

Dumfries and Galloway Alcohol and Drug Partnership

Evaluation of the Alcohol and Drug Support South West Scotland Talking Therapies Service for people with drug and alcohol problems.

July 2014 to October 2016

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Executive Summary

Background

The current contract for Alcohol and Drugs Support South West Scotland (ADS) started on 1st July 2014 and will come to an end on 31st March 2017. The contract was awarded to deliver a Talking Therapies Service that provides a range of therapeutic psychological interventions for those with alcohol and/or drugs misuse problems throughout the region.

The overall aim of the evaluation was to assess the counselling service's effectiveness in helping people to reduce their drinking and/or drug use and to improve their health and well-being. The evaluation was conducted in November 2016, drawing together existing output and outcome data generated by ADS, conducting face-to-face and telephone interviews with service users, ADS staff and ADS stakeholders.

About the ADS Talking Therapies Service

The ADS Talking Therapies is an accessible service, delivered across the four localities in Dumfries and Galloway. Waiting time from referral to appointment is usually two to three weeks, although clients can be seen within a week if there is an available appointment.

On average, the counsellors have approximately 30 clients in their caseload at any one time. Seasonal peaks and troughs are common within the service. Between July 2014 and September 2016 ADS Talking Therapies offered 8,549 face to face appointments and 792 telephone appointments. Approximately a third of clients are female. The majority of clients are between 45-54 years old, but the counselling service works with a range of clients from across all adults age groups. Just under half of the clients (43%) live within the Nithsdale locality, 25% live in Annandale & Eskdale, 18% Wigtownshire and 14% Stewartry. Due to the change in referral pathways the majority of referrals come from the NHS Specialist Drug and Alcohol Service (46%), followed by self referrals (26%).

ADS counsellors work in an integrative modality, using person-centred evidence based approaches such as:

- Motivational Interviewing
- Cognitive Behavioural Approach
- Personal Construct Psychology
- Psychodynamic Counselling
- Solution Focused Counselling
- Brief Therapy

- Mindfulness
- Neurolinguistic Programming

Counsellors employ a range of these approaches when working with clients to create a bespoke, individually tailored counselling service. Counsellors work as part of a multi-disciplinary team with other health professionals in the NHS and other Third Sector specialist treatment services.

Findings

ADS's own monitoring data shows that between July 2014 and October 2016 ADS Talking Therapies made 8,549 face to face appointments and 792 telephone appointments. The engagement rate for the face to face appointments in this time was 85% and 90% for telephone appointments.

The Alcohol Star outcome monitoring tool has been used in the assessment process since October 2011. Data is available for 150 service users. Dimensions where ADS Talking Therapies clients made most progress were alcohol use (89%); improvement in emotional health (88%); improvement in physical health (85%) and improved use of time (81%).

Further analysis of this data across all the dimensions shows that 76% of service users have made big improvements, 14% made small improvements, 8% made no changes, and only 2% deteriorated (1% small, 1% big decrease).

The feedback from ADS Talking Therapies service users further confirmed the data findings. Service users come from all four localities, the majority seeking help for alcohol issues. All service users received their first appointment within three weeks. The majority of those interviewed received face to face counselling and some were receiving both, face to face and telephone counselling. The ADS Talking Therapies Service received excellent reviews from their service users, all of whom stated that their lives would have been much worse without the support they received.

The feedback from ADS Talking Therapies staff was generally very positive. Staff expressed that they feel valued and listened to. The work environment has been described as supportive, especially in area of personal matters. Staff interviews showed good organisational knowledge as well as policy and procedure awareness.

Findings from the other stakeholder interviews show that:

- All stakeholders referring to the ADS Talking Therapies were very satisfied with the clarity, organisation and speed of the referral process as well as the speed that the referrals were picked up and clients offered appointment.

- In general, the stakeholders were satisfied with the effectiveness of ADS counselling in helping their referred patients to prevent or reduce their drinking, especially when they received a joint intervention between services. They admitted that it was difficult to make this judgment in relation to their drug clients as their numbers were very small and not much feedback was available (the majority of drug users in the NHS Specialist Drug and Alcohol Service receive Cognitive Behavioural Therapy and therefore there is less need for further counselling for these clients).
- All stakeholders expressed their concern that they wouldn't be able to refer their patients to another service if ADS Talking Therapies service was not available.
- NHS Specialist Drug and Alcohol Service staff work closely with one of the ADS Talking Therapies staff members and spoke very highly of the professional partnership between services. Being able to work on the same premises and arrange joint appointments was seen as very effective and beneficial to the service users.

Conclusions and recommendations

The evaluation of the ADS Talking Therapies Service included analysis of the service and outcome data, interviews with staff, service users and external stakeholders. Based on this information it appears that the ADS Talking Therapies is a highly valued and effective service that forms an integral part of the delivery of drug and alcohol services in Dumfries and Galloway. It is important to recognise that the review hasn't identified any major gaps or shortcomings of the service.

Conclusions:

1. The ADS Talking Therapies Service is showing to be an effective service based on the outcome data and feedback from service users. Should this service be discontinued, there would not be a suitable alternative for service users in Dumfries and Galloway. The provision of this type of counselling service is crucial to the effective implementation of the drug and alcohol Recovery Oriented System of Care (ROSC).
2. It has been highlighted that having joint sessions with the ADS Talking Therapies counsellor and NHS Specialist Drug and Alcohol Service counsellor was particularly beneficial and effective for service users and for staff. It is therefore recommended that resources permitting, where applicable, this type of joint working is utilised with other services.
3. There may be alternatives to the current supervision model utilised by the service. It is recommended that a more streamlined supervision model is considered, whereby the staff could receive support on one to one basis.

1. Background

1.1 Introduction

The current ADS Talking Therapies Service contract ends in March 2017. This review includes analysis of data from the period between July 2014 and October 2016. ADS supplied activity monitoring data to the ADP Support Team, indicating that during this period 8,549 face to face appointments and 792 telephone appointments were made. Section 2 of this report shows more detailed statistics from the service, including Alcohol Star data.

Due to the ADP reduction in funding in 2016, the ADS Talking Therapies service no longer delivers a counselling service in HMP Dumfries. The decision to withdraw from the prison was due to the need to provide counselling sessions where there was more demand and after consultation with the NHS Specialist Drug and Alcohol Service manager, it was agreed that prisoners would be supported through the NHS service. Furthermore, due to the changes in referral pathway, GPs no longer directly refer service users to ADS Talking Therapies. The majority of referrals go through the NHS Specialist Drug and Alcohol Service. The impact of these changes has been reflected in the evaluation and analysis.

1.2 About the evaluation

The ADS contract is coming to an end on 31st March 2017. Dumfries and Galloway Alcohol and Drug Partnership is mandated contractually to carry out a service evaluation prior to the contract end date. The main aim of this evaluation was to assess the alcohol and/or drug counselling service's performance and effectiveness in helping people to reduce their drinking and/or drug use and improve their health and wellbeing.

The evaluation was conducted in November 2016 and involved the following:

- analysis of the output and outcome data generated by ADS;
- face-to-face and telephone interviews with thirteen current service users;
- interviews with four ADS staff;
- interviews with other stakeholders (staff members from NHS Specialist Service, Addaction and Community Mental Health Team).

1.3 About this report

Section 2 provides more detail about the ADS Talking Therapies, including service statistics and outcome data. Sections 3 and 4, respectively, depict the views of staff and service users interviewed during the evaluation. Section 5 brings together the views of key stakeholders, including internal ADS stakeholders. Section 6 draws together conclusions and makes recommendations for the future service delivery.

2. ADS Talking Therapies Service

2.1 The ADS Talking Therapies Service

ADS has been delivering a Talking Therapies Service for a number of years prior to the current contract. In the year 2015-2016 the ADS Talking Therapies Service for people with alcohol problems has been delivered by 3.6 whole time equivalent (4 staff) professional paid counsellors.

Talking Therapies is an accessible service, delivered across the four localities in Dumfries and Galloway in GP Surgeries, Health Centres as well as ADS premises in Castle Douglas, Dumfries and Stranraer, and in a therapy centre close to ADS' office in Castle Douglas. Detailed breakdown of service statistics is provided in Section 2.3.

2.2 Therapeutic modalities on offer

The ADS Talking Therapy Service delivers a range of interventions for people with alcohol and drug problems. ADS counsellors work in an integrative modality, using a bespoke approach based on behaviour change and change maintenance, including:

1. Motivational Interviewing
2. Cognitive Behavioural Approach
3. Personal Construct Psychology
4. Psychodynamic Counselling
5. Solution Focused Counselling
6. Brief Therapy
7. Mindfulness
8. Neurolinguistic Programming

2.3 Service statistics

The ADS Talking Therapies Service for people with drug and alcohol problems provides a service to approximately 600 people each year. This excludes the number of service users counselled through the telephone appointments. Table 1 shows a breakdown of type of referrals between July 2014 and October 2016. Table 2 shows a gender breakdown by referral type between July 2014 and October 2016.

Table 1: Breakdown of referral types (alcohol v drug and referrals v re-referrals) between July 2014 and October 2016.

	Talking Therapies Alcohol Referrals	Talking Therapies Drug Referrals	Total

Total Referrals	829 (90%)	89 (10%)	918
Re-Referrals	487 (59%)	8 (9%)	495

Table 2: Gender by referral type breakdown between July 2014 and October 2016.

	Talking Therapies Alcohol Referrals	Talking Therapies Drug Referrals	Total
Males	516 (62%)	48 (54%)	564 (61%)
Females	313 (38%)	41 (46%)	354 (39%)

The majority of referrals received by ADS Talking Therapies service relate to alcohol problems (90%), with more than a half being re-referrals (59%). More than a half of service users seeking help relating to alcohol use are male (62%).

When service users exit the service the counsellors make it clear that they can return to the service in the future if they feel the need for further support. Approximately half of the referrals are classed as re-referrals.

Figures 1, 2 and 3 show the age distribution of ADS' Talking Therapies clients, the locality within which they live, and the source of the referral.

Figure 1: Age distribution of service users (July 2014 to October 2016).

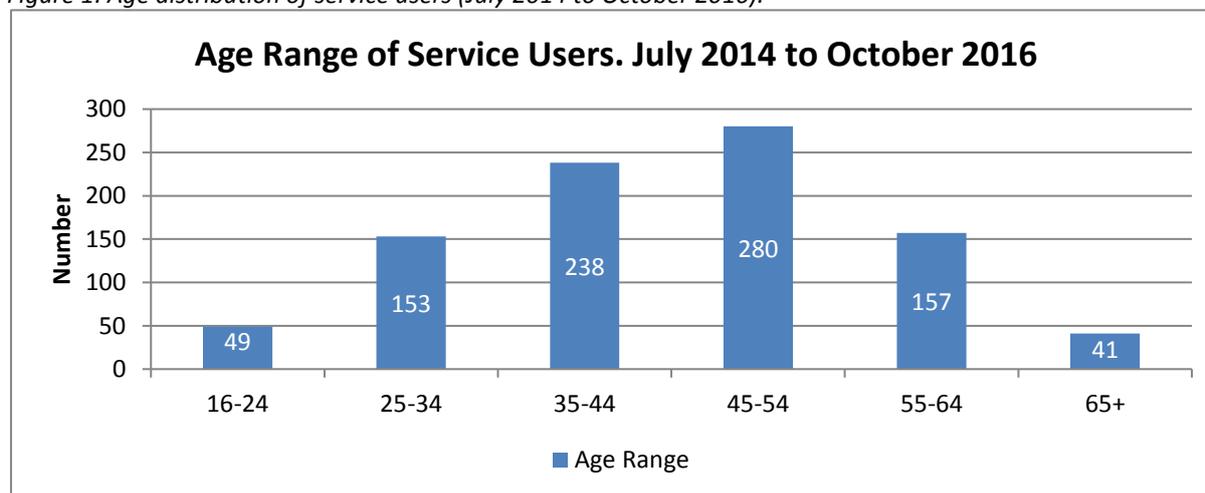


Figure 2: Locality in which service users live (July 2014 to October 2016).

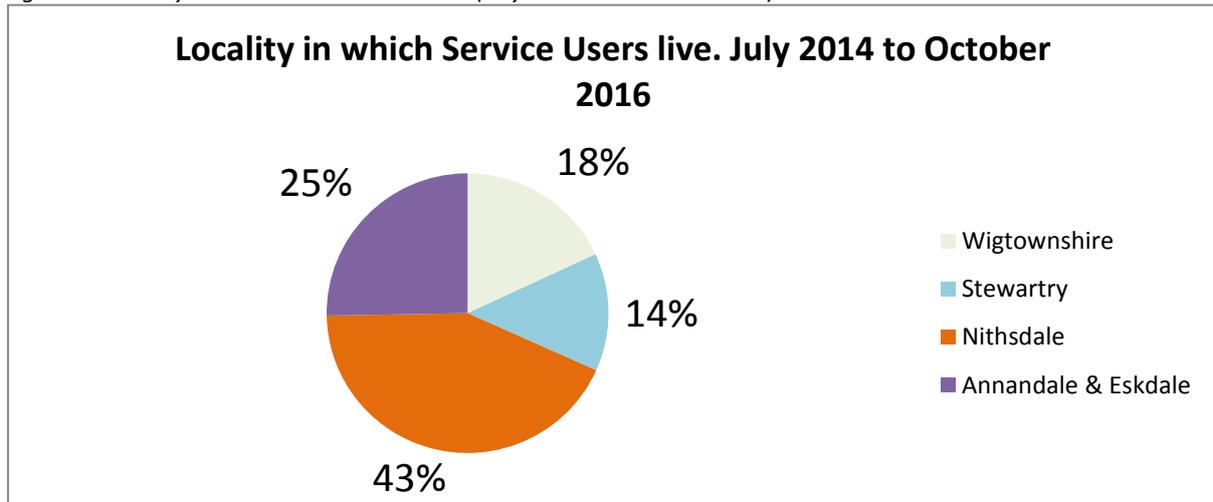
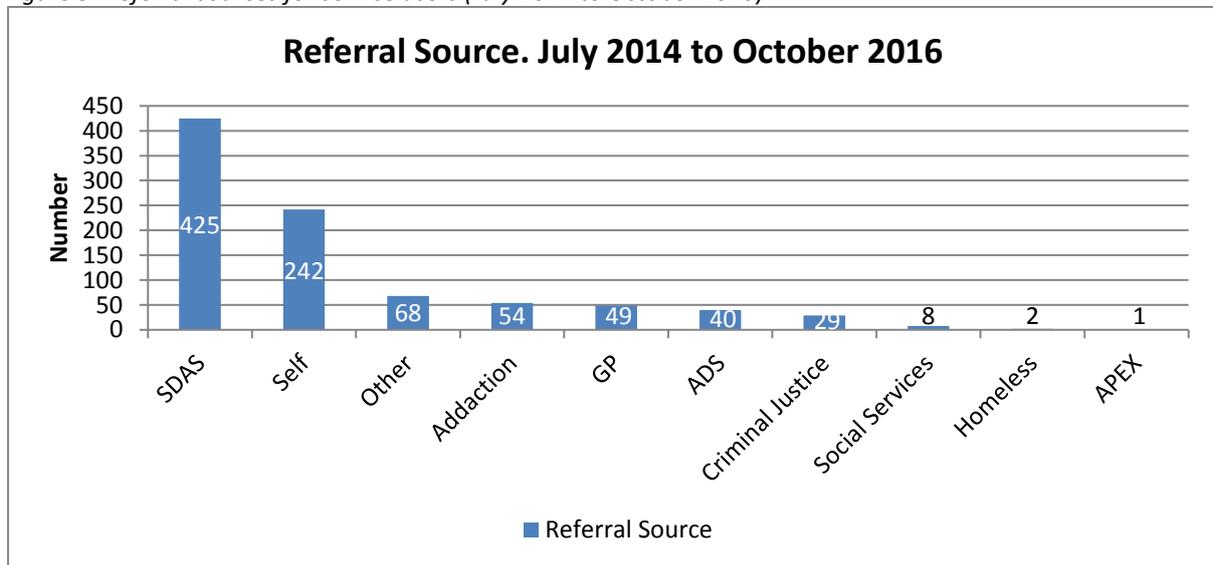


Figure 3: Referral sources for service users (July 2014 to October 2016).



These figures show that the service:

- works with a range of clients from across all adult age groups;
- just under half of service users (43%) live in the Nithsdale locality (39% of the population of Dumfries & Galloway reside in this locality); 14% of service users live in Stewartry locality (17% of the population of Dumfries & Galloway reside in this locality);
- in accordance with the changes in the referral pathway, the majority of referrals come from the NHS Specialist Drug and Alcohol Service (46%), showing that the services are well integrated and work together on the Recovery Oriented System of Carepathway;
- another major source of referrals are direct self-referrals made by service users (26%);
- 20% of referrals come from other organisations such as Addaction (6%), GPs (5%), ADS (4%), Criminal Justice (3%), Social Services (1%), Homeless (0.2%) and Apex (0.1%).

In the period between 1st July 2014 and 31st October 2016 16% of service users did not attend appointments, 18% of appointments were cancelled by service users and 3% were cancelled by the service. On average 64% of appointments were attended. During this time 98% of service users were offered the first assessment within 30 days from the receipt of referral. Table 3 shows a breakdown of the assessment to treatment waiting times between 1st July 2014 and 31st October 2016.

Table 3: Waiting times from first assessment to treatment start date between 1st July 2014 and 31st October 2016.

Waiting Time in Weeks (Days)	Percentage of service users
1 week (0-7 days)	88%
2 weeks (8-14 days)	5%
3 weeks (15-21 days)	4%
4 weeks (22-28 days)	2%
5 weeks (29-35 days)	1%
Over 5 weeks (36+ days)	>0.5%

2.4 Service outcome data

The latest Alcohol Stars report for current service users and those who left the ADS Talking Therapies Service in the last 6 months shows data for 95 clients. The results are shown in Table 4.

Table 4: Percentage of service users showing decrease, no change and increase in scores on all dimensions of the Star Outcome scale (n=95).

Scale	Decrease	No change	Increase
Alcohol	0 %	7 %	93 %
Physical health	0 %	20 %	80 %
Use of time	4 %	20 %	76 %
Social networks	3 %	32 %	65 %
Drug use	3 %	79 %	18 %
Emotional health	5 %	10 %	85 %
Offending	2 %	83 %	15 %
Accommodation	2 %	75 %	23 %
Money	3 %	65 %	32 %
Family and relationships	5 %	21 %	74 %

The top three dimensions where ADS Talking Therapies service users have made most progress are on a reduction in their alcohol use (93% +10%), improvement in their emotional health (85% + 10%) and

improvement in their physical health (80% + 20%). Further analysis of this data across all dimensions shows that:

- 96% of service users have made improvements (74% big improvements + 22% small improvements)
- 3% of service users have made no changes
- 1% have deteriorated (1% small decrease).

3. Staff Feedback

An important part of evaluating any service is to gather the views of those delivering the service. Four staff members from the Talking Therapies Service were interviewed for this evaluation.

3.1 Support and Supervision

The four staff members interviewed are all qualified counsellors who have worked for the service between eight and fourteen years. Support and supervision is provided in two different formats, the first being practice/clinical support and supervision from the Professional Head of Service [in line with COSCA Guidance – The Professional Body for Counselling and Psychotherapy in Scotland] and the second is joint supervision from the Talking Therapies manager and the Professional Head of Service together operational supervision with the service manager and professional head of service. The exception to this is the Professional Head of Service who receives her line management from the Chief Executive. The practice supervision happens regularly monthly with the flexibility for more if required but the line management operational support and supervision was held more on an ad hoc basis is held Quarterly. There was some concern with staff around this joint line management/clinical supervision due to a feeling that it was as if the supervision was coming from two angles at the one time and a feeling of being outnumbered by management which made it harder to raise issues. There was a positive view of the group practice meetings as it gave the staff a chance to get together and share support and learning. The staff all felt valued by the organisation as they were regularly praised for good work and were given the opportunity to be involved in other areas of work that would enhance their work. They were also given good support in areas of personal issues when required which helped create a supportive environment to work in. All of the staff said they were able to access training opportunities according to funding available, the organisation were supportive with time off required to attend training sessions.

3.2 Organisational matters

All of the staff were aware of the organisations complaints procedure and knew that service users received a leaflet with their first appointment letter. They all felt that the Alcohol Star was a good outcome monitoring tool although they ensured the recording of information didn't interfere with the session due to the often emotional and complex issues people spoke about. It's important for the staff that clients have the attention of the counsellor for the duration of the session but the Alcohol Star was particularly effective at the six week review. The staff showed a good understanding of The Quality Principles, they demonstrated how the Talking Therapies Service is built on an understanding that it is a client led service that delivers high quality treatment and support to people who come often with complex problems that have previously affected their aspirations for recovery. The staff very

much believed that their job was a privilege and took a lot of job satisfaction from helping people work through problems that had previously been insurmountable.

The staff mostly felt that their views were sought by management on service design and delivery however they felt that they could maybe be involved at an earlier stage in the process. They also felt that service users were also involved in this process where appropriate but understood that there were plans to increase their service user involvement work and to ensure it is more formalised in future. The staff were asked for possible changes and or improvements to the service, some of their recommendations included: more family/significant others support, concerns about the stress caused by the short term nature of funding contracts, **one to one supervision rather than two to one**, opportunities for group work and external practice supervision rather than it being provided in house.

3.3 Staff Quotes

“...It’s a diverse service – all led by the service user”

“I work with like-minded and dedicated people..... I believe in what we do and think that we give good value”

“I think we do a good job”

“Diversity is welcomed – no barriers as we are a non-judgemental and the client is at the heart of what we do”

4. Service User Feedback

An important part of evaluating any service is to gather the views of those receiving the service. Thirteen service users from the Talking Therapies service were interviewed for this evaluation.

4.1 Demographics

Thirteen service users from the Talking Therapies Service were interviewed, eight of them were male and five were female. Twelve service users were receiving support for alcohol issues and one service user was receiving support for both alcohol and drug issues. The service users had been in service for between 7 weeks and 5 years (where service users had multiple presentations) Out of the thirteen service users only four had been in the service for less than a year and one service user was no longer using the service. The service users were aged between 34 and 62 and covered all four localities of Dumfries and Galloway.

4.2 Access to service

From the thirteen service users interviewed six of the service users self referred and four were referred by the GP with the remaining three being referred by the NHS, one service user had been on his way to buy alcohol when he went into the ADS office and was able to come back within the hour and had not had a drink since. Most of those interviewed saw their counsellor either weekly or fortnightly with several of them stating that they changed from weekly to fortnightly as they got further in their recovery journey. There was an understanding both from the service users and staff that the objective was for the service user to be able to move out of the service when the time was right, while knowing they could access the service at any time if things changed. This was something that was vitally important, with many people feeling reassured that this help would be available if any possible relapses were to occur.

4.3 Talking Therapies Support

The Talking Therapies Service offers both telephone and face to face support, in some cases telephone support is the only option available - this could be due to the service users' health, their ability to travel to the designated facilities, safety concerns for the counsellors and the need to speak to someone urgently. Of the 13 who took part in the evaluation, most of the service users were receiving support in person and some were receiving both telephone and face to face support, with three service users only using telephone support. Most of the service users found the method of support convenient with only a couple saying they would have preferred another option but understood the reasons why the option they used was most suitable

Every service user was emphatic in their praise of the treatment they had received from the Talking Therapies Service; they all believed that the support they received was of the highest quality. They all

spoke about the changes in their lives that came about as a result of the support sessions they received and held their counsellor in the highest regard with many praising their professionalism and knowledge base. It was clear that all of those interviewed had been supported and given the skills they needed to cope with difficulties in their life without having to use alcohol or drugs. This was a new experience for a lot of the interviewees with many saying they had never had periods of sobriety before using the Talking Therapies Service, several of them had mental health issues also and had been referred onto psychological services where appropriate. One service user said *“Stopping is easy but staying stopped is hard”*

All of the service users said they would recommend the Talking Therapies Service to any of their friends or family if required, some of the service users had already recommended the service to people they knew. One service user wasn't aware of the Alcohol Star (outcome measuring tool) but all of the others found it useful. They felt the visual aspect of it was beneficial as they were able to see how far they had come in their recovery and to show them if things started to go in the wrong direction.

The service users were asked what the impact on their lives would be if they didn't have the Talking Therapies Service. All of the service users believed their lives would be much worse if they hadn't in the past or couldn't in the future access the service, all of the service users thought they would still be using substances to cope with the issues in their lives. Many of the interviewees believed they would not be alive today if they hadn't received support from the Talking Therapies Service and some spoke of knowing they would have continued in the cycle of substance use and offending. Some interviewees said they would have suffered marital/relationship breakups without the support of the counsellors and all of them couldn't imagine how they could have coped with their addiction without the service. It was notable that all of the service users I interviewed were really enthusiastic to be interviewed, in some cases service users had made special journeys out of their normal routine to ensure they were able to take part in this evaluation. This speaks volumes about how important the Talking Therapies Service is to them, they spoke warmly and with respect about the role the counsellors played in their recovery.

When asked for any recommendations to improve or change the service, most service users said they would want it to remain the same however, it was suggested that access to support over the weekend and out of hours would be useful and a couple of people would like access to more face to face support sessions.

4.4 Service User Quotes

“It (Talking Therapies) looks at aspects of your life other than alcohol, this is important as any of those (other areas) can lead to relapse”

“It’s been great, really hit the spot. Very joined up, non-judgemental and dictated by where I am not by where I think I am”

“Brilliant, it changed my life. It came to a head as I was at rock bottom but I am now enjoying life, I wouldn’t be here (without them)”

“It is first class, professional and excellent. It is delivered by people who know their subject matter and have a genuine passion for the work”

“Huge help, I was sceptical at first.....the counsellor was patient until I felt I could open up. I had tried everything else, I was really chaotic, nearly homeless/no stability now I have a proper home”

5. Perspectives of key stakeholders

Ten staff members from five stakeholders were interviewed in the evaluation. Two from Addaction, one from NHS Psychology Department, four from NHS Specialist Drug and Alcohol Service, two from ADS and one ADS Senior Accredited Supervisor. All stakeholders have been identified by the ADS Team.

5.1 Referral process

The stakeholders reported a wide ranging number of referrals, primarily for service users with alcohol problems. The majority of these service users were reported to have had low to moderate problem use with an exception of Addaction, referring service users with high level problem use. All of the interviewed stakeholders expressed their satisfaction with the referral process and the speed of which referrals are picked up by ADS Talking Therapies Service and clients offered appointments. It has been noted that Social Work and Adult Support and Protection (ASP) are unable to make direct referrals to ADS Talking Therapies and have to refer service users to the NHS Specialist Drug and Alcohol Service who complete first screening of referrals. Additionally, the service noticed an increasing involvement with safeguarding and Child Protection, amounting to approximately 10-20% of the caseload.

5.2 Service outcomes

All of the interviewed stakeholders felt that the ADS Talking Therapies Service is very effective in helping their service users reduce alcohol use and addressing any underlying psychological problems. The service works closely with other partners and where it is recognised that additional support is needed, ADS Talking Therapies is readily referring service users to the appropriate organisation. The stakeholders also felt that it was more difficult to assess the effectiveness of ADS Talking Therapies Service in relation to service users with drug problems. It was thought this is at least in part due to the very small referral numbers relating to drug issues as majority of these service users already receive Cognitive Behavioural Treatment in the NHS Specialist Drug and Alcohol Service. However, specific feedback received from some of the service users indicated that ADS Talking Therapies Service has been very valuable in supporting those with drug issues.

Some interviewees felt that their impressions about the service are based on anecdotal evidence rather than “hard facts”. Those who work jointly with the ADS Talking Therapies counsellor felt more confident about judging the effectiveness of the service.

5.3 Service awareness and suggestions for improvement

Whilst everyone interviewed spoke very highly about the service, it was difficult to ascertain the external stakeholders’ level of knowledge about ADS Talking Therapies approaches. It was felt that the ADS Talking Therapies Service plays an integral part in the delivery of drug and alcohol services in

Dumfries and Galloway. In particular, it was highlighted that the availability of ADS Talking Therapy counsellor on the NHS premises significantly enhanced joint working and improved the outcomes for service users. Stakeholders explained that the service relieves the pressure from others, like NHS Specialist Drug and Alcohol Service, which would otherwise not be able to cope with the level of support required by service users. All stakeholders felt that if this service was not available, they would not be able to identify a suitable alternative for their service users.

The service was also described as highly professional and working well in partnership with a large number of other organisations and services. The staff of the ADS Talking Therapies Service have changed attitudes, embracing change and continuously seeking improvement.

6. Conclusions and recommendations

6.1 Strengths and areas for improvement

The strengths of the ADS Talking Therapies Service are as follows:

- accessible – service users can attend appointments in a number of localities; availability of telephone appointments;
- flexible – appointments are not time limited;
- a range of treatment and therapeutic modalities available;
- counsellors are qualified, professional, highly motivated and committed;
- viewed by service users as “non-judgmental”, “professional”, “of highest quality” and “genuine”;
- very good working partnership, particularly with NHS Specialist Drug and Alcohol Service and Addaction;
- fast and efficient referral process;
- well established and used outcome measurement tool (Alcohol Star).

The suggested areas for improvement of the ADS Talking Therapies Service are as follows:

- whilst the service has improved the DNA rates, more in-depth investigation into the non-attendance could be undertaken as well as setting intermediate goals to improve the attendance gradually over time;
- consideration could be given to changing the staff working patterns to provide support out of office hours and perhaps at the weekends;
- another area for improvement to consider is the supervision method/style is the non attendance of the professional head of service at operational supervision to ensure that staff are not outnumbered and overwhelmed;
- given the reported success of the joint working and joint appointments between ADS Talking Therapies counsellor and NHS Specialist Drug and Alcohol Service staff, it may be worthwhile to consider options for more joint working and joint appointments between ADS Talking Therapies and other services;
- ADS Talking Therapies could potentially improve the promotion of their service with their professional colleagues to ensure more substantial information is available to them.

6.2 Conclusions and recommendations

The evaluation of the ADS Talking Therapies Service included analysis of the service and outcome data, interviews with staff, service users and external stakeholders. Based on this information it appears

that the ADS Talking Therapies is a highly valued and effective service that forms an integral part of the delivery of drug and alcohol services in Dumfries and Galloway. It is important to recognise that the review hasn't identified any major gaps or shortcomings of the service. Conclusions:

1. The ADS Talking Therapies Service is showing to be an effective service based on the outcome data and feedback from service users. Should this service be discontinued, there would not be a suitable alternative for service users in Dumfries and Galloway. The provision of this type of counselling service is crucial to the effective implementation of the drug and alcohol Recovery Oriented System of Care (ROSC).
2. It has been highlighted that having joint sessions with the ADS Talking Therapies counsellor and NHS Specialist Drug and Alcohol Service counsellor was particularly beneficial and effective for service users and for staff. It is therefore recommended that resources permitting, where applicable, this type of joint working is utilised with other services.
3. There may be alternatives to the current supervision model utilised by the service. It is recommended that a more streamlined supervision model is considered, whereby the staff could receive support on one to one basis.

Appendix I Stakeholders interviewed in the review

Dr Angela Roberts, ADS

Helen Reid, ADS

Maureen Biggar, ADS

Hugh Robertson, Addaction

Phil McManus, Addaction

Robert McColm, NHS Psychology Department

Justin Murray, NHS Specialist Drug and Alcohol Service

Eileen Carruthers, NHS Specialist Drug and Alcohol Service

Lynne Rhodie, NHS Specialist Drug and Alcohol Service

Lewis Fergusson, NHS Specialist Drug and Alcohol Service

Appendix II Service users interview questions

ALCOHOL AND DRUG SUPPORT SOUTH WEST SCOTLAND

TALKING THERAPIES – ADP EVALUATION

SERVICE USER

NOVEMBER 2016

1. How long have you been using the ADS service for counselling?

2. How did you get referred into the service (i.e gp, self referral)

3. What substance are you receiving counselling for?

4. How often do you attend counselling sessions?

5. Do you receive your counselling in person or via the telephone? Is this the most convenient method for you?

6. What is your opinion of the counselling and support you receive from ADS?

7. Have you been referred to any other agency by your ADS counsellor, if not would you like to receive support from additional services?

8. How has the counselling you have received from ADS benefited your recovery?

9. Would you recommend ADS to friends or family who were looking for similar support to yourself?

10. What would the impact be on your life if you didn't have the ADS counselling service?

11. Are you aware of the complaints procedure for ADS?

12. Any other comments?

13. What is your gender?

14. What age are you?

15. Can you give me the first three digits of your postcode?

Many thanks

Appendix III Staff interview questions

ADS – TALKING THERAPIES

ADP CONTRACT REVIEW

STAFF FEEDBACK (1:1 interview)

Q1. How long have you worked for ADS?

Q2. Do you get regular support and supervision?

Q3. Are you able to speak to your supervisor about any concerns/issues you have? Are these addressed?

Q4. Can you speak to your line manager about any concerns or issues you have and are they addressed?

Q5. Do you feel valued by the organisation? (Give examples)

Q6. What is your experience of using the outcome star?

Q7. Are you aware of your organisations complaints procedure? How is this conveyed to your service users?

Q8. Are you able to access training/personal development opportunities?

Q9. Is staff feedback sought by management in service design and development?

Q10. Are service users views sought in the design and development of the Service?

Q11. Are you familiar with the Quality principles? If yes can you give examples of how these are used in your service.

Q12. Are there any changes or improvements you would recommend for the ADS Talking Therapies service?

Q13. Are there any other comments you would like to make regarding the Talking Therapies service?

Appendix IV Stakeholders interview questions

Introduction

Alcohol and Drug Partnership is conducting an evaluation of ADS' Counselling services as per the contractual agreement.

Your answers will be confidential and you will not be personally attributed for any of your comments. Thank you for your time in answering the following questions:

1. Name:
Service name:
Geographical area covered by the service:
2. Over the past 12 months, approximately how many patients/service users have you referred to ADS Counselling?

3. Approximately how many of these patients/service users have you referred because of their:

	Low level problem use	Moderate level problem use	High level problem use
Alcohol misuse			

	Low level problem use	Moderate level problem use	High level problem use
Drug misuse			

4. To what extent are your referrals linked to patients/service users identified with alcohol misuse through alcohol brief interventions?
5. How satisfied are you with the referral process to ADS?
6. How satisfied are you with the speed of which referrals are picked up by ADS and clients/service users offered appointments?
7. Are you aware what approaches to counselling and talking therapies are available at ADS? Can you describe/list them?
8. In your professional opinion, how effective is ADS in helping your patients/service users to reduce their alcohol use?
9. In your professional opinion, how effective is ADS in helping your patients/service users to reduce their drug use?
10. In your professional opinion, how effective is ADS in helping your patients/service users to address any underlying psychological problems associated with their alcohol use?
11. In your professional opinion, how effective is ADS in helping your patients/service users to address any underlying psychological problems associated with their drug use?

12. Do you have any recommendations for the improvement of the services provided by ADS?

13. If the service that ADS provides was not available, what would be the other treatment or support services available to refer your patients/service users to?

Many thanks for your time.