

DTTO Personas



Ian

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

Employment Status **Unemployed and never worked** Number of DTTOs **1 and been on CP0's**

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

Experience with services / treatment
Historical

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

Prior to DTTO

- Criminal Justice

During DTTO

- Criminal Justice

Substance Use, Mental & Physical Health

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

Criminal Behaviour

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

Family & Community Health

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

Considerations when designing services for Ian

- Trust issues** as feels all services have let him down
- Tends to **self-medicate** with substances as did not have access to medication for a long time
- Has a 4 year old child and follows a parenting time schedule
- Substance use usually connected to **criminal behaviour**
- Literacy problems** meaning he has difficulties in understanding written communication



Michael

Age **35 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

Employment Status **Currently unemployed** Number of DTTOs **3 DTTO's**

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

Experience with services / treatment
Historical

- Juvenile Justice
- Prior to DTTO
 - Homelessness services
 - GP recommended medication treatment for ADHD. Disrupted treatment in prison.
 - Adult Criminal Justice
- During DTTO
 - Mental Health community services

Substance Use, Mental & Physical Health

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

Criminal Behaviour

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

Family & Community Health

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

Considerations when designing services for Michael

- To have an **understanding of ADHD** and how it can impact behaviour
- Previously **pawned his mobile phone**, several times, so difficult to call - try to arrange appointments face to face
- Mostly **moving between hostels and sofa surfing**, changing addresses - making it difficult to reach



Jim

Age **51 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

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

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

Experience with services / treatment
Historical

- Not registered at the GP
- Prior to DTTO
 - Jim is already registered with a substance use service but will have to leave to begin the DTTO (similar to around 66% of those entering a DTTO).
- During DTTO
 - Criminal Justice

Substance Use, Mental & Physical Health

- Alcohol addiction - no services approached
- Moderate anxiety and depression - no services approached
- Has difficulties socialising and finds it difficult to engage in conversations

Criminal Behaviour

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

Family & Community Health

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

Considerations when designing services for Jim

- Literacy problems** meaning he has difficulties in understanding written communication
- He may not open letters** posted to him regarding appointments - make other arrangements
- As Jim feels comfortable in prison, any **transition** for him will be extremely difficult



Sarah

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

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

Background
Sarah used alcohol and drugs socially as a teenager and became addicted to opioids around 19 years old as was in a relationship with someone who sold drugs. Sarah states this was a violent relationship and was controlled through by being given substances.

Experience with services / treatment
Historical

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

Prior to DTTO

- Prepare (service for pregnant women)

During DTTO

- Children Social Work services

Substance Use, Mental & Physical Health

- Opioids
- Sleeping pills
- Postnatal depression
- Suicide attempt

Criminal Behaviour

- Shoplifting
- Breach of peace

Family & Community Health

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

Considerations when designing services for Sarah

- Sarah has a **fear of being alone** and so will live in any squat that has other occupants, rather than be housed alone
- Sarah's main focus is her child** and so if that could be acknowledged alongside recovery, this would probably be the best kind of approach to consider



Dave

Age **36 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

Employment Status **Disability benefit** Number of DTTOs **2 DTTOs**

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

Experience with services / treatment
Historical

- GP prescribed antidepressants and referral to Cognitive Behavioural Therapy (CBT) which he only attended once
- Social Work services
- School reach out services
- Mental Health services
- Prior to DTTO
 - Homelessness services
- During DTTO
 - Mental Health services
 - 3rd sector organisations

Substance Use, Mental & Physical Health

- Alcohol addiction - no services approached
- Added to opioids
- Added to cannabis and street valium
- Anxiety, depression and other mental health issues

Criminal Behaviour

- Minor crimes under the influence of drugs

Family & Community Health

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

Considerations when designing services for Dave

- To have an **understanding of anxiety and depression** and how it can impact behaviour
- He may not open letters** posted to him regarding appointments due to anxiety
- Mostly **moving between hostels and sofa surfing**, changing addresses - making it difficult to reach



Ian

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

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

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

- Experience with services / treatment**
- Historical
- Care system
 - School reach out services
 - Criminal Justice Social Work
- Prior to DTTO
- Criminal Justice
- During DTTO
- Criminal Justice

- Substance Use, Mental & Physical Health**
- Cannabis addiction - no services approached
 - Benzodiazepine addiction - no services approached
 - Alcohol addiction - no services approached
 - Anxiety, depression and other mental health issues - has visited GP practice and been given medication but has accessed no other services.

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

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

What are Ian's needs?

Structure and routine	Needs a strong support network to have people to talk to if he's struggling	A way to contact him/arrange appointments in person
A consistent worker	Stable housing and/or accommodation	

What are Ian's challenges when interacting with services?

Trust issues as feels all services have let him down	Past trauma leading to poor mental health	Difficult to contact and keep in contact with
Ian was used to children's services and now struggling with adulthood	Social development needs of someone much younger.	

Considerations/ Requirements when designing services for Ian

Lack of family support	Significant trauma from childhood abuse	Is used to self-medicating with substances.
Substance use usually connected to criminal behaviour	Address the trauma Ian has, not just addiction	Ian grew up in an environment where abuse was common, so he does not know what healthy relationships look like

What could be opportunities to improve the service for Ian?

A proper assessment as several needs	Aggressive outreach - Bring services to people	Links in with trauma informed services
Create opportunities to change and realistic pathways out of the service.	Create opportunities to build relationships and a support structure.	Join up services to allow for personalisation

Other notes

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



Michael

Age **35 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

Employment Status **Currently unemployed** Number of DTTOs **3 DTTO's**

Background

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

Experience with services / treatment

Historical

- Juvenile Justice

Prior to DTTO

- Homelessness services
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- Adult Criminal Justice

During DTTO

- Mental Health community services

Substance Use, Mental & Physical Health

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

Criminal Behaviour

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

Family & Community Health

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

What are Michael's needs?

Stable housing and/or accommodation	Consistent ADHD treatment and follow up	A review of what occurs when on a DTTO
Developing sustainable relationships	Go to an appointment with a GP in order to continue his ADHD treatment	A consistent worker

What are Michael's challenges when interacting with services?

Feeling understood	Understanding what services do	Chaotic lifestyle meaning he's constantly moving around
Being able to visualise positive change	remembering booked appointments with different services	

Considerations/ Requirements when designing services for Michael

To have an understanding of ADHD and how it can impact behaviour	Difficult to get in touch with	Address changes
Finds it difficult to manage within society	A key worker/person may be stability for him	There is an expectation for Michael to organise himself between all the services which is not realistic due to his ADHD

What could be opportunities to improve the service for Michael?

Facilitate face to face appointments	Arrange appointments in advance so there is stability for Michael	Recognise how ADHD impacts behaviour and have protocol in place
Have services designed for people with disabilities/conditions alongside their substance use	Links in with trauma informed services	Joined-up services to create less barriers to engagement

Other notes



Jim

Age **51 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

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

Background

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

Experience with services / treatment

Historical

- Not registered at the GP

Prior to DTTO

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

During DTTO

- Criminal Justice

Substance Use, Mental & Physical Health

- Alcohol addiction - no services approached
- Moderate anxiety and depression - no services approached
- Has difficulties socialising and finds it difficult to engage in conversations

Criminal Behaviour

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

Family & Community Health

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

What are Jim's needs?

constant professional help to come off drugs and alcohol	set realistic and achievable goals e.g going for a day out with friends or family	Developing new relationships and/or old ones (before being institutionalised)
Jim needs structure as he has gotten used to prison's routines	Needs a better understand of benefits might he eligible for	

What are Jim's challenges when interacting with services?

Difficulties in committing to long-term goals /treatment	Jim doesn't understand how services work outside prison	Jim has found it difficult adjusting to life outside of prison and meet demands and/or expectations outside of prison
Jim finds it difficult to trust people and develop new relationship		

Considerations/ Requirements when designing services for Jim

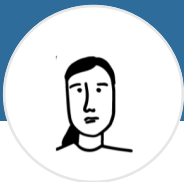
His peer network is mostly composed by convicted criminals	As Jim feels comfortable in prison, any transition for him will be extremely difficult	Literacy problems meaning he can miss letters posted to him regarding appointments - make other arrangements
Has difficulties socialising and finds it difficult to engage in conversations	Jim is not registered at the GP	Experiencing symptoms of Post-traumatic stress disorder such as flashbacks, nightmares, and avoidance of triggers

What could be opportunities to improve the service for Jim?

Set realistic goals Jim can achieve without feeling like he has 'failed'	Joined-up services to create less barriers to engagement	Aggressive outreach - Bring services to people
A consistent programme of support where he can build routines		

Other notes

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



Sarah

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

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

Background

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

Experience with services / treatment

Historical

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

Prior to DTTO

- Prepare (service for pregnant women)

During

- Children Social Work services

Substance Use, Mental & Physical Health

- Opioids
- Sleeping pills
- Postnatal depression
- Suicide attempt

Criminal Behaviour

- Shoplifting
- Breach of peace

Family & Community Health

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

What are Sarah's needs?

Stable housing and/or accommodation	Gaining back custody of her child	A key worker/person may give her much needed stability
Self-confidence and knowing she can decide to leave her relationship	Mental health support	Financial support as Sarah is currently unemployed

What are Sarah's challenges when interacting with services?

Trust issues as feels all services have let her down when lost custody of her child	Neglecting herself, so lack confidence to commit to treatments	Low self-esteem and lack of confidence in herself
Sarah doesn't feel safe talking to a male member of staff	Chaotic lifestyle meaning he's constantly moving around	

Considerations/ Requirements when designing services for Sarah

Sarah has a fear of being alone and so will live in any squat that has other occupants, rather than be housed alone	Her biggest motivation is gaining custody of her child	Neglecting herself and entering abusive relationships
Sarah has low self-esteem and lack of confidence in herself	lack of family and peer support	

What could be opportunities to improve the service for Sarah?

Sarah's main focus is her child and so if that could be acknowledged alongside recovery, this would probably be the best kind of approach to consider	Sarah needs a range of services working together in order to improve (e.g. Adult Psychiatry/Mental Health community services, relationship support)	Sarah needs to regain trust in society and organisation (particularly public services)
A proper assessment as several needs		

Other notes

Sarah may present a risk to her child due to her addictions	Sarah has previously attempted suicide, increasing the risk of doing it again
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Dave

Age **36 years** Gender **Male** Ethnicity **White** Area **Edinburgh**

Employment Status **Disability benefit** Number of DTTOs **2 DTTOs**

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

Experience with services / treatment
Historical

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

Prior to DTTO

- Homelessness services

During DTTO

- Mental Health services
- 3rd sector organisations

Substance Use, Mental & Physical Health

- Alcohol addiction - no services approached
- Addicted to opioids
- Addicted to cannabis and street valium
- Anxiety, depression and other mental health issues

Criminal Behaviour

- Minor crimes under the influence of drugs

Family & Community Health

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

What are Dave's needs?

Stable housing and/or accommodation	Dave needs stability and feel supported	Consistent professional help to come off drugs and alcohol
Developing relationships	A consistent worker	Needs a better understand of benefits might he eligible for

What are Dave's challenges when interacting with services?

Lack of self-confidence to engage with services	Past trauma leading to poor mental health	Feeling of no self-worth
Chaotic lifestyle meaning he's constantly moving around		

Considerations/ Requirements when designing services for Dave

To have an understanding of anxiety and depression and how it can impact behaviour	He may not open letters posted to him regarding appointments due to anxiety	Mostly moving between hostels and sofa surfing , changing addresses - making it difficult to reach
There is an expectation for Dave to organise himself between all the services which is not realistic due to his Mental Health	Dave has very little family support	

What could be opportunities to improve the service for Dave?

Create opportunities to build relationships and a support structure	Links in with trauma informed services	Joined-up services to create less barriers to engagement
Links with mental health services	A key worker/person may give him much needed stability	A proper assessment as several needs

Other notes