'Light at the End of the Tunnel': a review of the Olive Branch, Wirral

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1 Introduction

In 2012 Cheshire and Wirral Partnership commissioned the Olive Branch Recovery Communities (OBRC) to pilot the delivery of a seamless pathway from drug and alcohol treatment to long-term sustainable recovery, wellbeing and community engagement. The aim of the partnership was to improve outcomes through increasing successful completions and reducing representations to treatment within six months of discharge. It was envisaged that this would provide a direct return on investment within a PBR framework.

This organisational review has been commissioned by OBRC in order to explore how far the piloted approach is effective in delivering the intended outcomes. Discussion of how to evaluate the pilot has identified the following areas of exploration:

- impact of OBRC;
- pathways and processes in place and referral pathways to and from services.

At the time of this review, the service had only been in operational practice for twelve months. Therefore, findings should be treated with caution and recommendations viewed as initial areas for further development of the service. It is also acknowledged that there may be initiatives and plans underway that the authors were not informed of, so recommendations should be understood within a wider framework of local strategies.

1.1 Knowledge and Expertise of Baseline

Baseline Research and Development Ltd. have a significant wealth of experience in the drug and alcohol field. Over the last ten years Baseline have conducted work in many regions of the UK and in the drug and alcohol fields we have interviewed over 6,000 individuals in approximately forty areas. Our collaborations include studies with the National Treatment Agency (NTA), the Health Protection Agency, UK Home Office, the Royal Society of Arts (RSA), the Welsh Assembly and a number of academic institutions.

Baseline have been at the forefront of the growing body of research into recovery and most recently played key roles in two pioneering studies in the UK that looked at the most

appropriate pathways to support recovery journeys. Working alongside Dr David Best, Baseline led the fieldwork for the NTA's Recovery-Oriented Systems study. Baseline also supported the RSA in their Whole Person Recovery programme. Baseline's extensive experience of conducting reviews in this field has enabled them to develop innovative approaches to evaluation in the context of substance misuse.

The two Directors of Baseline both have a wealth of relevant experience. Justine Karpusheff worked as a senior manager in the NHS for over ten years, including Head of Clinical Governance for an NHS Trust and Programme Manager at NICE where she was responsible for the development of the Quality Standards programme and the Quality and Outcomes Framework. She has a sound understanding of the development of effective policies and performance systems, as well as a thorough working knowledge of approaches to quality assessment. Stuart Honor is a founding member of the North West Recovery Forum and established the award winning Basement Project in Halifax. Consequently, he has practical experience of developing successful recovery communities in many different areas which has given him a wealth of insight into effective approaches to community rehabilitation and recovery support.

1.2 Methods

The review was conducted using a multi-method approach employing the following approaches:

- a desktop analysis of organisational strategies, plans and policies and procedures;
- analysis of service data;
- a process mapping exercise with all stakeholders:
  - ✓ OBRC management & staff
  - ✓ Commissioning representative/s
  - ✓ Partner organisations
  - ✓ Other agreed stakeholders, including current and ex-service users;

- a series of semi-structured interviews with service users (both those currently engaged, discharged and disengaged).

The process mapping workshop looked at the pathway for people coming into contact with the Olive Branch from initial engagement through to exit strategies. The aim was to identify how effectively the pathway functioned for people, highlight any areas where practice could be improved or issues around inefficient processes and provide a road map to test against people's actual experiences of the process.

The semi-structured interviews were conducted with service users including people who were currently engaged with the service, people who had completed programmes and people who had disengaged. The semi-structured interviews were conducted at a variety of locations that were convenient for the respondent. All data gathered was treated anonymously and confidentially and stored and used in accordance with data protection legislation.

Although it is acknowledged that this review was conducted as a snapshot, the use of a multi-method approach, drawing on documentation and a range of data gathering approaches, enabled triangulation of those different data sources and helped to strengthen the resultant findings and conclusions.

2 Findings

2.1 Process Mapping and Local Review

2.1.1 Service Data

As of November 2013, when the service data was collected, the Olive Branch had 109 initial contacts with people. Of 109 initial contacts, 42% (n=46) of people had completed the Olive Branch programme[1]. Moreover, it is worth noting that only 18 of the 109 total contacts were primary alcohol clients, the rest were primary drug clients. Of 42 drug clients completing a programme, 60% (n=25) had successfully completed a detox.

There is no recent national data on the type of service offered by the Olive Branch that could be used to draw relative comparisons for this information. National data refers to outcomes from treatment populations, rather than day programmes. Likewise, there is residential rehabilitation data from research studies, but the majority of clients on the Olive Branch programme are not residential and the service is not delivered as a residential rehabilitation programme. In addition, at the time of this data collection the Olive Branch had only been operational for twelve months and subsequently data collected is snapshot in nature.

Of the total number of those who had not completed (57%, n=63), 19% (n= 12) had withdrawn due to cited barriers: 4 people withdrew due to mental health issues, 5 people withdrew to family and work commitments and 3 withdrew to attend residential detox. It is also worth noting that just over a quarter (28%, n=26) of the total number (n=109) of people engaging with the Olive Branch withdrew after only one or two sessions, with the majority of those withdrawing leaving after one session. Again there is not comparable data that would allow interpretation of these figures, but this appears to suggest that the programme is effective in retaining people beyond an initial 'settling in' period; most people disengage within the first two sessions and once people have attended a couple of sessions they are likely to continue.

[1] A completion is attendance at 6 out of the 8 weeks of the day programme and must include the last session.

At the time of the data being passed on to Baseline, 19% (n=21) of people who had started the programme were drug free and a further 12% (n=13) of people were undergoing a detoxification.

Although strong comparisons cannot be made, in order to provide some backdrop to these figures, recent national data on treatment outcomes indicates that when calculating 'successful completions' annually only 15% of patients with treatment services complete during the year[2]. Furthermore, when this is analysed longitudinally over eight years the figure of 'successful completions' gives a success rate of a third (31%). In terms of numbers disengaging, studies indicate that approximately a quarter of people drop out of residential rehabilitation within the first two weeks (Marsden and Farrell, 2002)[3]. Both the completion rates and the withdrawal rates of clients at the Olive Branch may potentially be in line with, or in the case of completion rates, possibly better than other service provision. Again, differences in the nature of treatment modalities or interventions, service provision and subsequently data mean that any conclusions must be treated with caution.

The full picture presented by the data is somewhat more varied than simple statistics portray, as would be the case with any service's outcome figures. However, the data given to Baseline by the Olive Branch appeared to be particularly detailed in its content. The information included comments on the journeys people had experienced to get to their current position and also the range of support the service had provided.

Of the 46 people completing the programme, 9 people were reported as relapsing after completion of the programme, 2 of these relapsed after a Detox following completion of the programme. However, it would appear that the majority (n=6) of those relapsing have re-engaged and are addressing their use. It should be viewed as a strength of the service that they maintain contact with people regularly, during and following completion of programmes and keep records of people's journeys. This is a resource intensive practice and

[2] http://findings.org.uk/count/downloads/download.php?file=PHE_7.txt

[3] Marsden, J. and Farrell, M. 2002. Research on what works to reduce illegal drug misuse. Appendix 5 of Changing Habits. *The commissioning and management of community drug treatment services for adults.* Audit Commission, London.

in fact emerged as a potential risk issue in the process mapping workshop. Should referrals increase from the current position, it was highlighted that the existing resource would be pushed to maintain this level of follow-up with all clients. It is important that this ongoing contact with people and recording of outcomes should be continued where possible, as it provides a rich picture of not only the performance of the service in terms of outcomes, but also the impact of the service on people's lives.

In addition to outcomes, in a number of entries the types of support given to clients are recorded and this data begins to illustrate the range of roles the service fulfills, in order to help people complete the programmes:

> "[xxxx] has severe and enduring mental health problems. OBRC supported her, visiting her in hospital."
>
> "Significant one-to-one support and long term telephone contact."
>
> "They supported her in finding new accommodation, counselling and other value-added support."

This practice should be continued and the only suggestion for improvement of the data provided to Baseline was that the codes used for entries could be more effectively standardized. Codes differed slightly on entries and suggested that possibly more than one person is responsible for conducting data entry. Standardised and agreed codes could help to make data analysis easier.

2.1.2 Referrals and Access

The process mapping exercise asked stakeholders to work through the possible journey of people engaging with the Olive Branch, starting from how they first came into contact with the service through to discharge or completion and any ongoing support or pathways.

For many people it would appear that they first hear about the service from either a worker in the treatment service or from a peer. The workshop raised some discussion around referrals from treatment services and although it should be borne in mind that at the time of the workshop the service had been in operation for twelve months, it was suggested that

referrals from this source could be improved. Rates of referral from the treatment service was reported as increasing and there appears to be support for staff to identify appropriate clients with the use of a questionnaire designed to assess readiness for attendance at the Olive Branch programme. However, people identified less referral from the specialist arm of the treatment service and attendees of the workshop voiced a need for these 'more complex' clients to also have exposure to the possibility of support from the Olive Branch. The potential reasons behind this area for improvement were explored and people raised two main issues. Firstly, that the new service was viewed as being 'parachuted in' to the CWP provision through a lack of a formal introduction of the service. And secondly, that staff in treatment services were not being 'encouraged' on an ongoing basis to use the Olive Branch. Where referrals were described as working better was from shared care and this was perceived to be due mainly to the co-location of the Olive Branch staff with shared care staff and the subsequent exposure to the possible support that staff and clients then experienced: "it works, because it's in your face." Stakeholders from CWP and the Olive Branch described the benefits of co-location and highlighted a "reduction in fear", "greater engagement" and "persistent nudging" that has "increased exposure and so got interest over time". One further issue regarding referrals again refers to resources and is the current limited capacity of the Olive Branch team to 'outreach' to services, in order to improve referrals.

The discussion of referrals and how staff of associated services perceived the Olive Branch led to a discussion of what role staff saw the service playing for people. Staff of other services described the Olive Branch as functioning as a skills development programme: "building on people's skills and qualities and self-awareness" and also working to raise people's expectations and ambitions: "as a service user to be told that there is an option, it gives you hope, especially hope for after a script, it gives you insight there are other places you can go".

Following referral, the initial contact from staff of the Olive Branch was described by all attendees as "a quick response" and it was highlighted that contact could be the same day as a referral. The service appears to be effective and flexible in its responsiveness.

In addition to referrals from other services, some people self-refer or may be residents at the Olive Branch supported accommodation. These clients follow the same pathway as those referred and staff from treatment services stated that they are informed by Olive Branch staff of people self-referring. Therefore, although referrals from treatment services could be improved, communication with the staff that make referrals appears to be effective at this initial stage and no issues with access emerged from the process mapping exercise.

Following an initial contact, people see a staff member face to face for a lengthier discussion. This is used to gain a profile of the person and for the individual to make a decision on whether they want to engage. Staff emphasized that this first appointment was not viewed as an assessment process, as there is no criteria on substance misuse for engagement and to date the service has not declined anyone access. The initial appointments are sometimes jointly held, with the keyworker from the treatment service, but this is not always necessary and the pathway is designed to ensure that as little time elapses between initial contact and appointment as possible. For people who decline to engage, their details are recorded and the staff make contact at a later date, when a new group is starting, to assess interest.

During discussion of the next stage of the pathway, the process mapping highlighted a potential wait in people's journeys. The day programmes are run on a rolling basis and so the initial contact with a person may not coincide with the start of a new group. The waiting time was described as "low", with the maximum being "a couple of weeks" and Olive Branch staff reported that they maintain contact with the person by phone and text in that period. People who are with treatment services will also maintain contact with their keyworker, particularly alcohol clients who will usually be in contact with a keyworker once a week. Therefore, the wait to begin a group programme did not emerge as a significantly negative issue from the process mapping exercise.

2.1.3 Olive Branch Programmes

There are three different programmes offered by the Olive Branch. The Keystone programme is the initial day programme for people new to the service. The aims of this were described in the workshop as: “to make authentic decisions”, “to know yourself” and more practically “to get off a script”. The programme is conducted in a group setting for three hours a week and uses worksheets to continue work begun in the group at home. One to one support is also offered and provided to people to supplement the groups. However, the service has recently had one member of staff reduced and consequently the one to one support has had to be changed to mainly telephone and face to face support when required.

Discussion of the group setting highlighted the nature of the facilitators as a particular advantage of the programme. People delivering the programme are peers with lived experience and were described as “people you can identify with”. The Keystone programme was described as an “inspirational programme, to see what can be done by people just like you” and people at the workshop who had been through the programme echoed this in their descriptions of the experience. One person described the practical impact of that on their own use:

> “During Keystone was reducing methadone and thanks to the keystone methodology I felt confident to cut off the script early by three weeks.”

However, although the positive impact was described, attendees also raised a need for further support beyond the group programme:

> “Three hours a week isn’t going to change a lifetime of chaos”

Olive Branch staff also raised this issue and stated that they played an ‘asset mapping’ role, identifying the person’s strengths and interests and actively signposting them and introducing them to other local support, groups and activities.

The Keystone programme runs for 8 weeks and has an average of 8 to 9 people attending. Again, discussion of attendance at the programme suggested that relatively high levels of contact with people are maintained. Olive Branch staff send text reminders prior to groups

and state that they will see people face to face around group sessions where required. Staff from the treatment service described the advantages of the Olive Branch programme for their own practice:

> "We generally see people less frequently than the Olive Branch, they are seeing them weekly and this takes the pressure off us."

> "A keyworker can build on the work of the Olive Branch end ensure more joined up working, drawing on the different community supports, Olive Branch, Arch etc to provide better care."

> "Helps keyworker focus on clinical stuff, detox, medicine etc, because know that Olive Branch doing motivational stuff makes my job easier."

In these examples it emerges that when the function of the Olive Branch is viewed as supportive to treatment, keyworkers value the additional input to enable them to focus on their own specialist function.

Discussion also raised the issue that joint working did not always function as effectively. It was stated that there is potential for greater input from the Olive Branch to treatment or prescribing decisions and vice versa; there could be more information from treatment staff around decisions taken on treatment and being kept up to date with what was happening for clients. This appears to be an area for further improvement and is perhaps related to the issue discussed previously that the Olive Branch was viewed as having been 'parachuted in', rather than proactively integrated into treatment services.

The concept of the programme offered by the Olive Branch is that people start their pathway in the Keystone group, which is motivational and aims to initiate change in people and then progress onto the Millstone group, which is described as a consolidation group to develop 'recovery-focussed habits' and sustain change.

However, it was stated that arrangements are flexible for certain circumstances and the service recently had a person who was already abstinent, but wanted relapse prevention and so they engaged the person on the Millstone programme without having to do the

Keystone programme first. Flexibility of access also extends to people who relapse and people can re-engage with the groups, if they have ceased to attend. Again, access appears to be generally effective. Moreover, because of the nature of the rolling programme of groups, there is a third group called the Inbetweeners, which is designed both for those people who have completed the Keystone, but are waiting for the next Millstone group to start and people who have completed the Keystones, but are not yet abstinent. This group provides ongoing support for people and was described as “keeping people in contact with peers” and “helping to develop a recovery community for people”.

It should be noted that the Millstones group has only recently been introduced and so at the time of the workshop this group had only run twice.

At the workshop it also emerged that currently the groups are run separately for drug and alcohol clients. The service had recently piloted a mixed group, which had proved successful and so the future plan was to run mixed groups ongoing. This is generally standard practice and should not present any significant issues that would not arise in separate groups.

2.1.4 Ongoing Impact

At the time of data collection the service had been in operation for twelve months and this consequently limits discussion of the impact of the service. However, as discussed above there were several comments made by staff from other services and service users around the impact the programmes had made so far and themes that emerged from these stakeholders concerned the strength of the support offered: “they walked alongside him to support him into detox”, the motivation offered for people to change: “once the seed is sown they become able to sustain a change”, the inspirational exposure to peers: “with others who are role models, they want to stick with the winners” and the resultant impact in terms of value: “less people access in-patient detox as they can sustain it in the community with their help, it’s a cost saving to the locality”.

Impact for individuals will be discussed more fully within the next section looking at the findings from interviews.

The process mapping exercise also raised the issue of how far the Olive Branch was making an impact beyond the individual to the wider community. It was identified that locally there had been a recent change in service provision, with the closure of the TTP service. This had delivered a structured day programme and the loss of this resulted in a gap in provision. Moreover, whilst there is a pre-detoxification group run by Arch Initiatives, the Arch aftercare group was reported to have reduced its provision. Therefore, there appears to be a lack of structured day support locally, particularly for people who have achieved abstinence. This is potentially a gap that the Olive Branch could be built upon to address.

There is provision of Intuitive Recovery, but staff highlighted that whilst this provides motivational training for people, the Olive Branch delivers a longer term recovery programme. It was highlighted that there could potentially be a risk of a perceived overlap between the two programmes and it was suggested that the Olive Branch could develop materials that would distinguish the package and range of support offered by the Olive Branch. This may in turn help staff determine the difference and refer appropriately.

Discussion around the Olive Branch's role in the local community raised the potential for the service to function as a central hub that establishes pathways to other community recovery supports for people:

> "The Olive Branch as the roots of the recovery tree, which has branches allowing access to other recovery agencies."

And one example of this in practice, which is already in place, is the impact of the service on other agencies and subsequently on the development of a recovery community:

> "8 clients who had attended the Keystone programme, attended a Fellowship meeting at the same time, none of them had heard of the Fellowship before."

> "People going to other recovery supports from the Olive Branch then spread the word around and grow the recovery community."

Although there were a lot of positive comments around the role that the Olive Branch could play as a community recovery hub, discussion also included the acknowledgement that

within current resources these aspirations would be challenging. Again, the issue of recent changes that have reduced staffing levels was raised and staff and service users felt that the outreach aspect of the service and establishing links with other supports was vital to build a recovery hub and bring agencies together. Moreover, the existing gap in provision meant that resources would now be further stretched to support clients who had access to reduced daily support.

2.1.5 Governance

The discussion of people's journeys through the pathway raised a number of strengths of the service and highlighted where there were areas for improvement, mainly around joint working with the treatment service. One further area for development raised by the process mapping concerns an improvement to the effective governance of the service.

The Olive Branch is relatively new and as is the case for all developing agencies, working practices, policies and procedures are created, revised and improved ongoing as learning take place. The Olive Branch is governed by a body of Trustees with regular meetings, the service has a Business and Growth Plan published in 2013 and has developed training manuals and materials for its programmes. For this review Baseline were provided with data on outcomes that tracks the progress of clients and in discussion of processes during the mapping exercise it was stated that regular team meetings were held as the mechanism to govern and ensure effective client journeys ongoing. Therefore, some of the basic governance mechanisms appear to be in place. However, as is recognized and highlighted in the Business Plan 2013, there are some areas of governance that are still to be developed fully.

The Business Plan identifies that a key immediate action for development is the creation of policies and procedures. Discussion of this in the Business Plan focuses largely on further development and tightening of procedures in the Olive Branch housing. However, this review strongly recommends development and implementation of a comprehensive set of service policies and procedures that cover the pathway for all clients. There are operational arrangements for procedures in place, staff of the Olive Branch and from other services articulated knowledge of working practices. However, in order to manage risk effectively,

standardize practices, such as data collection, and ensure that those practices can then be audited a full set of policies and procedures are needed. This should be prioritized by the service to demonstrate effective governance in practice. The NHSLA Risk Management Standards 2013/14 provides useful guidance for developing a robust set of policies and procedures. Although it may not be appropriate for a small and new service like the Olive Branch to develop policies against each of the standards, the guidance is produced for non-NHS organizations as well as statutory and provides an extremely useful tool in giving a comprehensive overview of all relevant legislation for the development of effective policies[4].

[4] http://www.nhsla.com/News/

2.2 Interviews

2.2.1 Profile of Respondents

As described in the introduction, a total of 20 semi-structured interviews were conducted and included people who were currently engaged with the service and people who had dropped out of the programme.

Interviews firstly asked people a number of basic demographic questions to get a profile. The average age of respondents was 45 and ages ranged from 29 to 65. Ages of clients are in line with national averages for the population in question[5]. The gender difference in clients was evenly split with 50% (n10) male and 50% (n10) female.

People were also asked what substances they were using or had used and Figure 1 below illustrates the responses. Reflecting the outcomes data, there are more primary drug using clients than alcohol: two thirds (65%, n13) of people rank heroin as their primary substance, whilst only a quarter (25%, n5) identify alcohol as their primary substance. The majority of clients are primary heroin users, with no respondents identifying crack cocaine, cocaine, cannabis or amphetamine as their primary substance. This profile reflects the pathway and one of the main aims of the service, which is to focus on 'treatment resistant' or entrenched long term 'problematic drug users'. Reflecting this aim, poly substance use was prevalent, in particular heroin and crack cocaine with just over a third of people also using crack (35%, n7).

[5] http://www.nta.nhs.uk/uploads/adultstats2012-13.pdf

Figure 1: Substances Used

Substance	%	Used in last 7?	Rank No 1
Heroin	65% (n13)	10% (n2)	65% (n13)
Methadone (prescribed)	60% (n12)	35% (n7)	5% (n1)
Alcohol	50% (n10)	0%	25% (n5)
Crack cocaine	35% (n7)	5% (n5)	-
Cannabis	30% (n6)	5% (n1)	-
Benzodiazepines	30% (n6)	0%	5% (n1)
Subutex	5% (n1)	5% (n1)	-
Cocaine powder	5% (n1)	0%	-
Amphetamine	10% (n2)	0%	-

We then asked people a series of open questions to firstly identify their involvement with the service and then explore impact, strengths and areas for improvement.

2.2.2 Involvement and Expectations

The involvement of respondents with the service included a range of people with differing levels of involvement:

- 5 people had completed the Keystone programme, were drug free and no longer engaged with the Olive Branch (one respondent mentioned that the Olive Branch maintained ongoing phone contact);
- 3 people had completed both the Keystones and Millstones programmes (one of these was in residential service and so still had contact with the service)
- 8 people were attending the 'Inbetweeners' group and had completed the Keystone programme;

- 2 people had completed the Keystones programme and were attending the Millstones group;
- 2 people had not completed and disengaged.

Of the two that had disengaged, 1 person stated that this was due to ill health:

> "I have done the Keystone programme twice, but due to health issues I have never actually completed it."

The other person had relapsed:

> "I attend the Keystones course. I did a good few weeks clean and attended for a while, started reading the book, but then ended up falling off the course, as I had a real bad binge and never got back. I'm gonna try to get back into it asap."

2.2.3 Access

People were then asked how they had come into contact with the service.

2.2.3.1 Referral

Most people interviewed had heard about the Olive Branch from a member of staff in another service. For the majority this had been their keyworker from the drug or alcohol service and responses suggest that for some this had occurred at a particular point in their journey around decisions to reduce substance use:

> "Through the Wirral drug service. As soon as I made the decision to cut down on my script my worker introduced me to the Olive Branch."

> "Keyworker put me on to it."

> "My keyworker mentioned it. Because I work I went to the evening sessions, which was great. The Olive Branch called me straight up and got me in."

"Through the drug service. My worker told me about it. I already knew one of the coaches[6] at the Olive Branch, as he used to be my keyworker."

"I was homeless at the end of 2012, on a script and using on top. My keyworker said 'you seem like you've had enough' and I had. He said he knew about some supported housing place. The Olive Branch got in touch with me through the chemist and the rest's history."

"Keyworker at lodge put my name forward."

"The lodge gave me a card. I reduced myself over two weeks, got clean and then my dealer came round, so I rang the number on the card saying I need help. A staff member offered to come straight round and get me and I went in the day after. My coach was brilliant. She has been in the same places as me."

"Worker gave me a leaflet for a place in Birkenhead, which was like a children's centre and I noticed it was on there, Monday afternoons, so thought I would give it a go."

"My keyworker at St Cath's, put me onto it. I had been on methadone for over 20 years. My husband [xxxx] gave me good feedback on the Olive Branch, so I gave it a go. I did a subutex reduction, went to the groups and got clean."

"Through worker at St Cath's. Really needed to occupy my time, so thought I would give it a go. I gave them a call and started straight away."

"I found out through Birchwood Detox Centre and St Cath's. I'm open to anything that helps, so I gave it a go."

These comments illustrate the importance of effective promotion of the service by workers in treatment services and demonstrate that there is a number of staff who actively signpost. They also underline the issue raised from the workshop that effective joint working between the Olive Branch and treatment services is vital to offer people opportunities.

[6] Staff at the Olive Branch are referred to throughout as 'coaches'.

2.2.3.2 Peer word of mouth

A smaller number of respondents found out through other mechanisms and some first heard about the service from friends or partners, rather than workers:

> "They were recommended to me by my partner, as she had previously been on the keystones programme."

> "Husband was attending Olive Branch before me, which then got me attending."

> "I knew a lady from going to AA meetings and she phones and asked me if I would go along so I did."

2.2.3.3 Promotional Material

The latter comment indicates the possibility of outreach through other community supports. And the possibilities are highlighted in a number of comments that refer to promotional material:

> "I suffer from an eating disorder and I was sat in a waiting room one day to see a psychologist. It was in the waiting room that I saw a leaflet from the Olive Branch and I called them."

> "My GP surgery had a sign up in the waiting room at the time I was using painkillers like sweets, so I reached out for help and called.

> "I saw a leaflet in St Cath's'. Read a bit about it and called them up. I knew one of the coaches previously as a keyworker. I then started soon after that."

2.2.3.4 Staff of Service/Outreach

Previous personal contact with staff of the Olive Branch also emerged from two other comments and again these illustrate the role of outreach in engagement and reinforce the benefits of this suggested in the workshop:

> "I bumped into one of the coaches in the hospital and I was in a bad way, so he offered me a bed here and I snatched his hand off and took it."

> "I have known [xxxx – one of the coaches] a long time. I relapsed and ended up back on a script four months ago and he mentioned the house to me. I have been in here 3 months."

These comments indicate that people access the service through a range of mechanisms, but underline the importance of effective pathways from other services and the need for promotional material and continued outreach. They also begin to strengthen suggestions emerging from the workshop. Firstly that access into the service is quick and responsive: "One of the coaches offered to come straight round and get me and I went in the day after", and secondly people view contact with peers as an advantage: "My coach was brilliant. She has been in the same places as me."

In order to understand how far the service was meeting perceived needs, we also asked people to tell us what expectations they had when engaging with the service and whether those expectations were met.

2.2.4 Expectations

A number of people stated that they either had no expectations when first engaging or were not sure, because they 'didn't know' what to expect, with one person stating that they had no sense of what kind of support there could be beyond a script:

> "I didn't know really what to expect. I'm pretty open minded, so I gave it a chance."

> "I didn't know. I thought there was nothing there when your script stopped. I didn't know about abstinence and cross addictions. I just knew I needed help, but didn't know what that help looked like."

> "Wasn't really sure. My worker said once I went on a subutex script I would be fine. Problem is I couldn't see the end of it. I was trapped in a lifestyle and had been on a script in total for 14 years. I told my worker I had to do something. I'm 48 for god's sake. I was isolated, not doing anything, so I went along."

> "I wasn't really expecting anything, but the booklet said it was a bridge to better living without drink or drugs and that's exactly what I wanted."

> "I had no idea of the recovery process. I was just hoping it would help me deal with the thoughts of drinking alcohol and to face up to the impact it has had on my family."

> "I wasn't sure. My coach said it was designed to support those on long term prescriptions into a work environment and to enable them to move on. I wanted to get off my script basically and move forward."

However, the last four comments in particular indicate that people may not have been sure about what support was possible, but they had reached a point at which they knew they wanted to make a change and 'move forward'.

Other respondents were much clearer in their expectations of the service, and for some expectations were practical goals around addressing their substance misuse:

> "Just to get myself clean and stay clean, as at the time I was only on 20mls of methadone and not using any street drugs."

> "To get off the booze and tablets."

> "Due to my alcohol consumption I was really poorly in health, so I was looking for the support to get better."

> "Get myself some motivation to get clean and stay clean."

> "To help me keep off illicit substances, to get off my script, to put my life back on track and to get to see my daughter."

> "To help me get clean. I've stopped using gear now and I'm down from 120mls of meth to only 30mls and am nearly there. My target is to be completely clean by March next year. It's helped me with my self esteem and confidence. Last time I tried I was on my own, had no support and the world felt a lonely place. Now I know others. My coach even takes time out of his day for me. He will meet me and go for a coffee, which is sound."

The last two comments point to wider ambitions and expectations. For some practical life issues, such as children, is a hoped for outcome, whilst others hoped for 'tools' to aid their recovery and more holistic expectations, such as self-esteem:

> "I was hoping the service would help me to equip myself with the tools to pursue my recovery."

> "I need my self esteem/confidence back. I had a little baby 6 months ago and am on maternity leave. I was looking for tools really to help teach myself how to break the cycle."

> "My self esteem, as I had just relapsed badly."

Themes also emerged around being 'lost' and finding a way and people's expectations included the hope that the service could 'point' people 'in the right direction':

> "I was completely lost, so was just hoping they could help me find myself."

> "Just extra support and a point in the right direction. I stepped away from the madness of using street drugs years ago, but just couldn't move on from that last little bit. I had my little boy and just wanted to keep moving forward."

> "At the time I was looking for some support and direction. Once I got honest with my family I got all their love, but thanks to the support and direction of the Olive Branch I've been able to get in a good place."

> "It's a different approach. I wanted life fulfillment and abstinence. Social mainly. Meeting people in the same boat. A new network I guess and it offered a different approach to learning."

> "To provide me with a safe environment to detox in, as I was really struggling on my own in the community."

The last two comments also highlight the issue of social contact and the possibility of finding new more positive social networks through engagement with the service.

Responses to the question of how far expectations were met were wholly positive, no answers were in the negative and people highlighted a number of ways in which expectations stated had been met.

For those who had practical expectations around addressing their substance misuse, all responded that this had been the outcome, as these comments illustrate:

> "Yes. When they offered me a place I was in a bad way, as I had just overdosed. I have now been in the service for about 14 months and I'm 9 months clean."

> "Yes, as it's giving me a safe place to get myself clean in my own time."

> "When I started I didn't expect to get clean, but the groups have given me motivation. I now want to get off the river and on to the mainland."

> "Yes, they helped me to come off my script, but also helped me to find out the direction I wanted to go next."

Moreover, the two people who had disengaged also felt that the programme had met their expectations. One person highlighted the supportive atmosphere:

> "Yes. It was really supportive and everyone just seemed like they really wanted to help."

And the other response described the impact on their confidence:

> "It builds up self esteem, plays to your strengths. I didn't finish it and hit the booze, but from what I did of it I found it really useful."

As described several people had expectations around self esteem and responses indicated that the approach taken by the service of looking at strengths helped to build people's confidence:

> "Yes, as it got me to look at my positives, rather than other groups I have attended where you just look at the negatives."

> "Yes more than met my expectations. They have allowed me to believe in myself again and start to have an enjoyable life without drink."

> "Yes. It gave me the support I needed, as I no longer had confidence in myself, so it helped me to build myself up internally."

In the responses describing expectations some people had identified a need for tools to aid recovery and it would appear that the programmes provide people with increased understanding and insight to move forward:

> "It made me sit up and think for the first time in a long time. It made me realise that I was changing and to wake up to things, to step up to the mark. I got off the subutex and reduced over 15 weeks, but I did everything on my own."

> "Yes. Have got a lot out of it regarding an understanding of what recovery is."

> "Nothing's too much trouble for them. It gave me an insight into things and explained how you move forward if you want to get off or even if you don't. There was no pressure. They understand the decision has to be yours."

> "With the bridge building it's made me really re-evaluate my values and where I want to go in life. What I like doing, the people I love and what gives me enjoyment. They get to the nitty gritty of looking at your core personality and tell you 'you can do it and this is why'. You also meet other people who have done it and who really care. My coach texts me every day, so I know she believes in me and is there if I need her."

> "It has. At first I was pretty naive. It's just given me a different way of thinking about it really. It's given me real understanding and the real inspiration is my coach. She has been brilliant. She still keeps in touch now and has offered to take me to Fellowship meetings."

Responses also suggest that contact from the service is viewed as particularly supportive. Whilst this was not necessarily an expectation of people, it perhaps links to the need for positive social contact and networks expressed in comments:

> "It exceeded my expectations, as it was non-judgemental and nothing shocked them. I always feel welcomed, they always listened and they made me feel normal again."

> "Absolutely. It's given me a really supportive environment. We all support each other. I expected I was moving into something like a hostel accommodation, but obviously it's nothing like that. My coach is trying to get me back to college. They try to create a structure for you."

This last comment indicates that the service is perceived as going beyond the practical expectations of addressing use and helping with the need for direction expressed and wider life issues:

> "It pointed me in the right direction. If it wasn't for them, I really don't know where I would be. They opened my eyes to what's out there: NA/AA/SHARP. They just gave me a gateway to the recovery community."

> "I've been on so many groups round here and sometimes it just feels like they just want your name on a piece of paper, so they can get the figures. The Olive Branch has surpassed my expectations. I've thought long and hard about ways of giving up and I have to say the Keystones structure is brilliant. It takes you from semi chaos to order and to a more functional existence. You can see the light at the end of the tunnel and it gives a structure to your recovery."

And these comments perhaps echo the ideas raised in the process mapping exercise around the Olive Branch functioning as a recovery hub locally, giving not only a structured pathway, but also functioning as a 'gateway', from 'chaos to order' bringing 'light at the end of the tunnel'.

2.2.5 Impact

In order to explore impact, people were asked firstly to outline what the service offered them and secondly to describe the impact the service has had on their lives. In response to what was offered, themes that have emerged previously were reinforced by responses and fell under three main overarching themes:

- increased awareness of recovery and opportunities;
- exposure to people with lived experience;
- intensive support.

In addition comments indicated that the service was viewed as a safe space: **"**It's confidential and it's really adaptable to individual need" and a positive environment: "hope and encouragement."

The idea of an increased awareness, which the service was viewed as developing in people, appeared to relate not only to an understanding of recovery, but also the active signposting the service undertook to other resources:

> **"**Information that I wasn't aware of."
>
> "Gave me an overview of all the services out there that could help me."
>
> "Opened my eyes to what was out there."

As discussed previously, signposting was not the only function of the service and the majority of comments related to the intensive nature of support experienced. People described how this support had helped with a range of practical needs. But, comments also emphasized the emotional support received and the subsequent positive impact on their own confidence:

> "On-going support from my coach, such as daily text messages and one to one sessions. They are always there, if you need them."
>
> "It offers me loads. My caoch takes me to NA groups, so I get support all the time. I've met people who have been there and done it and I know somebody's there if I need to pick up the phone. You can't do that at a drug service. They also text me every day, which gives me a real boost."
>
> "Within the group there's real strength and togetherness. The facilitators don't just leave you, but walk alongside you. They also link you into other services and staff go

the extra mile and meet you, have a brew outside the groups. For example I was really stressed about an ESA tribunal and felt anxious, my coach came with me to the tribunal, supported me and I came through it fine. They are always available. My coach has also offered to take me to NA meetings."

"Groupwork, telephone support, emotional support. They are there, if you need them. The staff will meet you for a brew, which is great. I can't get used to it to be honest. Why do they want to help so much?"

"I knew I could call them anytime I wanted. My coach was great. She even came to my medical with me."

"They also came along with me to my first couple of AA meetings."

"I know I can ring my coach anytime. She sends me little messages of support every day. It's just knowing that someone believes in you again, which is great. If I was struggling, I had a mentor that I could phone and I would meet up with them once a week. They were also there to help with any homework you were given in the group, or, if you couldn't understand parts of the programme. Basically they made sure you understood things."

"They text me daily, I can call, if I'm struggling, they offer to take you to meetings, if you are nervous to go on your own. "

"Safe environment, companionship, peer support, benefit support, group sessions and retreats."

"Weekly group meetings, one to one sessions weekly, signposting to other services and groups. Getting escorted to meetings and daily text messages."

"Support around housing issues that help you move on. Teaching me new life skills, one to one and weekly meetings and support every step of the way in my recovery."

"Emotional support. Peer support. People believing in you."

The last comment again raises the importance of people with lived experience. This was highlighted in a number of comments, which identified the impact of this as feeling less alone and a realization that others have experienced similar or worse:

> "I have found the staff inspirational and not only has the project given me someone to talk to, it has also allowed me to spend time in a place where I know other people are suffering just like me."

> "Education and the support from the people who lead it. It's the fact that they have been there themselves and that they can understand you."

> "They all have their own stories, which makes you feel like you aren't alone."

> "There were people in the groups that I knew, that helped as they were the same as me. There's no better help than one addict helping another. There was real camaraderie in the groups and the workers were great."

> "People who you can identify with and talk to. You think yours is the worst story and that you can't possibly get out the other side, but there are other people out there and you're not alone."

This idea of others having been through it appears to lead on to not only reduced feelings of isolation, but also to a more positive future oriented outlook and people's responses included the idea that the service offered 'hope':

> "Encouragement, hope and inspiration."

> "Hope, strength and wisdom of others who have come through."

> "It's got me focused, helped me set goals and look forward to a future. It gave me hope seeing others that had done it. I needed that hand and that trust. It's not too preachy and is really positive."

Moreover, comments indicated that people had been encouraged to not only be more optimistic, but also to make concrete changes to their lives and responses began to point to the impact in terms of outcomes:

> "It made me put action into developing a real life"

> "Security, structure, friendship and hope. It shows me another way and I have moved on at my own pace."

This theme emerged more fully in response to the second question, which asked people to describe the impact the service had had on their lives. The comments from people who had not completed and disengaged with the service highlighted the impact the service had had previously: "It made me feel better when I was attending the groups. I looked forward to going and enjoyed the programme." Comments also suggested that the ideas learnt had had a longer term impact:

> "It had an impact on my way of thinking. I didn't know what the phrase 'dry drunk' was and now I know what I am. I do go to AA occasionally and pop into the Quays to keep myself busy."

The one respondent who had disengaged due to health issues stated that they maintained contact with staff and hoped to return to the programme in the future:

> "I've met new people and I'm still in contact with the staff, as they check in on me. The olive branch has had a real positive impact on my life and I would love to go back and complete it when my health issues have improved."

The concept of a change in the way of thinking mentioned above emerged strongly throughout these responses and people highlighted the receptiveness to different ways of being and possibilities that the programme had unlocked:

> "Showed me recovery is possible and has opened my mind up to new ideas."

> "It's made me re-evaluate my life, but allowed me not to dwell on my past. I feel I can start a fresh way to live."

> "It's enabled me to change my view of life and assured me I wasn't too old to change."

These responses suggest that for these respondents the programme is fulfilling its aim of trying to bring about change in entrenched people and moving people forward. Although responses indicated that for some this was still 'early days'. These comments were more tentative in describing impact as helping to build the foundations or 'building blocks' to make changes:

> "I'm still learning, but it's helped me put the building blocks in place to move on. I'm not all the way there, but it's given me a start."

> "Pretty big. Although I'm not completely clean, it's like the light has been switched on. I'm getting my self esteem back and I know I'm worth it."

Others appeared to be further on in their recovery journeys and the service was described as having a strong impact in making concrete changes to their lives. Again, some of the impact was around substance use:

> "It's had a massive impact on my life, as I no longer drink. It's also really made me feel confident about myself again."

> "It's pointed out my qualities and allowed me to get 10 months clean time."

But as the above comments demonstrate substance use was rarely the only impact cited. People emphasized the wider impact the service had on their daily lives and structure, social contact and networks, engagement with other services and again individual's self esteem:

> "A big impact. It's helped me turn my life round."

> "It's given me belief and confidence that I can get over my addiction by providing me with a structured route, so I can finally move forward. It's a positive reference point for me in my week, which I look forward to. All the workers have really inspirational energy."

> "A real positive. It's put me in touch with other support services: I go to NA now, the Independence Initiative at Bootle and I now know other people in the same position as me."

> "It's had an amazing impact on my life. I promote it to everyone. I now attend 12 step meetings that are keeping me in a good place and it was Olive Branch workers who guided me to the rooms."

> "My life has had a complete turn around and my personality has changed for the better, so yes it's had a massive impact on my life."

> "Massive. A real positive impact. It's helped me out so much. I have so much more self belief. All people ever wanted from me before was money and drugs off me, so it's only now I'm actually finding myself."

In particular, the last two comments suggest that impact can involve fundamental changes, such as a sense of self and some responses spoke more bluntly of what they perceived to be the vital role of the service:

> "I'm here today and without that support I might not be."

> "It's basically kept me alive, so yeah, a massive impact."

One final comment illustrates neatly the demonstrable impact the service is perceived to have initially on confidence and self esteem and as a consequence practically on changing people's lives and offering hope:

> "I had basically stopped believing in myself to be honest. It let me see my goals are obtainable. I always wanted to take my boy to Disneyland and was always worried being on a script, but now I'm clean anything seems possible."

The comments above appear to be particularly positive. Although it is acknowledged that only two people interviewed had disengaged, the majority of people perceived the Olive Branch as meeting their expectations and offering a service that provides intensive support, which leads to a willingness to make concrete changes. In order to further explore the quality of service offered and identify any areas where provision could be more effective, people were also asked to identify whether there were any aspects of the service they would change and describe areas for improvement.

2.2.6 Areas for Improvement

In response to being asked whether they would change anything, people raised the issue that although support is viewed as intensive, they would like to increase the frequency of the groups:

> "Maybe if there was more of it, as you only go once a week."

> "Just more of it. More sessions, so you can fill your week."

> "Be nice if there were more groups to attend. Maybe twice a week? It's really relaxed and everyone gets to have their say, but could be more."

> "Could also be more accessible with more groups available. Was never a problem for me, but I guess it could be for others."

> "Just more of it really. I wish it was more than once a week."

> "It wasn't enough for me on its own. I needed a bit more intensity. I wanted to understand what was wrong with me. Once a week's not enough, so I went to SHARP to get the everyday support."

The fact that groups only occur once a week at a particular time also make it difficult for people with caring responsibilities:

> "The times of the groups and there needs to be more of it. When you have childcare needs it's tough. Millstones is 1-30-3.30, which means some of us who are Mums and Dads struggle. In NA I know there's a kids meeting, but I want to keep him away from it all."

> "Be nice to get more support for women with children. It's hard to get babysitters and it's the same with NA meetings. You can't always get there with kids and I don't want to take my baby boy with me, so what can you do?

The frequency of groups is also related to the next emergent issue around the 'Inbetweeners' stage. As discussed in the process mapping, when people have completed

the initial Keystones programme they move on the Millstones group. However, groups are run once a week on a rolling basis, so people sometimes need to wait until a new Millstones group has started. For those who do not experience a significant time lapse, this is obviously not problematic:

> "I was lucky, as when I finished the Keystones on the Tuesday I started the Millstones on the Thursday. I know that's not the same for everyone, as I have seen others saying they have felt let down due to them having to wait longer to start the Millstones programme."

For those who have to wait longer, although the Inbetweeners group is viewed as helpful, the sense of progression from one programme to the next could be improved:

> "I think its works well. It would be better though if there was more of a flow into the next course, as you're early in recovery and still in a pretty vulnerable place."

Moreover, one respondent described uncertainty around the aims of the Inbetweeners group and it would appear that this perhaps needs articulating more clearly:

> "The Inbetweeners isn't as polished a course yet. Certainly in comparison to the Keystones programme. It's not the finished article and I'm unsure as to the goals of it. I'm not sure what it's designed to achieve. It feels like a work in progress."

Although the latter issue points to the relative infancy of the service and the fact that the Inbetweeners is a recent addition to the provision offered, the goals of the group, as they stand currently, appear to require further clarification.

Following on from the theme of support, one respondent offered a further suggestion for access at the weekend:

> "The support is fantastic all week and it's great to touch base with someone that cares. Problem is there's nothing at the weekend, so it would be great, if you could access the support then."

Clearly the issues around increased groups and weekend support go back to the issue raised in the process mapping workshop around resources. The mapping exercise highlighted the recent loss of a staff member and suggested that support may already be stretched. Therefore, these areas for improvement would demand consideration of increased resources. The positive comments regarding the support that is provided though suggest that increased groups would serve to enhance the positively perceived practice delivered by the service.

The final themes to emerge in response to what people would change about the service are the need for increased promotional material: "I think it needs to be advertised more" and the 'exit strategy' or how people are supported to move on from the service:

> "There could be a better exit strategy. We need deposits for houses moving on from here, so a bond scheme would be good. There could also be more life skills taught in the house like cooking etc. Some people come in and leave without learning all the life skills they need. Now TTP has gone I'm not sure what we will do now day to day. To access SHARP you will have to be completely clean, so most of us will be fucked."

Although this comment begins with describing a need for more life skills opportunities in the accommodation, the narrative goes on to raise the issue emerging from the mapping exercise concerning a gap in local provision. The respondent identifies the lack of structured daily support and laments the fact that the only service perceived to provide that in the area is restricted to those who have achieved abstinence. This response suggests the need for more support to live independently, but also indicates that the provision of daily support, including help with life skills, is a significant gap for people locally.

It is also worth noting that in addition to the comments above, 7 respondents answered only 'No' to the question 'Is there anything you would change about the service?' Comments overall suggest a generally positive perception of the service with the main areas for improvement concerning frequency of groups.

These findings were strengthened and recommendations reinforced by responses to the parallel question: 'what parts of the service could be improved and how?' This was a more open question to try and raise issues and test the themes that had emerged so far.

The most frequent theme to emerge concerned the issue of the frequency of groups. Attendees again describe the need for more groups to help attendance and these seem to be driven by the valued support the groups give them:

> "Think it would really help more, if there was more than one group session and more than one 1-1 session a week."

> "The courses could be a bit longer per session and more often."

> "More groups that are accessible. It was great for me cos I work a few times a week, but now I'm past Keystones it's hard. I wish there were more NA groups too, which I could access. It's really hard to balance work, children and recovery."

> "More sessions in the week. A week can seem like a long time. I used to really look forward to the groups and they couldn't come round quick enough."

These comments point to the need for resources and the suggestion that current resources may need consideration emerges again, with people indicating that they would value support beyond the '9 to 5' at weekends:

> "Guess it would help, if there were more workers, as all the staff seem to be frantically busy at times."

> "It would be better, if people could work more flexible hours rather than 9-5. That way you could be around positive people at the weekend. Maybe it would be good if there were also some online groups. I know a lot of people struggle isolated stuck in their homes."

One further suggestion around groups from two respondents was the question of people who are 'abstinent' being in the same group as those who are 'scripted' and it is suggested that it may be a more improved experience if there were two separate groups. However,

this is an ongoing and universal question for all drug and alcohol services around how far these two groups should come into contact. As the second comment articulates, if the groups were split, then exposure to people who have achieved abstinence might not occur and the aim of seeing role models who have achieved this would be lost:

> "In Keystones it would be good, if they could split those abstinent and those still using as it can put you off."

> "If they split into two groups for the keystone for those who are abstinent and those who are still scripted it would be better. The problem is people wouldn't mix, which might not give those still using hope. Guess it would depend on numbers."

One further suggestion was for a women's group "Women's only group would be great in time" and in response to this at the process mapping exercise it emerged that the establishment of a women's group was underway.

The final theme to emerge from several comments underlined the suggestion for increased activities and again pointed strongly to the gap in structured daily support locally:

> "I think it would help, if there was more structure in the house and more things for us to get involved in. Sometimes you feel on a loose end, as there's nowhere to go some days. Also I would improve the visitor policy and make it more flexible. Also be good, if there was a move on stage after this house. I worry about getting thrown back in living on my own."

> "Not sure. One thing they could add is more info on courses, employment opportunities, but that might be covered more in Millstones. I've not got that far."

> "I think in the house our time could be filled more, as there are two days where I do nothing. Now TTP has closed down there needs to be more going on, more group sessions."

It would appear that this issue of a gap in local provision underlines many of the different themes to emerge. People identify a desire for increased support across responses. The provision from the Olive Branch is viewed by these respondents, including those who had

disengaged, overall in positive terms and people expressed a wish for more of the support offered. However, there are also suggestions that the current resources of the Olive Branch may not be in a position to offer this and this leaves the gap identified unaddressed. Although people appear to view the accommodation and programmes largely positively, they articulate a lack of daily structure, which would include and build the necessary life skills to live independently. Many of these comments point to a wider issue than the Olive Branch in identifying this gap in the local system around recovery oriented support.

There were also three other comments given in response to suggestions for improvement that reinforce the suggestion that the service is viewed in positive terms and only one further idea for less meditation is given:

> "I enjoyed it all. There's nothing apart from the meditation, which ran on a bit too long."

> "It's really informative and I'm not sure how it could be improved. It helped me open my eyes."

> "None. It's brilliant. They go out of their way to help you. If you're struggling they help. They gave me real contentment."

In order to look at both opportunities for improvement and areas for the service to build on, people were also asked to identify the strengths of the service.

2.2.7 Strengths

Echoing previous comments the positive nature of the support emerged strongly as a strength and people identified a number of elements that created this positive support, including a 'relaxed informal set up' that listens to people, gives confidence, has 'warmth' and feels 'safe'. Moreover, comments identify the role of the staff in establishing this environment and they are described as 'caring' and 'believing' in people:

> "First and foremost the workers. There's a lot of work gone into it."

> "The staff and support. They are always willing to help."

"They really care. It reaches out to people and keep them believing."

"Caring staff. Well structured groups, people around it that care."

"Gives people hope and a safe environment."

"The groups are great. I get a lot of one to ones and the place is just so relaxed. You were never made to feel any pressure and I was always listened to and supported."

"The staff, the relaxed informal set up and most importantly the time they give to listen to you."

"It's a people based approach. You know from the staff instantly that recovery is possible."

"The presentation of the programme and how the place and people make you feel, as every time I left I felt so much more positive about myself."

"The confidence you have in the people delivering the course is great and the warmth of the people in the room."

"Their 'forever positive' attitude. The fact you know they care

"I always come out feeling so much better. It's real support and you know they are there for you. You can pick up the phone and they are so flexible and really care."

Although previous comments on areas for improvement identified a call for increased support, these comments suggest that this would appear to refer to the need for more frequent groups. The experiences of support described suggest that, as in the last comment above, the service is viewed as responsive and flexible and the frequent contact with people is viewed as a strength:

"I get a text message every day encouraging me."

"They are always in touch and if you need more contact it's there."

"The support. Having someone to meet up with weekly."

"Seeing your recovery coach on a one to one session."

"They never forget who you are and are always willing to check up on you by texts and calls, which is great."

One important factor in the positive perception of staff appears to be the fact that staff consist of people with lived experience. Comments highlighted again the 'encouragement' experienced by seeing people who have been 'through the mill' succeed, which in turn gives them belief that they can also achieve changes:

"It's good, cos the people working there have been through the mill too."

"Everyone has been there themselves."

"The encouragement from those that have been there and done it."

"They can all relate, cos they have been there. They are always willing to help."

"I get my strength by looking at people like my coach and seeing where she is now. I identify with her and I believe in me now. If she can do it, so can I."

A focus on making changes and moving on was highlighted as a particular strength of the service. Going back to the content of the programme and its impact, as discussed previously, several respondents highlighted the concrete changes and action the programmes had led to:

"They get you to look at yourself."

"The whole approach. They look a lot at metaphors, which I really like. When I go back I will get more from it cos I know the basics now."

"Giving you the tools to create change in your life."

"Gives people a foundation to look at themselves."

"It's really professional and really well run. Compared to the other groups that run round here, it's on another level. I just needed that something to get up and do every morning."

"It gives people hope that you can move on. You can meet other people who have been there and moved on. The coach still calls me even now to see how I'm doing."

"You feel part of a community. It's a great location. Being able to do it on your own doorstep with trust and freedom is fantastic. It teaches you to do it for yourself, not because you have to. You don't have to disconnect from your family. I see my daughter every Saturday."

In addition, it was highlighted that for many people these changes are major shifts in their lives and the service was seen as unique in supporting people who are still scripted and subsequently taking people from the 'chaos' through to recovery:

"It also deals with people that are on a script, which can be a double edged sword; you can end up on it too long and never see the end in sight."

"It's a really well produced course. It's the only course that takes you from chaos all the way through to the other side."

3 Conclusions

As discussed in the introduction the Olive Branch service had been operational for twelve months at the time of this review. The findings and recommendations must therefore be treated as preliminary suggestions for a developing service in its early days. Twelve months is a short timescale for a new service and discussion of impact can only point to the future potential of a service. However, there is a national and local context that possibly brings a background with which to understand these findings. Whilst strong comparisons with national data cannot be drawn due to the snapshot nature of the data collected, national data can help us understand the need for a service in the form of the Olive Branch and view the impact against that need.

It has been stated that it is becoming more difficult to 'help' the group of substance users known as 'problematic drug users'[7], in particular, opiate users, which dominate the sample taken here and form the majority of Olive Branch clients. A quarter of the national population of these users, and the majority of Olive Branch clients, have been in substitute prescribing for five years or over[8]. They are an entrenched group of substance users who due to their long term use and dependence experience significant health problems and generally long term unemployment. As outlined in the discussion of service data, this is reflected in the most recent national successful completion rates, which calculated annually stand at only 15% and calculated longitudinally only a third. This suggests that there is an imperative to provide support to this group that will shift this entrenched seeming inevitability of a poor quality of life.

This is not only the case nationally. Recent research on the Wirral indicated that there was a significant cohort of people that were 'stuck' on long-term opiate substitution prescriptions" [9] and the document *Recovery – the Way forward for CWP* signals the local treatment service's plans to build a culture of recovery by being "wholly engaged with local communities and partner

[7] http://findings.org.uk/count/downloads/download.php?file=PHE_7.txt

[8] Ibid.

[9] David Best et al, *Segmentation Study*, April 2011.

organisations, actively challenging stigma and promoting social inclusion". The Olive Branch service is part of that strategy and primarily aims to address this entrenched group of people through provision of group programmes and supported accommodation that are open to both those who are abstinent and those still being prescribed.

3.1 Impact

Whilst acknowledging the snapshot nature of data, against this backdrop of national completion rates, the Olive Branch appears to be starting to make an impact. Almost half of the people having had an initial contact with the service went on to complete a programme and a third of people were either drug free (including from prescribed drugs) or undertaking a detox at the time of the data collection. The completion rates and the finding that the majority of those who disengage do so after the first, or less frequently second, session of the programme suggests that the service is also developing an effective retention rate. People decide quickly if they want to continue the programme and the majority of those who come back after the first session complete the whole programme.

Effective retention is also reflected in discussions around expectations and for those who engage the experience is described in positive terms as either meeting or exceeding initial expectations. Although it is acknowledged that several people did not have a clear idea of what to expect, there were no responses indicating that support had fallen short of people's expectations.

Not only was impact demonstrated in numbers of completions, but strongly in the narratives of service users. Comments emphasized the impact of the intensive support offered by staff as initially a change in outlook and thinking, people's understandings of their misuse grew and an increased awareness of possibilities shifted people's aspirations. Responses illustrated the growth in confidence and self esteem that people had experienced from support and in turn the concrete changes people had been able to make to their lives. The interviews contained several stories of people's lives being 'turned around' and some people identified the service as playing a fundamental role in being a catalyst for change. This role was not only in terms of training or influencing, but also practically in addressing wider life issues and the service was commended on its willingness and proactivity in helping people tackle whatever issue may be presenting a barrier to change.

For those who had disengaged from the service, the impact was clearly less significant, but although long-term changes to use may not have been achieved, there was still a view that the programme attended had led to a change in thinking.

3.2 Strengths and Areas for Improvement

This willingness to help people was highlighted repeatedly in comments and there are a number of identified strengths of the service that appear to highlight the positive nature of support provided. At the process mapping workshop stakeholders described the responsiveness of the service and it would appear that the service is quick and efficient in engaging people, which is valued by both staff of other services and service users. Likewise, communication around initial access is viewed as effective. However, the process mapping workshop also highlighted possible room for improvement in ongoing communication between the Olive Branch and treatment services. This was particularly linked to treatment decisions and it was suggested that the Olive Branch are not always aware of or involved in decisions.

This issue is related to a wider area for improvement that emerged from the process mapping exercise: the need for further development of policies and procedures. It was noted that policies and procedures had not yet been developed for practice in some areas of the service. It is suggested that due to limited resources and the fact the service is relatively new in its establishment; key areas for risk management are prioritized for development of policies and procedures. These could include the creation of a joint working protocol with the treatment service for the establishment of an effective pathway and effective management of clients.

Recommendation 1: Further development of a full set of policies and procedures for the service. Identify the main risk issues to prioritise, including a joint working protocol with the treatment service.

One particular area for the standardization of practice that would benefit from the development of procedure is around the collection and recording of data. The service is particularly strong on the type of data collected; few other services collect ongoing details

of people's journeys during and beyond their contact. The service should continue to collect this data to assess its effectiveness and demonstrate its impact. However, the data provided to Baseline had some minor inconsistencies in the coding used and whilst this did not affect the usefulness of the data, standardization could make analysis quicker and easier. This was also raised as a potential risk issue in the context of recently reduced resources. Should referrals increase, the level of current data collection would become a challenge to maintain. This latter issue is dealt with more fully in recommendation 7 below.

Recommendation 2: Continue current data collection practice and develop standardized procedures for data coding.

Further to the issue regarding joint working, staff from the treatment services highlighted that when they draw on the support of the Olive Branch, there is an added value for their own work gained. Staff identified that with the Olive Branch addressing motivational issues; keyworkers can focus on their own specialist input and described the service as enhancing and improving their own ability to deliver effective care. This demonstrates the importance of a shared approach and suggests that joint working can deliver a greater impact for people. In turn, this should lead to more successful completions and in particular staff of other services identified a possible cost saving from the use of the Olive Branch for their clients in what they saw as the potential impact on successful numbers detoxing in the community.

However, it would appear that not all staff of other services utilize the Olive Branch fully. The process mapping exercise suggested that whilst staff in a shared care setting was proactively referring and signposting clients, referrals from the specialist team were not as frequent. This was linked to the way the Olive Branch had been introduced to treatment services. It was stated that initial introductions of the new service had not taken place formally and encouragement of all staff to utilize the service could be improved. It was also perceived to be related to the location of the Olive Branch within the treatment service, as referrals from staff with whom they were co-located were more frequent. It is recommended that proactive steps are taken to improve understanding of the role of the Olive Branch in all areas of the local treatment service and particularly with the specialist

team. This could be facilitated by senior management within the provider Trust through face to face contact and also be helped by the creation of clear and effective promotional material describing the role and potential impact of the Olive Branch service.

Recommendation 3: Increase referrals from the specialist team through the development of promotional material and proactive promotion of the service by senior management within the provider Trust. Create material that distinguishes the package offered by the Olive Branch from other local services.

The emphasis within this promotional material and the endorsement with teams by managers could focus on the added value of the Olive Branch operating as a signposting hub. The Olive Branch was described as providing support that went beyond dealing with substance misuse. Support was perceived as addressing wider issues in people's lives, connecting people in to other community resources and thereby aiding recovery. This is a particular role that appears to be lacking locally, as will be discussed more fully below, and should be harnessed and built upon.

Recommendation 4: Explore the establishment of the Olive Branch as a local recovery hub within a wider system that provides a bridging function from treatment services to other community resources and supports (with commissioners and the provider Trust). This recommendation links to recommendation 8.

A further strength that should be celebrated is the Olive Branch's staff culture. The proactive and valued support provided by staff was universally praised and described as caring and engendering self belief in people. The staff is at the heart of the service and it appears to be the additional acts of support beyond the groups that make a significant difference to people's quality of experience. People identified the regular phone calls and text messaging as valued and highlighted the seeming willingness of staff to tailor support individually to each person's needs. It also emerged that people appreciated the lived experience of staff that, as peers, were perceived to be empathetic and able to understand. Being peers also created positive role models and increased their belief that change was possible for them.

Recommendation 5: Utilise the experience of staff as peers in promotional material and testimonials from service users that describe the added value of this.

However, the strength of the staff group also emerged as a potential risk for the service. It was stated that funding for the staff team had recently been reduced and this had already impacted upon the ability to provide the level of support initially developed. The number of one to ones that could be delivered had decreased. The question of resources emerged strongly in relation to the frequency of groups. The content of the group programmes received positive feedback and people described them as effectively 'structured' and leading to changes in understanding. Moreover, the positive perception of groups was reinforced by the call for increased frequency. People suggested that a greater number of groups would firstly aid attendance, because people with caring responsibilities could not always attend the fixed time and secondly to address the issue of a wait in between the progression of programmes. The initial Keystones programme was described in wholly positive terms, but it would appear that once this is completed, due to the nature of the groups occurring on a rolling programme, people may have a wait of a couple of weeks before they can begin the Millstones group. There is a 'holding' group called the Inbetweeners designed to provide people with support during this period, but some people felt that the aims of this group were not as clear as the other groups and people expressed a need for more seamless progression between Keystones and Millstones.

These issues link back to the question of resources and under current resources increasing the frequency of groups does not appear to be a viable option. Therefore, whilst ideally a recommendation of this report based on the initial impact of the Olive Branch would be to increase resources, it is also recognized that this recommendation is not currently deliverable by the Olive Branch. Consequently, the recommendation developed from these findings is that the service should present the findings to relevant funding bodies with a detailed outline business case for the increased frequency of the Keystones and Millstones groups.

Recommendation 6: Review the aims and objectives of the Inbetweeners group to ensure clear articulation of purpose and share with all attendees at frequent intervals.

Recommendation 7: Develop an Outline Business Case for the increased frequency of the Keystones and Millstones groups and present to relevant funding bodies. This links to recommendation 8.

A further suggestion that emerged around the groups on offer was the establishment of a women only group. It should be noted that plans for this are currently in development.

Exploring areas for improvement also highlighted a need for increased daily activities. This was manifest in comments concerning preparation for moving into more independent living. People suggested that the recent loss of local structured day care had left a gap in provision and indicated that for those in the accommodation more support around life skills would be welcomed. This was raised within the wider context of people having little in the way of daily structure beyond the groups. Clearly this goes back to the question of available resources. The Olive Branch could potentially look at the provision of daily living skills for people in the supported accommodation by exploring support for this locally through other existing services. However, the wider issue of a gap in provision goes back to the recommendation around the role of the service as a recovery hub and also links to the need for an Outline Business Case. The gap in provision presents an immediate opportunity for the service. These findings suggest that the Olive Branch is already functioning as a hub for people, providing a bridge from treatment services and actively signposting to and engaging people in other community resources. This could be built upon and further strengthened through the increase in day programme provision and subsequently the establishment of a recovery community, with attendant activities, volunteering opportunities and pathways to employment. As described by one respondent, there is an opportunity and seemingly a need for the Olive Branch to function as the 'recovery tree' locally offering a route to the branches of support across the community.

Recommendation 8: Develop an Outline Business Case that identifies the resources required, business need and potential economic and social value offered by the establishment of the Olive Branch as the local provider of a full programme of structured day care and a recovery hub in the local community.

In conclusion, whilst this review has taken a snapshot of the Olive Branch in its early days of operation, it would appear that the overall picture presented is of a fledgling service fulfilling its aim of trying to bring about change with entrenched people. People who are still in the early days of their recovery journey express a willingness to change and those further on describe fundamental changes that they attribute to the service. The main strength of the service is its responsive and caring staff and this should be celebrated. However, staff funding has recently been reduced and the aspects of the service that are valued: the intensive support experienced is thereby put at risk of decreasing. The service has some areas for improvement around standardization of practice through the creation of more policies and procedures and the referrals from particular parts of the treatment service. This latter issue is universal though and reflects the recent establishment of recovery oriented community services often as separate to treatment services and not always in collaboration.

However, the Olive Branch appears to be in a unique position in being co-located with treatment services and whilst this may be perceived as going against the ethos of recovery to some commentators, these findings demonstrate that this can be a strength and help to address the group of entrenched people who are becoming 'more difficult' to move on. Benefits, such as potential cost savings from increased successful community detoxes, need to be highlighted and explored. Moreover, the service has a 'unique selling point' in not only actively seeking to generate a hope and belief in this group of entrenched people, but seemingly creating that in the people represented in this report . Most importantly, the Olive Branch appears to have been active in bringing about concrete changes in a group that others may have 'scripted off' and thereby bringing 'light at the end of the tunnel'.

Postscript

The authors would like to take this opportunity to acknowledge that the contents of this report reflect the opinions given by stakeholders. Some readers of this report may not be familiar with the work of Baseline. Whilst the description at the start of the report outlines the experience of Baseline, it does not give a sense of the type of reports produced. Those who are familiar with the work of Baseline will be aware that the work done by the organization is objectively conducted and usually raises more areas for improvement than strengths. This postscript is added because we are acutely aware of the largely positive nature of comments, which is not often the case. Therefore, we would like to reiterate that this review was also undertaken with an objective lens and represents the feedback received by all stakeholders.