

## Review of the Scottish Drugs Forum

# **REVIEW OF THE SCOTTISH DRUGS FORUM**

**The Saren Dixon Partnership**

**Jo Armstrong, Lesley Bloomer, Diane Dixon and Jane Saren**

Scottish Government Social Research  
2009

This report is available on the Scottish Government Social Research website only [www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch).

**The views expressed in this report are those of the researcher and do not necessarily represent those of the Scottish Government or Scottish Ministers.**

© Crown Copyright 2009

Limited extracts from the text may be produced provided the source is acknowledged. For more extensive reproduction, please contact the Queens Printers of Scotland, Admail, ADM 4058, Edinburgh EH1 1NG. Email: [licensing@oqps.gov.uk](mailto:licensing@oqps.gov.uk)

## **ACKNOWLEDGEMENTS**

The authors would like to thank the Research Advisory Group, the staff and Board members of SDF and all those who took part in the stakeholder survey for their assistance in the conduct of the research and the production of this report.

## **Table of contents**

ACKNOWLEDGEMENTS	3
EXECUTIVE SUMMARY	6
Context	6
Aims and objectives	6
Methodology	6
Main findings	7
Main conclusions	7
Recommendations	8
1 INTRODUCTION	10
External review	10
Aim and objectives	10
The Scottish Drugs Forum	11
2 POLICY CONTEXT	13
The Scottish Government Concordat	13
‘The Road to Recovery’	14
Alcohol and Drugs Delivery Reform Group	14
3 METHODOLOGY	16
Our approach	16
Research	17
Key issues	18
4 GOVERNANCE	19
Financial controls and audit	19
Conclusions and recommendations	27
5 PERFORMANCE IN PROVIDING VALUE FOR MONEY 2004–2008	30
What is meant by value for money?	30
Inputs and economy – staffing and premises	31
Outputs and Effectiveness	31
Conclusions and recommendations	45
6 SDF’S FUTURE ROLE IN RELATION TO ‘THE ROAD TO RECOVERY’	49
Development of ‘The Road to Recovery’ Strategy	49
Implementing ‘The Road to Recovery’	49
Conclusions and recommendations	54
7 SDF’S FUTURE ROLE IN USER INVOLVEMENT	56
Introduction	56
Research findings	57
Conclusions	62
ANNEX 1. RATIONALE FOR METHODOLOGY	63
ANNEX 2. LIST OF DOCUMENTS USED IN THE RESEARCH	65
ANNEX 3. STAKEHOLDER INTERVIEWS AND FOCUS GROUPS	69
ANNEX 4. INTERVIEW SCHEDULE FOR STAKEHOLDER SURVEY	72
ANNEX 5. CODES FOR ANALYSIS OF STAKEHOLDER INTERVIEWS	77
ANNEX 6. BRIEFING SHEET FOR FOCUS GROUPS WITH SERVICE USERS	79
ANNEX 7. RESEARCH ETHICS	80

### Table of Figures

Figure 1. Approach to the Review .....	16
Figure 2. SDF Income 04 – 08 .....	19
Figure 3. SDF Sources of Income .....	20
Figure 4. Split of Core and Non-Core Income .....	21
Figure 5. SDF's costs 2004–08 .....	22
Figure 6. Achievement against targets in 2006–09 Strategic Plan .....	32
Figure 7. Progress against key strategic priorities set out in Strategic Plan 2006–09. .....	35
Figure 8. Achievement against target for regional UI work during 07–08 .....	39
Figure 9. Views of trainees about the AWTP .....	43

## **EXECUTIVE SUMMARY**

### **Context**

In January 2009, the Scottish Government commissioned the Saren Dixon Partnership to undertake an external review of the Scottish Drugs Forum (SDF). The final report was produced in April 2009.

The review was part of a rolling programme of external reviews of voluntary organisations.

SDF was subject to a previous external review which reported in 2001.

### **Aims and objectives**

The overall aim of this review was to establish the effectiveness of SDF in delivering its aims and objectives, in particular the extent to which it provides value for money in respect of funding received from the Scottish Government; and to evaluate the current and future capacity of the organisation to deliver value for money in light of the new strategic approach to tackling drug use in Scotland.

The specific objectives were to:

- examine the performance of SDF in providing value for money in relation to all funding sources including a particular focus on the funding made available by the Scottish Government to support its core activities and specific projects/initiatives taken forward over the last 5 years, including an examination of the effectiveness of service user involvement in terms of what SDF was funded to deliver
- assess SDF's short and long term strategic planning processes; its performance in, and contribution to, developing the drugs strategy; and its future role in supporting the implementation of the recovery focused strategy and the central role of those with drug problems (e.g. the role of SDF in promoting service user involvement)
- assess the effectiveness of SDF's standing financial instructions, internal and external audit, staff and partnership arrangements
- identify key strengths, which can be built upon, and propose solutions to any weaknesses which need to be addressed, value for money (VFM) for funders and key stakeholders and cost-effectiveness being a key feature.

### **Methodology**

Data was compiled from SDF and the Scottish Government; desk research; semi-structured interviews with stakeholders; focus groups with volunteers from drug service user involvement groups; attendance at a meeting of SDF's national user involvement group; and from selected benchmark organisations. Following a preliminary value for money assessment and identification of key issues, further data collection and analysis was undertaken to allow a more in depth analysis of some of these issues.

## **Main findings**

SDF has sound financial systems that were put in place following earlier financial difficulties. It now allocates and controls spend tightly and its financial systems ensure the Board understands the nature of the key financial risks facing the organisation.

SDF has a three yearly planning cycle, with aims, objectives, priorities and targets set out. Strategic priorities do not link explicitly to activities and targets and should do so. The Board of SDF is involved in the development of the strategic plan, but does not receive regular reports of performance against plan. The only report on the plan goes to the Scottish Government without prior review by the Board.

Strengths in SDF's performance in the period under review include its consistent championing of the need to look at drug use in its broader social context, experience in user involvement (UI) work, critical incident training, dissemination of information via bulletins and seminars, contribution to policy working groups and the award-winning Addiction Worker Training Project (AWTP). Media work, whilst praised for putting across the views of the sector, is seen as insufficiently proactive.

SDF is active in many policy working groups and its contribution to strategic thinking, via those is valued. SDF's Director is highly regarded for his personal expertise and commitment to improving drugs services. A minority of stakeholders from Government, Alcohol and Drug Action Teams (ADATs) and voluntary sectors suggest that SDF is not as effective as it could be in contributing to the final stages of policy-making and to Ministerial thinking.

At local level, SDF contributes to a variety of planning groups and its work has influenced strategies locally. It is involved with the majority of the 22 ADATs. While some ADAT stakeholders are very positive about SDF's input, rather more have mixed views.

SDF is recognised as a pioneer of user involvement work in the drugs sector and overall this strand is viewed positively by stakeholders. There are currently three local groups; a national group has recently been brought together and is carrying out work in a further two areas. Volunteers with SDF's user involvement groups are very positive about the experience, skills and confidence they gain from the work and the impact it has on services. ADAT funders of current and past user involvement work varied in their views – some were positive, others had mixed views and their concerns were echoed to some extent by non-ADAT interviewees.

Views on SDF's role going forward in relation to 'The Road to Recovery' strategy are mixed.

Stakeholders confirm the value of having an intermediary body for the drugs sector and place particular importance on its ability to be a voice which is independent of government.

## **Main conclusions**

SDF's performance management is not as tight as it should be. Aims are linked to specific outputs and targets, but priorities are not. Targets do not appear to be



systematically reviewed each year and whether they have been achieved or not is unclear in some cases. In light of increased pressure on funding, the emphasis on outcomes in 'The Road to Recovery' and the findings of the Audit Scotland report 'Drug and Alcohol Services in Scotland', SDF and its major funders will need to address performance management in future.

Consideration of a communications strategy as an element of SDF's strategic planning may assist the organisation in undertaking evaluation of its impact on policy and in responding to stakeholder demand for more proactive media work.

SDF has a high reliance on the Scottish Government for funding, both for core activities as well as on a project basis. The Scottish Government's core funding does not cover all that SDF classifies as core activities. It is perhaps now more than ever essential that the Board has an agreed view on SDF's core activities. This will give it a better understanding of its actual core costs and therefore what level of on-going funding SDF requires to deliver its planned objectives without over reliance on project funds and/or on scarce cash reserves.

SDF is very dependent on two individuals – the Head of Business, Finance and Administration and the non-executive Treasurer – for maintaining its sound financial position.

The context in which SDF operates is changing substantially and poses significant challenges for the organisation. Feedback from the majority of stakeholders suggests that this is an appropriate time for SDF to review and clarify its focus. Many would value space for discussion on the continued development and implementation of 'The Road to Recovery' strategy and in setting out examples that illustrate the diversity of what recovery can mean. There are concerns about the quality of services in the sector and SDF could play a role in driving improvement.

SDF is recognised as a pioneer in UI work in the drugs sector and the value of the peer evaluation model is recognised. At the same time, there is demand for more flexibility of approach. In particular, user involvement at service level is a critical component in driving improvement in services and monitoring National Quality Standards. This presents an opportunity for SDF to build on its experience and expertise by supporting service providers to embed user feedback within service provision.

## **Recommendations**

1. The Board needs to establish an agreed view on SDF's core activities, to give it a better understanding of its actual core costs and what level of on-going funding SDF requires to deliver its planned objectives.
2. As part of its planned assessment of key risks facing the organisation, SDF should consider:
  - if, as funding gets harder to secure, reliance on Scottish Government funding has the potential to undermine SDF's long-held role as the impartial voice of the sector

- succession planning in relation to key staff and Board positions; and contingency planning in the event of a number of people leaving these positions around the same time
  - the current arrangement whereby significant decision-making powers and detailed knowledge on finance and HR issues currently reside with Finance and General Purpose Committee members.
3. SDF should conduct a full review of its UI work: its purpose/s, costs, management support, risk assessment and flexibility of approach. (This should contribute to a fuller review of SDF's future role, Recommendation 9 below)
  4. SDF and its AWTP funders should seek further benchmarks on costs and outcomes for the AWTP; and use that information to help ensure that the AWTP is as cost- effective as possible.
  5. SDF should improve its performance management arrangements to ensure that priorities are properly reflected in the strategic plan; that performance is reviewed by the Board; that targets are appropriate and reviewed fully annually and that performance achieved against targets is set out clearly.
  6. SDF should increase the amount of proactive media work it undertakes. This need not necessarily involve mainstream media. In general, SDF may want to consider whether its use of its website and of online communication can be expanded.
  7. SDF should consider how to increase its effectiveness in contributing to policy. This should include consideration of in both written and meeting based opportunities.
  8. SDF should maintain its focus on the need for drug use to be considered in its broader social context and ensure that it is reflected going forward. It also has an important function in providing space for discussion on continued development and implementation of 'The Road to Recovery' strategy and in setting out examples that illustrate the diversity of what recovery can mean in the lives of individuals.
  9. Feedback from stakeholders suggests this is an appropriate time for SDF to review its role and specific locus in relation to the new drugs strategy; and indeed that such a review may be essential in the context of changes in its operating environment.
    - These changes relate not only to 'The Road to Recovery' strategy but also to the new delivery framework, the Concordat and the new financial setting. SDF will need to consider how it can respond in order to operate most effectively as a national organisation which requires to be involved at local level. SDF should review its work at local level via e.g. ADATs, community groups and drugs forums and define what its core business is at both local and national levels.
    - This review should also include consideration of organisational structure and staff responsibilities; the rationale for prioritising greater involvement in some areas than others, and how this will be kept under review; opportunities for increased reach through formal or informal partnership working with voluntary sector drugs and alcohol organisations.

# **1 INTRODUCTION**

## **External review**

- 1.1 In January 2009 the Scottish Government commissioned the Saren Dixon Partnership to undertake an external review of the Scottish Drugs Forum (SDF).
- 1.2 The review is part of a rolling programme of external reviews of voluntary organisations in receipt of major recurring grants from the Scottish Government. These are mainly focused on support for the national infrastructure of the voluntary sector: umbrella and representative bodies, as well as advice and support networks which support the development and delivery of third sector organisations.
- 1.3 SDF was subject to a previous external review which reported in 2001.

## **Aim and objectives**

- 1.4 The overall aim of this review is to establish the effectiveness of SDF in delivering its aims and objectives, in particular the extent to which it provides value for money in respect of funding received from the Scottish Government; and to evaluate the current and future capacity of the organisation to deliver value for money in light of the new strategic approach to tackling drug use in Scotland.
- 1.5 The specific objectives are to:
  - examine the performance of SDF in providing value for money in relation to all funding sources including a particular focus on the funding made available by the Scottish Government to support its core activities and specific projects/initiatives taken forward over the last 5 years, including an examination of the effectiveness of service user involvement in terms of what SDF was funded to deliver
  - assess SDF's short and long term strategic planning processes; its performance in, and contribution to, developing the drugs strategy; and its future role in supporting the implementation of the recovery focused strategy and the central role of those with drug problems (e.g. the role of SDF in promoting service user involvement)
  - assess the effectiveness of SDF's standing financial instructions, internal and external audit, staff and partnership arrangements
  - identify key strengths, which can be built upon, and propose solutions to any weaknesses which need to be addressed, value for money (VFM) for funders and key stakeholders and cost-effectiveness being a key feature.

## **The Scottish Drugs Forum**

- 1.6 The SDF is the national non-governmental drugs policy and information agency working in partnership with government, the voluntary and statutory sectors and the wider community to reduce drug harm in Scotland.
- 1.7 SDF maintains that there is no single solution to Scotland's complex drugs problem, believing that drug use will only be tackled effectively in partnership and through a cohesive, co-ordinated multi-agency approach to the issue.
- 1.8 Membership of SDF is open to all organisations and individuals that support its aims and objectives. These are set out below:

### ***SDF Aims and Objectives (from Strategic Plan 2006–09)***

- 1.9 **Aim: To support an improvement in the quality of all responses to drug use in Scotland.**

Objectives:

- To support the empowerment of communities to respond to drug problems
- To ensure that service providers and policymakers are fully aware of the interests and concerns of those affected by drug use
- To assist the development of high quality services
- To promote service development/service changes to meet unrealised human and social potential of people with drug problems
- To undertake research and audits which assist in improving the response to drug use.

- 1.10 **Aim: To improve the general level of understanding and awareness of drug issues among practitioners, drug users, their families and the wider community.**

Objective:

- To disseminate information on drugs and drug related issues in order to spread best practice.

- 1.11 **Aim: To act as a forum to develop and promote common responses to issues of concern and to represent SDF members.**

Objectives:

- To promote common responses to issues of concern
- To work in partnership with government and government agencies to promote a cohesive response among agencies/organisations
- To develop SDF's membership base.

- 1.12 **Aim: To develop SDF's capacity in line with existing and new demands.**

Objectives:

- To ensure effective ongoing strategic planning

- To ensure effective corporate governance
- To ensure effective staff management and support.

## **2 POLICY CONTEXT**

- 2.1 There are currently a number of policy and structural developments within Scotland which affect voluntary organisations and people working in the field of problem drug use. These developments have significant implications for SDF.

### **The Scottish Government Concordat**

- 2.2 The Concordat agreed between the Scottish Government and the Convention of Scottish Local Authorities (CoSLA) in November 2007, and the accompanying change to funding arrangements for local authorities announced in the Scottish Budget Spending Review 2007, has introduced fundamental changes in the relationship between central and local government in Scotland.
- 2.3 The Concordat provides for the Scottish Government to set the direction of policy and the over-arching outcomes, while standing further back from service delivery. This is intended to reduce bureaucracy and free up local authorities and their partners to meet the varying local needs and circumstances across Scotland.
- 2.4 Under the terms of the Concordat, each Community Planning Partnership (CPP), led by its Council, agrees a Single Outcome Agreement (SOA) with the Scottish Government. These agreements are based on the Scottish Government's set of national outcomes (underpinned by agreed national indicators), supported by specific local outcomes that reflect the priorities for each Council area. Under the new reporting system, each Council area will be required to submit a single, annual report setting out its progress against the agreed outcomes and indicators.
- 2.5 The Concordat has resulted in the majority of previously ring-fenced funds which relate to local authority areas of responsibility being subsumed into the core grant to Councils. (The number of separate funding streams to local government was reduced from eighty in financial year 2007/08 to fifteen in 2008/09.) Councils now have more flexibility in determining allocations to meet local needs and priorities.
- 2.6 The majority of funding that is available for ADATs sits within Health and remains ring-fenced for drugs and alcohol. It is the Government's intention that spending decisions should be made in partnership with ADATs (and their successor bodies) as part of the SOAs.
- 2.7 Under the Concordat with CoSLA, grants and other funding support for third sector organisations at local level are increasingly the responsibility of local authorities and other public bodies. However, direct grants from government can still be made in various areas as Ministers react to need and innovation.

## **'The Road to Recovery'**

2.8 Following extensive consultation and discussion, the Scottish Government launched a new approach to tackling problem drug use in May 2008 with the publication of 'The Road to Recovery'<sup>1</sup>. The new strategy is structured around themes of prevention, enforcement, child protection and the promotion of recovery, with a focus on partnership working at local and national levels. The next steps are set out in a cross-cutting action plan covering all relevant agencies and sectors.

2.9 The first item in 'The Road to Recovery' action plan is "to set up a drug recovery network to promote and support the concept of recovery among local partners, service providers and people with problem drug use." The Scottish Government has been working with a broad range of stakeholders to develop this concept. It is envisaged that the network will be a robust construction taking the form of a consortium, with partners making a commitment to a clear programme of enabling culture change in terms of how people with a drug problem see themselves and how they are regarded by society. The Minister for Community Safety announced plans for the proposed Scottish Drugs Recovery Consortium in April 2009:

*"The Consortium can act as a beacon in promoting recovery across Scotland, bringing together and offering support, training and advice to communities, professionals and individuals seeking recovery."*<sup>2</sup>

2.10 Effective deployment of resources will be a key element in the pursuit of the new strategy, especially in the current context of public spending constraints.

## **Alcohol and Drugs Delivery Reform Group**

2.11 The work of the Delivery Reform Group (DRG) is allied to the development of the new drugs strategy (and a new alcohol strategy), the Concordat and SOAs and also the report of the Stocktake of Alcohol and Drug Action Teams (ADATs) published in 2007.

2.12 The DRG was set up by the Scottish Government in January 2008 with a remit of making proposals for the improvement of delivery arrangements. It comprised members from the Scottish Advisory Committee on Drug Misuse (SACDM) and the Scottish Ministerial Advisory Committee on Alcohol Problems.

2.13 In its report the DRG makes a number of proposals designed to enhance strategic capacity at local level, with a particular emphasis on:

- accountability
- clarity of responsibilities

---

<sup>1</sup> <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

<sup>2</sup> Scottish Government New Release 20 April 2009  
<http://www.scotland.gov.uk/News/Releases/2009/04/20130938>

- partnership
  - supporting the focus on an outcomes based approach
- 2.14 It recommends the continuation of a specialist, dedicated partnership on alcohol and drugs at local level. To emphasise their place within community planning and also to recognise the change from current arrangements in many areas, these will be named Alcohol and Drug Partnerships (ADPs). These changes will increase the challenge for SDF (and other national voluntary organisations) to engage at local level.
- 2.15 The DRG also recommends the establishment of a national support function to help ADPs achieve optimum outcomes, consisting principally of practitioners from the field working with the Scottish Government's Alcohol Misuse Team and Drugs Policy Unit.
- 2.16 The national support function is not expected to perform a scrutiny function. This would be the responsibility of the new integrated scrutiny body on care and the new health scrutiny body the Scottish Government proposes to establish<sup>3</sup>.

---

<sup>3</sup> Following the Crerar Review of regulation, audit, inspection and complaints handling of public services in Scotland.  
<http://www.scotland.gov.uk/Topics/Government/PublicServiceReform/IndependentReviewofReg/latest-news/Response-to-Crerar>



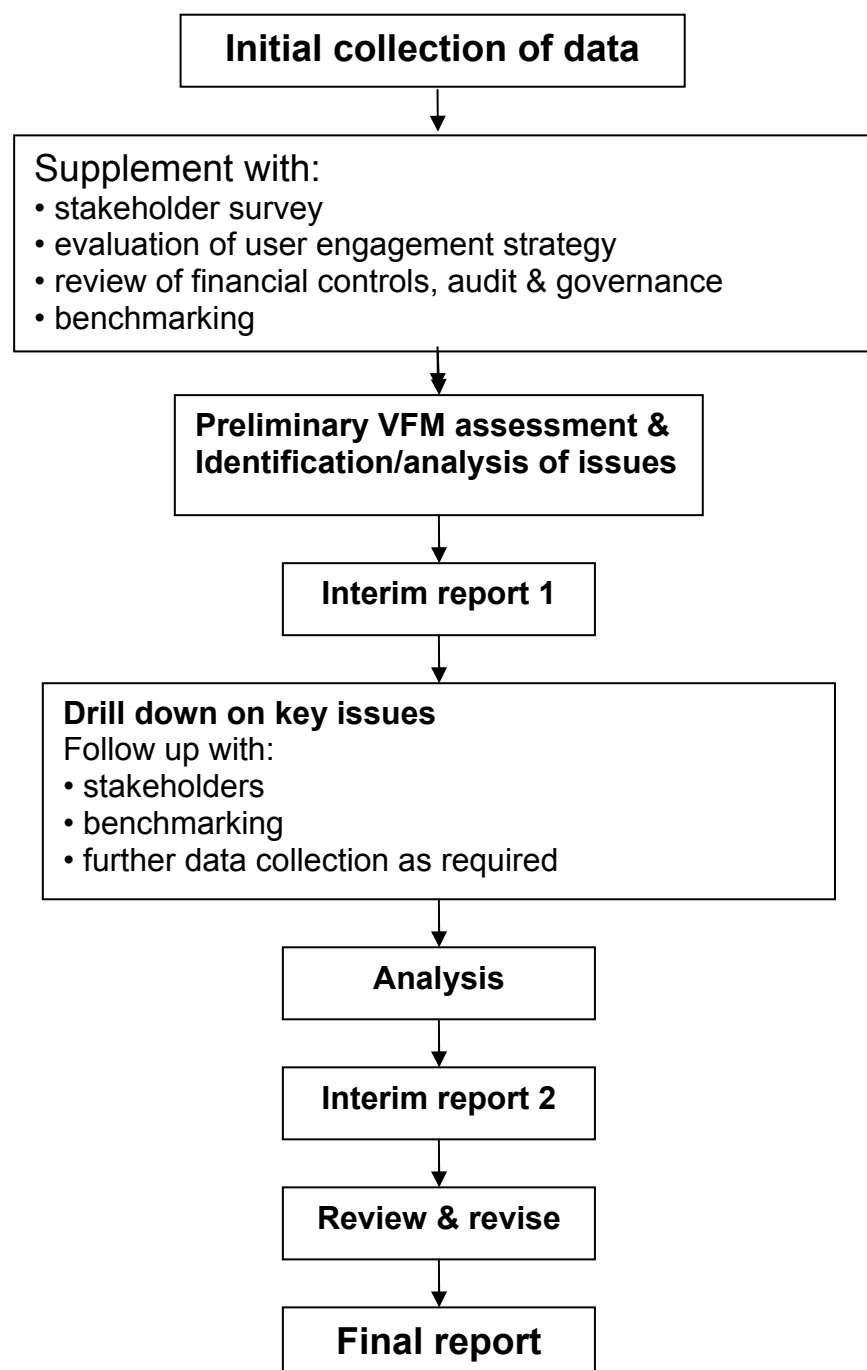
### 3 METHODOLOGY

#### Our approach

3.1 Annex 1 demonstrates how the methodology derives from the aims of the Review. The approach is summarised in the diagram below:

**Figure 1. Approach to the Review**

The approach starts broad and focuses onto key issues.



## **Research**

### ***Desk research***

3.2 Documents used in the review are listed at Annex 2.

### ***Stakeholder interviews***

3.3 A total of 63 stakeholders were interviewed, Annex 3. The list was agreed with the Research Advisory Group and was chosen to ensure views were gathered from the range of key categories of stakeholder in the drugs sector. The total of 63 (plus focus groups members) was higher than the number initially agreed for the review (60). However it is a sample, albeit a large one, of the organisations and individuals who have dealings with SDF. Their views, therefore, cannot be regarded as comprehensive. Interviewees came from:

- Scottish Government
- ADATs
- Voluntary sector organisations
- SDF staff and board members
- Police and criminal justice
- Academia

3.4 The interviews were semi-structured: their content varied according to the relationship of the interviewee with SDF, their background, and occasionally, practical constraints of the time they had available. The interview schedule is appended at Annex 4. Interviewees' comments on SDF's performance were included in the data analysis. Comments were used only if they were based on direct experience with SDF within the review period.

3.5 Interviews were analysed against the outputs set out in SDF's strategic plan 2006–09 and against a number of issues set out in the specification for this review. The codes employed are listed at Annex 5. Whilst the SDF strategic plan period is not the same as the review period (2004–08), it is the most recent exposition of what SDF aims to achieve. Ratings were assigned to what interviewees had said about particular areas on the basis of:

- Very positive – no negative was mentioned at all in relation to the area
- Positive – more positive than negative points mentioned with a single or minor caveat/s.
- Mixed – both positive and negative points mentioned
- Negative – more negative than positive points mentioned

All the coding of data and assignment of ratings was done by one member of the research team to ensure consistency as far as possible.

- 3.6 Where there were six or more comments on a particular area, individual ratings were brought together using weighted averages to give numerical scores. The terms 'very positive', 'positive', 'mixed' and 'negative' were then allocated to scoring bands. These terms are used consistently in this way throughout the report. This is not an exact science but it does give a reasonable indication of the areas where stakeholders felt SDF were relatively more effective and those where they felt they were relatively less effective.
- 3.7 This analysis was facilitated by use of Excel and provides a simple quantification of the qualitative stakeholder interviews. It is one element of the evidence we have used to identify where SDF's activities are viewed as being effective as well as where stakeholders perceived that they were less effective.
- 3.8 Sometimes points were made by fewer than six people. These points have been included if they were made by a minimum of three people. The points are explained in the text, but the standard terms above, "very positive" etc, are not used.
- 3.9 SDF staff and Board member views were excluded from the quantitatively based analysis described in paragraph 3.6, but have been included in qualitative analysis as appropriate.

### ***Focus groups***

- 3.10 Two focus groups of service users active in user involvement work were held. Most of the attendees were members of SDF user involvement (UI) groups. Further details are contained in Annex 6. These views are included in the qualitative analysis below.

### ***SDF National User Group***

- 3.11 A member of the review team attended a meeting of the SDF National User Group as an observer.

### ***Benchmarking***

- 3.12 Information from Drugscope, SAMH and CAIR Scotland has been used to provide context, appropriately caveated, for some of the results below.

### ***Research Ethics***

- 3.13 Annex 7 sets out consideration given to ethical issues relevant to the research.

### ***Key issues***

- 3.14 The key issues identified for more in-depth analysis (see Figure 1) were:
- value for money 2004/08
  - SDF's role in relation to 'The Road to Recovery' strategy
  - An evaluation of SDF's role in user involvement

## 4 GOVERNANCE

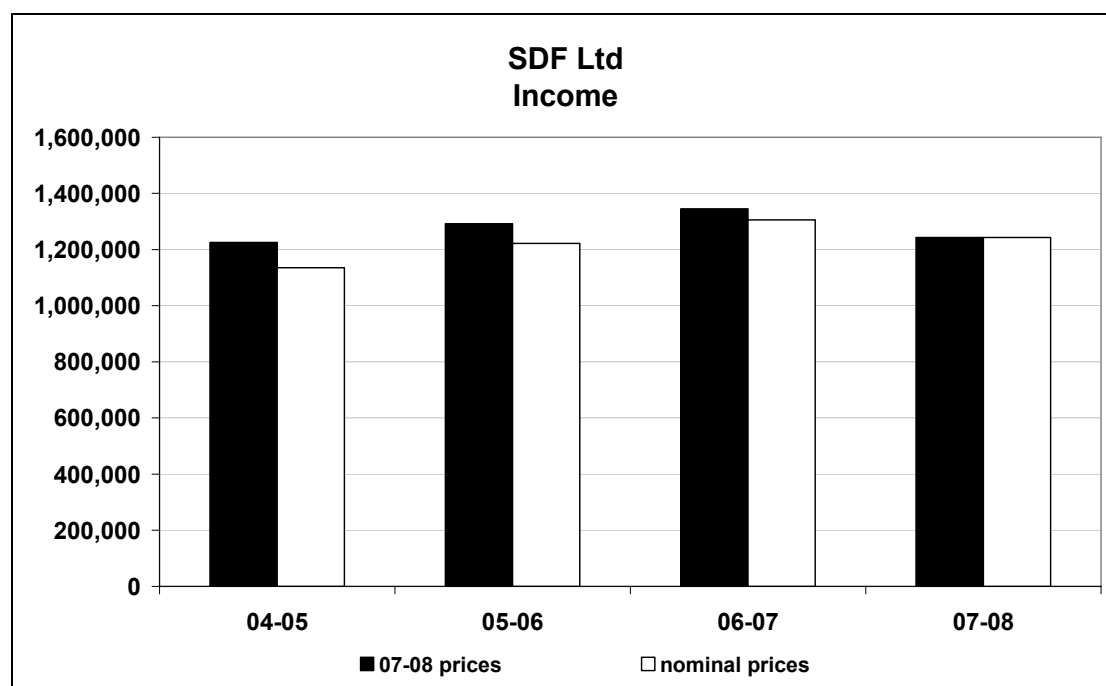
### Financial controls and audit

#### *Income*

- 4.1 Like most voluntary organisations SDF faces the perennial difficulty of attempting to deliver long term strategic aims within a series of short term and uncertain funding arrangements. It has done so following a period of rapid growth where gross turnover more than doubled in a 3 year period (2001 and 2004) and rose over 1.5 times in just 2 years (between 2002 and 2004). This period of rapid growth has greatly influenced SDF's accounting and financial systems, making it a far more rigorous, transparent and accountable organisation in all finance matters. The Board receives more timely and user-friendly reports that enhance its ability to understand the organisation's financial position and consequently where the main financial challenges facing the organisation may lie.
- 4.2 As Figure 2 shows, the rapid growth in income did not continue during the review period. Nonetheless, SDF did benefit from a real terms increase in funding. Total income was £4.9 million<sup>4</sup> for the 4 years to end 2007/08, £5.1 million in 2007/08 prices. This represents a 9.5% increase in total income between 2004/05 and 2007/08 or 1.5% if general inflation is excluded.

**Figure 2. SDF Income 04 – 08**

Income has risen slightly in real terms between 2004/05 and 2007/08



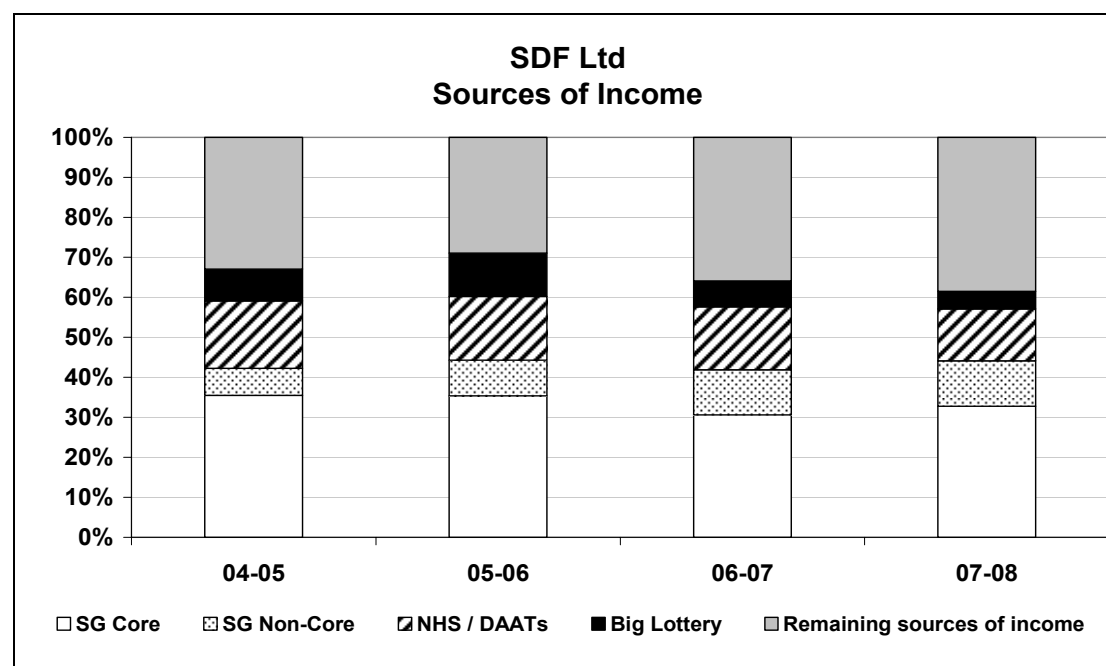
Source: SDF Annual Accounts

<sup>4</sup> Unless otherwise stated, all financial figures quoted are in money-of-the day or nominal terms (i.e. underlying inflation has not been excluded).

4.3 SDF's dependence on the Scottish Government for funding can be seen from Figure 3. In 2004/05 it contributed around 40% of all SDF income, £479k out of a total £1.13 million. By 2007/08 this had increased to almost 45%, £548k out of a total of £1.24 million.

**Figure 3. SDF Sources of Income**

The Scottish Government is the biggest single source of income for SDF

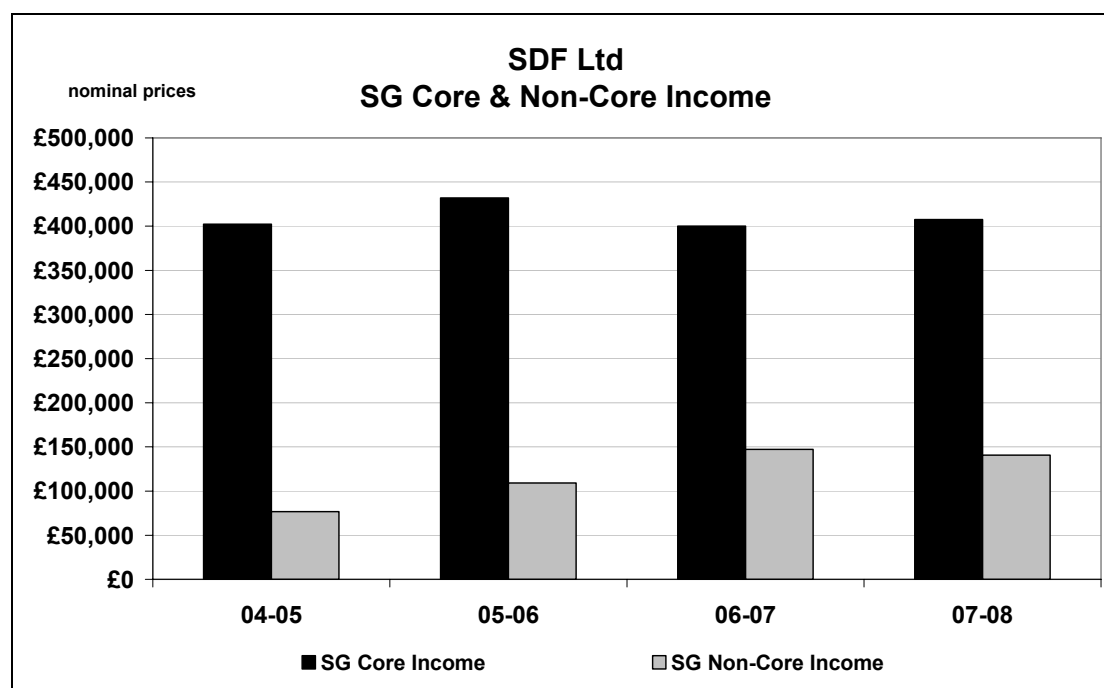


Source: SDF Annual Accounts

4.4 The growing importance of non-core Scottish Government income in this total is also worth assessing.

**Figure 4. Split of Core and Non-Core Income**

More of SDF's core costs are being met from non-core income



4.5 Income from the Scottish Government that contributes to SDF's core costs rose by only 1% between 2004/05 and 2007/08, from £402k to £408k. Excluding inflation, this represents a 6% fall over the review period and highlights the growing importance of non-core income from the Scottish Government to fund SDF's activities. In 2004-05 non-core income amounted to £77k and by 2007-08 this had risen 1.8 times to £141k.

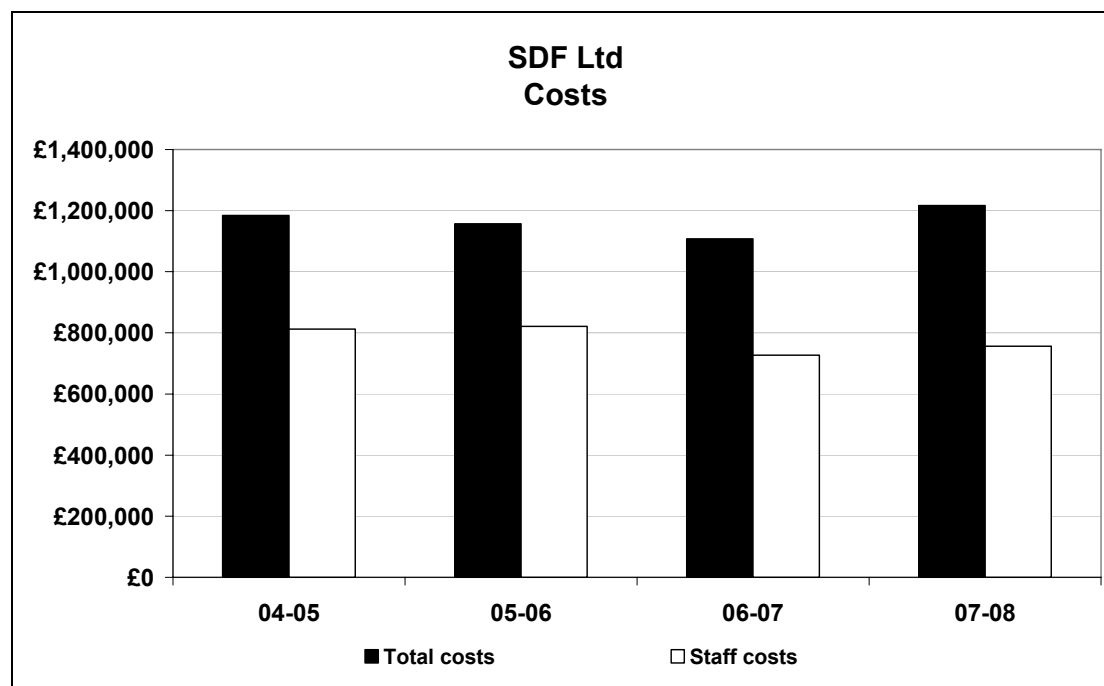
4.6 Membership fees amounted to a total of £60k over the 4 year review period, or £15k per annum.

### **Costs**

4.7 Over the same period the organisation's cost base has risen 2.7%, from £1.18 million in 2004/05 to around £1.22 million in 2007/08 (see Figure 5). Excluding general inflation, the organisation has delivered a 4.8% real **fall** in its total costs over the same period.

**Figure 5. SDF's costs 2004–08**

SDF's costs have risen slightly over 2004–08. Staff costs have dropped.



Source: SDF Annual Accounts

4.8 Staff costs have accounted for between two thirds and three quarters of all SDF costs, amounting to £756k in 2007/08 (see Figure 5). These costs have fallen by 7% over the period, or by 16% once the effects of general inflation are removed. This trend may suggest the new pay and grading system introduced in 2007 has been of assistance in keeping staff costs under tight control. Staff costs reached a high point of £822k in 2005/06 (£870k in 2007/08 prices).

### **Risk management**

4.9 The organisation does not have a formal risk register. However, it has undertaken a risk exercise within the last 3 years, reviewing all main organisational risks. This highlighted that SDF's HR processes were inadequate and left the organisation open to potential financial risks. The short term nature of SDF's funding and the low level of reserves it had accrued, meant SDF needed to be sure all HR processes were fit-for-purpose. Much of its funding no longer included an automatic uplift to cover wage increases but the pay-award system that was operating at the time meant SDF was carrying an unsustainable wage bill. As a consequence of this risk exercise SDF introduced a new HR system. It now has an appropriately qualified individual with responsibility for this area of the business and, at the time of its introduction, the new system was liP accredited. Cost considerations (i.e., an annual subscription charge of circa £3,000) means SDF has let the liP accreditation lapse.

4.10 The organisation is again looking to assess its key risks in the coming months (see below on key risks facing the organisation).

## ***Short and long term planning processes***

### ***Budgets***

- 4.11 Budgets are prepared annually, being assembled by the Finance Manager in the first instance on a 'zero-based' budgeting basis, i.e. no revenues are assumed to be guaranteed and therefore the budget aims to include only those revenue streams that have been formally approved and so are guaranteed to be paid. This more prudent approach to budgeting was introduced following funding shortfalls in the years prior to the review period; costs were being expended without incomes being adequately secured.
- 4.12 The annual budget is presented to and approved by the Finance and General Purposes (F&GP) Committee. The F&GP members are provided with a detailed income and expenditure statement accompanied by a detailed narrative. This narrative helps the recipients understand the key assumptions used to develop the budget and makes the sign-off process transparent and easier for non-accountants to fully understand. Management accounts are presented to each F&GP Committee and variances are presented and discussed. The minutes of the F&GP Committee are presented to the Board covering all financial matters. The Treasurer and the Finance Manager attend the Board to answer questions in advance of the Board approving the annual budget.

### ***Core/Non-core costs***

- 4.13 Core costs cover the following cost items:

- Staff costs for the Director, Head of Policy, Head of Information & Communications (I&C), an I&C Officer & Junior Officer (part-time), Head of Business Administration, an HR Officer plus 3 Admin Assistants
- Training costs
- Travel costs
- Subscriptions
- Insurance costs
- Professional Fees
- Glasgow property costs
- Post & telephony costs
- Office & computer supplies

- 4.14 SDF's total core costs cover national as well as regional activities (i.e. covering activities in the North, the East and the West) and in total amounted to just over £590k in 2007/08 (see Table 1). However, core costs classed as national by SDF were £31k more than the core income it received from the Scottish Government in 2007/08. Indeed, for all 4 review years, SDF recorded a deficit in its funding from the Scottish Government for these costs. Including SDF's



Regional core costs and incomes has helped reduce the overall deficit position to just under £20k in 2007/08.

**Table 1: SDF Core costs and revenues**

Core income does not cover core costs				
	07/08	06/07	05/06	04/05
Core Income (National) SG funded	407,500	400,000	432,000	402,375
Core Costs (National) SG funded	438,308	420,345	556,203	437,371
Surplus/(Deficit)	(30,808)	(20,345)	(124,203)	(34,996)
Core Costs (Regional)	152,184	146,130	84,831	81,656
Other Core Income (Regional)	66,644	66,155	66,330	67,259
Other income from projects	96,402	101,261	92,676	0
Overall Surplus/(Deficit)	(19,946)	941	(50,028)	(49,393)
<b>Summary SDF Core Costs &amp; Income</b>				
Total SDF Classified Core Income	474,144	466,155	498,330	469,634
Total SDF Classified Core Costs	590,492	566,475	641,034	519,027
Other Income from projects	96,402	101,261	92,676	0
Overall Surplus/(Deficit)	(19,946)	941	(50,028)	(49,393)

- 4.15 Assuming the organisation follows a similar pattern of budgeting in the future, the deficit position on its national Scottish Government funded core activities would suggest it will become even more dependent on non-core funding to support core activities. Although some core costs could be eliminated, there will be a minimum cost base that will have to be funded irrespective of what income is generated.
- 4.16 Non-core or project based activities have helped fund a percentage of SDF's core management & admin costs, travel costs, property costs (rent, rates & insurance), post & telephony, office supplies and professional fees. This type of arrangement not only helps SDF fund its core costs but also offers a cost-effective means of delivering one-off or short-term projects. Instead of having to fund a separate organisation that has to fund the full cost of, for example, an office and all the associated on-costs, project sponsors need only provide sufficient resources to cover a charge that is equivalent to the marginal cost of being co-located with SDF core activities.
- 4.17 The original grant submission to the Scottish Government for the period 2004–08 made no mention of project income as likely revenue source. The target allocation SDF now seeks to raise from each non-core project is anywhere between 7.5% and 15% depending on what the individual project budget can carry.

### **Financial safeguards**

- 4.18 The Treasurer is a counter-signatory to all cheques and sees most (if not all) purchase orders. Given the demise of cheques and the rise of internet banking this internal check on funds flowing out of the organisation is effectively lost. The payroll system, for example, operates through internet banking. To counter what may appear to be a more risky operation, the organisation makes use of more external audit checks to reassure the likelihood of fraud remains low.

- 4.19 The Treasurer provides a challenge function to the Finance Manager whilst also offering guidance in the non-executive director role. The Treasurer has seen a marked improvement in the quality of financial management and feels the organisation is now far more professional and transparent in its management of financial affairs. This relationship has been a powerful one for the organisation but the Board perhaps needs to discuss the long term implications of this arrangement.

### ***Planning and consultation with members***

- 4.20 The organisation has a formal corporate planning process that seeks to involve not only internal management but also the wider membership, its funders and stakeholders. The Board is key in setting the plan and determines what the longer term objectives and aims should focus on through an understanding of the views and wishes of its members and what the Scottish Government is looking to implement over the plan period. The Board sets the 3 year plan, which in turn is the basis for SDF's submission to the Scottish Government for core funding for the plan period.
- 4.21 The strategic plan sets out agreed aims which are reflected in outputs and associated targets. It also states a series of 'key strategic objectives'. These are not explicitly linked to outputs and targets. This break in the 'golden thread'<sup>5</sup> may reduce the likelihood of making progress on them.
- 4.22 Intelligence is developed via the use of focus groups and stakeholder meetings. Email is used to enable wider consultation and the consultation process is furthered through discussion and debate that happens at various SDF-run conferences, formal training sessions and user involvement groups.
- 4.23 There is inevitably a wide variation of views on some issues and SDF seeks to take forward the consensus view. Where consensus does not exist SDF seeks to inform those with views at variance, to ensure an informed and mature position is arrived at. Discussion relating to harm reduction was an example given that highlighted how SDF deals with more extreme views. Those seeking to argue against the consensus position were brought round through education and information.
- 4.24 The organisation believes it has very good links with senior civil servants across a range of Divisions. Such links are seen as being extremely important, affording SDF a route to influencing policy and providing the organisation with a strong steer as to where future Scottish Government funding is likely to be targeted.

### ***Monitoring performance***

- 4.25 The Board receives regular updates on activity via the Director's Report. This does not track performance against the strategic plan. Monitoring reports are sent to all relevant funders to show performance against targets. However, the Board is not asked to review such reports in advance. As a consequence, it is

---

<sup>5</sup> The 'Golden Thread' is the explicit linking of an organisation's aims, objectives and priorities to its activities, and performance measures. A sound, unbroken golden thread means the organisation is planning robustly and checking systematically to see if its work is achieving its objectives.

not clear how the Board formally reviews performance against targets either annually, or at the time when individual and core funding arrangements are being re-assessed.

### ***Accountability to membership processes***

#### ***F&GP Committee and Board***

- 4.26 The current Board (Management Committee) is 15 strong with a Chair, Vice-Chair and Treasurer. The Memorandum and Articles of Association requires that the Board should comprise no more than 18 and no fewer than 12 members. The quorum for the Board is set at 7 with a majority voting system in operation. The Board can establish sub-committees as it sees fit and pass on matters more appropriately dealt with at sub-committee level. The Finance & General Purposes Committee (F&GP) is such a sub-committee which reviews and decides primarily on finance and HR matters.
- 4.27 The F&GP Committee comprises 6 members from the Board. Practice has it that all Board members are eligible to sit on the F&GP Committee but a membership of 6 is thought adequate for effective decision-making. It is also thought necessary to have suitably qualified members sitting on the Committee i.e. having relevant finance and HR knowledge. Currently, the Chair and the Treasurer provide the relevant finance and HR expertise alongside their general challenge function to the Director and the executive.
- 4.28 There are no formally documented standing orders for the F&GP Committee although the Board has set the F&GP quorum to be 3. It is not clear should the two key members be absent, whether the Board would deem any business concluded to be wholly competent (*see below for discussions on risks*). Having said that, the Board and F&GP Committee have operated effectively for some considerable time and there is no evidence of inappropriate decision-making having taken place.

#### ***Board composition and succession planning***

- 4.29 Over the review period SDF's Board has comprised 28 different members. Seven, i.e. 25%, have been long term members and have been on the Board for the full term of the review period. The posts of Chair and Treasurer have been held by the same member for each of the 5 review years. There have been 3 holders of the Vice-Chair post. There have been only 7 separate members of the F&GP Committee in this time, with the Chair and Vice Chair of the Board consistent members. Between 2004/05 and 2007/08, the F&GP Committee membership did not change, with the same 6 members holding their positions on the Committee. The Director has been in post for the full term of the review period.
- 4.30 Stakeholder views of the Board members are practically all positive. The high degree of continuity in the key posts of Chair, Treasurer and Director brings with it significant benefits where access to networks, formal and informal, extensive knowledge of the sector and good links with key funders are critical to SDF's financial security and its ability to deliver on objectives. However, whilst continuity is beneficial, effective succession planning is critical to minimise the downside of any key personnel leaving without sufficient warning.

It is also important that the organisation has sufficient external challenge to ensure its views and ideas remain fit-for-purpose.

### ***HR systems and processes***

- 4.31 The F&GP Committee approved a move away from the Scottish Joint Council (SJC) system of pay and grading in 2007 to ensure SDF was able to recruit and retain suitably qualified personnel, but to do so within the limitations of its funding arrangements. Much of SDF's funding does not automatically include an uplift to cover in-full all pay awards and pay increases. As highlighted above, the organisation was facing severe financial pressures early in the review period but still had to pay substantial pay awards under the SJC system.
- 4.32 The new pay and grading system was devised with assistance of external consultants. It involved regrading all jobs and placing individuals in an appropriate job grade. Benchmarking was also undertaken using small (albeit in the main at the larger end) voluntary organisations akin to that of SDF to help set the appropriate salary bands.
- 4.33 The new system gives the organisation greater flexibility when setting pay awards whilst also giving the staff greater certainty, as they no longer need to wait until the Scottish-wide SJC rates are negotiated and agreed. It is felt the system now ensures SDF compares favourably with the sector. Any pay system needs to be sufficiently flexible to ensure good staff are retained, ensure mobility for those who are effectively developing for the good of the organisation whilst not being overly generous and so acting as a block to people moving on when appropriate.

## **Conclusions and recommendations**

### ***Sources of funding***

- 4.34 SDF has a high reliance on the Scottish Government for funding, both for core activities as well as on a project basis. There was no evidence that such a financial position is inappropriately influencing SDF's views. However, the Board may wish to consider if, as funding gets harder to secure, such reliance has the potential to undermine SDF's long-held role as the impartial voice of the sector.

### ***Core funding***

- 4.35 The Scottish Government's core funding does not cover all that SDF classifies as core activities. The shortfall is made up of contributions that come from other projects the organisation is successful in securing. This is not an uncommon approach to funding in the voluntary sector. However, as budgets get tighter and competition for scarce funds grows, SDF needs to be aware that such project contributions may be harder to secure. Each lost project means the contribution required from the remaining non-core activities will rise, potentially undermining their individual viability. The current financial and budget controls have been structured in the light of this potential downside. Securing funding from as wide a source as possible is a key task across SDF. However, as the organisation plans for the next 3 years, it will need to ensure that chasing

necessary funding does not undermine the organisation's ability to deliver what its membership expects, a challenge facing most voluntary organisations dependent on statutory bodies for their funds.

- 4.36 It is perhaps now more than ever essential that the Board has an agreed view on SDF's core activities. This will give it a better understanding of its actual core costs and therefore what level of on-going funding SDF requires to deliver its planned objectives without over reliance on project funds and/or on scarce cash reserves.

### ***Internal audit***

- 4.37 There is no formal internal audit function. The current Treasurer's finance background ensures the finance function is challenged on key areas, e.g. major purchases, financial controls etc. However, should the current Treasurer leave, a suitably qualified replacement would be required. This places a major responsibility on a non-remunerated part-time Board member and suggests there is a need for some contingency planning in the interim.

### ***F&GP Committee and Board arrangements***

- 4.38 The F&GP Committee undertakes significant decision-making on behalf of the Board. In particular, it approves the annual pay awards. The Board can comment on such decisions but members are not asked to vote. Whilst having a suitably qualified and tightly managed Committee can mean more efficient decision-making, it is the Board which is ultimately responsible for the actions and decisions of the F&GP Committee. Individual Board members have collective financial responsibility. If the current Chair and Treasurer were not present, would the Committee have the skills that justify the finance and HR issues being passed to it from the Board?
- 4.39 There is no indication that the current arrangements are not sensible and adequate for effective and safe decision-making. However, the Board may wish to consider whether it needs to regularise the current arrangements for the future operation of the F&GP Committee. Given the importance of both finance and HR issues to the sustainability and effective performance of the organisation, the Board may wish to assess the current arrangement whereby more of the details on these areas currently reside with F&GP Committee members.

### ***Board monitoring arrangements***

- 4.40 The Board is provided with updates on activity at each meeting. It does not formally approve any performance reviews submitted by the organisation to its funders. Where specific issues arise, these are highlighted at an F&GP Committee meeting.
- 4.41 A key function of the Board is to ensure the organisation is delivering to its objectives. It is not clear how the current arrangements ensure the Board is suitably involved in this key role. Without formally reviewing the outputs and outcomes of the organisation, the Board may well struggle to determine which areas are having greatest impact, which parts of the organisation may be

struggling and/or out-performing or where performance may leave some funding streams more vulnerable, should they be subject to review.

- 4.42 It is also not clear how they can effectively monitor the executive team's collective performance in delivering to pre-set output targets. As a consequence, the Board may wish to consider how best to establish a formal review process for assessing SDF's future performance. This is dealt with further in Section 5, below.

### ***Succession planning***

- 4.43 With no formal succession planning the organisation is dependent on the Chair, the Treasurer, the Director and key staff remaining in post. The Board may wish to consider if there is a real risk of all long term post holders leaving at the same time or in close succession, thus leaving the organisation vulnerable at a time when funding constraints may limit possible solutions.

### ***Recommendations***

- R1 The Board needs to establish an agreed view on SDF's core activities, to give it a better understanding of its actual core costs and what level of on-going funding SDF requires to deliver its planned objectives (without over reliance on project funds and/or on scarce cash reserves).
- R2 As part of its planned assessment of key risks facing the organisation, SDF should consider:
- if, as funding gets harder to secure, reliance on Scottish Government funding has the potential to undermine SDF's long-held role as the impartial voice of the sector
  - succession planning in relation to key staff and Board positions and contingency planning in the event of a number of people leaving these positions around the same time
  - the current arrangement whereby significant decision-making powers and detailed knowledge on finance and HR issues currently reside with Finance and General Purpose Committee members.

## 5 PERFORMANCE IN PROVIDING VALUE FOR MONEY 2004–2008

### What is meant by value for money?

- 5.1 Value for Money (VFM) analysis considers the question of whether more impact can be achieved for the amount of money spent. To examine this, VFM analyses consider:

• Economy	Is the price paid for different inputs, e.g. staffing, premises, reasonable and in line with that achieved by other organisations?
• Efficiency	What are the unit costs (i.e. £/output) and how do they compare with that achieved by others in a comparable role?
• Effectiveness	Do the outputs lead, or contribute, to the desired policy outcomes?

- 5.2 VFM analyses, ideally, require firstly good data on costs, inputs, outputs and outcomes; and secondly ‘counterfactuals’ – what would have happened in the absence of the policy. Good value for money in relation to SDF would show it was better than any alternative delivery option either because it was more efficient and/or more effective in delivery of objectives for the same level of inputs with quality remaining undiminished.

- 5.3 The data available to this review are more limited and there are no directly comparable benchmark organisations. This means that it is not possible to compare SDF’s performance with others on a strictly like-for-like basis, and that benchmarking data must be used with caution. The approach taken supplements the quantitative analysis on economy and efficiency with an analysis of delivery against targets and priorities set out in SDF’s 06-09 Strategic Plan; and an analysis of stakeholder views of effectiveness. This gives a more rounded picture of performance than a purely quantitative value for money analysis would. The section is set out under the following headings:

- Inputs and economy – staffing and premises (paras 5.4 – 5.7)
- Outputs and effectiveness
  - Delivery against targets set out in the 2006–09 Strategic Plan (paras 5.8 – 5.14)
  - Delivery against 2006-09 Strategic Plan priorities (paras 5.15 – 5.17)
  - Interviewee views of effectiveness on planned outputs from SDF’s Strategic Plan 2006–09 (paras 5.18 – 5.35)
  - Outputs, outcomes, efficiency and effectiveness for specific areas of work (paras 5.36 – 5.77)
- Conclusions and Recommendations (paras 5.78 – 5.99)

## **Inputs and economy – staffing and premises**

- 5.4 The number of staff working at SDF during 2007/08 was 21. The total staff costs were £753k, which is over 60% of total costs. The average employment cost per employee is almost £36k. This is almost the same<sup>6</sup> as average employment costs per employee of Drugscope, although it is based in London and so might be expected to have higher costs. SDF feels that it operates in a different manner to Drugscope with more of its staff operating externally at a strategic level. Average employee costs at SDF are 64% higher than those at SAMH at £21,905. SAMH however is a much bigger organisation than SDF with 750 staff. It is a service provider and so might be expected to have more, lower-paid operational staff than SDF.
- 5.5 The pay and grading review during 2006/07 established new salary ranges. For the professional and manager grades, the new ranges were set in the upper quartile of the employers SDF had benchmarked against. Most (17 of 21) of SDF staff are on these grades. The salary range for administrative grades was in the upper half of the benchmark sample and the support range was in the lower half.
- 5.6 The 2007/08 salary (excluding pension contributions) of the Director at SDF lies in the range £51–£55k. This is substantially less than has been paid for the equivalent posts at both SAMH and Drugscope whose salaries lay between £70 and £80k. The salary of the Director at SDF is 40–44% higher than the Head and Regional Manager posts that report to him.
- 5.7 The second biggest area of expenditure relates to premises. SDF altered its premises in 2006/07. The appraisal carried out at that time showed moving to the Mitchell Street premises meant premises costs would rise to £45.6k per annum compared to £36.4k per annum for the Waterloo Street office. However, the new premises offered SDF more flexible space and, with some sub-letting and renting of spare capacity, the net additional cost was estimated to be £5,600 per annum. Moreover, had SDF remained in the Waterloo Street premises, the annual rent was likely to increase following the periodic review that was due. Consequently, the net additional cost of Mitchell Street was viewed as being reasonable given the greater flexibility it offered SDF.

## **Outputs and Effectiveness**

### ***Delivery against targets set out in the 2006–09 Strategic Plan***

- 5.8 The 2006–09 Strategic Plan for SDF sets out four aims:
- to support an improvement in the quality of all responses to drug use in Scotland.
  - to improve the general level of understanding and awareness of drug issues among practitioners, drug users, their families and the wider community.

---

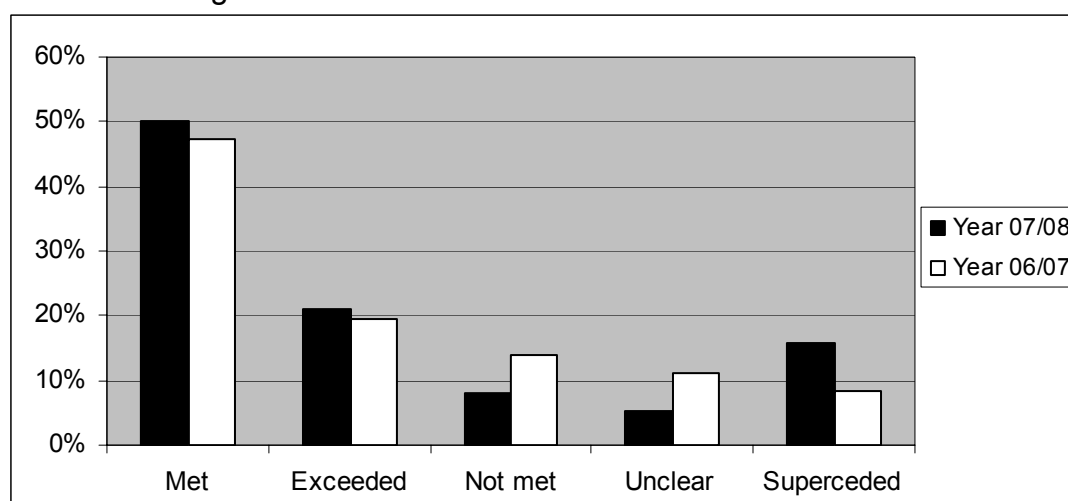
<sup>6</sup> SDF £35,846, Drugscope £36,003



- to act as a forum to develop and promote common responses to issues of concern and to represent SDF members.
  - to develop SDF's capacity in line with existing and new demands.
- 5.9 Each aim leads to a number of 'outcomes' e.g. to support empowerment of communities to respond to drugs problems, which in turn have 'outputs' and targets.
- 5.10 Each year SDF submits a review of activity to the Scottish Government outlining progress made against each of these targets. This is not reviewed by the Board prior to submission. The reviews for 2007/08 and 2006/07 include quantified outputs. The review for 2005/06 does not, and so has not been included in the analysis below. An overview of performance covering similar information to that included in the review of activity is included in SDF's annual accounts. Delivery against targets is detailed in Annex 3.
- 5.11 SDF met or exceeded most (71%) of its targets during 2007/08 and almost two thirds (63%) of its targets during 2006/07 (see Figure 6). A small minority (8%) of targets were not achieved in 2007/08; this was down from around 14% in 2006/07.

**Figure 6. Achievement against targets in 2006–09 Strategic Plan**

SDF achieved almost three-quarters of its delivery targets in 2007/08 and almost two-thirds during 2006/07.



Sources: SDF Strategic Plan 2006–09; Reviews of Activity for 2006/07 and 2007/08, SDF submission to review team, March 2009; SDF comments on 2<sup>nd</sup> interim report. .

- 5.12 Targets missed or unclear in **both** 2006/07 and in 2007/08 were related to:
- work with people on drug treatment and testing orders (DTTOs) and the Scottish Prison Service (2006/07, 2007/08)
  - target to publish 10 bulletins per year – 8 and 9 were achieved respectively in 2006/07 and 2007/08
  - support for networks dealing with young people.
- 5.13 There are some issues with the targets. Firstly, it is not possible to tell from the reports if some targets have been met or not (the unclear category in Figure 6).

Secondly, a number of targets which were superseded during the course of 2006/07, were retained for 2007/08. Thirdly, most targets remained the same over the two years, including some which might have been expected to increase, to reflect that they had been exceeded by some margin during 2006/07. Fourthly, some targets conflate different elements which meant that a target could be met, without achieving the different elements within it.

5.14 These issues are not unusual but do reflect scope for the Board, staff and the funders of SDF to tighten up on performance management in future.

### ***Delivery against 2006-09 Strategic Plan priorities***

5.15 The strategic plan lists 8 'key strategic priorities':

- assisting in delivering effective community engagement and empowerment
- supporting the implementation of the Scottish Government's drugs deaths action plan
- promoting good practice and assisting improvements in service quality
- assisting the development of effective responses to the emerging problems with stimulants, particularly cocaine
- assisting the development of family focused services
- assisting the development of a closer linkage between treatment and care services and communities
- assisting improved working between criminal justice agencies and treatment and care services
- continuing to develop SDF as a membership organisation.

5.16 These priorities are listed at the start of the plan, which then goes on to set out targets in relation to each of the four aims. How the priorities will be taken forward is unclear – they are not explicitly linked to outputs or targets in the plan. This gap also means that progress on priorities is not reported back to the Scottish Government.

5.17 An analysis by the review team of which outputs and targets would appear to help to deliver the strategic priorities is shown below in

Figure 7. This analysis suggests that progress was made on six of the eight priorities; the exceptions being development of family focused services and improved working between criminal justice and services.

**Figure 7. Progress against key strategic priorities set out in Strategic Plan 2006–09.**

During 2007/08 progress was made on most strategic priorities.

<b>Key Strategic Priority as listed in Strategic Plan 2006–09</b>	<b>Outputs listed in Strategic Plan 2006–09 that appear linked to priorities.</b>
Community engagement and empowerment	<p>1(a) 2 Capacity Building of community groups – target exceeded.</p> <p>1(a) 4 Participate in ADAT meetings &amp; sub groups, maintain regular communication with all (22) ADATs – participation target met; communication with all ADATs target not met.</p> <p>1(a) 5 Support development of 5 drug forums &amp; and maintain regular communication with all (30) drug forums – targets met.</p>
Implementation of drugs death action plan	1(a) 3 Critical Incidents training to users & carers <sup>7</sup> – target exceeded.
Promote good practice and assist improvements in service quality	<p>1(a) 10 Run 20 training days each year – target met.</p> <p>1(a) 11 At least 5 user surveys each year – target met.</p> <p>1(a) 12 – Ten agencies worked with per year, capacity building – target not met – funding had ceased.</p>
Assist development of effective responses to emerging problems with stimulants, particularly cocaine	<p>3(a) 22 Deliver six seminars each year – target exceeded.</p> <p>Included 3 seminars run on alcohol/cocaine and conference on benzodiazepine.</p>
Assist development of family focused services	No links to outputs and targets apparent.
Assist development of closer links between treatment and care services and communities	1(a) 7 Work with three services each year to develop community interface of treatment providers – target met.
Assist improved working between criminal justice and treatment and care services	1(c) 13 Work with DTTOs and SPS to support service improvements – target not met.
Continue to dev SDF as a membership organisation	<p>3(c) 25 Delivery consultations with membership – three undertaken.</p> <p>3 (c) 26 Support member networks – voluntary sector target met, others, e.g. needle exchange workers, arrest referral, agencies working with young people, not met or position unclear.</p>

Sources – SDF Strategic Plan 2006–09; Review of Activity 2007/08.

### **Interviewee views of effectiveness on planned outputs from SDF's Strategic Plan 2006–09**

5.18 Interviewee views are noted below. Figures in brackets are the number of responses on particular points. No judgement is included if there were fewer than 6 responses on a particular point.

<sup>7</sup> Data refers to Nov 2007–Nov 2008

*Aim 1. To support an improvement in the quality of all responses to drug use in Scotland*

5.19 This aim covers most of SDF's operational areas: training, UI work, work with ADATs and community planning partnerships and so on. Interviewees were:

- Very positive on – critical incident training (8)
- Positive on – training for community groups and drug forums (13); support and develop UI groups/UI surveys/commissioned research (31); promote the development of employability services for people with drug problems (10)
- Mixed on work with ADATs to support effective community engagement (8).

5.20 The critical incidents, UI work and AWTP are dealt with in more detail below (see Critical incidents training, Regional user involvement (UI) work and AWTP, respectively).

5.21 The picture with ADATs appears variable, depending on the perceptions of the performance of current or previous SDF staff members in different areas.

5.22 Views on employability generally were influenced by knowledge of the AWTP work. Interviewees were very positive about that, although noting it was expensive (ADAT stakeholder). Several stakeholders questioned SDF's locus as a direct service provider, with one ADAT stakeholder saying that other agencies were dealing with much larger numbers and at lower costs. Another said *"their work has broken down barriers in terms of agencies' perceptions of former addicts' abilities"*. (Proactive stakeholder)

5.23 SDF's work on naloxone comes under this heading. SDF feels that it played an important role in the Lanarkshire and Glasgow pilot projects. Five interviewees and a number of user involvement volunteers commented positively on this aspect of their work. SDF's impact report prepared for the review team states that there had been 17 successful uses of naloxone in Glasgow area.

*Aim 2. To improve the general level of understanding and awareness of drug issues among practitioners, drug users, their families and the wider community*

5.24 This aim covers the databases of services, media contacts, and publication of bulletins. Interviewees were:

- Very positive on the bulletin (15) and information service (7)
- Mixed on the databases of services (6) and on undertaking a range of work with the media (10)

5.25 Nearly all responses regarding the bulletin were very positive. Three dissenting views mentioned lack of coverage of residential rehabilitation (VCS drugs stakeholder), information from outwith the central belt (Police stakeholder) and that the bulletin was available only in hard copy (VCS drugs stakeholder).

5.26 Interviewees were very positive about the information service. One interviewee from the voluntary sector said that SDF was *"very good assisting them with*

*enquiries*", another from the same sector saw SDF as *"an information hub for Scotland"*.

5.27 The Scottish Directory of Drug Services received more mixed views with some finding it very helpful and others questioning if it had been marketed enough.

5.28 Views on how effective SDF was at handling media were mixed. On the one hand, there is praise for the inputs, on the other, views from a range of sectors that SDF needed to be more proactive. However many people from all sectors mentioned that a strength of SDF was that it always put forward the users' points of view and that was essential.

*Aim 3. To act as a forum to develop and promote common responses to issues of concern and to represent SDF members*

5.29 This aim covers seminars, participation in government working groups, work with the Scottish Association of ADATs (SAADAT) and consultation with members and development of member networks. Interviewees were:

- Very positive about SDF's seminars (6) and about its participation in government working groups (15)
- Positive about delivering consultation responses from the membership (13)

5.30 Seminars were very positively viewed by stakeholders from all sectors as important sources of information. A small number of interviewees (SDF and volunteers) commented adversely on quality of organisation of the seminar on stigma.

5.31 SDF's quality of input to Scottish and UK government working groups was seen as positive and frequently praised; SDF was seen as effective in what one stakeholder referred to as a 'critical friend' role:

*"They do inform those high level groups positively and usefully and bring in frontline perspectives".* (ADAT stakeholder).

5.32 Members (8) were generally positive about being consulted when SDF responses were developed whilst noting that they often put in responses from their own organisations as well:

*"they ran very useful groups when the strategy [The Road to Recovery] was being developed".* (NHS stakeholder)

*"I am a member – they are good at consulting"* (Academic stakeholder)

5.33 However there was a minority (5) of negative views about SDF consultation responses from a variety of sources. These related to the tone and standpoint of the responses:

*"I was surprised by the Welfare Reform Submission. It read like a polemic ...if you are trying to engage Government, then it needs to be measured."* (VCS drugs stakeholder)

5.34 Another felt that the approach put forward in response to the consultation on 'Road to Recovery' was *"never going to happen, it was a self-indulgent approach"*. (SG stakeholder). The response was criticised by an ADAT

interviewee who said it was “*poorly researched and poorly put together.*” The same interviewee however commended the fact that SDF had highlighted the link between poverty and drug use again in the document.

*Aim 4. To develop SDF’s capacity in line with existing and new demands*

- 5.35 This aim covers effective financial control, staff management and the need to develop funding proposals in line with the strategic plan. None of the three outputs within this aim were commented on by six or more interviewees.

***Outputs, outcomes, efficiency and effectiveness for specific areas of work***

*Regional user involvement (UI) work*

- 5.36 Three of the UI projects running over 2007/08 were considered in detail: Perth & Kinross, Highland and Lanarkshire.<sup>8</sup>
- 5.37 Income sources varied, but included Lottery funding, ADAT and SDF reserves. Objectives were to set up and maintain user involvement groups which would (1) undertake peer research work to provide feedback to services and (2) act as a stepping stone for volunteers to progress to e.g. employment, further education or training. The Perth & Kinross work included setting up a carers’ group.
- 5.38 The numbers of volunteers involved varied widely, for example the Lanarkshire group involved a total of 16 over the year 2007/08, but this had dropped to three by early 2009, partly due to staffing changes. Highland operated with a total of 16 volunteers and Perth & Kinross with 6 during 2007/08.
- 5.39 The costs of each project are for a development officer and office and administrative support. Costs varied from £46k in Perth & Kinross, to £56k in Lanarkshire. Costs per volunteer involved varied from £3.3k in Highland, to £7.7k in Perth & Kinross. These bald unit costs do not however reflect that the groups also delivered a total of 5 peer research reports including one national survey during 2007/08. Neither do the costs reflect inputs by volunteers to planning groups.
- 5.40 What is achieved for this activity varies. A number of peer research reports were delivered to services and planning groups, and were valued. However, it is unclear how many volunteers moved on to employment/volunteering/education and training opportunities. For example an ADAT funder of the work could not tell from monitoring information whether e.g. a small number of people had achieved multiple outcomes (e.g. secure tenancy, volunteering and part-time education) or a larger number of people had secured single outcomes. It is clear that some people do move into further education, employment and training and volunteers clearly gained in confidence and developed a range of skills.

---

<sup>8</sup> Performance information for earlier UI work in Glasgow was not available, and so analysis of outputs and efficiency was not possible for that work. Qualitative information on UI work in Glasgow is given below, paragraphs 5.43 – 5.45

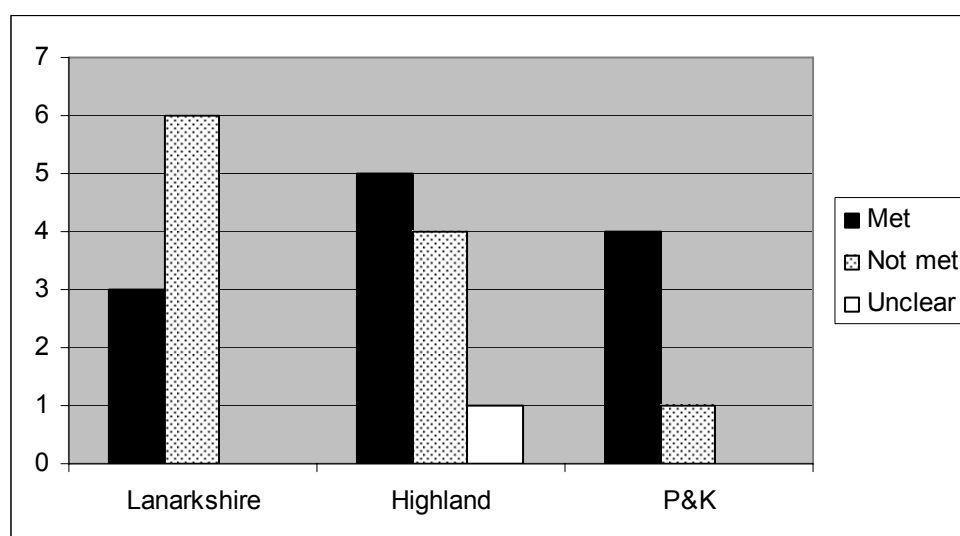
5.41 In quantitative terms, agreed targets for this work were not met well. Of the total of 24 targets apparent for Highland, Perth & Kinross and Lanarkshire for 2007/08 (Figure 8):

- 12 were met
- 11 were not met
- it was unclear whether the remaining one was met or not

5.42 Targets not achieved included delivery of peer research reports and numbers of people progressing to employment or further training. Delivery in Lanarkshire was affected by staffing changes there during 2007/08. SDF has also expressed reservations (via comments on the second interim report) about some of the targets there, feeling in particular that the numbers of referrals and volunteers projected by the funders were aspirational. Delivery in Highland was judged more favourably by the ADAT than the monitoring reports to the New Opportunities Fund would suggest. Their view was that SDF had met or exceeded their expectations in over 80% of their work areas.

**Figure 8. Achievement against target for regional UI work during 07–08**

Half of the quantitative targets set for regional UI work during 2007/08 were achieved.



Sources: Lanarkshire Involvement Group Annual Report 2007/08; Highland New Opportunities Fund Annual Monitoring Report Feb 2007 – Feb 2008; Perth & Kinross Impact Report, April 2008; SDF submission to review team regarding Highland targets, April 2009.

#### *Glasgow user involvement work*

5.43 SDF's user involvement work started in Glasgow some years ago and the group there produced a number of valued pieces of work including on needle exchange, pathways to employment and nutrition and diet. The model changed in April 2008 when SDF, working with Alcohol Focus Scotland, was commissioned by the Greater Glasgow & Clyde Drug Action Team to oversee the development and implementation of the strategy for user involvement. The focus of the work is much more on supporting services to develop their own



user involvement than to run a city wide user involvement group, which SDF had previously done.

- 5.44 SDF employs a user involvement manager and officer on this work, at a total cost of circa £91k for the period April 08 – March 09.
- 5.45 There are no quantitative targets set for the current work. SDF said it had tried to incorporate targets relating to inputs and outputs/outcomes but that they had not been included in the agreement.

*Stakeholder views on user involvement work*

- 5.46 Volunteers involved in SDF UI groups felt that they had benefited personally in the following ways from participating in UI work:
- Increased confidence
  - Training
  - A good reference attesting to reliability
  - Feeling of achievement
  - Something to focus on
  - Respect from others
- 5.47 Volunteers praised one SDF development officer in particular for her commitment, knowledge and her open-mindedness in considering new approaches (a volunteer had suggested using cognitive behavioural therapy in their work and the development officer was investigating it). One said: *“she has a good background – in homelessness and prescribing and she is so committed”*. Members of the UI group credit this worker with turning round a situation where no services in the area asked users for their feedback, to one where services, taken aback by the honesty of the peer research and the extent to which it differed from what was being said to doctors and key workers, were asking for more work to be done. This assessment was echoed by the relevant ADAT.
- 5.48 Current SDF volunteers thought the peer element of their research was one of the most important aspects. They felt strongly that it is easier for a drug user to speak more honestly to someone who has shared a similar experience. They also felt that anonymity of responses promoted more honest feedback. They also saw value in being able to be a positive role model to people who were still living chaotically.
- 5.49 The model was seen by members of one local SDF group as more powerful than an advocacy model whereby a volunteer acts as an intermediary between a service user and the provider or key worker. It was felt that the research work changed things. It showed services honest feedback – *“the truth”* – which was totally different to what key workers and doctors were being told.
- 5.50 The users consulted were generally very positive about SDF’s interaction with them in both the local and national groups.

- 5.51 ADAT staff offered different views of the work. In one case the funder was very satisfied with the results of the research and said it was due to the sound work of the development officer. In his view, *“the information I get from service users is unique and that alone is worth the investment”*. In another, there was concern about staffing changes and slow recruitment and a clear view that SDF had not delivered.
- 5.52 A repeated concern from ADAT interviewees related to perceptions of SDF’s inflexibility in approaching user involvement:
- One ADAT said *“SDF attitude was that as a national organisation they had a format ....something that works in the centre of Glasgow where lots of drug users congregate in one area – this approach doesn’t work in what is essentially a rural area”*. This ADAT stopped the SDF UI work early as they felt that they were not getting value for money.
  - A second said: *“They seem fundamentally opposed to the model they have been engaged to work on...”*.
- 5.53 ADAT interviewees recognised that involving problematic drug users is challenging and implies constant support and contact. Nonetheless, stakeholders found uncertainty about the stability of UI groups problematic:
- “Effectiveness fluctuates – they haven’t had a consistent group but every now and then they’ve had a good, useful, productive group. They’ve had difficulties in keeping the group going. They’ve prioritised it, rightly, and done their very best.*
- I need to have the confidence that I can go to them and ask for views. If I don’t have that confidence that they are there and working well, that will inhibit me approaching them.”* (NHS stakeholder)
- 5.54 The role of SDF national staff in the management of local projects was commented on negatively in three instances. Issues raised were perceived lack of knowledge of the local context, and the effectiveness of providing managerial support from national HQ to locally based staff.
- 5.55 Views from non-ADAT interviewees were mostly positive about SDF’s UI work, e.g. *“One of their particular strengths is that they’re quite heavily involved in UI – they provide a direct link for Scottish Government with the user and that’s of huge benefit”*.
- 5.56 Some, from the voluntary and government sectors, felt that SDF’s UI groups gave a partial picture in two ways. Firstly, that it (with the exception of Perth & Kinross) did not reflect carers’ views and secondly, that it reflected SDF’s own views. On this latter point, staff involved in the UI groups were clear that users took the lead in peer research work.
- 5.57 The Director of SDF feels that the organisation has learned lessons from the UI work in different areas. These concern the importance of having tangible and widespread support from services, and that SDF needs to assess feasibility of the work prior to accepting funding. He and the Head of Business, Finance and

Administration confirmed that SDF has not carried out a formal performance review of its UI work.

#### *AWTP*

- 5.58 The Addiction Workers Training Programme (AWTP) trains people with a history of substance misuse to be addiction workers. The project was set up in 2004 with funding from the New Opportunities Fund, the Robertson Trust and Scottish Enterprise Glasgow, supported by the Greater Glasgow & Clyde Drug Action Team. Additional funders for 2006 were the Greater Glasgow Alcohol Action Team and Glasgow Community Regeneration Fund.
- 5.59 The Programme won Best Practice Initiative of the Year and came runner-up in the Education Initiative of the Year categories of the inaugural Herald Society (newspaper) social care awards in 2008.
- 5.60 The AWTP lasts one year for a participant and there is an additional three month period of aftercare support for all trainees who begin the training, regardless of whether or not they complete the course.
- 5.61 The AWTP cost for 2007/08 was circa £231k. This equates to a cost per person completing the programme of circa £13.5k and a cost per person into employment of circa £15k.
- 5.62 Over the three years between 05 and 08, a total of 46 people started the programme. Of these, 40 (87%) completed it and 35 (75%) went into employment. Trainees' views reported in an independent evaluation were very positive, (Figure 9). People interviewed were positive about the AWTP.

## Figure 9. Views of trainees about the AWTP

Trainees felt that the AWTP was an excellent programme and made a big difference to their lives.

Trainees were asked to rate the difference that the AWTP had made to them on a scale of 1 to 5 where 1 represented no difference and 5 represented a very large difference. The mean score for year 2 trainees was 4.7 out of 5, and 7 trainees rated the benefit to them as 5 out of 5. For year 3 trainees it was slightly higher at 4.8 and 8 trainees rated the benefit to them as 5 out of 5.

Trainees were also asked to give the AWTP an overall score out of ten where 1 represented poor and 10 represented excellent. The mean score was 9.3 out of 10, with half of the year 2 cohort awarding the programme top marks. This fell slightly in year 3 to 9.0 with 3 trainees awarding 10 out of 10.

The quotes below were typical of the trainees' views:

*"It helped very much to improve my self esteem."*

*"Learning new skills, gaining a qualification and confidence & self esteem, and also friends."*

*"Opportunity training, practical work experience."*

*"The support and the route back into an organised life."*

*"The support was 'fantastic' – I am now in a full time job, I believe I would not have done this without coming onto the course."*

Source: Addiction Worker Training Programme Evaluation, Final Report, August 2008. FMR Research, for Greater Glasgow & Clyde Drug Action Team

### Benchmarking Employability Work

- 5.63 The AWTP aims to help trainees find employment as addiction workers.
- 5.64 Cost per person moving into employment of AWTP is circa £15k, (2007/08 figures) and over three years, 75% of people starting the programme have moved into employment.
- 5.65 Cost per person involved in the three regional UI projects is between £3.3k and £7.7k and roughly between a total of 30–40 are involved at any one time in the three regional projects looked at.
- 5.66 It is hard to find direct comparisons for these programmes, particularly the UI work because of its dual purpose – their unit costs are based on volunteers involved, but they also deliver peer research reports. Some context for looking at these figures is given below.
- 5.67 CAIR Scotland runs the ECLIPS Moving On service for the Tayside ADATs. Most of its clients have already been involved in services to address psychosocial issues and to help stabilise them i.e. they serve clients similar to those involved in SDF's AWTP and UI groups. Year to date figures for 2008–09 as at 24 March 2009 were:
- Clients who came onto the ECLIPS programme during the year – 193

- Clients who left the ECLIPS programme during the year to move onto further education, training, employment or volunteering – 122 (63%)
  - Budget is £276,731
  - Unit cost per person involved is £1,433
  - Unit cost per person achieving a positive outcome is £2,268
- 5.68 SAMH runs a variety of programmes which aim to help people with mental health problems and problem drug use to move onto employment, training or education. Their costs per person involved range from £2,388 to £6,831.
- 5.69 SDF has provided benchmarking figures on the success of similar programmes i.e. for former substance users wishing to work in social care. No costs are given in the document. Employment rates for the projects, two in Scotland and one in England, are between 68% and 85%.

#### *Critical incidents training*

- 5.70 The Critical Incidents Training programme has run since October 2004. The training aims to inform people about what to do if they suspect that a person has overdosed. Programmes are delivered to groups of drugs users, volunteers in user involvement groups and carers. The programme consistently exceeds its targets of training courses run, despite the targets being increased each year from 25 in 2004/05 to 44 in 2007/08.
- 5.71 The total number of people directly trained in 2007/08 was 562, an increase of 75% on the previous year's total. During 2007/08, nearly half the courses were 'train the trainers' with the intention that attendees on these courses would then cascade the information to others. SDF estimates that around 1200 people received cascaded information.
- 5.72 The Scottish Government funded the cost of this work: during 2007/08 it totalled circa £62k. This gives a cost per person directly trained as £110. Including those estimated to have received cascaded training, the cost per person trained comes to £52.
- 5.73 There is no quantitative evidence of outcomes in this work i.e. numbers of lives saved as a result of the training – such data would be impossibly hard to obtain. However, the Critical Incidents Training officer at SDF reports two known successful uses of the training and the work was viewed very positively by interviewees with a number mentioning unprompted that they were sure it will have saved lives.

#### *Contribution to Policy*

- 5.74 SDF contributes to policy via its involvement in a wide range of working groups and also via responses to consultations. It has also been involved in Ministerial meetings.
- 5.75 There is a split view from interviewees in this area. On the one hand interviewees are very positive about the effectiveness of SDF's contributions to working groups, yet on the other hand, SDF's effectiveness at influencing policy making at national level is viewed negatively.

- 5.76 Views from government, i.e. from the people who were responsible for development of policy were negative. SDF contributions to 'The Road to Recovery' consultation were felt by one stakeholder to be "*over-simplistic*"; by another as "*out of touch*". Speaking about a number of interactions with Ministers and senior civil servants, another interviewee felt that "*they always said that that would need money, rather than e.g. take a more imaginative approach about how to negotiate to do things differently or how to change attitudes*". These views were echoed by responses from other, non-governmental stakeholders in relation to the tone and content of responses to consultations (see paragraphs 5.33 and 5.34 above.)
- 5.77 Views from others not directly involved in Scottish Government policy development were positive. They saw that SDF was involved in a range of working groups and so concluded that their involvement in development of policy at top level, was also positive. This is a reasonable assumption to make given that nearly all who worked with SDF staff on working groups saw their effectiveness there as very positive. So to that extent SDF is effective, but when it comes to detailed responses, both written and in bilateral Scottish Government/SDF meetings on policy, the picture is more negative.

## **Conclusions and recommendations**

### ***Inputs and economy***

- 5.78 The relatively high level of costs per employee reflects the high proportion of staff at SDF on professional and manager grades and the fact that these salary ranges appear more generous in relation to benchmarks than either the Director's or the administrative and support ranges. The relatively large gap between the salary of the Director and Heads/Regional Manager could suggest an over-reliance on the Director in the operation of SDF. The costs of premises appear reasonable.

### ***Outputs***

- 5.79 SDF's delivery against targets overall seems reasonable, although targets were not updated each year and could have been more stretching in some instances. SDF's delivery against targets in local UI projects is not as good.
- 5.80 'Key strategic priorities' are not translated into targets. This keeps them off the twin radars of the annual review of activity and the annual report, meaning that neither the Board, nor the Scottish Government, has a way of tracking progress on them. However, mapping what has been delivered on specific targets against the key strategic priorities does show that progress has been made on six of the eight.

### ***Outcomes and effectiveness***

- 5.81 It is possible to come to some conclusions on SDF's effectiveness by looking at both delivery against target and stakeholder views.

*Aim 1 – supporting an improvement in the quality of all responses to drug use in Scotland.*

- 5.82 Training work is well regarded here, particularly the critical incident training which is a clear strength and consistently exceeds targets.
- 5.83 Work to support communities to respond to drugs problems via e.g. ADATs, community based groups and drugs forums shows a more mixed picture. Performance against some targets here is unclear or not met, and no progress is evident in the performance reports relating to the key strategic priority of assisting the development of family focused services. More positively, this area of work includes a training post funded by Scottish Government to provide training and support to a range of family support and community groups throughout the country, which has exceeded targets. Interviewees involved in ADATs have mixed views about SDF's effectiveness in their localities. Annex 3 on delivery gives a flavour of the patchy geographic coverage of this work. This illustrates the almost impossible task SDF faces in achieving simultaneous wider geographical coverage given its staff numbers and budgets.
- 5.84 User involvement work has been a traditional strength of SDF's work, noted by a number of interviewees. SDF's delivery on local UI targets is not good however and ADAT funders of the work have mixed views of its effectiveness.
- 5.85 AWTP is seen as effective and its delivery hits targets. However see points below (paragraphs 5.95 and 5.96) regarding cost-effectiveness.
- 5.86 Work with the criminal justice system is a key strategic priority. Yet a target relating to it has been missed in each of the last two years. Nonetheless interviewees from SPS rated their work with SDF positively.
- 5.87 SDF's work on naloxone is viewed by interviewees as important and good.

*Aim 2 – to improve the general level of understanding and awareness of drugs issues among practitioners, drug users, their families and the wider community.*

- 5.88 Interviewees commented frequently that it was necessary to get the users' points of view heard in the media and it was generally felt that SDF had responded well to media enquiries over a number of years. Media work hits its targets, but there is concern that it is not proactive enough. This is reflected in the mixed views of stakeholders. Are the proactive briefings targets too low?
- 5.89 Bulletin and seminar delivery both missed targets in the last two years. Nonetheless, they are very much valued with both viewed very positively by interviewees. They are a clear strength of SDF.

*Aim 3 – to act as a forum to develop and promote common responses to issues of concern and to represent SDF members.*

- 5.90 Participation in working groups is viewed very positively and hit targets. It is a strength of SDF.
- 5.91 Consultation responses provoked strong views. Some liked the tone of particular SDF inputs, whilst others felt the tone and content of some were not the most effective way to try to influence government. The challenge here is to be effective in representing members' views whilst at the same time

understanding and responding to the constraints on what government is likely to be able to do. There are choices here for the SDF Board to make in the tone of their responses in the future and also in how inclusive of a diversity of views they wish to make their responses.

- 5.92 Support for members' networks appears to meet targets in terms of numbers, but not in breadth of work: there appears to have been no support for agencies working with young people.

*Aim 4 – to develop SDF's capacity in line with existing and new demands.*

- 5.93 Targets here were all met although they were not stretching. Some views questioned the effectiveness of managerial support to regionally based workers.

### ***Unit costs (i.e. efficiency) and cost-effectiveness***

- 5.94 Unit costs of the UI work vary widely, reflecting the different numbers of volunteers involved in different groups. In the light of (a) benchmarking information above, (b) a record of mixed delivery on regional UI targets and (c) mixed views expressed by ADAT interviewees, there is a strong case for a full review of SDF's UI work: its purpose/s, costs, management support and flexibility of approach.

- 5.95 Costs per person into employment from the AWTP look high in the context of the benchmarking information available to us. Their success rate looks comparable to other projects dealing with similar clients.

- 5.96 It may be a case of other services benefiting from economies of scale – SDF has a very small operation in employability work compared to many other providers. The limited benchmarking information on costs (see 4.7-4.8, above) suggests that SDF and its funders might want to review its methodology and costs to see what additional benefits may be generated as a consequence of apparently higher unit costs and whether similar success rates could be achieved at lower costs, by SDF or potentially by others.

### ***Performance Management***

- 5.97 Performance management is not as tight as it should be. Aims are linked to specific outputs and targets, but priorities are not. This breaks the 'golden thread' that links what SDF wants to achieve with how it will do it, and how it will know if it has worked or not.

- 5.98 Targets do not appear to be systematically reviewed each year and whether they have been achieved or not is unclear in some cases. The Board does not receive a systematic report back on performance against the strategic plan. At the time of writing (March 09), the mid year review of activity in 2008/09 required as a condition of the Section 16b funding from the Scottish Government, had not been received.

- 5.99 In the light of increased pressure on funding, the emphasis on outcomes in 'Road to Recovery' and the findings of the Audit Scotland report, Drug and Alcohol Services in Scotland, SDF, both staff and Board, and its major funders, should improve performance management in future.



### ***Recommendations***

- R3 SDF should conduct a full review of its UI work: its purpose/s, costs, management support, risk assessment and flexibility of approach.
- R4 SDF and its AWTP funders should seek further benchmarks on costs and outcomes for the AWTP; and use that information to help ensure that the AWTP is as cost- effective as possible.
- R5 SDF should improve its performance management arrangements to ensure that priorities are properly reflected in the strategic plan; that performance is reviewed by the Board; that targets are appropriate and reviewed fully annually and that performance achieved against targets is set out clearly.
- R6 SDF should increase the amount of proactive media work it undertakes. This need not necessarily involve mainstream media. In general, SDF may want to consider whether its use of its website and of online communication can be expanded.
- R7 SDF should consider how to increase its effectiveness in contributing to policy. This should include consideration of approach in both written and meeting based opportunities.

## 6 SDF'S FUTURE ROLE IN RELATION TO 'THE ROAD TO RECOVERY'

- 6.1 This section outlines the views of stakeholders external to SDF on the organisation's contribution to developing the drugs strategy and its role going forward in the context of 'The Road to Recovery' strategy.
- 6.2 Interviewee views are included if there were six or more responses on an issue. Figures in brackets refer to the number of stakeholders. Where a direct quote from a stakeholder is included, the sector (in terms of the categories used in the List of Stakeholders, Annex 3) to which the person who commented belongs is noted.

### Development of 'The Road to Recovery' Strategy

- 6.3 A total of 15 stakeholders commented specifically on SDF's contribution to the development of the current drugs strategy. It should be noted that the majority of those who commented did so in terms of their approval or otherwise of the content and manner of SDF's input, rather than seeking to judge how much influence it had exerted on the direction of policy.
- 6.4 The majority (9) of individual responses were generally positive:

*"They did share comments and observations from members – I think they made a decent contribution."* (Police stakeholder)

*"They have long been arguing the need for an integrated approach: working on the self-defined problems of the user in a holistic way, not just administering treatment. It was very helpful to get that view into the system and it's now reflected in the new strategy."* (NHS stakeholder)

*"I have never seen SDF as being anything other than constructive."* (Police stakeholder)

*"They engaged positively, raised concerns and made interesting points about the state of the workforce."* (NHS stakeholder)

- 6.5 The remainder of the comments were mixed.
- 6.6 Stakeholders' views in relation to SDF's effectiveness in contributing constructively to policy and in dealing with Ministers are covered in *Contribution to Policy*, paragraphs 5.74 – 5.77 above.

### Implementing 'The Road to Recovery'

- 6.7 Once analysed, the average score for responses by 35 stakeholders to the question on the implications of 'The Road to Recovery' strategy for SDF's role was mixed. Within this there was a spectrum of views from positive to negative in relation to SDF's potential to contribute to implementation. The biggest single group of comments were mixed.

## **Focus**

- 6.8 General comments about SDF's role going forward included the suggestion (11) that it needs to reconsider and clarify its role, with a view to defining its USP and/or making best use of its resources:

*"The organisation may need to refocus on selected areas of drug use, because the issues have perhaps gone beyond their capacity in the organisation's current form."* (SG stakeholder)

*"SDF will need clarity re what its unique role is within the marketplace."* (CJ stakeholder)

- 6.9 A tighter focus could also assist with the organisation's need to be able to demonstrate outcomes:

*"They're not clear on their purpose.... Should focus on 3–4 areas and they should also be measured on outcomes."* (ADAT stakeholder)

## **Coverage**

- 6.10 At the same time, some concerns were expressed about how comprehensively SDF covers the whole of the drugs sector, or its geographical reach.

- 6.11 One theme was that the organisation's perspective was too narrow, for example it did not encompass children and families:

*"They look at the user as a drug user rather than as a person in society. They need to have contact with childcare services, health etc – but they are siloed."* (SG stakeholder)

*"They have a very narrow focus. SDF do not speak for family/children's services – e.g. the social worker whose caseload is packed with drug related issues. Priorities should be all those who are significantly affected – communities and families are vital to recovery."* (VCS drugs stakeholder)

- 6.12 The challenges facing an umbrella organisation in linking in at local level across the whole of Scotland were also mentioned in the context of the Concordat:

*"The focus is now much more on the LA level. Therefore the task for an umbrella organisation becomes quite complex in trying to understand 32 different outcome agreements, especially in the context of lighter touch reporting. It's more difficult to know where things are going wrong on the ground – and harder to get that intelligence."* (VCS [other] stakeholder)

## **ADPs**

- 6.13 The issue of national coverage was raised as an implication of the new delivery framework, with stakeholders – particularly, but not exclusively, ADAT stakeholders – noting that the focus of delivery and accountability will be on the Community Planning Partnerships and their Alcohol and Drugs Partnerships. This raised questions as to SDF's role in the new structures and how it can stretch resources to be involved across the whole of Scotland.

*“They need to look at the structure and the practice of [working at local level].... If SDF is to engage with local communities, they need to engage with the substance forum in every area; there are representatives of community groups, carers and providers on these. A crucial group to engage with at local level.”* (ADAT stakeholder)

- 6.14 Another theme was the changed ways of working that will be required by all partners, including the adoption of more open and transparent ways of working in partnership:

*“SDF have contributed over the years. But they need assistance to focus in the future and on how they operate. They need to be clearer in terms of accountability, outcomes and transparency.”* (ADAT stakeholder)

- 6.15 There is an expectation that the new delivery framework will seek to bridge historic divides between alcohol and drugs work:

*“More and more joint work with alcohol will be needed, so more joint work between AFS and SDF will be needed.”* (ADAT stakeholder)

- 6.16 It may be that exploring closer partnership working and forms of collaborative working could offer one option for SDF in seeking to cover the new structures effectively.

### **Co-ordination**

- 6.17 Some stakeholders suggested that a more strategic co-ordinating role could usefully be carried out by SDF:

*“They should tackle the current competitiveness in the sector. There is a difference between collaboration and competition. We need to work smarter and better together. SDF could have a key role in working out who could deliver and evaluating outcomes.”* (VCS Drugs stakeholder)

*“A map of who does what would be helpful. We’re doing a similar scoping exercise within criminal justice – who does what, and then look for effective ways of working; therefore who’s best placed to offer what, and get agreement on that. People will have to be prepared to give up doing some things for the sake of greater effectiveness across the board.”* (CJ stakeholder)

- 6.18 There was also some support for the role of arbiter or ‘honest broker’ in relation to disseminating good practice:

*“They should see if they could become an honest broker of sharing good practice. Maybe they do that through training but I don’t know.”* (VCS drugs stakeholder)

### **Recovery**

- 6.19 In relation to recovery, a mental health stakeholder endorsed *“with nuances and caveats”* the relevance of the principles of recovery as developed by people with mental health problems to problem drug users. One of these

caveats was that it has to evolve from the bottom up and cannot be imposed from above.

6.20 A spectrum of views was expressed about ‘the recovery agenda’, from suspicion that it represents a shift away from harm reduction, to the view that *“what is striking and forgotten is that work in Scotland is progressive and advanced.”* The predominant tone was that *“SDF has to emphasise the **road** part of ‘The Road to Recovery’”.* (Academic stakeholder)

6.21 It was suggested by 8 stakeholders that SDF has an important role in bringing forward examples which illustrate the great diversity in what recovery might mean for different individuals in different contexts; and helping to temper unrealistic expectations which could be held by people who are distant from the realities of problem drug use.

*“We need to be realistic and SDF can perhaps provide some balance about what success might look like. E.g. guard against expecting that everyone will be moving on to employment, especially now in the situation we find ourselves in. Acknowledge that small steps could be significant for people.”* (Police stakeholder)

6.22 In the context of the recovery strategy, 9 stakeholders saw an important part for SDF to play in challenging perceived public attitudes that demonise drug users. This was an element of promoting change in the dominant culture. Undertaking more proactive media work was seen as one way in which SDF could contribute.

*“One of the things that I think is missing is to inform a wider public debate and engaging the media with that.”* (VCS drugs stakeholder)

*“They could do more to be the public voice, especially in a proactive way. The Director is often quoted in response to negative headlines; I would like to see SDF promoting the good things that are happening, proactively.”* (NHS stakeholder)

6.23 A great many respondents cited SDF’s role in representing the customer, or user, in the development and implementation of ‘The Road to Recovery’ as very relevant to the strategy: users’ feedback on successful interventions, essentially what has helped or hindered them, is critical to a developing a way forward that achieves better outcomes. The view from the mental health field is that recovery is not just about services, but rather represents a different paradigm in which service users are at the centre of driving cultural change. The implications of the new strategy for the approach to user involvement are explored in Section 7.

## **Services**

6.24 There was significant support for SDF to be involved in driving up the quality of services<sup>9</sup>.

---

<sup>9</sup> SDF has recently been awarded significant funding over 4 years by the Big Lottery Fund in order to deliver a Quality Development Programme for Drug Services. Working with at least 120 services over the life of the project, this will produce better quality services and improved partnership working.

*“My worry is that some services will respond to the different strategy by saying that they are already doing it. SDF should challenge that view. It is NOT the case that services are currently operating in accordance with ‘The Road to Recovery’. The greatest threat to the strategy is if services think they are already doing it.*

*The interpretation that ‘The Road to Recovery’ is all things to all people is the greatest risk to it. If that view pervades there will be an important role for SDF and others to ask, in more pointed way, what indeed is different now.”* (Academic stakeholder)

6.25 The NQS were seen as a tool in achieving this:

*“The overarching priority must be NQS: I am not fussed what paths people choose in accessing support but it is the good quality of the service that is important. SDF need to have a national strategy on quality and research who has implemented the standards. Research has shown that quality is key to recovery.*

*‘Road to Recovery’ offers an opportunity to review and benchmark the quality of services people receive. SDF should be involved in getting services to think about how they achieve that.”* (CJ stakeholder)

### ***Independent voice and role as sector intermediary body***

6.26 Several stakeholders (7) spoke of the importance of the continuation of an independent sector voice being funded by Government and a maturity in that relationship: on the one hand, an acceptance of the legitimacy of its occasional role as a critic and on the other, SDF’s need to be *“balanced, measured and make an informed intervention”*:

*“I think it is very important that SDF or any equivalent body is able to act independently. We have some of that. On a subject like drugs, however, if SDF is performing well, there will be critics and that is part of the nature of the beast.”* (UK stakeholder)

6.27 Many stakeholders, including those from the voluntary, statutory and academic sectors, value SDF’s contribution to policy development. SDF’s role as a critical voice for the voluntary sector and service users in policy processes is cited often in interview. One described this role as being able to *“speak truth to power”*. (UK stakeholder)

6.28 Nine stakeholders specifically talked about the role of a sector intermediary body. The challenge of being able to link in at local level was raised again in this context, with the suggestion that consideration of new ways of working in collaboration with other voluntary sector bodies would need to be considered.

6.29 It was noted that there can be tensions for an intermediary body between seeking to be fully representative of the range of members’ views and the need to put forward a strong message. A Scottish Government stakeholder commented that the drugs sector could be *“a minefield”* with various tensions and people taking different positions and that *“SDF do have a difficult task to walk through that minefield and be credible both to the grassroots and officials*

*in the Scottish Government. I think sometimes our expectations of organisations are too high.”*

## **Conclusions and recommendations**

- 6.30 Stakeholders confirm the value of having an intermediary body for the drugs sector and place particular importance on its ability to be a voice which is independent of government.
- 6.31 It is one of the organisation's strengths that SDF is recognised as having championed a focus on the need for drug use to be considered in its broader social context.
- 6.32 More proactive media work has been recommended following the findings of the value for money analysis. There is support for more proactive media work especially to counter prominent voices putting forward a different message. This could add a further dimension to SDF's role in promoting attitude change and tackling stigma.
- 6.33 There are particular challenges for national umbrella organisations in responding to the greater emphasis on the local level in planning, commissioning and performance management. The co-ordination and information functions become increasingly important for their memberships and sectors. New ways of working and greater use of up to date communication tools may be required in order to carry these out effectively and efficiently. SDF has already on occasion employed Survey Monkey for consulting its members, and it may want to consider whether use of its website and online communication can be expanded. This has already been touched upon in Recommendation 6.
- 6.34 There are concerns about the quality of services in the sector and how service improvement can be driven. There is a suggestion that SDF could play a role through a more strategic co-ordination function to assist this. The place of user involvement in service improvement is discussed in the next section.

## **Recommendations**

- R8 SDF should maintain its focus on the need for drug use to be considered in its broader social context and ensure that it is reflected going forward. SDF also has an important function in providing space for discussion on continued development and implementation of 'The Road to Recovery' strategy and in setting out examples that illustrate the diversity of what recovery can mean in the lives of individuals.
- R9 Feedback from stakeholders suggests this is an appropriate time for SDF to review its role and specific locus in relation to the new drugs strategy; and indeed that such a review may be essential in the context of changes in its operating environment.
- These changes relate not only to 'The Road to Recovery' strategy but also to the new delivery framework, the Concordat and the new financial setting. SDF will need to consider how it can respond in order to operate most

effectively as a national organisation which requires to be involved at local level. SDF should review its work at local level via e.g. ADATs, community groups and drugs forums and define what its core business is.

- This review should also include consideration of organisational structure and staff responsibilities; the rationale for prioritising greater involvement in some areas than others, and how this will be kept under review; opportunities for increased reach through formal or informal partnership working with voluntary sector drugs and alcohol organisations.



## 7 SDF'S FUTURE ROLE IN USER INVOLVEMENT

### Introduction

- 7.1 An evaluation of SDF's engagement with users was identified as one of the key issues for closer scrutiny in the review. It is the subject of particular consideration because of the views expressed by stakeholders that this is a 'unique selling point' of SDF and because of the importance of the role in the new policy and structural environment.
- 7.2 This section considers the implications of review evidence gathered for SDF's future role in this area.
- 7.3 SDF's user involvement work sits primarily under its first strategic aim "to support an improvement in the quality of all responses to drug use in Scotland", whilst also informing the other strategic aims. The objectives under the first strategic aim are:
- To support the empowerment of communities to respond to drug problems
  - To ensure that service providers and policymakers are fully aware of the interests and concerns of those affected by drug use
  - To assist the development of high quality services
  - To promote service development/service changes to meet unrealised human and social potential of people with drug problems
  - To undertake research and audits which assist in improving the response to drug use.

### **SDF's UI model**

- 7.4 SDF's UI model is outlined in an article written by the Director and West of Scotland Manager of SDF, published in 2008<sup>10</sup>. It describes the development of a model "that focused extensively on peer/social research". The key overall aim of the SDF UI model is to aid an improvement in the quality of specialist drug services.

*"The work involves undertaking peer surveys, presenting findings to relevant authorities and then seeking service changes.*

*Focus groups are also held to gain more in-depth feedback from service users, often following individual interviews."*

- 7.5 The benefits of the model cited include greater honesty from survey respondents, since both the interviewers and interviewees are current or former drug users; and the opportunity for the group of users conducting the surveys to quickly develop a representative overview, rather than an individual perspective, of issues facing problem drug users. SDF reports that this model

---

<sup>10</sup> Liddell, D. and Brand, B. 'Developing a model of user involvement in social research in Scotland', in Anker, J. (ed.) et al, *Empowerment and Self-organisation of Drug Users*, Amsterdam, Correlation Network.

has provided a focus and direction for its UI work which assists in the maintenance of active groups.

- 7.6 One of the weaknesses in the model acknowledged in the article is that “there is no certainty that planners and/or providers will respond positively to the survey findings”.
- 7.7 Other strands of work undertaken by SDF UI volunteers include seminar presentations, focus group work, user representation on working groups and input to service planning process at local level.
- 7.8 SDF has a User Involvement Volunteer Handbook which provides guidelines for volunteers on:
- SDF purpose and value
  - SDF UI model
  - Joining the UI Group: eligibility criteria
  - Group activities
  - Roles and responsibilities
  - Policies
- 7.9 The policies cited are Volunteer Policy (which in practice is covered by the Volunteer Handbook since it is only in its UI groups that SDF uses volunteers); Disclosure Scotland Policy; Complaints Policy and Insurance Policy. The review team has received copies of the following:
- Policy on Protecting Vulnerable People
  - Policy on the Recruitment of Ex Offenders
  - Policy on Secure Handling, Use, Storage & Retention of Disclosure Information
- 7.10 It was confirmed with the Director and Head of Business, Finance and Administration that SDF has not carried out a formal performance review of its UI work.
- 7.11 Evidence from stakeholders (paragraphs 5.37 and 5.43) suggests that in 2 locations (Glasgow and Perth & Kinross), SDF’s user involvement work has developed in somewhat different ways in different locations, in line with the specification of local commissioners.

## **Research findings**

### ***The central role of people with drug problems in the recovery strategy***

- 7.12 ‘The Road to Recovery’ describes recovery as ‘an aspirational, person-centred process’, which incorporates the principle that ‘recovery is most effective when

service users' needs and aspirations are placed at the centre of their care and treatment'.<sup>11</sup>

- 7.13 It was emphasised by stakeholders with experience of the recovery approach in the mental health field that this requires a fundamental shift in thinking, whereby the emphasis goes beyond the individual in the context of treatment or a service, to encompass the individual in their social setting:

*"Recovery takes place in communities, and in families. Therefore you need to look more widely, at transport, employment, access to kids, public attitudes etc."* (VCS [other] stakeholder)

- 7.14 The focus is not solely on the individual but also includes the collective empowerment of people with mental health problems to influence strategic planning, commissioning and the way in which services are organised and provided; and their involvement in challenging public preconceptions about mental illness. There is a strong emphasis on gathering evidence on what elements have been shown to help or hinder the recovery of individuals and on peer support.

## **Benchmarks**

### **SAMH**

- 7.15 SAMH has a clear policy that people who use its services are at the heart of everything it does. Its formal User Involvement Strategy is currently under review, as is the organisation's corporate strategy for 2007–10, following the recent appointment of a new Chief Executive. The corporate vision, values and mission reflect a rights-based approach.
- 7.16 The majority of SAMH staff are involved in service provision. In addition to UI in each of its local services, some regional UI work is undertaken. A national user group meets quarterly, with a morning workshop facilitated by staff from SAMH's Centre for Research, Influence and Change in order to draw up an agenda and plan the formal afternoon meeting with the Chair of the Board of Management and Executive Management Team.
- 7.17 In the role of a sector intermediary body, the Centre – which comprises a Director plus 4 staff – does a limited but increasing amount of capacity-building work with other service providers to support the development of UI. Staff speak at conferences and seminars about the challenges and successes of UI work.
- 7.18 There is a constant attempt to be creative and imaginative in finding means of giving service users direct impact onto how campaigning, influencing and policy work is undertaken. A current example in respect of policy work is an online questionnaire to inform SAMH's response to the consultation on smoking in psychiatric hospitals.
- 7.19 SAMH is developing peer evaluation as a useful adjunct to direct service user involvement. It is also in the process of developing a model of participatory action research, under the banner of work on social networks 'A World to Belong To'.

---

<sup>11</sup> Scottish Government 'The Road to Recovery' 2008 p23

### *Dundee Substance Forum*

- 7.20 There is a service user Task Group model as part of the Substance Forum in Dundee. The work is overseen by the substance forum management group and CAIR Scotland plays a lead role in the task group and hosts the co-ordinator for the work. This is an additional level to the requirement for services to integrate UI into their operations. It provides a route for a group of users linking into the Forum and to the ADATs in the area.
- 7.21 Recognising the concern that users of a particular service may not feel able to be frank in their feedback where it is organised at service level, this model aims to enable user input that is independent from individual services, but also emanates from users who have personal experience of the local Substance Misuse Pathway components. Task groups of users are set up to carry out specific tasks, which include conducting questionnaires. This means they are fluid and change, so keep getting fresh service users involved – avoiding the creation of a small group of users who continually represent the voice of the user across the board.
- 7.22 Where a UI task group is to conduct a survey, it is involved in design of the questionnaire.

### ***Factors that promote and hinder User Involvement in services***

- 7.23 In England it has been a statutory requirement since 2003 that all providers of state funded health and social care services involve service users. In light of this, academic research was commissioned by the Department of Health to look at evidence to support UI as a means to improve service quality.<sup>12</sup> It looked at involvement of service users in planning, commissioning and delivery at Drug Action Team level using a number of methods, including a survey of service commissioners, providers and users.
- 7.24 The research team noted wide ranging views amongst respondents about the rationale for UI and its objectives, and varying opinions about the effectiveness of various methods. Nonetheless there was a comprehensive acknowledgement that UI *“was here to stay”* and in the main it was viewed as *“having potential to enhance service development and increase efficiency and cost effectiveness”*.
- 7.25 The authors stress that they found “multiple interconnected cultural, organisation and individual variables” influencing UI. They conclude that it was not possible to identify a single best practice model.

---

<sup>12</sup> S Patterson, M Crawford, T Weaver, et al “User involvement in efforts to improve the quality of drug misuse services: factors that promote and hinder successful working”: Executive Summary Department of Health, March 2007

**Key factors hindering UI included:**

- Central policy does not link UI to other strategic objectives. This resulted in the perception that UI is 'extra work' rather than a core component of all service development activity
- Complex and non-coterminous organisational structures and unclear responsibility for implementation of UI
- Lack of dedicated resources
- Lack of strategic UI planning at DAT and service levels
- Limited awareness about UI among service users
- Limited number of users seeking to participate formally in existing UI structures.

**UI was seen to be promoted by:**

- Strong policy with clear objectives supported by guidelines providing a robust yet flexible framework for participation
- Open organisational cultures in which the user experience of receiving services was recognised as valuable to service development
- Leadership of UI at all levels supported by commitment and dedicated resources
- Use of multiple mechanisms for UI as part of a strategic approach with clearly defined objectives
- Motivated users who were enabled to meet their goals for involvement, including giving back to society, improving services for others and self-development
- Promotion of UI as a right and opportunities for participation.

Source: S Patterson, M Crawford, T Weaver et al "User involvement in efforts to improve the quality of drug misuse services: factors that promote and hinder successful working": Executive Summary, Department of Health, March 2007

**Stakeholder views on SDF's future role**

7.26 The overall view across the 25 stakeholder responses on SDF's future role in UI and enabling users to have a say in planning and delivery is positive. This is in line with the positive rating for SDF's work on UI to date and the frequency with which SDF's pioneering work on UI was cited by stakeholders as a strength.

**Model and approaches**

7.27 Within this however, a majority (13) expressed a concern about the currency and flexibility of SDF's UI model and/or the need for SDF to review and clarify how and why it undertakes UI work. The new strategy was felt by some stakeholders to cast UI in a different light:

*"There are implications for UI work. The recovery network will be led by ex-users. 'Road to Recovery' will bring in a dimension of UI led initiatives generally. There are implications for SDF in that."* (ADAT stakeholder)

**Embedding UI in services**

7.28 Several stakeholders feel that there is a need to move forward with user engagement and that it needs to be core to all drug services. Some

interviewees suggested that SDF should have a role in supporting services in developing their UI, whilst others had reservations about SDF's past performance in supporting this approach to UI. An academic stakeholder commented:

*"The only way they can continue to exist is to make it clear who they are providing a service to: they need to decide that they will help service providers to set up service user involvement. It needs to be a service provider response to user involvement and the longer someone else does it, the less service providers will. They need a proper service spec saying that they are there to support providers.*

*Everything that they say should place service users at the heart of it. It is about giving service users a voice."*

- 7.29 Another suggestion was that the new Alcohol and Drug Partnerships should be given a statutory duty to report on the level and quality of their user involvement; and SDF should consider concentrating on areas where UI was not yet embedded.

*"...the world has moved on and that SDF's traditional model is not universally applicable. But UI is very patchy across the ADATs. In some areas, people have taken it on board, very willing to involve users and users are an accepted part of the set up. But I think there is a valuable role for SDF in areas where UI is poor or patchy."* (NHS stakeholder)

#### *Scope and coverage*

- 7.30 Eleven respondents had worries about SDF's capacity to comprehensively cover all sections of the drug using population across all of Scotland, including carers, people not in treatment, women, young people etc. In some cases this doubt was a reflection of SDF's perceived focus on some sections of the population rather than others.
- 7.31 The new delivery framework was a particular concern i.e. whether SDF could, or should, attempt to operate across 32 local partnerships. One stakeholder commented that it need not be SDF in every case representing the sector and that this role could be undertaken by a voluntary sector provider. The suggestion in paragraph 7.29 of a targeted role for SDF to promote UI in areas where it is weak might offer a way to resolve this challenge.

#### **User views on SDF role**

- 7.32 Volunteers expressed an interest in deeper involvement in the research process. To date, most analysis has been done by SDF staff. As volunteers get more experienced and are offered more opportunities for development, they could do more of that. They felt it might be good practice to aim for that as standard. They would also be interested in doing more running of groups and training others to do the research. They felt that ideally they would be self-sufficient, but with the structure of SDF providing support and respectability.

## Conclusions

### 7.33

- SDF is recognised as a pioneer in UI work in the drugs sector and its experience in this area is regarded as a strength. The value of the peer evaluation model is recognised. At the same time, there is demand for more flexibility of approach.
- 'The Road to Recovery' strategy and recovery model set a new context for UI. There may be valuable lessons which can be applied from the role of users within the mental health recovery approach. Alcohol and Drug Partnerships will strengthen local accountability and are likely to require evidence of the involvement of service users from service providers, as well as input from users and carers at local level into planning and commissioning.
- User involvement at service level is a critical component in driving improvement in services and monitoring National Quality Standards. This presents an opportunity for SDF to build on its experience and expertise by supporting service providers to embed user feedback within service provision e.g. through training, facilitation and the development of toolkits.
- Academic research evidence suggests no single best practice model and the need for flexibility in approaches. Stakeholder feedback underlines the need to review the traditional SDF UI model and consider adopting a range of approaches.
- Some concern was expressed that 'peer research' is a misnomer and could undermine credibility in some quarters.
- It is recommended (*see Recommendation R3, above, p.47*) as a conclusion of the VFM assessment that SDF would benefit from a full review of its UI work. That recommendation is reinforced by stakeholder views on SDF's work with users and carers going forward.

## ANNEX 1. RATIONALE FOR METHODOLOGY

The following chart illustrates an overview of the research methodology and how it relates to the objectives of the Review of the Scottish Drugs Forum:

Objectives	Methods
<ul style="list-style-type: none"> <li>• examine the performance of SDF in providing value for money in relation to <b>all funding sources</b> with a particular focus upon the funding made available by the Scottish Government both to support its core activities and specific projects/initiatives taken forward over the last 5 years, including an examination of the effectiveness of service user involvement in terms of what SDF was funded to deliver.</li> </ul>	<ul style="list-style-type: none"> <li>• Review the purposes of the different funding streams – what does each aim to achieve?</li> <li>• In light of these objectives, work out what input, output and outcome data is needed to come to conclusions on the 3 Es of vfm<sup>13</sup>.</li> <li>• Collect data for core activities and specific projects/initiatives – using desk research and stakeholder interviews to gain perceptions of how effective SDF is in different activities, and why.</li> <li>• Review service user involvement against good practice and assess the use made of the outputs of that involvement.</li> </ul>
<ul style="list-style-type: none"> <li>• assess SDF’s short and long term strategic planning processes...</li> </ul>	<ul style="list-style-type: none"> <li>• Review the “Golden Thread” to check that long term strategic objectives are translated into short term operational targets which are then implemented, monitored and reviewed.</li> <li>• Review processes to check involvement of stakeholders is both appropriate and well managed.</li> </ul>
<ul style="list-style-type: none"> <li>• its performance in, and contribution to, developing the drugs strategy;...</li> </ul>	<ul style="list-style-type: none"> <li>• Establish Scottish Government’s expectations of the role of SDF was to play in development of strategy and measure performance against these using primarily stakeholder interviews.</li> </ul>

<sup>13</sup> 3E: economy = cost per input; efficiency = cost per output and/or inputs per output; effectiveness = whether outputs lead to policy objectives; cost-effectiveness = the cost per outcome achieved.



Objectives	Methods
<ul style="list-style-type: none"> <li>• ....its future role in supporting the implementation of the recovery focused strategy and the central role of those with drug problems (e.g. the role of SDF in promoting service user involvement).</li> </ul>	<ul style="list-style-type: none"> <li>• Consider all conclusions of this review, including on value for money; planning processes; and performance in relation to the drugs strategy and, then, in the light of those, conclude on the likely efficiency and effectiveness of SDF's future role in the implementation of the new strategy, and in particular its ability to promote a shift in the role of service users.</li> </ul>
<ul style="list-style-type: none"> <li>• assess the effectiveness of SDF's standing financial instructions, internal and external audit; staff and partnership arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Review documentation and assess against acknowledged best practice</li> <li>• Review against Good Governance Standard (Langlands 2004)</li> </ul>
<ul style="list-style-type: none"> <li>• identify key strengths, which can be built upon, and propose solutions to any weaknesses which need to be addressed; value for money (VFM) for funders and key stakeholders and cost-effectiveness being a key feature.</li> </ul>	<ul style="list-style-type: none"> <li>• Key S&amp;W identified in overview assessment following initial data collection</li> <li>• Key S&amp;W analyses in context of follow up with stakeholders and benchmark organisation</li> <li>• Recommendations to address weaknesses will be developed based on analyses above and &amp; tested with client</li> </ul>

## ANNEX 2. LIST OF DOCUMENTS USED IN THE RESEARCH

Audit Scotland (2009) *Drug and Alcohol Services in Scotland*, prepared for the Auditor General and the Accounts Commission

Big Lottery Fund (undated) Good Practice Guide: User Involvement

Blake Stevenson Ltd (2001) *Funding Review of the Scottish Drugs Forum – Consultants' Report*, Scottish Executive

Drugscope (2009) Drug treatment at the crossroads: what it's for, where it's at and how to make it even better

Fischer, J, Jenkins, N., Bloor, M. et al (2007) *Drug user involvement in treatment decisions*, Joseph Rowntree Foundation

FMR Research (2008) *Addiction Worker Training Programme Evaluation Final Report*, prepared for Greater Glasgow and Clyde Drug Action Team

Langlands, A. (2004) *The Good Governance Standard for Public Services*, The Independent Commission on Good Governance in Public Services, OPM and CIPFA

Liddell, D. and Brand, B. (2008) 'Developing a model of user involvement in social research in Scotland', in Anker, J. et al.(ed.) *Empowerment and Self-organisation of Drug Users*, Amsterdam, Correlation Network

McIntosh, J., MacAskill, S., Eadie, D. et al (2006) *Evaluation and Description of Drug Projects working with Young People and Families funded by Lloyds TSB Foundation Partnership Drugs Initiative*, Scottish Executive Substance Misuse Research Programme  
<http://www.scotland.gov.uk/Resource/Doc/132451/0031623.pdf>

NHS National Treatment Agency for Substance Misuse (2004) *Making a Difference to Drug Treatment Services: Notable Examples of User and Carer Involvement*

Patterson, S., Crawford, M., Weaver T. et al (2007) *User involvement in efforts to improve the quality of drug misuse services: factors that promote and hinder successful working*, Executive Summary, Department of Health

RPS Planning and Development (2008) *Glasgow Addictions Programme Evaluation Final Report*, prepared for Glasgow Community Planning Ltd

Scotland's Futures Forum (2008) *Approaches to Alcohol and Drugs in Scotland: A Question of Architecture*

Scottish Association for Mental Health Corporate Strategy 2007–2010

Scottish Association for Mental Health Annual Appraisal documentation

Scottish Association for Mental Health (2007) Evaluation of Recovery Approach Report

Scottish Association for Mental Health (2008) Members' Briefings July and October

Scottish Association for Mental Health (2008) Members' Briefing January

Scottish Executive (2004) Effective Interventions Unit Advocacy for Drug Users: A Guide

Scottish Executive (2005) Scottish Advisory Committee on Drug Misuse (SACDM) Working Group on Drug Related Deaths: Report and Recommendations  
<http://www.scotland.gov.uk/Resource/Doc/57346/0016467.pdf>

Scottish Executive (2006) National Quality Standards for Substance Misuse Services

Scottish Government (2007) Report of the Stocktake of Alcohol and Drug Action Teams  
<http://www.scotland.gov.uk/Resource/Doc/180389/0051267.pdf>

Scottish Government (2008) Reducing Drug Users' Risk of Overdose

Scottish Government (2008) Response to the Scottish Advisory Committee on Drug Misuse – Essential Care Working Group Report

Scottish Government (2008) The Road to Recovery: a New Approach to Tackling Scotland's Drug Problem

Scottish Government (2009) Alcohol and Drugs Delivery Reform Group – Final Report to Ministers

Scottish Government (2009) Scrutiny Improvement: Government Response to Action Group Reports

<http://www.scotland.gov.uk/Topics/Government/PublicServiceReform/IndependentReviewofReg/Response>

Social Work Inspection Agency (2007) Multi-Agency Inspection: Substance Misuse Services in Grampian

Wallace, K. (2008) *Service user involvement: the case of asylum seekers and social care services in Glasgow - First Year Update*, SG Social Research, Research Findings, Knowledge Transfer Publication Series

### **SDF Documents**

Addiction Worker Training Project in the Wider Context (Undated)

Agenda and Minutes for meetings of SDF Board of Directors 16 January, 10 March, 18 June, and 29 October 2008; 14 January 2009

Agenda and Minutes for meetings of SDF Finance and General Purposes Committee 13 February, 07 May, 13 August, 05 November 2008

Annual Reports 2003/04, 2004/05, 2005/06, 2006/07, 2007/08

Annual Reports on Critical Incidents Training 2004/05, 2005/06, 2006/07, 2008/09; and Scottish Government comments on Report 2008–09

Application to HMRC (Grant-in-Aid funding for Third Sector organisations) for support for Financial Inclusion Project 2009–12

Application to Scottish Executive (Section 16b) for Core Funding 2006–2009

Application to Scottish Executive (Section 16b) for Core Funding 2009–2012

Applications x 2 to the Scottish Government (Hepatitis C Action Plan for Scotland phase II) for funding 2009–11

Appraisal Process documentation

Briefing Paper for AWTP 2008/09 Graduation Ceremony, Jan 09

Greater Glasgow & Clyde User Involvement Development Officer Budget Final 2008–10

Key Policy Impacts 2004–09: document prepared for review team April 2009

Notes submitted by SDF Director in response to Review Team's First Interim Report

Notes submitted by SDF Director in response to Review Team's Second Interim Report

Policy on Protecting Vulnerable People

Policy on the Recruitment of Ex Offenders

Policy on Secure Handling, Use, Storage & Retention of Disclosure Information

Proposal to Alcohol and Drug Action Teams (Greater Glasgow & Clyde Health Board) for additional funding to support the Addiction Worker Training Project October 2008

Proposal to Big Lottery Fund Investing in Communities for funding 2009–14 to support a Scottish Quality Improvement Programme for Drug Services

Proposal to Lloyds TSB Foundation Investing in Ideas for funding 2009–12 to support a Scottish Quality Improvement Programme for Drug Services

Report and Financial Statements for the Years Ended 31 March 2004, 2005, 2006, 2007 and 2008

Review of activity (reports for Scottish Government) 2005/06, 2006/07, 2007/08; Scottish Government comments on 2007/08 Report and SDF response to those comments

Six monthly progress report to Glasgow Community Planning Ltd on use of Fairer Scotland Fund monies for AWTP, Oct 08

Strategic Plan 2002–2005

Strategic Plan 2006–2009

Towards a New Scottish Drugs Strategy .... Views from the Scottish Drugs Forum Membership 2008

User Involvement Volunteer Handbook 2004

### ***SDF/AFS Service User Involvement Partnership***

Draft Service User Involvement Partnership Workplan 2008–2009, May 2008

Progress Update on the Service User Involvement Partnership (GG&C) for Glasgow City Planning and Implementation Group on Alcohol and Drugs, Dec 08

SDF/Glasgow City Council April 2008 Letter of Agreement relative to posts of Development Manager and User Involvement Development Officer

Service User Involvement Partnership (Greater Glasgow & Clyde), Draft Statement of Intent, June 2008

### ***SDF Highland User Involvement***

Highland Involvement Group Annual Reports, 2007, 2008

Highland Involvement Group Impact Summary, Oct 2008

Highland Involvement Group Quarterly Reports, Mar 2008, Jun 2008, Sep 2008

National Opportunities Fund Annual Monitoring Report for Highland Involvement Group, 2006, 2007, Feb 2008, Oct 2008

National Opportunities Fund GM02 (application for funding) for Highland Involvement Group, 2006, 2007, 2008

### ***SDF Lanarkshire User Involvement***

Big Lottery Fund Annual Monitoring Report Oct 2008

Big Lottery Fund GMO2 (application for funding) Oct 2007

Lanarkshire Involvement Group Annual Report 2008

Schedule referred to in the foregoing Conditions of Grant by South Lanarkshire Council in favour of Scottish Drugs Forum dated 20<sup>th</sup> March 2007

SDF/South Lanarkshire council – Draft SLA User Involvement, April 2007

SDF/South Lanarkshire Council – Schedule of Grant Award, 2007

### ***SDF Perth & Kinross User Involvement***

NHS Tayside/Perth & Kinross Council, Draft Summary, Substance Misuse Integrated Services Strategy, 2008–2011

Perth & Kinross Alcohol and Drug Forum Action Plan 2008/09

Perth & Kinross Drug and Alcohol Team Welcome Pack, Jan 2009

Perth & Kinross Joint Planning Substance Misuse – Integrated Services Strategy 2008–2011, Implementation Group Action Plan, Lead Officer – Summary Progress Report, Feb 2009

Perth & Kinross User and Carer Involvement Proposal April 2008

Perth & Kinross User Involvement Group, Impact Report, April 2008

Perth & Kinross User Involvement Project Information Sheets

SDF/Perth & Kinross Council – Housing & Community Care Service Level Agreement, for Alcohol & Drug Service User Involvement Alcohol & Drug Carer Involvement for Jun 2008–Jun 2009

Service Users' Point Of View of Perth & Kinross Users Involvement Group, Aug 2008

### ANNEX 3. STAKEHOLDER INTERVIEWS AND FOCUS GROUPS

#### *Focus groups*

Two focus groups of service users active in user involvement work were held on 18 March 2009.

A total of 16 volunteers attended.

- Five were members of the SDF national UI group.
- Four were members of two of SDF's regional UI groups.
- One had previously been involved with an SDF UI group.
- Six were active in UI work, but not through SDF groups. Of these six, 5 were from an organisation which was a member of SDF.

<b>Number</b>	<b>Category</b>	<b>Name</b>	<b>Organisation</b>
1	SG	Isabel McNab	Scottish Government
2	SDF	Dave Liddell	Scottish Drugs Forum
3	SG	Joe Griffin	Scottish Government
4	SG	Ria Din	Scottish Government
5	ADAT	Stevie Lydon	Greater Glasgow ADAT/User Involvement Partnership
6	SDF	Ken Butler	Scottish Drugs Forum
7	SG	Karen McGuigan	Scottish Government
8	SG	Sandra Wallace	Scottish Government
9	VCS drugs	Craig Winter	Turning Point Scotland
10	Academic	Avril Taylor	University of West of Scotland
11	Academic	Catriona Matheson	Aberdeen University
12	VCS drugs	George Hunter	Drugs Crisis Centre, Glasgow
13	ADAT	Leon Wylie	SAADAT
14	VCS other	Simon Bradstreet	Recovery Network
15	VCS umbrella	Eilidh Chalmers	Lloyds TSB Drug & Alcohol Programme
16	VCS umbrella	Elaine Wilson	Lloyds TSB Drug & Alcohol Programme

<b>Number</b>	<b>Category</b>	<b>Name</b>	<b>Organisation</b>
17	VCS other	Laura McFadzean	Alcohol Focus/Greater Glasgow User Involvement Partnership
18	SPS	Stephen Heller-Murphy	Scottish Prison Service
19	Academic	Marion Logan	Glasgow University
20	VCS drugs	Marina Clayton	Re-Solv
21	VCS drugs	John Arthur	Crew 2000
22	UK	Martin Barnes	Drugscope/UKACMD
23	CJ	Aidan McCorry	Apex Scotland
24	Academic	Richard Hammersley	Glasgow Caledonian University
25	Academic	Neil McKeganey	Glasgow University
26	SPS	Ruth Parker	Scottish Prison Service
27	VCS drugs	Joy Barlow	STRADA
28	CJ	Gillian Oghene	West Lothian Social Work
29	ADAT	Vered Hopkins	Tayside ADAT
30	CJ	Bernadette Monaghan	Apex Scotland
31	SDF	Gordon Armour	Scottish Drugs Forum
32	SG	Mary Cuthbert	Scottish Government
33	SDF	Anne Thompson	Scottish Drugs Forum
34	SDF	James Egan	SDF (leaving)
35	SDF	Megan Ross	SDF (left December 2008)
36	SDF	Graeme McArthur	SDF (retired) Former East Regional Manager
37	NHS	Dr Roy Robertson	GP Muirhouse practice
38	Police	Dave Smith	Grampian Police
39	VCS drugs	Eleanor Robertson	SNAFAD
40	ADAT	Mike McCarron	Formerly SAADAT
41	NHS	Richard Simpson	GP, MSP
42	VCS other	Robert Aldridge	Scottish Council for Single Homeless
43	SDF	Jane Jay	SDF Board
44	UK	Sara McGrail	Independent consultant
45	NHS	Neil Hunter	Glasgow Addiction Service
46	ADAT	Maggie Watts	Chair Ayrshire ADAT
47	ADAT	Dr Brian Kidd	Chair Dundee City ADAT
48	NHS	Saket Priyadashi	Glasgow Addictions Service
49	Police	Patrick Shearer	Dumfries & Galloway (& Chair of ADAT)
50	Police	Willie McCol	SCDEA

<b>Number</b>	<b>Category</b>	<b>Name</b>	<b>Organisation</b>
51	SDF	Biba Brand	SDF
52	SDF	Susan Dean	SDF
53	ADAT	Jim Parker	Dumfries & Galloway ADAT
54	ADAT	Rita Keyte	NHS Fife ADAT
55	ADAT	Valerie Tallon	Lanarkshire ADAT
56	ADAT	Ian Smillie	Perth & Kinross ADAT (user involvement)
57	VCS other	Charlie McMillan	SAMH
58	SG	Carole Ross	SG
59	SG	Karen Jackson	SG
60	VCS drugs	Mike Burns	CAIR Scotland
61	VCS drugs	Ingrid Hainey	CAIR Scotland
62	SG	Donna McKinnon	Scottish Government
63	ADAT	Suzy Calder	Highland ADAT



## **ANNEX 4. INTERVIEW SCHEDULE FOR STAKEHOLDER SURVEY**

### **Tool for semi-structured interviews**

#### **1. Introduction**

Semi-structured interviews are conducted with a fairly open framework which allows for focused, conversational, two-way information.

Below is a list of suggested areas which could be covered with stakeholders, tailored appropriately to the individual interviewee.

These form a broad initial topic guide which may be amended as issues emerge. Some questions are set out below for guidance; however it's not expected that all questions are designed and phrased ahead of time. A number will be created during the interview, allowing both the interviewer and the stakeholder being interviewed the flexibility to probe for details or discuss issues.

#### **2. Informed consent**

A copy of the attached information sheet will be given to each interviewee. The researcher will talk it through with her/him and draw attention to the nature of the confidentiality of the research and its future publication. She will give the interviewee the opportunity to ask any questions. Before commencing the interview the researcher will confirm the interviewee's agreement to participate on basis outlined in the information sheet.

#### **3. Topic guide**

- Interviewee's contact with SDF – nature and over what time period.
- SDF performance and impact
  - View of key contributions/strengths and weakness over last 4 years
  - View of priorities going forward: any changes needed and particularly opportunities/challenges for SDF in context of recovery approach
- Effectiveness of SDF in the following roles:
  - Representing sector & membership
  - Quality of services/NQS
  - Training
  - User engagement
  - Services to members
  - Dissemination of information to key stakeholders
- SDF structure & coverage
- SDF relationship management
  - With stakeholders, SG, ADATS, frontline services etc
  - Communication with the sector and with the wider community

- SDF self-evaluation and performance management
- Governance & risk management
- VFM & financial procedures

#### **4. Possible questions**

##### **General questions**

Establish name and job title of interviewee

Ask about their contact and relationship with SDF – over what time period? What nature & frequency of contact?

Stress need to respond based on direct evidence of particular area.

Ask their view of the “drugs sector” and the current state of play/morale

##### **Performance and impact**

Where does SDF fit into the sector?

What have been the major successes of SDF? Have there been any particular challenges or weaknesses?

What do you see as SDF’s strategic priorities? How are these affected by the recovery policy?

SDF’s strategic priorities for 2006-09 – which of these do you see as the most important?

SDF’s aims for 2006-09 – which of these do you see as the most important?

To what extent has SDF had an impact on problem drug use in Scotland?

Are there issues which still need tackling by SDF and, if so, what are they?

##### **Effectiveness of SDF roles:**

- Contribution to policy
- Representing sector & membership
- Quality of services/NQS
- Training
- User engagement
- Services to members

Which are relevant to interviewee/does s/he come into contact with these?  
Should SDF have a particular focus on any of these and, if so, why?

### **Structure & coverage**

Does SDF cover the whole of Scotland effectively? Should it, or should it focus on particular areas and what should the criteria for selection be? Does it cover the different equalities groups effectively?

### **Self-evaluation and performance management**

Does SDF consistently monitor its performance against its business plan and objectives set by funding bodies? How does it do this? Are there any areas where change/improvement is needed?

#### Questions for Staff

- How effective is SDF's human resources management?
- Do staff have individual targets, in line with the overall targets of the organisation? Are staff regularly supervised and appraised?
- If so, how are the results of supervision and appraisal used/implemented?
- Are there any areas where improvement/change is needed?
- Is there a formal induction process?
- Are training needs clearly identified in management and supervision and acted upon?

#### Questions for Funders

- What information do you receive from SDF?
- Are you able to tell from that if your funding objectives are being met or not?
- Any other points about performance reports to you?

### **Governance & risk management**

Is the SDF Board clear about its functions? Is there a clear divide between the strategic role of the Board and the executive functions of the Management team?

Do the Board and Management Team of SDF take informed, transparent decisions and manage risk?

Is there an effective risk management system in operation?

Do the Board have the skills, knowledge and experience they need to perform well?

What training needs audits and capacity building are carried out with members of the Board to ensure its members can comply with their strategic role?

#### Questions for members:

- How are you involved/informed/consulted re SDF's plans?
- Do you feel SDF represent the views of the membership effectively?

## **VFM & financial procedures**

This is a separate specialist section but some of the questions below may be incorporated into the general stakeholder interviews.

### ***For SDF***

How do business plan objectives feed through to financial projections?

How are objectives monitored and what information is collected to assist monitoring?

How often are the financials reviewed by (a) Management & (b) the Board?

How are new business ideas (investments) decided on and approved?

Is there a formal investment appraisal process – provide examples?

Is there a formal evaluation process to review investments?

Is there a Risk Register?

How is RR used - Who compiles it? Who looks at it? How does it influence day-to-day management of the business?

How are budgets managed? How often are forecasts updated? How often does the Board review financials and feed back comments to management?

How does the Board discuss the risks of being relatively dependent on the SG for its funding?

### ***For SG***

How is SDF VFM assessed ex ante – Does internal approval process include a formal VFM analysis?

How often do you receive management information from SDF?

Does SDF send data on their performance against funding objectives?

Do you see the SDF Risk Register to help understand the risks associated with SG funding?

Do you require SDF to raise additional funds on the back of your core funding?

How do you determine which non-core funded projects should be funded?

Are there any non-core projects you have declined to fund?

### ***For Auditors***

Is the Board aware of its financial responsibilities?

Does the Board formally review the RR?

Does the Board discuss its relatively high dependency on the SG for its funding?

## Appendix

### **Review of the Scottish Drugs Forum**

#### **Information for people interviewed as part of the stakeholder survey**

The Scottish Government has appointed the Saren Dixon Partnership to undertake an independent review of the Scottish Drugs Forum (SDF). Jane Saren, Diane Dixon, Lesley Bloomer and Jo Armstrong are the consultants undertaking this piece of work and they will produce a final report at the end of April 2009. The Scottish Drugs Forum is co-operating and participating fully in this review

The review has two areas of specific focus: SDF's performance in providing value for money in relation to the funding provided by the Scottish Government period 2004 - 2008; and an assessment of how the organisation is placed to contribute to the implementation of the new approach set out in the new drug strategy "The Road to Recovery". The consultants will also address the effectiveness of financial controls including internal and external audit.

Part of the work involves a stakeholder survey and you have been identified as a key participant in this. The survey is considered an important part of the research: the views and experiences it collects will be used to inform the final research report and recommendations.

All information given in an interview may be used in the final research report; it will not however be attributed to a named individual. The list of participants will be included in the report. All participants will be alerted to the report's publication on the Scottish Government website.

Before the conclusion of the interview, you'll be given the chance to add any further comments that you feel are relevant to the review.

Do please take the opportunity to ask any questions of the researcher before the interview commences. At the start, she will ask you to confirm that:

- you have read this information sheet
- are satisfied that you have received enough information and satisfactory answers to any questions that you have raised about the conditions of participation in the study
- and you agree to participate in the survey.

## **ANNEX 5. CODES FOR ANALYSIS OF STAKEHOLDER INTERVIEWS**

Codes 1-34 are the “outputs” listed in SDF’s Strategic Plan 06-09. Codes for numbers 8, 11 and 15 were merged into a single category. Codes 35-46 reflected requirements from the research specification for the review of SDF.

1. Deliver training to community groups/drug forums etc
2. Capacity building of community groups
3. Critical Incidents training to users & carers
4. Work with DAATs to support effective community engagement
5. Work with drug forums to support effective community engagement
6. Work with CPPs to ensure appropriate response to drug issues
7. Promote Treatment & Care Services partnerships within their local communities
8. Support and develop UI groups
9. Deliver user & carer inputs to planning structures
10. Deliver training to drug services (non-statutory)
11. UI surveys
12. Capacity building with services
13. Work with DTTOs and SPS to support service improvements
14. Promote the development of employability services for people with drug problems
15. Support UI and community surveys and deliver specific commissioned research
16. Publish bulletin
17. Publish VSN
18. Provide information service
19. Provide database of treatment & care services, via website & printed form
20. Provide database of employability services via website
21. Provide & develop website
22. Undertake a range of work with the media
23. Deliver seminars
24. Participate in Govt Working Groups/steering groups
25. Work with SADAAT re policy development
26. Deliver consultations with membership
27. Support member networks
28. Develop funding proposals in line with strategic plan
29. Deliver effective financial control
30. Deliver support/supervision and appraisals
31. Assist the development of high quality services
32. Ensure effective ongoing strategic planning
33. Ensure effective corporate governance
34. Ensure effective staff management and support

## **Generally and going forward**

35. Contribution to developing the drugs strategy
36. Future role in supporting implementation of Road to Recovery
37. Future role in UI and enabling users' say in service planning & delivery
38. Role in influencing policy making at national level
39. Role in influencing policy making at local level
40. Membership including communications, relationships and support
41. Organisational structure including staffing & whether it fits needs of organisation
42. Supporting smaller & community- based voluntary organisations
43. Providing training, information & services to members & sector as a whole
44. Specialism v breadth of SDF's work
45. Coverage of Scotland and drugs sector
46. Future role in supporting service improvement

## **ANNEX 6. BRIEFING SHEET FOR FOCUS GROUPS WITH SERVICE USERS**

### **Why we want to talk to people who have used drugs services**

Saren Dixon Partnership has been asked to review the work of the Scottish Drugs Forum. An important part of what they do is to help to get users' voices heard. This will become more necessary if the new Scottish drug strategy, Road to Recovery is to succeed.

We'd like to know about users' experience of service user involvement and how they think it might be improved – what helps and what hinders.

SDF is works on peer research with its user involvement volunteers and we are interested in views of people who are or have been on SDF user involvement groups

SDF also works on encouraging services to develop their own user involvement work. People who have used services (whether they are on SDF UI groups or not) can tell us about whether they've been asked for their feedback or involved them in decisions about eg how the service should develop.

Views from the focus group will be used in the review, and specific points may be quoted in the final research report; but they will not be attributed to any named individuals.

The types of questions we'd like to ask are noted below:

- Do the drug services that you've been in contact with ask you for feedback about the service you're getting, or ideas for how it could be improved?
- If so, how do they go about doing that?
- Are there other ways they could be getting feedback and involving you in influencing what they do?
- What stops that happening?
- Have any of you been involved in SDF UI groups?
- What works well about them?
- What gets in the way of them working well?
- Have you been involved in peer research work with SDF?
- What is your role in that work? Eg developing questions, doing interviews, analysing the results, writing reports, presenting findings, etc
- What have you got out of your involvement with SDF's group?
- What difference has the UI group made to services?

The Saren Dixon Partnership 5 March 2009



## **ANNEX 7. RESEARCH ETHICS**

Clearance for the research was obtained by the Scottish Government from both the Association of Directors of Social Work (ADSW) and NHS Scotland.

It was carried out in accordance with the Social Research Association's Ethical Guidelines (2003)

<http://www.the-sra.org.uk/documents/pdfs/etics03.pdf>

Participation in the stakeholder survey was voluntary and subject to informed consent. All potential participants for an individual interview received an information sheet prior to (or in a small number of cases, at the start of) the interview, setting out the purpose of the review and the function of the stakeholder survey within it. (The information sheet is attached to the interview schedule at Annex 4.) It explained the level of confidentiality i.e. that the review report would include a list of names and positions of interviewees but no comments would be individually attributed. Potential participants were invited to ask any questions to clarify the process and if they were happy to participate on the basis outlined.

The focus groups with service users were organised by the Scottish Government. Potential participants received a letter inviting them to attend, setting out the purpose of the review and the function of the stakeholder survey within it, and explaining that neither the Scottish Government nor SDF would be involved in the focus groups. They were advised that it would take no longer than a couple of hours of their time and that lunch would be provided and travel expenses met.

Before the start of the focus groups, the Saren Dixon Partnership reiterated the purpose of the review and explained the nature of the confidentiality. The briefing sheet for the focus groups is included as Annex 6.

## ANNEX 8. DELIVERY AGAINST STRATEGIC PLAN TARGETS FOR SDF ACTIVITIES FOR 2006/07 AND 2007/08

Aim 1 To support an improvement in the quality of all responses to drug use in Scotland							
Outcome 1a To support the empowerment of communities to respond to drug problems							
Outputs	Milestones/targets for 07/08	What was delivered? 07/08	Target met? 07/08	Milestones/targets for 06/07	What was delivered? 06/07	Target met? 06/07	Provisional stakeholder view
1. Deliver training to community groups/drug forums etc.	20 training events.  Target previously exceeded, should have been increased?	Delivered and evaluated 53 training events	Met	Deliver 20 training events each year.	64 training events to 730 people.	Exceeded	13 responses  Very positive
2. Capacity Building of community groups.	10 groups	11 groups supported.	Exceeded	Undertake Capacity Building with at least ten community groups each year.	10 groups supported.	Met	Fewer than 6 responses noted
3. Critical Incidents training to users & carers <sup>14</sup> .	At least 44 training sessions delivered each year including sessions aimed at DTTO clients.	Delivered 50 training sessions to 562 participants.	Exceeded	At least 33 training sessions delivered each year including sessions aimed at DTTO clients.	Delivered 49 training sessions delivered (520 people). Detailed evaluation provided as part of project report.	Exceeded	8 responses  Very positive

<sup>14</sup> Data refers to Nov 2007–Nov 2008

Aim 1 To support an improvement in the quality of all responses to drug use in Scotland							
Outcome 1a	To support the empowerment of communities to respond to drug problems						
Outputs	Milestones/targets for 07/08	What was delivered? 07/08	Target met? 07/08	Milestones/targets for 06/07	What was delivered? 06/07	Target met? 06/07	Provisional stakeholder view
4. Work with ADATs to support effective community engagement.	Participate in ADAT meetings & sub groups, maintain regular communication with all (22) ADATs.	Participated in 17 ADATs. Regular communications with 19 ADATs who are members of SDF.	Met for participation  Not met for communications to all ADATs	Participate in ADAT meetings and sub groups, maintain regular communication with all 22 ADATs each year.	Participated in 17 ADATs and sub-groups.	Met for participation  Not met for communications to all ADATs	7 responses  Mixed
5. Work with drug forums to support effective community engagement.	Support development of 5 drug forums & and maintain regular communication with all (30) drug forums.	Work with Aberdeenshire, Moray, Inverness and Nairn. Also work with Glasgow, via GRAND week.  Regular communication with all forums.	Met on forum development  Met on communications	Support the development of drug forums (5 per year) and maintain regular communication with all drug forums (30).	Regular communication with all drug forums, database of forums developed.  Work with Moray, Stewart, Upper, Mid & Lower Nithsdale, Wigtownshire, South, Drumchapel, Rutherglen and Cambuslang ,Perth & Kinross, Ross and Cromarty. Also work in support of Glasgow's Drug Action Week.	Exceeded on forum development  Met on communications	Fewer than 6 responses noted

<b>Aim 1 To support an improvement in the quality of all responses to drug use in Scotland</b> <b>Outcome 1a To support the empowerment of communities to respond to drug problems</b>							
<b>Outputs</b>	<b>Milestones/targets for 07/08</b>	<b>What was delivered? 07/08</b>	<b>Target met? 07/08</b>	<b>Milestones/targets for 06/07</b>	<b>What was delivered? 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
6. Work with Community Planning Partnerships to ensure appropriate response to drug issues.	Work with 3 Community Planning Partnerships each year and maintain regular contact with the remainder.	Work with Glasgow, Aberdeen and Perth & Kinross CPPs  No feedback re contact with others.	Met  Unclear re contact with others	Work with 3 Community Planning Partnerships each year and maintain regular contact with the remainder.	Working with Community Planning Partnerships with Glasgow, Perth & Kinross and Aberdeenshire. Developing links with the remainder.	Met	<i>Fewer than 6 responses noted</i>
7. Promote Treatment and Care Services partnerships with their local communities.	Work with three services each year to develop community interface of treatment providers.	Unclear, text looks like it is achieved.	Met	Work with three services each year to develop community interface of treatment providers.	Working with Community Addiction Teams in Glasgow. Presentation to Drug and Alcohol Project Levenmouth AGM. Nationally as part of the quality standards work SDF are helping to develop guidance on user involvement for services.	Unclear	<i>Fewer than 6 responses noted</i>

<b>Aim 1 To support an improvement in the quality of all responses to drug use in Scotland</b> <b>Outcome 1b To ensure that service providers and policymakers are fully aware of the interests and concerns of those affected by drug use</b>							
<b>Outputs</b>	<b>Milestones/targets for 07/08</b>	<b>What was delivered?07/08</b>	<b>Target met? 07/08</b>	<b>Milestones/targets for 06/07</b>	<b>What was delivered?06/07?</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
8. Support and develop user involvement groups.	Support at least 4 user involvement groups each year. With at least 30 User involvement volunteers each year.	5 groups with total of 40 volunteers.	Exceeded	Support at least 4 user involvement groups each year. With at least 30 User involvement volunteers each year.	41 volunteers involved in 4 groups with development.	Exceeded	30 responses for outputs 8, 11, 15 combined.  Positive
9. Deliver user & carer inputs to planning structures.	Twenty inputs provided to planning structure (ADATs, SACDM, Sub-groups etc.) each year.	Inputs exceeded.	Exceeded.	Twenty inputs provided to planning structure (ADATs, SACDM, Sub-groups etc.) each year.	Meeting with head of Justice Division. All four users groups have had meetings with local planners.  UI groups involved with range of studies.	Unclear	Fewer than 6 responses noted

<b>Aim 1 To support an improvement in the quality of all responses to drug use in Scotland</b> <b>Outcome 1c To assist the development of high-quality services</b>							
<b>Outputs</b>	<b>Milestones/targets for 07/08</b>	<b>What was delivered?07/08</b>	<b>Target met? 07/08</b>	<b>Milestones/targets for 06/07</b>	<b>What was delivered?06/07?</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
10.Deliver training to drug services (non-statutory).	Run 20 training days each year.	Provided and evaluated 20 events to non-statutory drug services across Scotland.  <i>Same feedback as 2006/07. Has feedback been updated?</i>	Met	Run 20 training days each year.	Provided and evaluated 20 events to non-statutory drug services across Scotland.	Met	<i>Fewer than 6 responses noted</i>
11.User Involvement Surveys.	At least 5 user surveys each year.	5 surveys, including national.	Met	At least 5 user surveys each year.	6 surveys listed as completed or ongoing.	Exceeded	30 responses for outputs 8, 11, 15 combined.
12.Capacity Building with services.	10 agencies worked with each year.	Lottery proposal submitted, which is still under consideration. New Glasgow Development Manager started with role here.	Superseded. Funding withdrawn in 2006/07.	10 agencies worked with each year.	Worked with 10 agencies in Glasgow on ICT issues. Funding ceased therefore no work on this area in 2007/08 without additional resources.	Met	Positive <i>Fewer than 6 responses noted</i>
13.Work with DTTOs and SPS to support service improvements.	Develop a national justice forum after appropriate consultation.	Work on national forum not taken forward due to pressure of other work.	Not met	Develop a national justice forum after appropriate consultation.	Discussions held, further work required. Some work with SPS undertaken.	Not met	<i>Fewer than 6 responses noted</i>

Aim 1 Outcome 1d							
To support an improvement in the quality of all responses to drug use in Scotland To promote service development/service changes to meet unrealised human and social potential of people with drug problems							
Outputs	Milestones/targets for 07/08	What was delivered?07/08	Target met? 07/08	Milestones/targets for 06/07	What was delivered?06/07?	Target met? 06/07	Provisional stakeholder view
14.To promote the development of employability services for people with drug problems.	Support ADAT employability sub-groups.	Supported the re-launch of the Glasgow employability subgroup. Member of SAADAT employability sub-group.	Met	Support ADAT employability sub-groups  Facilitate national employer liaison forum meetings 3 per year.	Still support ADAT activity. The National employer forum no longer exists.	Unclear	14 responses  Positive
				Undertake policy work re implementation of the Scottish Executive's Employability Framework.	Met with Enterprise and Life Long Learning. Planning conference in 2007. Linked to SCVO's work on employability.	Met	
	Deliver a drug worker training course for 15 former drug users.	20 recruits, 18 completed course, 15 secured employment.	Exceeded	Deliver a drug worker training course for 15 former drug users.	15 recruits, 9 secured employment.	Met	
	Promote pilot and encourage other developments.	Funding position as at 2006/07.	Superceded	Promote pilot and encourage other developments.	Restrictions on funding meant course could not be progressed.	Not met	
				Promote employability as part of DTTOs.	Proposal developed. Member of SAADAT employability sub-group.	Met	

Aim 1 To support an improvement in the quality of all responses to drug use in Scotland							
Outcome 1e To undertake research and audits which assist in improving the response to drug use							
Outputs	Milestones/targets for 07/08	What was delivered?07/08	Target met? 07/08	Milestones/targets for 06/07	What was delivered?06/07?	Target met? 06/07	Provisional stakeholder view
15.Support User Involvement and community surveys and deliver specific commission research.	5 user involvement surveys, plus at least one piece of commissioned work each year.	(5 surveys, including national = almost same target; same report back for point 11)  Commissioned work point met.	(Met, as per point 11) exclude as double counting	5 user involvement surveys, plus at least one piece of commissioned work each year.	6 surveys listed as completed or ongoing.	(Met, as per point 11) exclude as double counting	30 responses for outputs 8, 11, 15 combined.  Positive
(a) Reduce Drug Users' Risk of Overdose.	To carry out a survey of drug users and family members in partnership with Figure8 consultancy.	Report for Scottish Government completed.	Met				
(b) Evaluation Glasgow Naloxone Pilot.	To evaluate the naloxone training sessions through survey of pre and post training clients and carers.	Produce report for Glasgow Addiction Services.	Met				



<b>Aim 2 To improve the general level of understanding and awareness of drug issues among practitioners, drug users, their families and the wider community</b> <b>Outcome 2a To disseminate information on drugs and drug related issues in order to spread best practice</b>							
<b>Outputs</b>	<b>Milestones 07/08</b>	<b>Delivered? 07/08</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
16.Publish Bulletin.	Ten issues published each year.	9 published target missed due to staff illness.	Not met	Ten issues published each year.	8 published.	Not met	15 responses Very positive
	Ensure regular coverage of drugs and criminal justice.	15 articles referring to criminal justice.	Met	Ensure regular coverage of drugs and criminal justice.	22 articles referring to criminal justice.	Met	
	Ensure regular coverage of good practice issues re Hidden Harm/GOPR agenda.	16 articles.	Met	Ensure regular coverage of good practice issues re Hidden Harm/GOPR agenda.	15 articles	Met	
17.Publish Volatile Substance Newsletter.	Two to three issues published each year. Subject to funding.	One issue published, without funding.	Superseded Funding withdrawn	Three issues published each year.	One issue published.	Superseded	<i>Fewer than 6 responses noted</i>
18.Provide information service.	Respond to information requests etc.	Requests responded to.	Target not specific enough to judge whether met or not.	Provide (Projected) 3000 information requests each year.	On target re information requests.	Met	7 responses Very positive

<b>Aim 2 To improve the general level of understanding and awareness of drug issues among practitioners, drug users, their families and the wider community</b> <b>Outcome 2a To disseminate information on drugs and drug related issues in order to spread best practice</b>							
<b>Outputs</b>	<b>Milestones 07/08</b>	<b>Delivered? 07/08</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
19. Provide database of treatment and care services, via website and in printed form.	Undertake an update every 18 months – (Sept 2007, March 2009).	One round of updates undertaken, total changes to database since launch = 97.	Superseded	Undertake an update every 18 months – (Sept 2007, March 2009).	New website agreed with the Executive and a range of work undertaken.	Superseded	6 responses for 19, 20 together  Mixed
20. Provide a database of employability services, via website.	Undertake an update every 18 months – (Sept 2007, March 2009).	Updated	Superseded	Undertake an update every 18 months – (Sept 2007, March 2009).		Superseded	6 responses for 19, 20 together  Mixed

<b>Aim 2 To improve the general level of understanding and awareness of drug issues among practitioners, drug users, their families and the wider community</b> <b>Outcome 2a To disseminate information on drugs and drug related issues in order to spread best practice</b>							
<b>Outputs</b>	<b>Milestones 07/08</b>	<b>Delivered? 07/08</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
21. Provide and develop website.	Site update at least twice a week.	Achieved. 40,000 visitors to website.	Met	Site update at least twice a week.	490,471 page views 148,142 site visits 68,480 individual visitors.	Unclear	Fewer than 6 responses noted
22. Undertake a range of work with the media.	200 contacts with the media, including five proactive briefings to promote good practice each year.  <i>Target previously exceeded, should have been increased?</i>	135 media requests dealt with, 15 proactive news briefings undertaken.	(Contacts not met) <sup>15</sup> Proactive briefings exceeded.	200 contacts with the media, including five proactive briefings to promote good practice each year.	217 media requests dealt with, 24 proactive news briefings undertaken.	(Contacts exceeded) <sup>15</sup> Proactive briefings exceeded.	10 responses Mixed

<sup>15</sup> Note – number of contacts with media depends on level of media interest in drugs. Target is more an expected level of work, rather than a quantity to be proactively delivered.

<b>Aim 3 To act as a forum to develop and promote common responses to issues of concern and to represent SDF members</b>							
<b>Outcome 3a</b>	<b>To promote common responses to issues of concern</b>						
<b>Outputs</b>	<b>Milestones/targets for full year</b>	<b>What was delivered?</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
23.Deliver seminars.	Run six seminars each year.	7 seminars, 2 conferences, 3 additional events, in total covering 400 delegates.  1 vol sector drug/alcohol forum seminar day (40 delegates).  Festive OD prevention event (150) attendees.	Exceeded	Run six seminars each year  One seminar focusing on criminal justice  One seminar focusing on family focused services.	4 seminars undertaken – 400 delegates  Supported Scottish Executive DTTO seminar and Families Outside Conference.	Not met	6 responses  Very positive

<b>Aim 3 To act as a forum to develop and promote common responses to issues of concern and to represent SDF members</b>							
<b>Outcome 3b To work in partnership with government and government agencies to promote a cohesive response among agencies/organisations</b>							
<b>Outputs</b>	<b>Milestones/targets for full year</b>	<b>What was delivered?</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
24. Participate in Government Working Groups/steering groups.	Play active role in, on average, four groups per year.  <i>Target previously exceeded, should have been increased?</i>	On 6 Scottish groups, plus 5 related sub-groups; 1 UK group and 1 EU group.	Exceeded	Play active role in, on average, four groups per year.	On 8 Scottish groups plus 4 related sub groups.	Exceeded	15 responses  Very positive
25. Work with SADAAT re policy development.	Undertake at least two pieces of joint work with the Association each year.	Met	Met	Undertake at least two pieces of joint work with the Association each year.	Drugs and poverty work ongoing. Joint work re stimulants and methadone review. Sit on SAADAT national committee and drug deaths sub-group.	Met	<i>Fewer than 6 responses noted</i>

<b>Aim 3 To act as a forum to develop and promote common responses to issues of concern and to represent SDF members</b>								
<b>Outcome 3c To develop SDF's membership base</b>								
<b>Outputs</b>	<b>Milestones/targets for full year</b>	<b>What was delivered?</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>	
26. Deliver consultations with membership.	Undertake (on average) four consultations each year.	3 consultations.	(Not met) <sup>16</sup>	Undertake (on average) four consultations each year.	Two consultations undertaken  Third consultation re methadone in progress.	(Not met) <sup>16</sup>	13 responses  Positive	
27. Support member networks.	Support 4 networks, including voluntary sector, needle exchange workers, arrest referral, agencies working with young people.	5 networks of voluntary sector organisations. No report back on other groups. No agencies working with young people network supported.	Voluntary sector target met  Others not met or position unclear.	Support 4 networks, including voluntary sector, needle exchange workers, arrest referral, agencies working with young people.	Developing needle exchange guidelines with Needle Exchange Forum. Supported 5 voluntary sector networks.	Voluntary sector target met  Others not met or position unclear.	<i>Fewer than 6 responses noted</i>	

<sup>16</sup> Note – number of consultations varies year on year. Target is more an expected level of work, rather than a quantity to be proactively delivered.

<b>Aim 4 To develop SDF's capacity in line with existing and new demands</b>							
<b>Outcome 4a To ensure effective ongoing strategic planning</b>							
<b>Outputs</b>	<b>Milestones/targets for full year</b>	<b>What was delivered?</b>	<b>Target met? 07/08</b>	<b>Milestones 06/07</b>	<b>Delivered 06/07</b>	<b>Target met? 06/07</b>	<b>Provisional stakeholder view</b>
28. Develop funding proposals in line with strategic plan.	Develop three funding proposals each year to extend work in SDF's priority areas.	Met	Met	Develop three funding proposals each year to extend work in SDF's priority areas.	Met	Met	Fewer than 6 responses noted
<b>Outcome 4b. To ensure effective corporate governance</b>							
29. Deliver effective financial control.	Quarterly financial statement provided each year.	Organisation remains within planned budget.	Met	Quarterly financial statement provided each year.	Organisation remains within planned budget.	Met	Fewer than 6 responses noted
<b>Outcome 4c To ensure effective staff management and support</b>							
30. Deliver support/ supervision and appraisals	Six weekly supervision and annual appraisals.	Appraisals delivered to all staff and supervision undertaken.	Met	Six weekly supervision and annual appraisals.	Appraisals delivered to all staff and supervision undertaken.	Met	Fewer than 6 responses noted

**Data sources:**

- SDF Annual accounts, 2007/08
- Review of activity report from SDF for Scottish Government for 2007/08; Scottish Government comments and SDF response to those comments.
- Review of activity report from SDF for Scottish Government for 2006/07.
- SDF notes submitted in response to Review Team's First Interim Report



ISSN 0950 2254  
ISBN 978 0 7559 7585 3  
[Web only publication]

[www.scotland.gov.uk/socialresearch](http://www.scotland.gov.uk/socialresearch)

RR Donnelley B61248 06-09

