglecting herself and entering abusive relationships

Sarah has low self-esteem and lack of confidence in herself

lack of family and peer support

Suicidal risk and any prevention work that needs to be done

What could be opportunities to improve the service for Sarah?

Sarah's main focus is her child and so if that could be acknowledged alongside recovery, this would probably the best kind of approach to consider

Sarah needs to regain trust in society and organisations (particularly public services)

Peer support from other women with similar experiences

A more holistic initial assessment as several needs

Importance of holistic conversation in the initial assessment phase so we really tailor services for her

Connecting with the 3rd sector

Other notes

Sarah may present a risk to her child due to her addictions

Sarah has previously attempted suicide, increasing the risk of doing it again

What are other places where she can make relationships that aren't harmful and make her trust people again

Importance of an holistic conversation in the initial assessment phase so we understand her interests and tailor services for her

Sarah needs a range of services working together in order for her to get better (e.g Adult Psychiatry, Mental Health community services, relationship support)



Dave

Age	Gender	Ethnicity	Area
36 years	Male	White	Edinburgh

Employment Status	Number of DTTOs
Disability benefit	2 DTTOs

Background

From a young age Dave has had feelings of worthlessness, anxiety and depression. He felt uncomfortable around people, alienated and different. He was introduced to alcohol and opioids at 13 years old which made him feel more sociable and pain-free. He dropped out of college at 18 and has been living in hostels and temporary accommodation since.

Experience with services / treatment

Historical

- GP prescribed antidepressants and referral to Cognitive Behavioural Therapy (CBT) which he only attended once
- Social Work services
- School reach out services
- Mental Health services

Prior to DTTO

- Homelessness services

During DTTO

- Mental Health services
- 3rd sector organisations

Substance Use, Mental & Physical Health

- Alcohol addiction - no services approached
- Opioids addiction
- Street valium addiction
- Anxiety, depression and other mental health issues

Criminal Behaviour

- Minor crimes under the influence of drugs

Family & Community Health

- Has difficulties socialising and finds it difficult to engage in conversations
- Has little family support
- Lacks stable housing

What are Dave's needs?

Stable housing
and/or
accommodation

Dave needs
stability
and feel
supported

Consistent
professional
help to come
off drugs and
alcohol

Developing
relationships

A
consistent
worker

Needs a better
understand of
benefits might
he eligible for

What are Dave's challenges when interacting with services?

Lack of self-
confidence to
engage with
services

Past trauma
leading to
poor mental
health

Feeling of
no self-
worth

Chaotic lifestyle
meaning he's
constantly
moving around

Considerations/ Requirements when designing services for Dave

To have an
**understanding of
anxiety and
depression** and
how it can impact
behaviour

**He may not open
letters** posted to
him regarding
appointments due
to anxiety

Mostly **moving
between hostels
and sofa surfing**,
changing addresses
- making it difficult
to reach

There is an
expectation for Dave
to organise himself
between all the
services which is not
realistic due to his
Mental Health

Dave has
very little
family
support

What could be opportunities to improve the service for Dave?

Create
opportunities to
build
relationships and
a support
structure

Links in with
trauma
informed
services

Joined-up
services to
create less
barriers to
engagement

Links with
mental
health
services

A key
worker/person
may give him
much needed
stability

A more holistic
assessment as
several needs

Other notes