West Dunbartonshire Health and Social Care

WD ADP Survey of People with Lived Experience of Services 2019/2020

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Executive Summary

Meaningful and ongoing consultation with people with lived experience of substance use services in West Dunbartonshire is imperative to ensuring people are receiving not only good quality care but also care that meets their needs and expectations.

The WD ADP Survey of People with Lived Experience of Services 2019/2020 is the result of a review process which aimed to align responses to national and local substance use policy drivers. As such the 2019/2020 survey provides results which are more streamlined to reporting mechanisms.

The survey also offers insights all service providers should be proud of whilst offering suggestions on ways to improve current practice. This report details the findings of the survey.

In summary

- 138 responses were received from the survey
- Overall responses given by respondents about their experience of accessing services in West Dunbartonshire were positive
- Qualitative comments from respondents offer some suggestions for improvement and express their gratitude to staff for their support
- Recommendations are provided for the Treatment and Support sub-group to consider. These recommendations include
 - That the survey continues annually to capture the views of those with lived experience of services in West Dunbartonshire
 - Some questions could be further enhanced to provide more depth to the responses and therefore offer greater insights
- Individual service provider reports will be made available and should be shared with front line staff, to acknowledge the valuable work they do and to seek their views on service improvements

Acknowledgement

West Dunbartonshire Alcohol and Drug Partnership would like to note appreciation to all respondents participating in the survey; to staff supporting the development of the survey and to the support received from partners, without which this work would not have been possible.

1. Introduction

1.1 Survey Purpose

This paper details the findings of the 9th service user survey in West Dunbartonshire. Historically, the questionnaire has been issued annually with the exception of 2018/2019 and there has been a wealth of information gained by undertaking the survey over the years.

The purpose of the survey is to capture the views of people with lived experience receiving support from providers of alcohol and drug services in West Dunbartonshire. It also provides an opportunity for those in services to shape and inform future plans to reduce the harm from alcohol, tobacco and other drugs in West Dunbartonshire.

In addition results allow service providers to gain insight on what is working, what needs improved and if support is needed within the ADP structures to facilitate changes.

The survey assists with the fulfilment of one of the core outcomes for ADPs¹, outcome 7, which focuses on alcohol and drug prevention, treatment and support services. Outcome 7 requires ADPs to ensure services are high quality, continually improving, evidence based, responsive and sensitive to the needs of local people. Ultimately services should ensure people move beyond treatment into sustained recovery. To do this, outcome 7 is clear that ADPs must use local data to inform service improvement and re-design.

¹ Scottish Government, 2013. Alcohol and Drug Partnerships: Core Outcomes https://www.gov.scot/publications/alcohol-and-drug-partnerships-core-outcomes/

2. Quality Principles

Substance use services endeavour to deliver on 8 Quality Principles² set out by the Scottish Government in The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services. These principles ensure a high standard of care and support from accessing services to recovery planning and beyond.

Quality Principle 1: Access to Services - You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.

Quality Principle 2: Treatment, Care and Support - You should be offered high-quality, evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.

Quality Principle 3: Workers Attitudes, Values and Training - You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.

Quality Principle 4: Assessment based on Needs and Aspirations - You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.

Quality Principle 5: Person-Centred Recovery Plan - You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.

Quality Principle 6: Review - You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.

Quality Principle 7: Family Inclusive Service - You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.

Quality Principle 8: Evaluation of Services - Services should be family inclusive as part of their practice.

² Scottish Government, 2014. The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services. www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/

3. Survey Methodology and Design

Throughout 2019/2020 there were a number of unforeseen circumstances (staff changes and general election) which led to a delay in the annual survey being issued. Additionally, a new policy landscape provided an ideal opportunity to update the survey.

3.1 Process

A short-life working group was established in October 2019 and met every 4 weeks until the end of February 2020. The group was formed with members of the ADP Treatment and Support sub-group and had representation from Alternatives, Dumbarton Area Council on Alcohol (DACA), WD Social Work, Addiction Services and Health Improvement (group membership detail is shown in Appendix 1). The purpose of the working group was to review the question style and content of previous surveys and make changes to increase its alignment to new local and national policy for alcohol and drugs and with the 8 Quality Principles for Standard Expectations of Care and Support in Drug and Alcohol Services (see page 6).

3.2 Survey Design

Upon consultation with service providers it was agreed that the questions should be aligned to the 8 Quality Principles and that the questions should be tick-box style to obtain quantitative data to identify any trends. Open textboxes were to be included to obtain qualitative data where possible to seek further information and ideas. The survey was disseminated in paper format to remove any online access issues. At the end of the consultation period the responses were uploaded onto Webropol for analysis.

As the survey results were to be made available to each service provider, responses made by individual respondents were not tracked since the numbers would be small and could lead to identification/breach of confidentiality and data protection. Thus further analysis involving cross-tabulation was not possible.

3.3 Definitions

Partner organisations use different titles to refer to the individuals accessing services with examples being 'client' or 'service user'. For the purposes of this paper the individuals will be referred to as 'respondents' with the findings section and more generally as 'people with lived experience of services'.

3.4 Timescale

The 2019/2020 survey was issued from January to February 2020. The data analysis took place shortly after.

3.5 Limitations

 Service providers offered support to respondents to complete the survey if required; this may have introduced an element of bias on behalf of both the person assisting and the respondent.

- Overall respondents answered questions in succession however there were some missing data where respondents chose to skip questions. For transparency the n number (number of respondents to each question) has been included in the reported findings.
- Service Providers highlighted that some respondents had completed the survey in previous years and seemed indifferent to being asked their views but still took part in the process. This may have introduced habituation bias.
- Self-reporting bias may lead to some responses being over and/or under estimated. Responses can also be influenced by how respondents are feeling on the day.
- The survey is cross-sectional and provides snapshot data only.
- Non-responder bias must be taken into account and noted that the views of those who did not participate in the survey are not captured.
- The sample size is relatively small and the findings must be applied with caution to the wider population of people with lived experience of services.

3.6 Comparison with last survey: 2017/2018

As the 2019/20 survey was re-designed direct comparison with previous results is not possible.

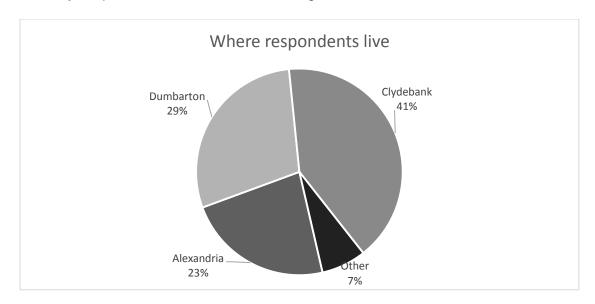
The 2019/20 survey had improvements made as a result of the review process. Some examples of these changes include question wording and response options.

4. Survey Findings

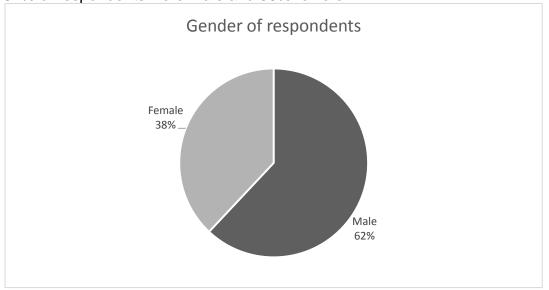
The survey was distributed for a five week period from 27 January 2020 to 28 February 2020 amongst people with lived experience and currently accessing substance use services in West Dunbartonshire. In total, 138 responses were received. The charts in this section provide an overview of how respondents viewed the services they received. Where appropriate, recommendations are suggested to improve future survey work.

Please note that all data charts are available on request and not all are included within this report.

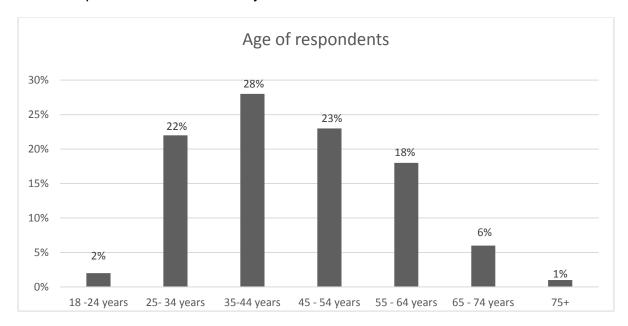
Respondents – About You
Survey respondents lived in the following areas of West Dunbartonshire



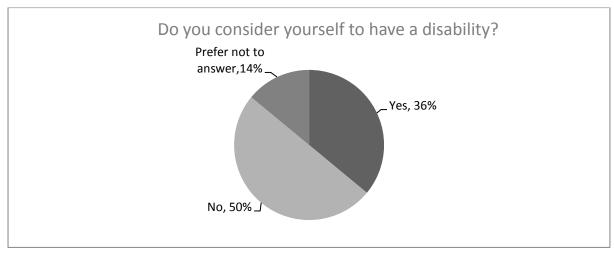
62% of respondents were male and 38% female.



In regards to age the largest age group showed there were 28% of respondents aged 35-44 years. This was followed by 23% who were 45-54 years, 22% were 25-34 years, 18% were 55-65 years, 6% were 65-74 years, 2% were 18-24 years and 1% of respondents were over 75 years.



When respondents were asked if they considered themselves to have a disability, 36% said yes, 50% said no and 14% preferred not to answer.



The ethnic group for all respondents who answered this question was 100% white.

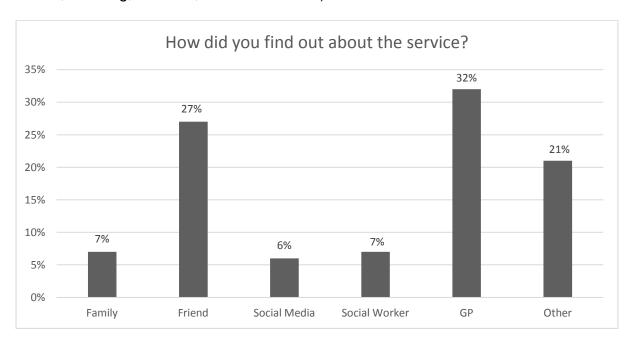
Quality Principle 1: Access to Services

You should be able to quickly access the right drug or alcohol service that keeps you safe and supports you throughout your recovery.

Q.1 How did you find out about the service? (n = 136)

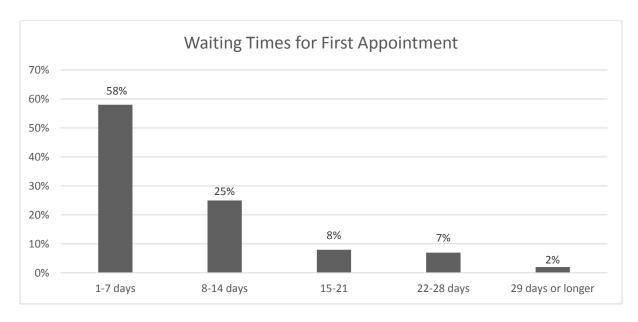
Respondents mainly found out about services via their GP (32%), Friend (27%), Family (7%), Social work (7%), Social Media (6%), other ways (21%). Other ways included: directly with local Alcohol & Drug Services or if they had attended before.

Recommendation: Explore what communication methods are used to advise local people of the services available to help them address their substance use. Also identify how Addictions Services link to other service e.g. Mental Health, Sexual Health, Housing, Benefits, and Social Work).



Q.2 How long did you have to wait for your treatment? (n = 132)

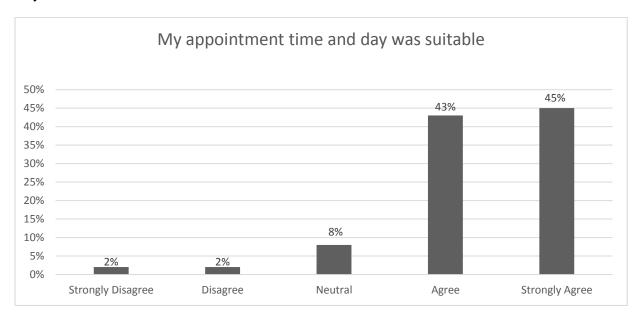
91% respondents were seen within the 21 day target. 58% were seen within 1-7 days, followed by 25% in 8-14 days and 8% in 15-21 days. Only a small number of clients, 9% (n = 12) waited out-with the Scottish Government target.



The latest figures from ISD Scotland for Q3 (Oct-Dec 2019) show that 97.5% of clients waiting to be seen in Addiction Services were seen within the 3 week target set by Scottish Government³.

Q.3 My treatment times and days are suitable for me (n = 135)

88% of respondents either strongly agreed/ agreed that their appointment time and day suited them.



³ Public Health Scotland, 2020. National drug and alcohol treatment waiting times. https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/national-drug-and-alcohol-treatment-waiting-times/

Quality Principle 2: Treatment, Care & Support

You should be offered high-quality, evidence-informed treatment, care and support interventions which reduce harm and empower you in your recovery.

Q.4 The venue is easy to find (n = 136)

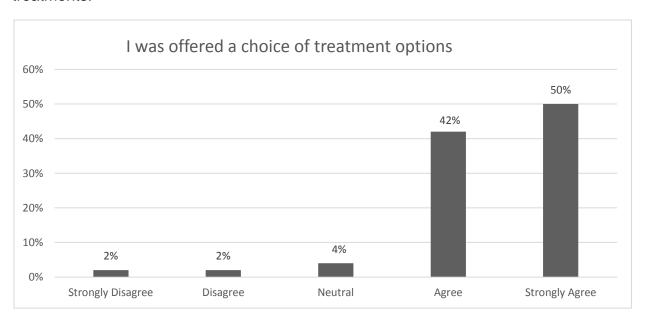
98% of respondents said that the venue was easy to find.

Q.5 The venue is safe and comfortable (n = 132)

90% of respondents either strongly agreed/ agreed that the venue was safe and comfortable.

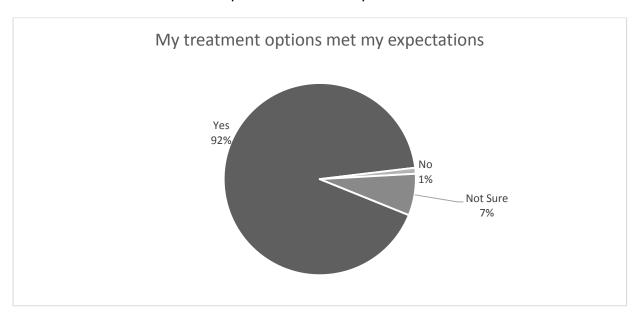
Q.6 I have been offered a choice of treatment options (n = 131)

92% of respondents either strongly agreed/agreed that they were offered a choice of treatments.



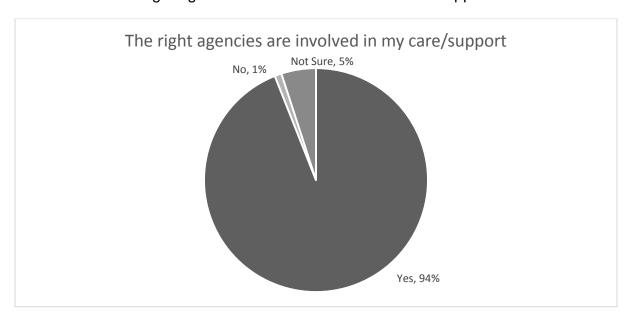
Q.7 The treatment options met my expectations (n = 134)

92% said that their treatment options met their expectations.



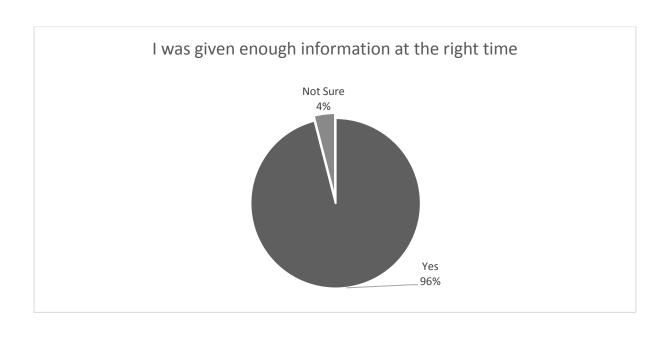
Q.8 The right agencies are involved in my care/support (n = 133)

94% said that the right agencies were involved in their care/support.



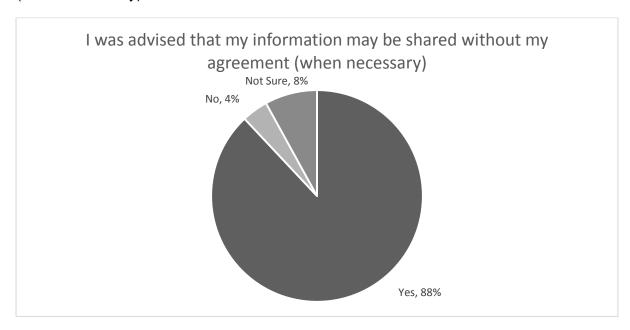
Q.9 I was given enough information at the right time (n = 134)

96% said that they were given enough information at the right time.



Q.10 I was advised that my information may be shared without my agreement (when necessary) (n = 133)

88% had been advised that their information may be shared without agreement (when necessary).

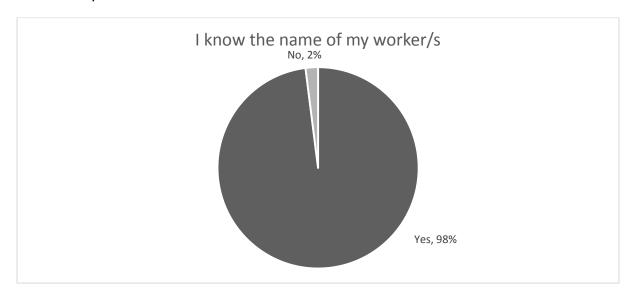


Quality Principle 3: Workers Attitudes, Values & Training

You should be supported by workers who have the right attitudes, values, training and supervision throughout your recovery journey.

Q.11 I know the name of my worker/s (n = 134)

98% of respondents knew the name of their worker/s



Q.12 I feel welcomed by staff (n = 133)

100% of respondents felt welcomed by staff

Q.13 I feel treated with dignity and respect by staff (n = 134)

100% of respondents felt treated with dignity and respect by staff

Q.14 I have trust and confidence in my worker/s (n = 134)

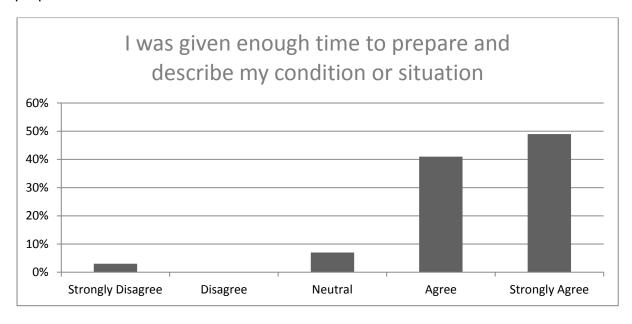
100% of respondents had trust and confidence in their worker/s

Quality Principle 4: Assessment based on Needs and Aspirations

You should be involved in a full, strength-based assessment that ensures the choice of recovery model and therapy is based on your needs and aspirations.

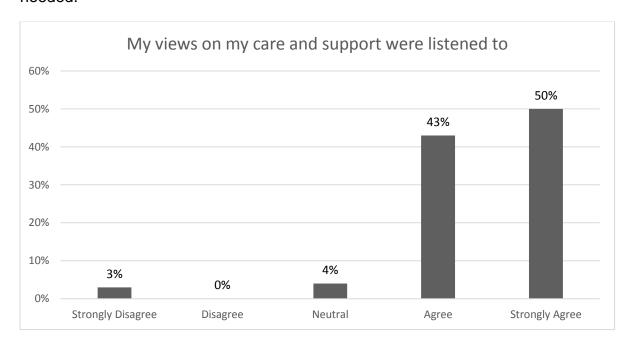
Q.15 I was given enough time to prepare and describe my condition or situation (n = 134)

90% of respondents either strongly agreed/agreed they were given enough time to prepare and describe their condition or situation.



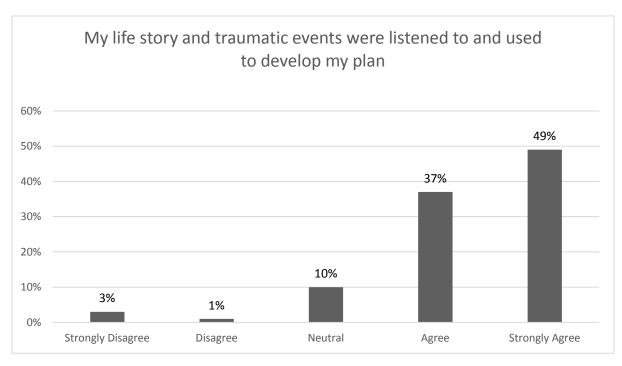
Q.16 My views on my care/support are listened to (n = 133)

93% of respondents felt their views were listened to on what care/support they needed.



Q.17 My life story/traumatic events are listened to and used to develop my plan (n = 133)

87% either strongly agreed/agreed that their life story and traumatic events were listened to and used to develop their recovery plan.



Quality Principle 5: Person-Centred Recovery Plan

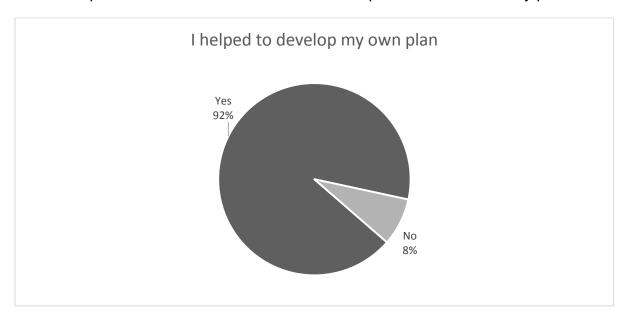
You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on your safety throughout your recovery journey.

Q.18 I have a recovery plan/action plan (n = 134)

96% said they had a recovery plan/action plan in place

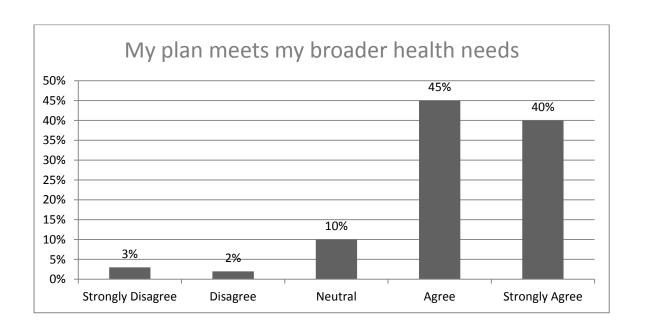
Q.19 I helped to develop my own recovery plan/action plan (n = 128)

92% of respondents were involved with the development of their recovery plan.



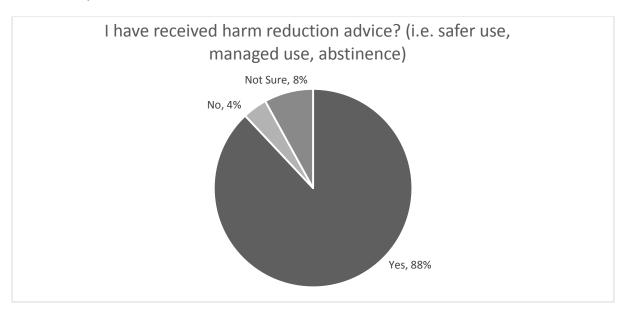
Q.20 My plan meets my broader health, care and social needs e.g. physical health, mental health (n = 135)

85% of respondents either strongly agreed/agreed they felt their plan met their broader health, care and social needs.



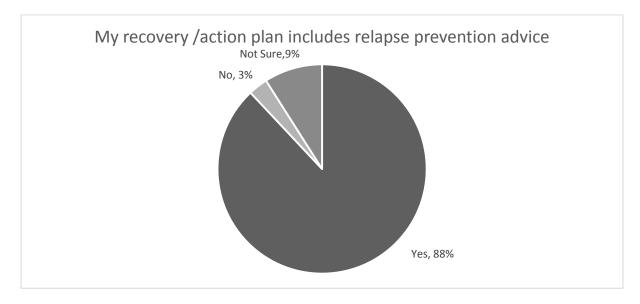
Q.21 I have received harm reduction advice (i.e. safer use, managed use, abstinence) (n = 129)

88% of respondents received harm reduction advice.



Q.22 My recovery/action plan includes relapse prevention advice (n = 129)

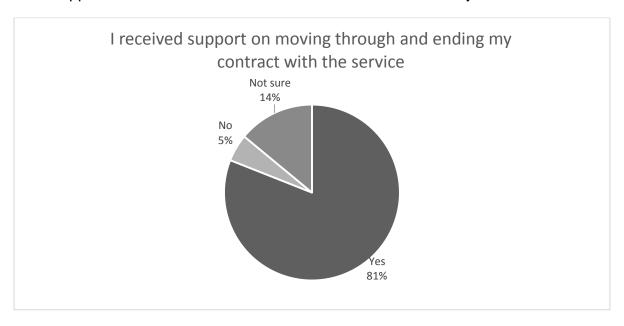
88% of respondents said that their recovery/action plan included relapse advice, 9% were not sure and 3 % said it was not included.



Q.23 I have received support on moving through the service/or reducing or ending my current contract with the service (n = 129)

81% said they had received support on moving through the service/or reducing or ending their current contract with the service.

Recommendation: A more detailed follow on question to gain further insights on what support was received should be considered in future surveys.

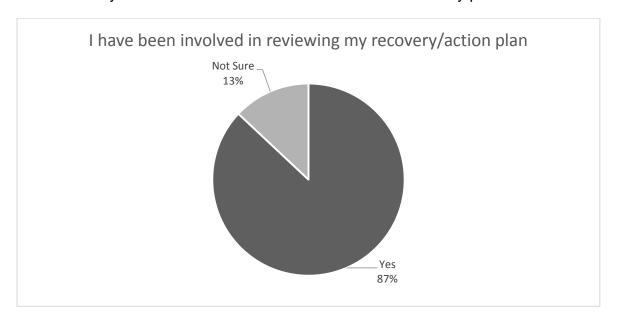


Quality Principle 6: Review

You should be involved in regular reviews of your recovery plan to ensure it continues to meet your needs and aspirations.

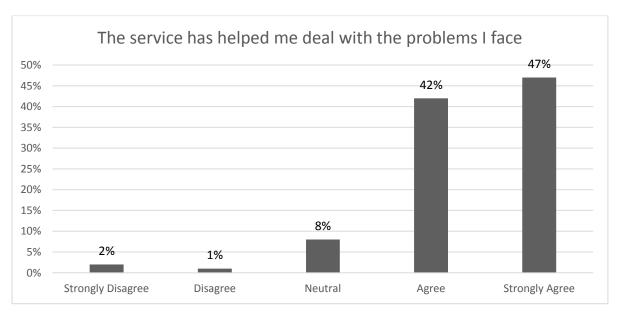
Q.24 I have been involved in reviewing my recovery/action plan (n = 130)

87% said they had been involved in the review of their recovery plan.



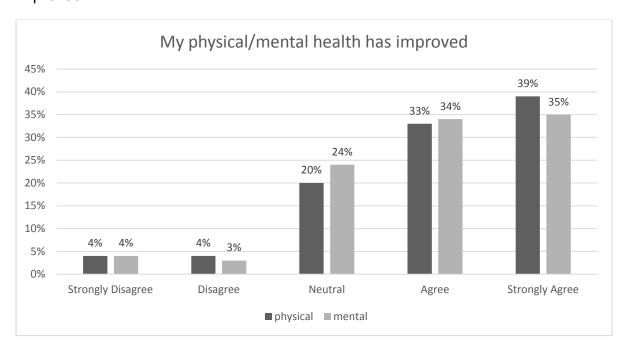
Q.25 The service has helped me deal with the problems that I face (n = 133)

90% expressed that the service they received had helped them deal with the problems they face.



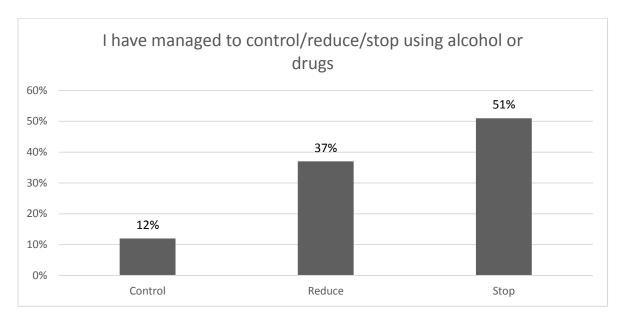
Q.26 My physical health has improved (n=132) & Q.27 My mental health improved (n=131)

71% either strongly agreed or agreed their physical health had improved. Similarly 69% said that they either strongly agreed or agreed their mental health had improved.



Q.28 Have you managed to control, reduce or stop using alcohol or drugs? (n=123)

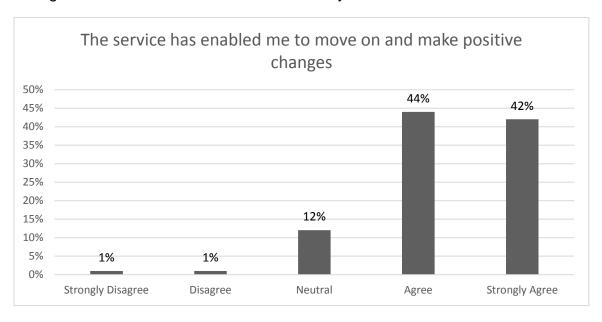
51% stopped, 37% reduced and 12% were able to control their use.



Q.29 The service has enabled me to move on and make positive changes (n = 132)

86% of respondents said the service has enabled them to move on and make positive changes.

Recommendation: A follow on question to gain insight on what way(s) life had changed should be considered in future surveys.

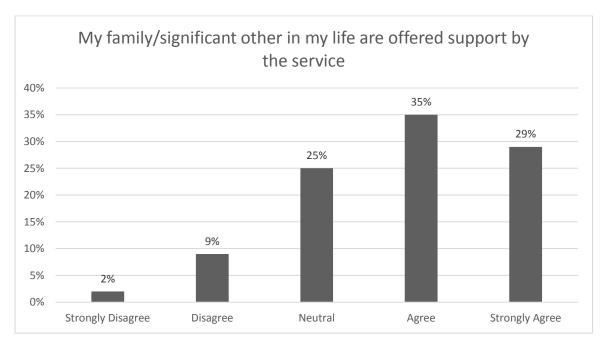


Quality Principle 7: Family Inclusive Service

You should have the opportunity to be involved in an ongoing evaluation of the delivery of services at each stage of your recovery.

Q.30 My family/significant other in my life are offered support by the service (n = 126) (family – means those people who play a significant role in your life)

64% of respondents said that family/significant other in their life has been offered support from the service provider



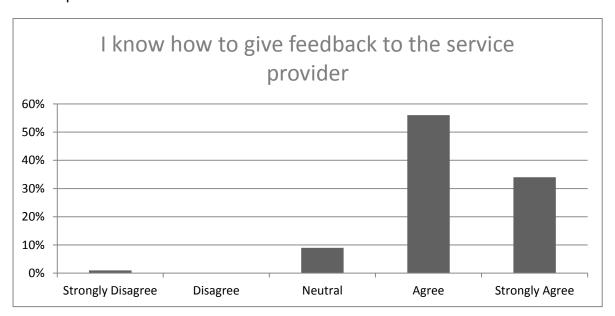
Recommendation: A follow on question to find out what support is offered or needs to be offered to family members should be considered in future surveys.

Quality Principle 8: Evaluation of Services

Services should be family inclusive as part of their practice.

Q.31 I know how to give feedback to the service provider (n = 128)

90% of respondents either strongly agreed/agreed on how to give feedback to service providers on their care.



5. Further comments from participants

A selection of answers are highlighted below from 53 responses:

Positive

- "Service was great, supported myself and family extremely well"
- "I don't know what I would do without DACA services"
- "This service is good, even if you don't have an appointment there is always someone here to talk to"
- " I feel supported will all the care and support I have received"
- "Safe as Houses, saved my life"
- "Alternatives have helped me save my life, I am so grateful to all the staff"
- "Attending DACA is the best thing I ever done"
- "I have been offered help and support in all aspects of my recover"

 "The most stand out part of Alternatives in my opinion is the exemplary service provided by staff. They are a massive reason why I keep coming to Alternatives – Thank You"

Could Improve

- "Building is depressing, too far away"
- "Could pull together to do more team building exercises, outdoor and indoor"
- "A meeting put in place at the weekends"
- "...a good thing would be a bus pass..."
- "keep the funding open"
- "There is no support for service user families whatsoever. This needs addressed as its non-existent and shouldn't be"
- "....incentives for people to come to Alternatives, as in advertisements local paper for people to know what's on offer"

6. Recommendations from 2019/2020 Survey

It should be noted that although this section outlines recommendations to consider for the future, the overall response and baseline position for these areas were still considered to be positive.

Recommendations for future survey work

- Consider adding more depth to some questions to provide greater insights e.g. family support, person centred care, what other agencies people were linked with, find out what respondents meant by their broader health & social needs being met by their recovery plan etc.
- Consider including a question on how long the respondent has been using the service and explore how this correlates with respondents views.
- Consider adding a few questions for staff only to capture their views on what could be improved. Previous surveys included the views of staff and these questions were omitted on this occasion to focus on improving the questionnaire for people with lived experience of services.

Recommendations for services

The survey results show people with lived experience of services are satisfied with the service and support received. Recommendations for service improvement should therefore be decided by the Treatment and Support Sub Group and should be reflected within the delivery plan.

7. Conclusions

The findings from the WD ADP Survey of People with Lived Experience of Services 2020 are overwhelmingly positive. On the whole respondents indicated that their experience was in agreement with the Scottish Government Quality Principles and their views offer valuable information to validate areas where services are performing well and highlight some areas to make improvements where possible. This survey should continue in West Dunbartonshire on an annual basis to ensure there is ongoing consultation with people with lived experience of services.

Appendices

- Short life Working Group Membership of the TSG Sub Group
 Copy of the survey 2019/2020

Appendix 1

Short life Working Group Membership of the TSG – Sub Group

Helen Douse Health Improvement Senior, WDHSCP

Jo Winterbottom Health Improvement Lead, WDHSCP

Anne Dyer Depute Manager, Alternatives

John Macdonald Service Manager, Dumbarton Area Council on Alcohol (DACA)

David Buchan Senior Social Worker, WDHSCP

Kate Hamill Recovery Co-ordinator, WDHSCP

George Murphy Public Involvement or Engagement Officer, WDHSCP

Appendix 2

Client Survey







West Dunbartonshire Alcohol and Drug Partnership Client Survey

This survey aims to capture your views on the service(s) you receive during your recovery journey. In addition there is an opportunity for you to shape future plans to reduce the harm from alcohol, tobacco and other drugs in West Dunbartonshire.

Responses are anonymous and all information gathered will be treated as confidential and will be handled in line with data protection regulations.

Once you have completed your response please place in the envelope/box or return to a member of staff.

A full report will be made available in local alcohol and drug services reception areas so you can see what has been said about the services we provide and any improvement suggestions.

Please respond to the following questions and statements
(indicating your agreement or disagreement) as appropriate.

Thank you for your time

36	ection 1. Access to Services	•										
1.	How did you find out about Friend	ut th	is servio Media		Work	er GP]		
	Other:											
2.	How long did you wait for	you	r treatm	nent?								
1-	-7 days 8-14 days 15-21 days 22 days 29 s or longer											
			ongly agree Disagree		igree	Neutral		Agree		Strongly Agree		
3.	3. My treatment times and days are suitable for me											
Se	ection 2: Treatment, Care an	nd Su	ıpport									
		Strong Disagro			Disaç	gree Ne		utral Ag		ree	Stro Agı	
4.	The venue is easy to find					l]	Г]
5.	The venue is safe and comfortable					l					С]
6.	I have been offered a choic of treatment options	choice				l					С]
					,				T			
					Yes No			ļ '	Not Sure			
7.	The treatment options met my expectations.											
8. The right agencies are involved in my care/support												
9. I was given enough information at the right time												
10. I was advised that my information may be shared without my agreement (when necessary)												

Section 3: Workers Attitudes, Values and Training								
	Yes			No				
11.I know the name of my work								
12. I feel welcomed by staff								
13. I feel treated with dignity an								
14.I have trust and confidence i								
Section 4: Assessment based on Needs and Aspirations								
Strongly Disagree Disagree Neutral Agree Agree								
15. I was given enough time to prepare and describe my condition or situation.								
16.My views on my care/support are listened to.								
17.My life story/traumatic events are listened to and used to develop my plan.	s are listened to and							
Section 5: Person-Centred Recovery Plan								
				1				
	Ye	Yes		No				
18.I have a recovery plan/action								
19.I helped to develop my own recovery plan/action plan.								
Please respond to the following statement indicating your agreement or disagreement.								

Strongly

Disagree

Disagree

Agree

Neutral

Strongly

Agree

20. My plan meets my broader health, care and social needs e.g. physical health, mental health		С]			
			Yes	s No	Not :	Sura
21. I have received harm reduction a	safer	П	, 110	Not	_	
use, managed use, abstinence)						
22. My recovery/action plan includes prevention advice]	
23. I have received support on movir service/or reducing or ending my with the service				С	1	
Section 6: Review						
			Yes	s No	Not	Sure
24.I have been involved in reviewing recovery/action plan				[
	Strongly	Dis	agree	Neutral	Agree	Strongly
	Disagree					Agree
25. The service has helped me deal with the problems that I face						
6. My physical health has improved						
26. My physical health has improved						
26. My physical health has improved27. My mental health has improved						
		using				
27. My mental health has improved 28. Have you managed to control, rec	duce or stop					

Section 7: Family Inclusive Service									
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree				
30. My family/significant other in my life are offered support by the service (family – means those people who play a significant role in your life)									
Section 8: Evaluation of Services									
Please respond to the following statement indicating your agreement or disagreement.									
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree				
31.I know how to give feedback to the service provider									
32. Please make any further comprovide below:	ments which	would help	improve t	he servic	ces we				