

NHS Greater Glasgow and Clyde

*East Dunbartonshire Alcohol and Drug
Partnership*

Service User Evaluation

*Annual Review: April 01st 2013 to March
30th 2014*

Conducted By

*Scottish Drugs Forum National Peer
Research Team*

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Executive Summary

Participants gave an overwhelming positive response to the question based on the Single Outcome Agreement which read:

- *“Have your circumstances improved over the last 3 months as a result of your treatment programme?”*

One hundred and twenty four (92%) of the participants said their circumstances had improved as a direct result of their treatment programme and support structures.

This overall positive experience was supported in the results obtained from the wellbeing indicators, with seven of these achieving a satisfaction rating of 80% or more.

- 130 (96%) respondents indicated they **felt safer** as a result of their treatment
- 120 (89%) participants said they were being helped to develop **coping skills**
- 112 (83%) respondents indicated an improvement in their **relationships**
- 126 (93%) respondents reported an improvement in their general **wellbeing**
- 86 (66%) participants reported an improvement in their **living circumstances**
- 106 (78%) of respondents reported an improvement in their **mental health**
- 110 (81%) respondents reported an improvement in overall **physical health**
- 112 (83%) respondents reported they had experienced an improvement in their **quality of life**

These positive results were captured in the additional measure of “satisfaction with treatment”. The results returned a mean score of 8.8 out of 10.

The results for Q12 highlight three areas affecting positive experience. The first being the therapeutic alliance and opiate replacement therapies, the second identifies the importance of relationships within and beyond treatment and thirdly peer support within the services and in the community.

The results of Q.13 reflected difficulties in the procedural side of treatment, particularly around opiate replacement therapies, workers knowledge and availability and lack of apparent linkage between health, social and welfare services.

The results of Q14 unsurprisingly reflected the frustration experienced by participants as identified in question 13 on the least favourite aspects of treatment. The therapeutic

alliance, opiate replacement therapies and the processes shaping these issues are a constant thread throughout the last 3 questions.

The next step in this process of survey development will be to articulate the differences between EDADS Tier 3 and Tier 2 Alcohol and Drug Services. This will add to the map of services available in East Dunbartonshire which in turn can be developed into a useful information leaflet on the full range of services in the locality. This will address the request for increased promotion of available supports that emerged from the final question in the survey looking for suggestions to improve services.

One area for further investigation and consideration is that of peer support and service user involvement. This may be an area that the Treatment and Recovery Network Meeting would like to develop further.

Finally, the services who participated in this client evaluation will be able to see that the supports they provide receive very high praise. Of the 135 participants these 92% (124) indicated their circumstance had improved as a direct result of their treatment.

Introduction

East Dunbartonshire Alcohol and Drug Partnership have commissioned the Scottish Drugs Forum to conduct a service user evaluation of locally funded treatment and recovery services.

The Scottish Drugs Forum has long history of providing this peer research service which was first developed in 1991. The role of the peer researcher is further described in Developing a Model of User Involvement and Social Research in Scotland. (Brand and Liddell, 2008)

This approach created an effective practice of offering people with lived experience of problematic substance use an opportunity to become involved in the development of local and national addiction services. The addiction and recovery services benefit from the use of peer researchers as their shared identity helps to break down barriers when collecting information on treatment experience.

Peer Research brings an invaluable skill and resource to evaluations and surveys. There is a genuine benefit in capacity building and investing in our volunteers. By adding evaluation specific techniques to their lived experience we promote the synthesis of the personal with evidence based approaches. This maximises our peer research teams ability to utilise insight with data collection skills to gather information on treatment experience.

There are a range of benefits of this model which include:

- There is more frankness during surveys, since both the interviewers and the individuals being interviewed have been or are drug users.
- After a short time of conducting surveys, the group develops a representative overview, rather than individual perspective, of issues facing problem drug users.
- Peer Research Group members develop and build a range of skills and self-confidence, which assists members to move onto education, training or employment and benefits other aspects of their personal lives.

This report combines the results from the last four quarterly evaluations with an overview of the iterative process used to develop the survey design and implementation throughout this period.

The primary goal of the evaluation was to obtain a record of client responses to the Single Outcome Agreement (SOA) question of:

- *'The percentage of drug and alcohol users who feel that their circumstances have improved as a result of their treatment programmes'.*

It was agreed by the East Dunbartonshire ADP members to gather additional experiential information along the continuum of wellbeing. We looked at previous similar studies carried out by East Dunbartonshire ADP to develop a meaningful product. We employed the following measures from these previous studies: e.g. Well-Being and Recovery Functioning among Substance Users Engaged in Post-treatment Recovery Support Groups (2012, Best, D., Honor, S., Karpusheff, J., Loudon, L., Hall, R., Groshkova, and White, W)

- Feeling safe
- Coping skills
- Relationships
- Wellbeing
- Living Circumstances
- Mental health
- Physical health
- Quality of Life

Three included 3 further areas of investigation:

- Please tell us the best 3 things about your treatment over the last 3 months;
- Please tell us the 3 least helpful things about your treatment over the last 3 months
- What suggestions do you have for improving these services?

This approach allowed the peer research team to explore in greater detail the individuals response to the primary SOA question. Using the eight additional questions on wellbeing allowed us to explore what aspects of treatment experience were influencing their responses to the SOA question.

Similarly the final 3 questions on treatment experience and recommendations would allow us to compare the initial responses to the efficacy of the treatment service to the comments gained within this part of the survey. The individual and group responses allow each service and the ADP to make use of this information and frame it within the Treatment and Recovery Strategy

Participating services were:

- East Dunbartonshire Alcohol and Drug Service (EDADS)
- The Foundry
- GRACE (Group Recovery Aftercare Community Enterprise)
- ARC (Addiction Recovery Centre)

Development of Survey Instruments

We have collected data from service users on their experiences of addiction and recovery services in East Dunbartonshire over the last two years (**n= 312**). During this time we have witnessed an evolution in the development of the client evaluation surveys across the range of participating services.

We began with a generic survey for all services and clients. This has since undergone development through an iterative process. This led to the original ‘one’ survey being replaced with organisation and practice specific surveys, reflecting the range of interventions and supports provided by each service.

The eight wellbeing indicators are included in each of the surveys along with the single outcome agreement question. The additional questions on best and least favourites parts and suggestions for improving the service are also included in each of the surveys. This ensures parity between the participating agencies by keeping the areas of investigation a constant across client evaluations.

The Table below highlights the different supports and interventions provided by the services participating in the quarterly treatment experience surveys:

EDADS	SAMH
<ul style="list-style-type: none"> • Assessment and a range of harm reduction interventions • Care and Support Planning • Alcohol treatment and care • Opiate Replacement Therapies • SMART Recovery Meetings • Signpost/referral to other agencies • Access to hospital based addiction services 	<ul style="list-style-type: none"> • Personal Development • Peer support • SMART Recovery meetings • Tools For Living” programme • Links to other organisations • Care plan • Support worker

GRACE	ARC
<ul style="list-style-type: none">• Personal Development• Community Awareness• Training• Education• Links to other organisations• Community Activities	<ul style="list-style-type: none">• Peer Support• Drop In• Evening Projects (groups)• Afternoon Projects (groups)• Help-Line• Sharing

These show the range of supports and interventions people require along their recovery journey. Throughout the period we have been collecting service user information, we have become increasingly aware recovery is not a linear process and many individuals require support from multiple agencies.

We have developed a map of locally based services and supports that have been referred to over the course of the surveys. This shows the level of involvement each of the participants have with other agencies at the time of undertaking the survey. Equally, highlights the services that they would be interested in accessing to help them with their continued recovery.

Results

These are the total responses from the 4 quarterly reports.

Q1. Have your circumstances improved over the last 3 months as a result of your aftercare/peer support?"

124 (92%) out of 135 respondents stated that their circumstances had improved as a result of their treatment and support programme over the last 3 months.

Table 1 SOA Response

	N = 135	Yes	No	NR
All Services		124	10	1

Of the 10 who responded no to this question they gave the following responses:

- "No due to waiting to see support worker for 8 weeks. I would have benefitted from individual advice. However have enjoyed the group (SMART) were people understand what you are saying"
- "Although I have answered no to this question, I would like to point out that my circumstances have improved but over a longer period than the last 3 months, as I am now at the end of my reduction programme"
- "I have been stable for a long time"
- "I'm still early into treatment"
- "My benefits have been changed causing me depression"

From these we can see only one was treatment related and this was an issue of waiting to for 8 weeks to see their worker.

Q2. How would you rate the quality of the services you have received over the last 3 months?

Table 2 Rating of Service

	No: of Respondents	Mean Score
All Services	135	8.8

The mean rating for quality of services received was **8.8**

Q3. Has your treatment programme led to you feeling safer over the last 3 months?

Table 3 Feeling Safer

N = 135	Yes	No	NR
All Services	130	3	2

130 (96%) out of 135 respondents indicated they felt safer as a result of their treatment programme. They indicated the following elements as being helpful:

- “My meds gave me the kick I need to stay off drink. I take dilsufarm, my worker and doctor have changed my mind-set and made me more focused
- At each meeting I’m reminded of the alternatives of Not coming to and doing regular meetings”
- “You have a point of contact for support at the most vulnerable times in recovery”
- “The support workers are good knowing I am on regular meds is good. I changed my GP and this GP has helped direct me forward”
- “Talking and sharing with others who have been and are going through similar situations plus medication”
- “I use all support available and with peer support I get great structure, I have no desire to use or drink”
- “Because I am sober and can deal with things better and I now trust myself as does my family”
- “The fact that there are people about I can talk to and discuss things with, has made me safer from myself”

Of the remaining 5 participants, 2 did not reply to this and 3 gave a no response. Two of the respondents report treatment related issues and one issue related to travel costs.

- “This is due to not seeing a support worker on a one-to-one. Also Appointment with psychiatrist was disappointing”
- my medication hasn’t really worked and sometimes I forget to take it’,
- “bus fares to hospital has been a problem”

Q4. Has your treatment programme helped you with your coping skills over the last 3 months?

Table 4 Coping Skills

N = 135	Yes	No	NA	NR
All Services	120	4	8	3

120 (89%) out of 135 respondents indicated an increase in their coping skills over the last 3 months.

The participants provided supporting information on how their coping skills have improved:

- “Key worker, absolutely a wonderful person, so open herself which enables me to identify areas that I ruminate over wrongly. Peer support, absolutely fabulous for support from peers, lets me feel less ashamed of myself”
- “I am in good surroundings with people who listen and help with any situation that may come up”
- “the support I receive helps me keep safe by working on my mental health”
- “engagement with similarly challenged people has assisted in me engaging in my sobriety”
- “The service has showed me I can live a fulfilling life and a good life and does not involve alcohol”
- “Seeing my support worker and talking through problems also everything I am learning through tools for living”
- “The SMART group and peer support is second to none with tools for living very helpful, for better social skills and dealing with anxiety”
- “I am becoming more confident and feeling more able to cope with things. Being able to make plans and put them into action”

Of the remaining 15 participants, 8 responded this was not applicable to them, 3 gave no response and the remaining 2 provided the following additional information:

- “This is due to not seeing a support worker on a one-to-one. Also Appointment with psychiatrist was disappointing”
- “I don’t need help with this”

Q5. Has your treatment programme have helped you with your relationships over the last 3 months?

Table 5 Relationships

N = 135	Yes	No	NR	NA
All Services	112	10	8	5

112 (83%) out of 135 respondents indicated an improvement in their relationships over the last 3 months and provided the following supporting information:

- “interacting with peers and support workers while completely solving problems, gives a great understanding of the pressures of the various attendees”
- “By discussions, encouragement and problem solving by your peers. Also acting on the excellent advice given by all”
- “A safe SMART meeting on a Thursday were I talk about any problems and the tools for living is helping sort out any issues that arise”
- “Grace gave me confidence to speak and respond to people in recovery”
- “Personal development has helped me to join in various community activities”
- “in your addiction, access to one to one support or groups you don’t feel as isolated as you learn that you are not alone”
- “My group meetings have been great, social work have helped in a big way. Medication helped how I was feeling”
- “Specifically focusing on cravings and triggers etc. and ideas on how to deal with these”

Of the remaining twenty three participants, 8 gave no reply, 5 said it was not applicable and the remaining 10 did not provide additional information to support their answer, making it difficult to ascertain if their experiences were treatment related.

Q6. Has your treatment programme helped you with your wellbeing over the last 3 months?

Table 6 Wellbeing

N = 135	Yes	No	NR	NA
All Services	126	3	5	1

126 (93%) out of 135 respondents indicated an increase in their wellbeing over the last 3 months. They provided the following supporting information:

- “Before I came to the Foundry I didn’t care about myself .since coming it has made me feel a whole lot better”
- “I want a better life for myself and my son therefore I do all of the right things to keep a balanced life”
- “The service noticed my mood was dropping so I saw the mental health team they have encouraged me to be healthy”
- “My cravings are going the longer I am off drink, it took the drugs a month to work but feel the benefit now. Support worker provides additional crutch”
- “My wellbeing has improved because I don’t laze about all day cause I get up early for Grace”
- “Learning various things has helped me to grow in my personal development”

Of the remaining 9 participants; 5 gave no response, 1 said it was not applicable and of the remaining 3 we got the following additional information:

- “Have been put on medication. Await a follow up appointment with psychiatrist at clinic”

We can see that this single respondent’s issue arose from a waiting time issue to see the psychiatrist. It is not possible to assess what if any aspects of treatment caused the other 8 to give a no response to this question.

Q7. Has your treatment programme have helped you with your living circumstances over the last 3 months?

Table 7 Living Circumstances

N = 135	Yes	No	NR	NA
All Services	86	15	17	17

86 (66%) out of 135 respondents experienced an improvement in their living circumstances in the last 3 months. They gave the following additional information supporting their answers:

- “I am finding it easier living on my own I am less stressed now”
- “I live day by day and it’s good to check in here weekly to see what each week has been good or bad (Generally an improvement)”
- “Becoming more confident I became more aware of my living circumstances and became interested in what I had to do” “It has helped me cope with day to day life”
- “Attendance at the smart meetings has stabilized my home life”
- “By not drinking I am a nicer person and I am able to treat myself and others to small luxuries”
- “Have recently moved, I have felt great value from this advice to make me a bit more able to deal with situations” “I am no longer embarrassing myself and I am more trustworthy. People notice I am trying to change”
- “I have a calmer house; my family don’t see panic or worry in me anymore. I have a more stable relationships with my family and I have a much more better relationship with social work, schools, family group worker and GP”
- “I have been given the tools which enables me to deal with issues and not bury my head in the sand, giving you confidence”
- “Peer support and SMART groups and care plans made up by my support worker has greatly improved my personal development which in turn has helped my living circumstances”

The remaining participant’s responses were broken down into; 17 said this was not applicable to them, 17 gave no response to the question and of the remaining 15 we received the following three responses:

- “My circumstances have remained the same”

- “attend to my own needs in this area”
- “Circumstances had been the same for years”

We can see that 12 participants did not provide additional information to this question and are not in a position to elucidate if this was due to any aspect of treatment.

Q8. Has your treatment programme helped you with your mental health over the last 3 months?

Table 8 Mental Health

N = 135	Yes	No	NR	NA
All Services	106	9	9	11

106 (78%) out of 135 respondents indicated an improvement in their mental health over the last 3 months. The participants who responded yes to this question offered the following supporting statements:

- “Support worker has really helped me understand my mental health. I currently do light exercise to boost my mental health”
- “By going to the Foundry it has made me more aware of my mental health”
- “Being in a service that gives lots of support and advice .being able to have one to one sessions and being able to phone if needed to organize this also care plan”
- “By counselling and by working through problems with counsellor (support worker) plus peers”
- “The support worker noticed my mood going down and encouraged me to use my tools” “Getting support from GP and key worker and prescription”
- “I’m more positive about moving on with my life and have stopped my addiction dictating how I live my life”
- “Its opened my eyes to admit I’m an alcoholic and that I’ve not to be ashamed as I’m now taking control with the right support” “.The arc has helped my mental health because today I know what I suffer from”
- “My worker has helped me cope with my mental health problems”
- “My depression and anxiety is easier to live with since I have seen my GP and had a prescription for anti-depressants...”

The remaining responses were broken down into; 11 not applicable, 9 no responses and 9 no improvement in mental health. Of this last group we received the following additional information:

- “I get help from my GP with mental health”
- “I get no support for mental health”
- “GP had put me on medication; the psychiatrist only upped the dose. The GP would have done this anyway, and was hoping the psychiatrist would have advised on different medication”

The role of GP and Psychiatrist was interpreted as by 2 respondents as their primary source of mental health support. 1 participant did not feel they were getting help with mental health issue. The remaining 6 in this group did not provide any additional information making it impossible to see if their answer was attributable to treatment experience.

Q9. Has your treatment programme helped you with your physical health over the last 3 months?

Table 9 Physical Health

N = 135	Yes	No	NR	NA
All services	110	7	8	10

110 (81%) out of 135 respondents indicated an improvement in overall physical health over the last 3 months. The participants provided the following supporting information:

- “The service has encouraged in me]all aspects of physical health and I try to do this”
- “I am able to get out and exercise and improve my overall health, before I would avoid exercise and sit on couch”
- “I don’t sit about the house, I get out without panicking. I’ve changed my day to day routine for the better”
- “The fact that having my mental and physical problems, to stop my alcohol abuse will slow down my physical deterioration”
- “SMART recovery group gives me the ultimate balance on my life which impacts on my mental and physical health”

- “The group I attend remind me to exercise and keep busy. It’s a good weekly reminder to do so”
- “Before my issues began, I was an avid exerciser but recently I have been walking and light exercise and have noticed an improvement in my physical and mental health” Being able to speak about problems that may suit me; being given tools to deal and put into plan these solutions”

The remaining 23 participant’s responses were broken down into; 10 said this was not applicable to their service, 8 did not reply and 7 said they got no help with physical health. We received the following three additional comments for the no respondents:

- “Have been making changes to my diet myself”.
- “I’ve not started exercising yet”
- “I’m limited due to being on prescription for pain relief”

We can see these responses do not relate to treatment provision.

Q11. Has your treatment programme helped you with your Quality of Life over the last 3 months?

Table 10 Quality of Life

N = 135	Yes	No	NR	NA
All Services	112	7	6	10

112 (83%) out of 135 respondents replied they had experienced an improvement in their quality of life over the last 3 months. They offered the following additional comments to support their answers:

- “I am now alcohol free for two years and have a good quality of life”
- “Quality of life has improved slightly since attending. I also have a more of a chance of a better future”
- “keep better company, meet better people, be focused on life” “When I came here I was broken and not really functioning it has given me a purpose”
- “I have a better quality of life now and I’m able to do more and enjoy life
- “I now embrace my life, I don’t exist anymore I have a purpose”

The remaining 23 participant's replies are broken down into the following: 10 said this question was not applicable, 6 did not reply to the question and 7 answered no to this question. This group gave the following additional comments:

Of the 2 who indicated no parts of their treatment helped, 1 said they had just begun treatment and the other highlighted they always had the necessary food and utility services to support them.

The final three questions in the survey ask the participant's to highlight their favourite and least favourite aspects of treatment and recommendations for improving services. The following tables illustrate the thoughts and experiences of clients and participants from the services involved.

Q12. Please tell us the 3 best things about your treatment over the last 3 months? The qualitative responses are grouped into common themes:

Table 11 Positive treatment themes

Therapeutic Focus	Education/training needs	Medication	Relationships	Housing Living	Peer Focus
Support Worker	support in training	Prescription	I fell it's easier to socialise	New place to live,	Family Relationship Support
patience of worker	Harm Reduction	Methadone has given a better quality of life	Having all my family back in my life	More money available	SMART Recovery Groups
1-to-1 counselling and referral to	Employment Support	BBV Checks	Good relationships with family	I have more money to spend on clothes	like-minded people
Improve family relations	Healthier life style	Coming down on my methadone	Identification with others		Share my story
SMART Meetings	Starting Counselling Course	Worker helping me reduce my script	Being part of my family today		Access to ARC over festive period

Skills and tools for living	Getting a detox and improved appetite	Repair of family relationships	Getting to know I'm not alone
Following recovery plan and feeling good about myself		Peer group making you feel relaxed	Fellowship and friendship
Non-judgemental staff		Meeting people with similar problems	Having people to talk to
Safety, structure and increase in confidence		Strong child bond	SMART groups are helpful
Improve in mental health and personal wellbeing			Feeling part of the group and making new friends

The results for Q12 highlight three areas affecting positive experience. The first being the therapeutic alliance and substitute prescribing, the second identifies the importance of relationships within and beyond treatment and thirdly peer support within the services and in the community. **Q13.** Please tell us the 3 least helpful things about your treatment over the last 3 months? The qualitative responses are grouped into common themes:

Table 12 Negative Treatment themes

Therapeutic Focus	Education/training needs	Medication	Peer & Relationships
Complaints and resolution process	No support from DWP: Reward addiction punish recovery	OST not reduced quickly enough	More local groups
trying to get GP appointment	Worker unable to deal	Decision making	Holding

	with psychological issues.	on prescription regime one sided: power-trip	resentments towards group members
Trying to psychiatric/psychological support	Workers Knowledge is limited	Methadone script, want to come off it.	Difficulty with family members
Lack of staff to deliver group work-worker too busy	No money for Bus Fares		Not being able to see my daughter
Lack of empathy from worker	More access to SVQ courses		Group negativity can get me down
Referral process from CAT to difficult			
Having to find service when your discharged			
Being 10 minutes late then being sent away			
Travelling distance to service			
Waiting times in the reception area then meeting people in their early recovery.			

The results of Q.13 reflected difficulties in the procedural side of treatment, particularly around opiate substitute prescribing, worker's knowledge and availability and lack of apparent linkage between health, social and welfare services. The issue of access to training and education from a client perspective included the desire to be able to access vocational qualifications allowing people to move on. The notion of training with regard to staff centred on client experience surrounding opiate substitute prescribing and workers limited knowledge of dealing with additional psychological problems.

Q14. What suggestions do you have for improving the services you receive? The qualitative responses are grouped into common themes:

Table 13 Suggestions for improving services

Therapeutic Focus	Education/training focus	Medication
More time to listen to people's stories	References from worker for education, training or employment	Worker needs to explain reason for prescribing regime
Waiting time to see worker	More activity based options	Dispensing for weekend
quicker access to services	Greater linkage between health, social and welfare staff	Quicker access to GP in CAT

More family involvement/support	More voluntary positions in services	More SMART days, more than 1 a week
More time for workers	Help with finances	
Increased promotion of what services are available	More peer supports and service user involvement opportunities	
Change appointment times, separate people in early recovery from those further on		
More flexibility with appointment times		
More communication between services to coordinate care		
More training and time made available to EDADS staff for one-to-one work		

The results of Q14 unsurprisingly reflected the frustration experienced by participants as identified in question 13 on the least favourite aspects of treatment. The therapeutic alliance, substitute prescribing and the processes shaping these issues are a constant thread throughout the last 3 questions.

Table 14 Map of Service attendance & Interest

Service	Service Score	Interest in service	Service	Service Score	Interest in service
Methadone substitute Reduction	(n=9) 5	(n=6)	Housing Support	(n=6) 10	(n=33)
Benzo Detox	(n=2) 2	(n=9)	Help with boredom	(n=15) 9	(n=40)
Alcohol Detox	(n=13) 6.5	(n=5)	Arts & Crafts Group	(n=4) 6.5	(n=27)
Counselling	(n=30) 7	(n=31)	Recreation/health fitness/outdoor activities	(n=22) 8	(n=55)
Methadone substitute Maintenance	(n=21)	(n=7)	Basic literacy Skills	(n=3)	(n=16)

	5.5			8.5	
Mental Health Support	(n=41)	(n=22)	Employability Support	(n=6)	(n=34)
	7.5			8.5	
Anxiety Management	(n=18)	(n=46)	Education/training	(n=8)	(n=21)
	7.5			8.5	
Debt Counselling	(n=5)	(n=28)	Benefits Advice	(n=1)	(n=41)
	7			10	
Relationship Education/information	(n=5)	(n=31)	Voluntary work	(n=11)	(n=39)
	9			9	
Childcare		(n=12)	Peer support	(n=29)	(n=21)
				6	
Relapse Awareness	(n=23)	(n=38)	Women's Issues	(n=6)	(n=17)
	8			7	
Sexual Health Education/information		(n=6)	Men's Issues	(n=1)	(n=12)
				8	
Social Work Support	(n=6)	(n=17)	Ethnic Issues	(n=2)	(n=4)
	8			9	
Family Support	(n=15)	(n=17)	Service User Involvement	(n=8)	(n=17)
	7			6	
Info & advice on Hep B&C and HIV	(n=13)	(n=19)	Other.....		
	10		Suboxone		(n=2)
Acupuncture		(n=47)			

55 (41%) of respondents completed this additional map of service use and interest. Some of the participants who identified that they were currently receiving a service also indicated they were also interested in retaining the service.

From these responses we can see there is a high demand for additional psychological supports and interventions such as, mental health support (n= 22), counselling (n= 31), anxiety management (n= 46) and relapse awareness (n =38).

A second theme emerges from these responses which encompasses welfare support. Debt counselling (n= 28), Housing Support (n= 33) and Benefit Advice (41).

The third theme to emerge from this data is that of personal development. Help with Boredom (n= 40), Recreational/Health/Outdoor activities (n= 55), Employability Support (n=34) and Voluntary Work (n= 39).

Discussion

The 135 participants gave an overwhelming positive response to the Single Outcome Agreement question; *'Have your circumstances improved over the last 3 months as a result of your treatment programme?*

One hundred and twenty four (92%) of the participants said their circumstances had improved as a direct result of their treatment programme and support structures. This view is supported in the results obtained from the wellbeing indicators, with seven of these achieving a satisfaction rating of 80% or more.

- 130 (96%) respondents indicated they **felt safer** as a result of their treatment programme
- 120 (89%) participants said they were being helped to develop **copng skills**
- 112 (83%) respondents indicated an improvement in their **relationships**
- 126 (93%) respondents reported an improvement in their general **wellbeing**
- 86 (66%) participants reported an improvement in their **living circumstances**
- 106 (78%) of respondents reported an improvement in their **mental health**
- 110 (81%) respondents reported an improvement in overall **physical health**
- 112 (83%) respondents reported that they experienced an improvement in their **quality of life**

These positive results were also captured in the additional measure of overall "satisfaction with treatment". The results returned a significant mean score of **8.8 out of 10**.

These findings receive support from the responses to Q12 (Table 11) on best things about service. The results for from this highlighted three important areas affecting positive experience. The first being the therapeutic alliance and opiate substitute prescribing; the second identifies the importance of relationships within and beyond treatment and thirdly peer support within the services and in the community.

The results of Q14 'Suggestions for Improving Services' (Table 13) unsurprisingly reflected the frustration experienced by participants in the areas highlighted in table 3 (negative treatment outcomes). These suggestions build on what has already been

established as the core components of good treatment experience i.e. therapeutic alliance, prescribing regimes and peer support.

The suggestions promoted increases in time available to workers to spend with the client group and having a greater say in the prescribing regime. There was a request for greater linkage health, social and welfare services and for more peer based user involvement opportunities.

These findings are further supported in the last part of the survey that employs a mapping list of services and activities available in the locality (Table 14)

The results from this map showed 55 (41%) of respondents completed this additional map of service-use and interest. The information collected from this was grouped into the following three themes:

- Psychological support
- Social and welfare support
- Personal development.

From the responses we can see there is a high demand for additional psychological supports and interventions such as, mental health support (n= 22), counselling (n= 31), anxiety management (n= 46) and relapse awareness (n =38). This shows those who completed this map have identified potential relapse issues that are on-going with them. The recognition that they need support with anxiety management and relapse awareness should be integral to their care and treatment plan.

A second theme of social and welfare support emerged from the mapping exercise: Debt counselling (n= 28), Housing Support (n= 33) and Benefit Advice (n= 41). These are areas that possibly lie outside the traditional remit of clinical and community programmes but, indicate the need for close cooperation and interagency working. This was a theme that emerged from the final question in the survey on 'Suggestions for Improving Services' referred to above.

The third theme to emerge from the mapping exercise was that of personal development. Participants highlighted the desire to participate or gain support for the following: Help with Boredom (n= 40), Recreational/Health/Outdoor activities (n= 55), Employability Support (n=34) and Voluntary Work (n= 39).

These showed that, across services, clients were very much interested in meaningful activities ranging from volunteering through to employment support, recreation and health based activities.

The map and the responses to the last 3 questions highlighted the desire of the participants to have access to additional psychological, welfare and personal development support. Counselling, mental health, anxiety management and relapse awareness consistently came up as areas of additional need. There was recognition for further support with family and relationship issues as well as help with debt counselling and benefits advice. Resolving these issues and providing the right amount of needs based support when required are the foundations to developing sustainable recovery and illustrate the complex needs of participants. This information underlines the importance of the use of care/recovery plans and referral mechanisms in and between services to facilitate the recovery pathway between them for their clients.

The client journey is reflected in the range of services who participated in the data collection. In the section on the development of the survey instruments, we described the range of interventions and supports that the four agencies provided. We see significant differences between the interventions they provide which are crucial to the recovery journey.

Each service received positive responses for their workforce and the existing service provision. In responding to question 13 on 'Least Favourite' aspects of treatment/involvement, participants highlighted difficulties in the procedural side of treatment, particularly around; substitute prescribing, workers knowledge and availability and lack of apparent linkage between health, social and welfare services. The issue of access to training and education from a client perspective included the desire to be able to access for vocational qualifications allowing people to move on. The notion of training with regard to staff centred on client experience surrounding opiate substitute prescribing and in some instances workers limited knowledge of dealing with additional psychological problems

These show structural and practice areas that from the client's perspective could be attended to improve on treatment experience.

Conclusion

We see that each of the participating services provide different types of treatment interventions and supports reflecting the ADP's Recovery Oriented Systems of Care Strategy. This is expressed through the work of the Treatment and Recovery Network Sub-Group which is mapping services commensurate to different stages of the recovery journey of people dealing with recovery from addiction issues.

EDADS services provided high level medical interventions as well as psychological and therapeutic interventions. Other services such as GRACE and ACT provided community day programmes providing further opportunities for personal development and peer based supports.

The development of the survey instrument has been based on an iterative process of mapping services based on their support and intervention regimes, results from client feedback on treatment experience and feedback from the ADP Coordinator and Service Managers. This has allowed the survey to remain organic and flexible ensuring the aims of the ADP and the needs of the local population are being met through the provision of services fulfilling treatment and support requirements.

The next step in will be to continue the progress of the survey instrument with EDADS management and staff team. This is already underway and is benefitting from this iterative developmental process. It has provided a stage where staff and client groups are continuously adding feedback into the style, content and efficacy of the instrument.

This will add to the map of services available in East Dunbartonshire which in turn can be developed into a useful information leaflet on the full range of services in the locality. This will address the request for increased promotion of available supports that emerged from the final question in the survey looking for suggestions to improve services.

It is envisaged that this information will assist in the referral process by dovetailing people's needs with specific service provision enabling the individual to be referred to the most appropriate service in the first place. Equally, it would allow an individual to contact a service direct based on their own perception of the problem/s they face.

One area for further investigation and consideration is that of peer support and service user involvement. This may be an area that the Treatment and Recovery Network Meeting would like to develop further.

Finally, the services who participated in this client evaluation will be able to see that the supports they provide receive very high praise. Of the 135 participants these 92% (124) indicated their circumstance had improved as a direct result of their treatment.

Appendix A

<i>Service</i>	<i>Getting Service Rank 1 - 10</i>	<i>Interested in service</i>	<i>Service</i>	<i>Getting Service Rank 1 -10</i>	<i>Interested in service</i>
Methadone substitute Reduction			Housing Support		
Benzo Detox			Help with boredom		
Alcohol Detox			Arts & Crafts Group		
Counselling			Recreation/health fitness/outdoor activities		
Methadone substitute Maintenance			Basic literacy Skills		
Mental Health Support			Employability Support		
Anxiety Management			Education/training		
Debt Counselling			Benefits Advice		
Relationship Education/information			Voluntary work		
Childcare			Peer support		
Relapse Awareness			Women's Issues		
Sexual Health Education/information			Men's Issues		
Social Work Support			Ethnic Issues		
Family Support			Service User Involvement		
Info & advice on HIV			DTTO		
Info &Advice on Hep B /C			Other.....		
Acupuncture					