The Applied Health and Wellbeing Partnership
The Applied Health and Wellbeing Partnership is an initiative of NHS Wirral Research & Development Team and Liverpool John Moores University Centre for Public Health. The Partnership supports the development, delivery and evaluation of the Wirral Health and Wellbeing Strategy, through the innovative generation and application of evidence for effective and sustainable health and wellbeing commissioning.
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Executive Summary

Drug and alcohol misuse is a key public health issue, with evidence regarding the associated health risks well documented. Support services during recovery have been identified as key to the maintenance of abstinence and a healthy and productive life. Recently, the UK Government has identified the need to provide increased assistance for people in recovery, particularly through holistic and community-based services. Wirral, North West England, has higher rates of drug misuse and hospital stays for alcohol-related harm compared to the England average, and the local Joint Strategic Needs Assessment identified that peer support, a longer-term recovery service and one-stop-shop for information would be beneficial for people in alcohol and drug recovery. The Wirral Drug and Alcohol Action Team developed The Quays, a peer-led drug and alcohol recovery project, in response to this evidence.

The Quays is completely service user led, providing peer support and alcohol and drug recovery information under one roof, with a management committee in place to oversee the development and delivery of the project. The Quays provides practical and emotional support through various activities, including a befriending scheme, skills courses, a family and carer support group, and employment and housing advice. Volunteers assist in the daily running of the project and in the development and delivery of activities. The Quays was established in April 2011 and officially launched in December 2011. The project is being evaluated to explore process effectiveness and identify potential impacts and outcomes. The interim evaluation findings are presented in this report.

A logic model was developed in collaboration with The Quays Management Committee to outline the impacts and outcomes of the project, which informed the evaluation design. Qualitative and quantitative methods have been used in triangulation to gather insight regarding process effectiveness and impact on management committee members and service users of The Quays. Semi-structured interviews with management committee members, case study interviews with service users, observations of management committee meetings, analysis of project data, and surveys have been implemented and analysed for the purpose of this interim report.

Many of the individuals accessing The Quays have been sent from Arch (a local drug and alcohol service provider) and Cheshire and Wirral Partnership (an NHS organisation). Qualitative findings demonstrated that the peer support and flexible nature of the service (in that it is available outside the usual 9am to 5pm hours of the mainstream alcohol and drug services as perceived by the case study participants) were identified by both management committee members and service users as unique selling points of The Quays, which were seen to increase project impact, and set them apart from other services. A number of positive impacts of The Quays were identified by both management committee and case study participants, including the practical support provided by the opportunity to volunteer (which was viewed as a step to employment), the befriending service which supported service users to attend appointments such as medicals, and support with housing and finances. Both management committee and case study participants acknowledged the emotional support provided by The Quays through the reduction in social isolation, building confidence and self-esteem, receiving encouragement and maintaining motivation, and increasing their feelings of worthiness.

A number of barriers and challenges to the implementation and delivery of the project were identified by the management committee. For example, the perception of Wirral drug and alcohol treatment services that they were duplicating existing services; leading to the management committee’s drive to ensure The Quays works in unison with them rather than in competition. Process evaluation findings revealed that some management committee members found it hard to adapt from their role as a service user to that of someone working with service users. This was
evident from the terminology used (trying to avoid using terms that would ‘professionalise’ the service, such as clients and referrals), and from the informal structuring of the management committee meetings, where some formality is required to ensure that actions are noted and completed. Other process findings showed that inconsistent commitment from management committee members, the structure of meetings, and some lack of clarity regarding member roles and objectives of the project were identified as issues which may hinder The Quays development.

Recommendations for future delivery of the project refer mainly to process, including formalising the structure and function of the management committee and meetings whilst maintaining the informal and open delivery of the project, strengthening internal relationships and communication, and developing an electronic project database.

The final evaluation element will take place between June and December 2012, and will involve continuing observations of management committee meetings, recruiting more management committee and case study participants and following their journey through the year, conducting more quality of life and impact surveys, interviewing service providers and significant others to explore the wider perceptions and impacts of The Quays, gathering public awareness and opinion of The Quays, and analysing the project database and secondary data.

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1. Introduction

The risks associated with alcohol and drug misuse have been widely documented, and both are key priorities for public health (Rehm, et al., 2009; Strang, et al., 2012). In Wirral, North West England, the rate of drug misuse and hospital stays for alcohol-related harm is much higher than the England average (Wirral Local Authority and NHS Wirral, 2012). The Wirral has a successful drug treatment record including high initiation into treatment and retention of clients, whilst the access of treatment for alcohol dependence is considered low (Wirral Local Authority and NHS Wirral, 2012). The focus of treatment services in Wirral has changed from being target driven to encouraging individuals to become substance free and participate in education, training and employment activities; therefore, abstinence and aftercare services have been put in place for those exiting and completing treatment (Wirral Local Authority and NHS Wirral, 2012). In 2010, the UK Government Drug Strategy identified recovery as central to supporting people to live a drug free life, and identified the need to increase assistance for people in recovery, particularly through holistic, community-based services. The Wirral Joint Strategic Needs Assessment (JSNA) identified that alcohol and drug service users would find peer support beneficial for their recovery along with a longer-term service and possibly a ‘one-stop-shop’ (many agencies in one place/building) for help and information. In response to this evidence, the Wirral Drug and Alcohol Action Team (DAAT) developed The Quays, a peer-led drug and alcohol recovery programme.

1.1 Peer Support

The term peer support refers to lay people who have knowledge and experience of a particular issue, who support others in a similar situation through extended social networks, and whose support complements existing professional services (Dennis, 2003). Dale, et al (2009) identify that Dennis (2003) provides the most comprehensive definition of peer support, in that it is a source of

“support, internal to a community, who shares salient target population similarities (e.g. age, ethnicity, health concern or stressor) and possesses specific knowledge that is concrete, pragmatic and derived from personal experience rather than formal training”

(Dale, et al., 2009, p.9).

In the context of health services, peer support has been identified as a method of providing support to service users beyond that of professional services, and has been found to be effective in supporting the health needs of patients living with chronic conditions (Barlow, et al., 2005). A range of peer support interventions have been delivered in health-care settings such as support groups, one-to-one settings, online support groups and telephone based support (Dennis, 2002).

Clark, et al., (2011) acknowledge that peers provide social and emotional support to individuals by acting as mentors who share a similar health condition and wish to bring about and support behaviour change. Such support may take the form of sharing coping strategies or alternative perspectives on issues, as well as information on training and skills (Mead, et al., 2001). Individuals are more likely to listen to and act on information if it is presented to them by someone that they can identify with, respect and model behaviour from, and this sharing can increase a person’s understanding of his or her situation and reduce social isolation (Davidson, et al., 2006). However, Dennis (2003) cautions that only the minimum amount of professional training should be undertaken to ensure the peers remain ‘lay’ and to avoid what Dennis terms para-professionalism which would, in turn, defeat the purpose of the ‘peer’ support.

Dennis (2003) identifies that peer support is complex and that different approaches to delivery will be required depending on the specific population characteristics. Peer support has demonstrated effectiveness using methods such as telephone, group and one-to-one support, in a range of health areas including postnatal depression (Dennis, et al., 2009; Dale, et al., 2009),
mammography screening, lifestyle changes post-myocardial infarction, and breastfeeding (Dale, et al., 2009). Mixed results are reported in the fields of diabetes (Boothroyd & Fisher, 2010), cancer (Hoey, et al., 2008) and arthritis (Crotty, et al., 2009) suggesting further research is required. Group support has also been shown to be effective in weight management (such as Weight Watchers (Dixon, et al., 2012)) and in the treatment of alcoholism (Alcoholics Anonymous (AA)). AA is recognised as one of the most popular peer support programmes for individuals with alcohol problems (Tonigan, et al., 2006); however, AA, along with other related Twelve Steps approaches, has limited evidence of effectiveness in treating alcohol misuse and achieving abstinence (Ferri, et al., 2006).

It is in the field of mental health, however, where peer support has received most attention and demonstrated clear effectiveness (Berry, et al., 2011; Schutt & Rogers, 2009). Here, research has found peer support can provide mental health service users with practical and emotional support such as hope and aspirations during recovery, encouraging service users to take control of their recovery, and acting as a vehicle between service users and clinical services (McClean, et al., 2009). Advocacy in Wirral (AiW) is a successful peer-led mental health project that was founded in 1992 by a group of individuals with experience of mental ill-health, and provides practical and emotional support for service users in a range of settings, including in hospital and in the community.

The Quays was developed in response to the gap in the provision of recovery support for alcohol and drug service users as identified in the Wirral JSNA (Wirral Local Authority and NHS Wirral, 2012). Wirral DAAT acknowledged the potential positive impact that a peer support programme could have amongst the recovery community, inspired by the AiW model of a peer-led project.

1.2 The Quays
The Quays is a drug and alcohol recovery project developed and delivered by service users for service users, and is entirely led by peers. Although the funding and initial idea came from Wirral DAAT, the implementation and delivery of the project rests mainly with the management committee. The Quays project was established in April 2011 and the project management committee was formed by representatives and volunteers from existing recovery services in Wirral (such as Inner Action, ACTIF, Shine, SURF, Arch Aftercare, Advocacy in Wirral) and the project lead from Wirral DAAT.

The Quays aims to provide alcohol and drug recovery information and peer support under one roof, and the management committee has worked to develop their aims, values, aspirations and identity since the beginning. The Quays provides various activities for service users to engage in, including: a befriending system where a buddy acts as a chaperone at medical appointments; various skills training courses such as numeracy, literacy and motivation/coping skills; a family and carer support group for people close to service users who have been affected by their addiction; navigation of the service users to courses or activities; and employment and housing advice. Service users of The Quays are also encouraged to suggest initiatives and develop particular activities that they have a passion for. Existing programmes include a dinner club offering a free four week healthy eating course and building skills around cooking, an angling group providing a diversionary activity for those interested in fishing as a hobby, and a music group with the opportunity to play and learn musical instruments in an informal environment. In addition, The Quays provides placements for volunteers to assist in the day to day running of the project and training for volunteers wishing to become peer supporters. The project was officially launched on 19th December 2011.
1.3 Evaluation
The Applied Health and Wellbeing Partnership were requested by The Quays Management Committee to conduct an evaluation of the project. A logic modelling session was held with the management committee, facilitated by the Head of R&D at NHS Wirral, which identified the activities, outputs and outcomes for The Quays service. This logic model was used to determine the evaluation approach, and the methods were developed in close collaboration with the management committee to ensure feasibility and appropriateness. The evaluation framework includes triangulation of various quantitative and qualitative tools to provide a broad measure of the effectiveness of the project’s processes and the impact on a range of stakeholders. Here, we present an overview of the early-stage findings and recommendations for project development, and a description of the barriers, changes and next steps for the evaluation framework.
2. Evaluation Methodology

It was proposed that a number of quantitative and qualitative methods would be used in triangulation to assess the effectiveness of The Quays and the impact on the management committee members, the service users and volunteers, significant others and the wider community, with data collection and analyses taking place between January to December 2012 and the final report being disseminated in January 2013.

An application was made to Liverpool John Moores University Research Ethics Committee prior to the commencement of the evaluation to review the ethical implications of the proposed participant recruitment and data collection. The evaluation design and methods were approved as being ethically sound in February 2012 (ethical approval reference number 12/HEA/006). Due to a slight delay in obtaining ethical approval for the evaluation methods, the recruitment of participants took place later than originally planned. Furthermore, low numbers of people accessing The Quays has meant that the evaluation has experienced slow recruitment or low uptake of the various tools. This has affected the timing of some of the methods in the original evaluation plan (table 1).

2.1 Process Evaluation
A process evaluation was proposed to determine the success of the implementation, procedures and delivery of The Quays. This involves:

- Reviewing project documentation to gain an understanding of the background of the project;
- Attending management committee meetings to observe interactions, content and processes, and to establish if there is discrepancy between intended project goals and actual implementation;
- Collecting the project personal development plans (PDPs) to analyse service user demographics and pathways through the project;
- Semi-structured interviews with the management committee members (n≥10) (see appendix 1 for a copy of the interview guide) to explore their views on the project aims, implementation, delivery, successes and areas for improvement.

A satisfaction survey containing a mixture of closed and open ended questions was developed to be distributed to users of the various activities (courses and peer-led initiatives) and volunteer training days that are organised at The Quays to gain insight into the perception of the activities, the level of satisfaction with certain aspects of the activity and thoughts on how it could be improved. So far there have not been any internal training days organised by The Quays and there have been delays in the distribution of the satisfaction surveys amongst the attendees at the courses, training and programmes held at The Quays. Therefore, there are no responses to satisfaction surveys to analyse for the interim. The evaluation team anticipate that this simple evaluation sheet will be embedded into The Quays processes to continue internal evaluation of the activities once our research is complete.

**Interim data collection**
Project documentation and PDPs were collected by the evaluation team in liaison with The Quays administrator in April 2012. Members of the evaluation team photocopied the PDP forms that had been completed, whilst masking identifiable information (names and addresses). Hard copies of project documentation (e.g. timetables, The Quays promotion booklet and past meeting minutes) were supplied to the evaluation team by the administrator.

Monthly management committee meetings were attended by one member of the evaluation team, who made observations and reflections on the structure, conduct and actions of the meetings.
Management committee members were invited to participate in a semi-structured interview, which was held in a private room at The Quays headquarters and lasted between 20 minutes and one hour. The interviews were transcribed verbatim and thematically analysed individually by each member of the evaluation team; the final themes were agreed and verified by consensus. Here we provide findings from the initial interview from six participants.

2.2 Impact of The Quays on service users
To assess the impact of The Quays on service users, a series of semi-structured interviews with a selection of participants (n≥10) will follow them through their journey with the project. This will involve approximately three interviews at separate time points to explore: views on the benefits and disadvantages of the project; if the project has affected their quality of life, relationships and health; views on how the project could be improved.

A quality of life survey (QoL) (appendix 4) will gain a wider perspective of the impact of The Quays on service users’ health and wellbeing. The survey was developed by combining two validated tools, the World Health Organization Quality of Life-bref (WHOQoL-bref) questionnaire (World Health Organisation, 2004) and selected domains from the client evaluation of self and treatment (CEST) questionnaire (Simpson, et al., 1997). The WHOQoL-bref generates scores for four domains, physical health, psychological health, social relationships and environment, and two stand-alone questions that ask about participants’ perceptions of their general QoL and health. The evaluation team selected domains from the CEST questionnaire that suited the purpose of the evaluation and did not duplicate the WHOQoL-bref. The chosen domains from CEST are treatment needs, self-efficacy, social consciousness and social support. The survey also includes a question around the use of local services (e.g. GP, walk-in centre, A&E) in the last month and demographic questions (e.g. gender and age).

After analysing the WHOQoL-bref, scores ranging between four and 20 for each of the four domains and the general QoL and health questions; scores are interpreted as increasing wellbeing with increasing scores for each domain. Scores generated from the CEST questionnaire range between 10 and 50, with scores above 30 indicating agreement.

The Quays has access to three progress evaluation tools that can be utilised to track changes in treatment readiness, important qualities of everyday functioning and self-perception of progress on the recovery journey. The three tools are the Readiness Ruler (appendix 5; Heather, et al., 2008), Outcomes Star (appendix 6; Triangle Consulting, et al., 2005) and the Evaluation Tree (appendix 7; Evaluation Support Scotland, 2009). The tools offer different techniques to gain insight into the current status of people and/or the changes over time in an unobtrusive way; for example, identifying with a hypothetical person on a picture or selecting where they sit on a 1-10 scale for aspects such as mental health, physical health and relationships. Service users are free to choose which, if any, they would like to use and how they complete them.

Interim data collection
The Quays administrator recruited participants for the case study semi-structured interviews and provided them with participant information sheets at least a week in advance. Interviews were conducted in a private room at The Quays headquarters and lasted approximately 20-40 minutes. The interviews were transcribed verbatim and thematically analysed individually by each member of the evaluation team; the final themes were agreed and verified by consensus. Here we provide findings from the initial interview (see appendix 3 for a copy of the interview guide) for three participants.
The QoL surveys were distributed to participants along with an information sheet by The Quays mentors/buddies whilst they were conducting a one-to-one with the service user. The progress evaluation tools form part of the PDP process and participants can choose to use as many as they wish. Completed surveys and anonymised copies of any progress evaluation tools used were provided to the evaluation team by The Quays administrator.

2.3 Further evaluation methods
The evaluation plan includes other methods that hope to explore the impact of The Quays on family members or carers of the service users and the effects of the project on the wider community. Appendix 8 provides a description of the methods that are planned for later in the evaluation period or where amended timings meant that data collection was not possible for the interim report.
### 2.4 Table 1. Interim Evaluation Methods

<table>
<thead>
<tr>
<th>Theme</th>
<th>Method</th>
<th>Analysis</th>
<th>Stage of data collection/analysis</th>
<th>Original time</th>
<th>Revised time</th>
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<tr>
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<td>Project documentation review</td>
<td>Descriptive</td>
<td>Ongoing throughout evaluation</td>
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<tr>
<td>Process</td>
<td>Management committee meeting observations</td>
<td>Descriptive</td>
<td>Ongoing throughout evaluation</td>
<td></td>
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</tr>
<tr>
<td>Process</td>
<td>Analysis of PDP forms</td>
<td>SPSS; frequencies</td>
<td>Interim Final</td>
<td>March 2012, December 2012</td>
<td>April 2012</td>
</tr>
<tr>
<td>Process</td>
<td>Interviews with management committee members</td>
<td>Thematic</td>
<td>Baseline Final</td>
<td>February 2012, November 2012</td>
<td>June 2012</td>
</tr>
<tr>
<td>Process</td>
<td>Satisfaction survey</td>
<td>SPSS; frequencies</td>
<td>Ongoing throughout evaluation</td>
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<tr>
<td>Impact on The Quays service users</td>
<td>Case study interviews</td>
<td>Thematic</td>
<td>Three interviews for each person at three/four month intervals</td>
<td>Jan-March 2012, April-July 2012, Aug-November 2012</td>
<td>Feb-June 2012 (baseline); follow up every three/four months</td>
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<tr>
<td>Impact on The Quays service users</td>
<td>Quality of life survey</td>
<td>SPSS; domain scores</td>
<td>Baseline Final</td>
<td>Jan-March 2012, Oct-Dec 2012</td>
<td>Feb-June 2012</td>
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<tr>
<td>Impact on The Quays service users</td>
<td>Quality of life survey (comparison group)</td>
<td>SPSS; domain scores</td>
<td>Baseline Final</td>
<td>Jan-March 2012, Oct-Dec 2012</td>
<td>Feb-June 2012</td>
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<td>Impact on The Quays service users</td>
<td>Progress evaluation tools</td>
<td>Descriptive and thematic</td>
<td>Ongoing throughout evaluation</td>
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3. Interim Findings

3.1 Process Evaluation

3.1.1 Analysis of the PDP forms

The service users who are sent to The Quays from local drug and alcohol services and those who access The Quays through self-referral are encouraged to fill out a PDP that functions as their personal action plan. The PDP forms consist of sections including: personal information; social, medical and substance use history; how they were sent to or accessed The Quays; personal goals; courses they are interested in attending; activities/groups they are interested in; and actions (a note of what they have been involved in whilst engaging with The Quays). The evaluation team collected anonymised copies of the PDP forms that had been completed by 40 individuals to explore the type of people who are using the project and their preferences for activities and courses.

Individuals are asked to indicate which age category they fall into, but 30% left this blank. Instead an estimated age was calculated by subtracting the year of birth (37 out of 40 gave date of birth) from 2012 (current time of data collection); the average age was 41.8 years (range 22-59 years). Data regarding gender and ethnicity were available for approximately two-thirds of members (67.5% and 72.5%, respectively). Of the 27 who stated their gender, seven in ten (70.4%) were male. Of the 29 who stated their ethnicity, the majority (96.6%) were white British; the remainder (3.4%) were from a black background.

The PDP forms record information around whether the person is recovering from drugs or alcohol, if they are currently using a substance, if they smoke, if they have a criminal record, any problems regarding accommodation and their employment/benefit status. These fields were largely unused, thus, it is not possible to analyse these data. However, there was a free-text field regarding medical history and a wide range of conditions were disclosed in this section from depression and anxiety to long-term conditions such as liver damage, back pain, strokes and diabetes. Sometimes this field was also used to make a note of the individual’s alcohol dependency and/or intentions for recovery.

Just over half (51.4%) of the individuals were sent to The Quays from Arch\(^1\) and a further three in ten (31.4%) were encouraged to attend via Cheshire and Wirral Partnership (CWP) drug and alcohol services (NHS organisation). Two individuals (5.7%) had self-referred.

The Quays houses courses such as GOALS\(^2\) and skills training (e.g. numeracy, literacy and IT basics) and provides a pathway to courses available in other locations, such as the Expert Patient Programme\(^3\) and Independence Initiative\(^4\). On the form, individuals are invited to indicate which course/s they would be interested in. The most popular courses were Intuitive Recovery\(^5\) (n=17), GOALS (n=14) and Independence Initiative (n=10). The Quays also offers various peer-led clubs and activities for people to be involved in (e.g. music, fishing, cooking) and can navigate to other projects or support groups; the most sought after were Peninsula Angling fishing (n=12), having a befriender (n=12), and Spider project (n=12). In addition, individuals can become involved in volunteering, community or leisure activities; popular preferences included volunteering (n=9) and leisure services tasters (n=9).

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\(^1\) Includes all streams of this service – Arch Initiatives, Arch aftercare and Arch Archway
\(^2\) A community interest company that facilitates motivational programmes
\(^3\) A confidence and skills building course to cope with chronic health conditions
\(^4\) An individually tailored support programme to overcome barriers of progression
\(^5\) A class or online based course that teaches self-recovery and detoxification skills
At the end of the form there is an open field where actions taken can be recorded using free-text. Much of the information provided here included the background to the individual, including family status and relationship issues, and their history with substance use. Where specific actions have been recorded, these were mainly navigations to activities in four main areas: learning and skills courses; agencies and services; health and fitness; and opportunities/navigations offered by The Quays. The most common course-related actions were navigations to lifelong learning courses (e.g. IT and confidence) (n=5 each\(^6\)). The agencies/services that individuals were sent to most often were Independence Initiatives (n=14), Intuitive Recovery (n=7), Wirral Council for Voluntary Service (CVS) for mentoring training (n=6) and conservation via Phoenix Futures (n=5). Five people had been forwarded for a health screen or to the health trainer and six people had been provided with or given a reference for a leisure services pass/taster day. In terms of the opportunities at The Quays, six people had been navigated to Peninsula Angling and three people for the befriending programme. The actions taken broadly mirrors the initial interests, meaning the service users are provided with a recovery pathway that is wanted by them.

3.1.2 Project documentation and meeting observations
The early meetings in The Quays were used to establish a core management committee, decide on the final project name and develop project values, aspirations and goals. All members had equal input into the wording for the mission statement, the list of key project values and purpose. A flyer containing these has been produced, along with contact details, which are used for project promotion and to inform the reader of the ethos of The Quays. Each week a timetable of activities is posted around the building so that everyone knows what is happening each day. The timetable is colour-coded according to the type of activity.

Management committee meetings occur every month, although there have been problems in trying to arrive at a convenient day and time for everyone. Currently, they have settled at a Tuesday afternoon every month. The evaluation team have attended four management meetings and have been provided with the minutes of four meetings held in June and July 2011.

The observations of the management team meetings noted by the evaluation team were categorised into two themes:

**Structure**
It is evident from meeting minutes provided to the evaluation team that early meetings (June-July 2011) seemed to have structure and purpose. Actions were made, but it is not obvious from the minutes whether these were followed up at the next meeting. There was an attempt at this early stage of the project to have sub-groups within the management group with each sub-group having responsibility over a particular area, such as ‘buildings and maintenance’, ‘office logistics’ and ‘ethics’, however, at recent management meetings these sub-groups do not seem to exist. In the early meeting minutes the development and circulation of policies and protocols was mentioned, but it is not clear whether these are still in place. Meeting minutes were not available for the time period between July 2011 and January 2012 and so it is not possible to draw reflections on processes during this time. It is uncertain if this is because there were no meetings held or because minutes were not taken.

Observations of management committee meetings suggest that a clear structure and administration of meetings has been difficult to achieve since February 2012, possibly through inconsistency in the members and attendance and the informal nature of these meetings. However, the most recently attended meetings (15th May and 12th June 2012) were a little more

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\(^6\) Each individual could have had several actions
ordered with an agenda that was worked through and each project/programme updating on their progress; therefore, the majority of attendees provide input into the meeting.

**Roles**

Observations of management committee meetings show that there is some lack of clarity amongst the members of the Committee around the roles of some people and the objectives of the project. Although there appears to be no hierarchy, there is a role of a chair or joint-chair who tries to keep the meetings focussed, but there is an underlying tone that people have different expectations of how fast some programmes are progressing and who has responsibility for what. Issues around communication between the different projects sitting within The Quays and the management committee have been raised at meetings a few times.

Meeting observations found that discussions are open and frank, and there is a lot of passion from the regular attendees to steer it forward. However the issues raised are discussed for a long time, but a solution or action is rarely agreed upon. Overall it seems that some members may not fully understand what the management committee are supposed to do for the project. Researcher observations of the meetings have revealed that there is a lack of consistency and commitment from some people and a regular turnover of attendees.

### 3.1.3 The Quays project updates

The Quays have started to produce monthly project updates with the number of new navigations into and out of the project and an outline of the current status of programmes, activities, training and courses. The purpose of this update is to inform the management committee and the Wirral Recovery Group of The Quays progress and development. Currently, there are two project updates covering the months March and April/May. The evaluation used the project update reports to assess if the navigations in and out align with the analysis of the PDP forms; however, it should be noted that the timelines for these are not exact. Navigations into The Quays mirrored the access route on the PDP forms, with Arch and CWP sending most people to the project between March and May. The number of self-referrals increased from zero in March to six in April/May, suggesting that this could become one of the main routes into The Quays. Navigations out of The Quays also echo the analysis of the actions on the PDP forms with many peers being sent to GOALS, Intuitive Recovery, Independence Initiative, lifelong learning courses and leisure services tasters.

### 3.1.4 Interviews with members of the management committee

Semi-structured interviews were conducted with six members of The Quays Management Committee between February and April 2012. The interviews aimed to explore their views on the effect of peer support, the development of the project, early successes and barriers in the implementation and future progress.

**The unique selling points of The Quays**

The interviewees thought that the peer-led aspect of The Quays is the main selling point. They believed that peer support offers equality or a level playing field across everyone who accesses The Quays and those who manage the project. Although there are elements of peer support in other services in Wirral, The Quays was developed and implemented by service users for service users with little assistance from professionals. The interviewees highlighted that the project has been shaped by their experiences of being a service user; they wanted to fill the gaps that were missing for them, such as a familiar understanding of what it takes to be in recovery and provide a ‘recovery community’. The Quays has been driven through their initial motives for being involved in the project, notably the desire to help people, to be given responsibility and personal goals.

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7 A meeting in which representatives of all drug and alcohol services discuss recovery in Wirral
(examples include, to gain experience to go back into employment and putting activities in place to share hobbies and interests).

“When you have people sat with you who are pouring their hearts out to you and got a whole list of problems “you don’t know what it’s like living my life” but actually I do because I was living that life myself only a couple of years ago and I worked through and I am now working...So peer support is very important in a positive way”

“Yes, it’s [peer support] worked for me more than anything else in the past you know”

“You remember all the little things that were missing, you know, when you were there, and you just know you can add those little things that just make a difference”

“Keep it simple, a helping hand, giving someone what I’ve always wanted but wasn’t there”

“I have always volunteered and always found myself in helping roles, just one of life’s natural helpers”

“It’s nice to think someone will give me a bit of responsibility”

“I wanted something not too structured but where I could have an input, feeling a bit worthy you know even while I’m on my journey you know I don’t want to be sitting there”

“On a selfish point of view, I don’t think it is selfish actually, but I want to start getting any kind of credentials, any kind of volunteer work, to ultimately to go back into work”

The interviewees believed that some existing services in Wirral have stipulations to people accessing them, such as they have to be a current drug user, and that there is a finite time limit to being engaged with their services. The interviewees highlighted that, in contrast, The Quays offers an open-ended supportive environment that has no restrictive ‘red tape’ for access. There is an open-door policy where everyone is welcome at any stage of their recovery, but especially after-care support for those who have been through mainstream treatment.

 “[At The Quays] it’s not a case of going through loads of red tape to go through the door which I think scares a lot of people”

“If you come here and you’re looking for help or you want to get involved then the doors always open, if you have a little relapse just get back here and safe instead of going through all the red tape and having a month out and all that, which is the worst thing you can possibly do to someone who has just relapsed is 30 days out”

“Just let them know that when their 12 weeks finishes there is somewhere else to go”

The management committee members were mindful that they did not want to duplicate other services and be in competition as it may seem outwardly that The Quays offers similar types of support. Instead they see The Quays as being, first and foremost, a central place where people in recovery can learn about what services are available in the local area and be navigated to them if necessary. Some interviewees mentioned that The Quays also works with agencies not directly involved in substance use treatment, including CVS, lifelong learning sector and conservation at

8 The spelling and grammar in some quotes have been edited to aid clarity
Birkenhead Park. In doing this The Quays wants to achieve a joined-up, holistic service for the recovery community.

“The principle aim is to provide a kind of base, a reception for a recovery community”

“Basically a recovery hub and that’s what we strive to be”

“I thought it would take a bit longer, and all our contacts outside the drug and alcohol agencies, you know the lifelong learning sector and linking in to the conservation at Birkenhead Park, and we’ve gone outside that normal area to get people involved with different things so I think that’s quite good. We haven’t been blinkered in our approach to getting people to do things”

The befriending scheme, developed by The Quays Management Committee in conjunction with Advocacy in Wirral, was highlighted as a unique selling point. The interviewees stated that going to medical and Job Centre appointments are daunting and often people do not attend. Befrienders encourage their peers and help them to attend their appointment; one interviewee highlighted this is an instant positive outcome. The interviewees believed that befriending is not offered by any other drug and alcohol service, therefore The Quays will be contributing added value.

“It’s [the befriending] just about lending a bit of support, you don’t particularly say anything but it’s just nice for them to have someone there because it’s frightening going to these medicals and stuff... I think that it’s a really good service and something that will flourish”

“I think by the time it comes to getting The Quay’s commissioned I think The Quay’s will get commissioned on the back of the befriending, I think that’s how big it will go”

The impact of The Quays
The interviewees believed that The Quays can offer a source of support beyond that based around abstinence or substance use reduction, recovery is more than just the addiction. Throughout the interviews there was a sense that they feel being in recovery is a journey, one of moving forward, and that The Quays provides personalised assistance to maintain that journey. All interviewees mentioned that The Quays can provide both practical and emotional support for carrying out daily activities, building a structure and purpose, and integrating into society.

The interviewees stated that addicts often isolate themselves from social connections and that family and friends sometimes have the perception that they are not going to change. The interaction with like minded people was seen as a key benefit for staying in recovery. The interviewees felt that The Quays provides people in recovery the opportunity to engage with their peers, build social connections and receive encouragement.

“When you put it [drink] down that’s the easiest bit I find, its keeping yourself busy and getting back into society”

 “[Recovery is] being able to get them brown envelopes through the door and open them and pay the bill without going loopy on it you know and without reaching for the vodka bottle, to actually get you through stress situations, so for me that then is normal living”

“To me it’s about living day to day and being content with it, recovery. Doesn’t matter if you’re on drugs or you’re on alcohol or you’re depressed or something it’s about rejoining society”

“It’s just being able to get on with life and deal with life and not hideaway”
“So the first thing you have to do is build up people’s confidence and self esteem and the best way to do that or possibly the only way to do that is within social grouping of some kind”

Barriers/learning points to setting up
The perception that The Quays is just another treatment centre, and a potential source of competition, was an initial barrier the management committee members had to overcome. However, they believed that referrals from mainstream services to The Quays are increasing, suggesting that these organisations are starting to view The Quays more as a resource or a complement to their work.

“We want to work in unison with them not in competition, which was one of the little sticking points through the year. The likes of Arch aftercare seeing us opening up some of the services we have had on offer they are like you know, we got a sense they started panicking, duplicating services and that. But no they are starting to understand that we are not threat”

“I think we’re actually being recognised now, people [services/organisations] are sending people down”

Some interviewees felt that they have found the change from being a service user to working with service users a struggle, particularly when new users or volunteers of The Quays behaved as if they were key workers. The interviewees explained that service users sometimes hide their true feelings from friends, family and key workers to avoid receiving negative responses. The interviewees mentioned that they remind service users and volunteers of their role as a peer supporter and The Quays as a peer-led, non-professional project to encourage natural behaviour and an open, honest environment. However, a couple of the interviewees believed that the change from a service user to a peer supporter has been good for their self-esteem.

During some of the interviews, it became apparent there were uncertainties when considering an accepted use of terminology when referring to The Quays users. Terms which were frequently used throughout the interviews included; “service user”, “client” and “referral”; however, interviewees promptly stated that this was improper use of terminology and struggled to find appropriate alternatives to these words.

“So I kind of knew all the services, I knew the people that worked in them so it’s been strange to go in, in kind of a professional manner and rather than a service user”

“The one thing I find is they do tend to treat you like a key worker sometimes, and you’re like you know, ‘get over that, we’re peer to peer, you don’t need to be on your best behaviour’...if you’ve had a shitty day just tell us about it you know, don’t hide it and put that mask on of ‘oh I’m fine’ which you do in services, I’ve done it myself”

“That’s not what we are you know and I try and reiterate that to everyone we speak to, we are not a treatment centre. We don’t come down here and have key work sessions, you come down here as an equal. We maybe volunteer staff members but we are equal to clients there’s no differentiating between us”

“It’s great when you’re dealing with someone who’s actually been a key worker or part of your journey and they can see how you’ve changed and how your confidence has grown, and you know, that sides really good”

“Yes were starting to get a lot of referrals through but we can’t use the word referrals or clients so we say navigate”

Evaluation of The Quays project, Wirral, Merseyside

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The interviewees raised the issue of inconsistent commitment from some people as a barrier to the progress of The Quays, especially in relation to management meetings. It was highlighted that internal politics and dissimilar personalities can hinder project development. However, some interviewees recognised that each person brings a different strength to the team and that compromises have to be made in order to move forward. One interviewee highlighted that getting the right people involved in the management committee is a key aspect for developing the project.

“Commitment is the main thing actual physical commitment of people”

“A lot of the time we work as a good team, you know so we all have different strengths that kind of go into the mixing pot that make it what it is”

Interviewees were asked if they could foresee any future barriers to The Quays. The most common barrier mentioned was the ability to sustain the project beyond the initial financial investment.

“Of course there are financial challenges, we need to become self funding within a couple of years so we need to start advertising now”

“We’re just hoping that we can secure our own funding, that’s the major barrier really”

3.2 Impact of The Quays on service users
Wirral DAAT Strategy Manager has provided examples regarding the effectiveness of The Quays in supporting people who contact the project to successfully engage with the positive support and assistance that is being provided through the extensive Drug and Alcohol Treatment and Recovery programmes. For example, The Quays recommended 18 people to attend one of the Wirral Hope clubs, of which 15 attended. This programme is a local initiative which follows on from the Progress to Work programme and works with substance users to support them to gain employment. Similarly, The Quays project sent 17 individuals to the CVS mentoring scheme in 2011-12. In comparison, the mainstream drug and alcohol services referred very few service users to such programmes. The Head of Wirral DAAT believes that “this comparison offers a range of important hypotheses about the ethos and effectiveness of different services and the mindsets of the people who engage with them, either at the time of engagement, or as a consequence of prolonged engagement” and that “projects such as The Quays give out much stronger messages about change”.

3.2.1 Case study interviews
Semi-structured interviews were carried out with three users/volunteers of The Quays between February and April 2012. The interviews aimed to gather participants’ views on their awareness of The Quays before engaging with the project, what information they were given on engaging with the project, and how they think peer support and the project will affect their recovery journey and quality of life.

Attraction to The Quays
The case study participants offered a few reasons for why they chose to engage with The Quays, chiefly that it was a peer-led project, which the interviewees believed was a unique concept. The participants were asked in what ways they thought peer support was attractive for people in recovery, they mentioned the following points:

- Peer mentors/supporters having an experiential understanding of the recovery process.
- Peers are approachable, welcoming and not intimidating.

Evaluation of The Quays project, Wirral, Merseyside

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Everyone at The Quays is equal and there is no prior judgement. There is a more personalised approach to the support provided and people who receive support are not treated as a number or a statistic. There is open ended support (no time limit) and support/activities are available beyond normal business hours including evenings and weekends.

“Like there was [sic] so many people that have been where I’ve been you know, understand, easier to talk, don’t try and judge you”

“You were made welcome from the minute you walked in the door and it was a very open thing so I didn’t feel intimidated or frightened by anything which I would normally have done”

“And I know everyone around me is in the same mindset as myself”

“You feel as if everybody is equal which is lovely, it’s quite nice”

“They’re not just Monday to Friday, they’re doing things on a Sunday, Sunday morning you can go down and, you know, amazing”

A couple of the interviewees thought it useful that The Quays provides a central point from where they can be navigated to services of their liking. All the interviewees mentioned that The Quays allows the service users to have control over how they want to progress and at their own pace. There is no pressure to reach a certain target. Therefore, the participants have a sense of autonomy.

“What they said to me is whatever you wanna do, we can help or we can point you in the right direction”

“You’re not under any pressure and that is a really big help, it really is”

All the case study participants believed that The Quays is abstinent based and that this was important for them in their own recovery journey because they could connect with people who are ‘clean’ and avoid relapse. One interviewee mentioned that, because they perceive The Quays as abstinent based, it is a safe place to attend.

“So this is the ideal place to come where I feel safe, comfortable”

Impact and benefits of The Quays
The interviewees outlined a range of ways in which The Quays has benefitted them. One case study participant highlighted that The Quays had helped them to find secure housing and that this was key to them staying in recovery. Other practical support included providing them with opportunities to fill their time (e.g. volunteering) and assisting them with setting achievable goals. Such practical support was seen by the case study participants as important in helping them build experience and qualifications to be ready for employment, echoing the management committee interviews that returning to society or normality was the overall goal.

“They’ve helped me get housed within 24 hours you know what I mean because there is no way I could’ve done another hostel because it’s got relapse written all over it for me”

9 Not currently dependent on a substance

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“It’s [The Quays] given me those steps or those stepping stones to get back into employment”

“I’d like to be in a working role in a couple of years, you know, in the care industry”

“For people to be coming out of isolation and liaising with agencies on a daily basis is what it’s all about”

The interviewees also explained that The Quays has provided emotional support by helping them to think positively and to stop hiding away. All the interviewees believed The Quays has given them structure and a daily purpose, and a feeling of worthiness.

“This has given me a purpose because I have said that’s what [I] will do those two days”

“You feel worthwhile and it’s nice to feel worthwhile again”

The interviewees were asked to describe their quality of life at the moment. All interviewees were very positive about their current wellbeing, believing it to be very high; this feeling was mostly attributed to their involvement in The Quays.

“On a scale of one to ten, ten at the moment”

“At the moment it’s [quality of life] the best it’s ever been, without a doubt”

“I would say it was a big help like yeah, because there is only really now The Quays that I access”

Suggestions to improve the project

The interviewees thought that the location of The Quays made it difficult and expensive to get to. One interviewee suggested that a free bus pass to travel to The Quays would be useful; however, they appreciated that this would probably be impractical.

“My problem is really I come from Wallasey and it's the cost of travelling”

The interviewees originally learned about The Quays either through word of mouth or via a service (e.g. Spider). They all thought that the project would benefit from more advertising within the drug and alcohol community. For example, one interviewee suggested advertisement posters within treatment services and residential homes.

“I don't think it [The Quays] gets as much advertisement as it needs though, because of where it is situated so far back”

3.2.2 Quality of Life Surveys

All people who have engaged with The Quays from February 2012 were invited to complete a QoL survey. At the beginning of the survey there is a sentence that requests participants give consent to taking part by ticking a box; even though 10 people had completed a survey, only three of the participants ticked this box. It is not possible to provide analysis on such a small sample. Very few of the participants seemed to have problems completing the survey; although some participant’s annotated answers with words or arrows, thought that two similarly worded questions were actually the same or selected to answers. The only question that participants had difficulty completing correctly was the use of services question. In this question, participants are requested to tick which services they have accessed in the last month and to state how many times they have visited. Some participants did not state the frequency or stated when they last used the service.
3.2.3 Progress Evaluation Tools
The Quays uses therapeutic evaluation tools as part of the personal action plans and mentoring with their peers. These can be used to track progress through their recovery and as a tool to discuss problems and/or goals.

The Readiness Ruler
In total there were 13 participants that completed the readiness ruler tool. Whilst most participants circled the number that reflected how they felt regarding how important it was to make a change to their lifestyle and how confident they were to make that change, some added notes or marks that made their answer ambiguous. Because of this, two participants’ responses were removed before analysing the first question and one participant’s response was removed before analysing the second question. The majority (81.8%; n=11) of the included participants rated the importance of making a change as the highest possible, 10. A third (33.3%; n=4) of the included participants felt their confidence was high in being able to make the changes to their lifestyle (selecting nine or ten on the ruler). However, half (50%; n=6) rated their confidence as six or lower. The remaining participants (n=2) believed their confidence level to be medium (selecting a number between five and eight).

The Outcome star
Intuitively the scoring of the Outcomes Star suggests that ten is the highest and one is the lowest; however, it is for the user to decide on whether they follow this method of scoring. One participant noted that they had interpreted the scoring to the opposite effect, with one acting as the highest rating. The scores for this participant have been reversed to allow analysis, but the findings must be treated with caution as there were no explanations provided by other participants on the use of the tool. In addition, this tool is usually used with individuals to assess which areas of their recovery need attention or improvement. Therefore, caution must be taken when averaging the scores for a population as this may hide variations. The research team will modify the Outcomes Star to include a section asking whether they have ranked ten as the highest or lowest score.

Figure 1 shows the analysis of the Outcomes Star and the average scores for each point across all participants. No area had a notably high or low score and there was a wide spread in the scores selected; confidence/self-esteem had the lowest average score and recovery had the highest average score. The average scores across the responses were:

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health</td>
<td>6.2</td>
</tr>
<tr>
<td>Physical health</td>
<td>5.6</td>
</tr>
<tr>
<td>Living skills</td>
<td>6.2</td>
</tr>
<tr>
<td>Social networks</td>
<td>5.0</td>
</tr>
<tr>
<td>Education, employment and training</td>
<td>5.6</td>
</tr>
<tr>
<td>Recovery</td>
<td>6.9</td>
</tr>
<tr>
<td>Relationships</td>
<td>5.2</td>
</tr>
<tr>
<td>Confidence and self-esteem</td>
<td>4.2</td>
</tr>
</tbody>
</table>
Figure 1. Analysis of the Outcomes Star by The Quays users.

For each of the aspects (e.g. mental health, physical health), the darker the shading, the higher the number of individuals selecting that rate; for example, most individuals believed their mental health status to be ‘8’ and no individual rated their mental health to be ‘1’, ‘3’ or ‘9’. The red star shows the average rate across all participants for each aspect.
**The Evaluation Tree**

Thirteen evaluation trees had been completed by The Quays users by April 2012. The main method for picking out characters tends to be either circling or using a line pointing to the character. Almost all have added notes to explain their choice of characters; the majority of these have used full sentences or prose although a couple have used keywords/phrases. Four participants have identified with more than one character on the tree. Eight have used the evaluation tree to state how they currently feel or their current position on their recovery journey and five have expressed future plans or goals. Seven people have identified struggles or a need (such as needing help or assistance).

Similar themes have emerged across the 13 evaluation trees. A few participants have mentioned helping people or needing help, this is in relation to mainly two of the characters on the evaluation tree (Ai and Aii on figure 2). They see themselves as assisting people and that they enjoy this activity. Five participants expressed a sense of climbing. This could be to reach goals or experience new/different activities. Some of the participants expressed achievements they wanted to attain. For example, becoming abstinent or being back with the family.

> “I will be helping others when I start volunteer work next week”

> “I enjoy helping people”

> “Climbing towards the top, straight route, no distractions, well motivated”

> “Coz I will climb to achieve sobriety”

> “The door represents all of the opportunities that await me”

Even though there is a wide choice of characters on the evaluation tree (approximately between 30 and 40 depending on if the characters are thought of as single people or couples/groups or actions), three of the characters/actions were chosen quite often to represent feelings (figure 2). Characters Ai or Aii were chosen by seven people and they all interpreted these characters as helping. Character B was chosen by three people and all comments attached to this figure were negative in nature, for example “miserable & confused” and “am upset at times as I have brought all this on myself”. Six people chose either characters Ci or Cii and most identified these figures as climbing to achieve something or representing progress or a journey. One participant identified character Ci as falling, but they believed that this was other people’s perception of them.
Figure 2. The use of the evaluation tree tool by The Quays users
3.3 Reflections of the evaluation team
The evaluation team have been working with The Quays and the commissioners, Wirral DAAT, for a few months to develop the evaluation framework. Each visit to The Quays is welcoming with friendly, open conversations and very apparent positive energy. A good working relationship has been built that ensures queries are almost always responded to on time. The inside of the building is decorated with posters and recovery orientated phrases (e.g. ‘recovery is contagious’) which helps to advertise the range of activities for new comers and to encourage a focussed, yet cheerful, atmosphere.

The evaluation team attended the launch of the project on December 2011 which was well organised and endorsed by the Mayor of Wirral. The atmosphere was enjoyable and it was estimated by The Quays that over 100 people attended the event throughout the day. Recently, the project has received attention from the Home Office. A public open day was organised around the visit by the Home Office Head of Drugs and Alcohol in the style of a market, where individual programmes and projects at The Quays tended a stall informing visitors of their activities and what they offer. External organisations such as Wirral CVS and Intuitive Recovery were also invited to hold a stall to show what they can provide. The open day coincides with the six months since The Quays was launched so the Mayor of Wirral was invited to attend to find out how the project has progressed.

The Quays has evolved since it was launched in December 2011 with new projects and courses available, and they have forged links with local organisation and other projects being developed. This shows the dynamic nature and the drive to achieve long-term outcomes of the project to reduce stigma around drug and alcohol dependency and create positive changes in the wider community. Wirral DAAT informed The Quays that they have become one of the main players in connecting individuals with local agencies and services (e.g. job club and the CVS mentoring scheme), sending more people to such organisations than the mainstream drug and alcohol services (as described in section 3.2). DAAT and Advocacy in Wirral provide a constructive feedback and support mechanism; however, The Quays are not always able to fully utilise this support as they are not always able to access it, which could be as a result of the communication issues discussed in section 3.1.2. The evaluation team feel that there may still be some conflict regarding the identity of The Quays and the delivery of the project. There are multiple levels of support and activities being offered: a drop-in club with a range of activities, courses and programmes; one-to-one, individually tailored mentoring; an organisation offering volunteering opportunities; an information hub offering navigations towards other services; and a service offering support to get to medicals (befriending). At the moment, there does not seem to be a clear distinction between these levels and the roles of the people involved. This can be confusing and can be a source of unrest as found by the meeting observations and management committee interviews.
4. Discussion

The Quays is a peer-led drug and alcohol recovery project in Wirral, Merseyside. After securing funding from Wirral DAAT, volunteers and service users united to develop The Quays, a recovery community that provides information, advice and support for those affected by substance use. The Applied Health and Wellbeing Partnership were requested to conduct an evaluation of The Quays; a mixed method approach using a range of qualitative and quantitative tools to assess the effectiveness and impact of the project was proposed. In this report, we present the early stage findings and suggest recommendations to develop the project.

4.1 Unique nature of the project

All participants in the management committee and case study interviews believed that The Quays is a unique project and is needed in the community. All discussed the benefits of the peer to peer nature of the project; for example, there was the feeling of equality across those who have developed The Quays and those who use it, with support being provided through an active understanding of recovery and a person centred approach.

All interviewees discussed how the project was open ended and that it was available beyond normal 9am-5pm business hours, providing longevity and flexibility for their recovery journey. There was also the perception that The Quays was widely inclusive. Participant believed that mainstream services have restrictions or “red tape” that excludes certain individuals from accessing treatment. However, the Wirral borough has one of the most open drug and alcohol treatment services in England and, thus, it is unclear what influenced this perception and if it relates to Wirral specifically. Most of the interview participants also discussed the advantages of The Quays being central “hub” for service users to learn about and access the necessary services and programmes.

One particular service that has been developed by The Quays Management Committee was identified as being especially unique, the befriending scheme. This programme matches a befriender to a peer who is experiencing difficulty and lack of confidence to attend medical appointments. The befriender acts as a chaperone and provides that initial support for the individual to keep their appointment and avoid a ‘did not attend’ for the concerned agency. Findings from the management committee and case study interviews showed that the befriending scheme is a simple service that could have a huge impact on the lives of those who use it.

4.2 Impact of The Quays

The longitudinal nature of this evaluation will follow members of the management committee and service users on their journey to identify the longer-term impacts of The Quays. It was evident that at this early stage in the project The Quays was already having a positive impact. The Quays offers a joined up service at a pace that is set by the individual themselves. The Quays provides a pathway to a variety of courses, projects, services and activities such as lifelong learning skills, wellbeing and leisure, volunteering and work experience, and hobbies. Management committee and case study interviewees believed that such a holistic foundation for recovery is important for making social connections, increasing confidence and feelings of worthiness and the opportunity to contribute to society or lead a more “normal”, less chaotic life. These were viewed as important building blocks which will subsequently assist in obtaining employment.

The Quays fills a gap by providing both practical and emotional support. Examples of practical support included help to find housing, befriending, and building work experience and qualifications. Emotional support helped individuals to come out of isolation, think optimistically and provide encouragement to stay on their recovery journey. The analysis of the readiness ruler showed that
participants were highly motivated to make changes to their lifestyle, but that their confidence to carry it out was low. The findings from the Outcomes Star showed a large variation in rates for each aspect, but overall assistance may be required to improve wellbeing across each aspect. The evaluation tree reiterates the sense of being on a journey and climbing towards overall goals (e.g. better family relationships or becoming abstinent). The descriptive analysis identified a desire to be helped and to help others, echoing the reciprocal relationship key to peer support and feelings of worthiness. However, these findings should be viewed with caution; because the sample sizes are low they may not be representative of the whole recovery population. In addition, the general evaluation tools are usually used to track progress of individuals not a population because they could mask the individual variations from person to person.

4.3 Barriers and Challenges
The Quays is a young and novel project and as such has experienced some challenges that may potentially hinder the progress of the project. One of the early challenges the management committee faced was the perception of drug and alcohol services. It was felt by the management committee that the professionally led services viewed The Quays as another treatment centre and possible competition or duplication of existing services. The case study participants also highlighted that the project could be advertised more widely amongst the local services and community. However, these barriers may slowly be diminishing as shown by the increasing number of people being sent to The Quays from mainstream services and the number of self-referrals.

Some of the management committee interviewees stated that the change from being a service user to acting as a peer supporter was difficult. Furthermore, analysis of interviews and observations of management committee meetings have found that there is sometimes confusion around roles and responsibilities, issues around inconsistent terminology, lack of commitment from people, and communication problems between the individual projects that share The Quays premises. Whilst the management committee have been working to alleviate the pressures relating to these barriers, the obstacle of finding the balance between the formal and informal structure of the project remains. Related to this, the evaluation team has raised the lack of a clear distinction between the levels of support offered and the roles of people involved. This has caused confusion as can be seen in the case study interviews where the participants believed The Quays to be abstinent based. In fact, the project aims to include people at all stages of recovery, including those who are still actively using substances or on prescription but would like support to reduce their consumption or become abstinent.

4.4 Recommendations
The evaluation team would like to suggest the following recommendations to help The Quays Management Committee further progress and develop the project:

- **Formalise the structure and function of the management committee and meetings whilst maintaining the informal and open delivery of the project.** The functions of a management committee are to monitor progress and outcomes, discuss the wider picture and business strategy, consider and act upon avenues for sustainability, expand and act upon links with external organisations, and to deal with any issues or problems that arise. Actions should be disseminated at every meeting which should be followed up and reported on at the next meeting, and minutes circulated as soon as possible after each meeting. The following specific suggestions could be beneficial:
  - Ensure that a clear and distinctive message about the levels of support and engagement in The Quays is provided, including that it supports individuals at every stage of recovery.
o A ‘terms of reference’ document be written to inform members of the key project aims, objectives and goals, the purpose of the management committee and their responsibilities of commitment to the meetings. This document could clarify the terminology regarding the different roles and activities (e.g. service user, referrals) involved in The Quays which has been a source of misunderstanding. Clear instructions regarding the use and timing of the PDP forms could also be referred to (see below for more details).

o Attempt to resurrect sub-groups to encourage commitment by giving management committee members ownership over a particular task. Sub-groups could be: business development; projects and programmes; promotion and advertisement; wider community links; funding, resources and administration; and volunteer coordinator. The focus of the meetings could be around updates and actions related to these sub-groups.

- **Strengthen internal relationships and communication.** Advocacy in Wirral and DAAT act as a strategic guide and mentor for The Quays, this should be utilised to its full potential including sharing advice on what processes, protocols and policies work for a peer-led project.

- **Use an electronic database to manage and store PDP forms and action plans.** This increases security of individuals’ personal details and is easier to update and find information. It will also be useful for internal monitoring and future evaluations. However, before this the following should be considered:
  - Try to be consistent and concise with the recording of actions. Document dates for each entry and when service users are navigated to a course, service or project and then note if and when the individual has accepted/attended the navigation. This acts as a track record of a person’s progress and may be useful information for their curriculum vitae.
  - Try to use pre-selected options for fields so that it is easier to enter, monitor and evaluate actions and outcomes.
  - Use the notes section only to record free-text information around the individual’s background, current status and aspirations. Date each entry so that a timeline can be established.
  - Clarify with mentors/buddies when PDPs are to be administered and how often they are updated, including the use of the progress evaluation tools (readiness ruler, Outcomes Star and evaluation tree).

- **Develop a “how to find us” flyer** to help people find the easiest and cheapest way of finding The Quays. This could include the bus numbers and times from different locations, train times and costs, directions and a map.

- One of the challenges to project progression identified by the management committee was the perception of local treatment services, and a lack of advertisement was identified as a potential barrier by case studies. **The management committee should continue to think of ways to increase awareness of The Quays amongst local services and agencies and the wider public.**

- One of the future barriers of The Quays was sustainability and funding. **The management committee should think of ways to improve the monitoring and recording of numbers and outcomes at each level of The Quays.** This information is a requirement for funding bids and will help to increase the chances of securing investment in the project.
5. Future Evaluation Plans

The final evaluation elements will take place between June and December 2012, with the final report produced January 2013. Due to the sample sizes, a number of the data collection activities have been extended to maximise recruitment uptake. The evaluation team will also meet with The Quays to discuss feedback regarding the recommendations, how to increase the number of tools and surveys being completed and if any methods should be refined.

5.1 Revised Project Plan

The final evaluation will involve some revision of the current data collection tools. Amendments will be made to the quality of life survey, for example making the question regarding consent at the top of the survey clearer to encourage participants to tick the box. The question eliciting information around the use of health services will also be made clearer; this is because it was difficult to establish if participants had not visited these services or had misunderstood the question and given incorrect information relating to the number of times they had used the service. Amendments will be made to the instructions on the Outcomes Star, asking participants to clarify which way they have interpreted the 1-10 scale.

5.2 Revised Timetable

<table>
<thead>
<tr>
<th>Activity</th>
<th>Proposed Deadline</th>
<th>Revised Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Case Study interviews with service users (total = 10)</td>
<td>January – March 2012</td>
<td>Aim to complete all (7 more) by end July 2012</td>
</tr>
<tr>
<td>Baseline project management committee interviews (invite all members of management committee)</td>
<td>February 2012</td>
<td>Extend deadline to mid-July to increase sample size</td>
</tr>
<tr>
<td>Conduct baseline quality of life survey with The Quays members (n=50) and comparison group (n=50)</td>
<td>January – March 2012</td>
<td>Stop baseline recruitment when target reached or by end of July 2012</td>
</tr>
<tr>
<td>Service provider interviews</td>
<td>Addition to original plans</td>
<td>July-October 2012</td>
</tr>
<tr>
<td>Follow up quality of life survey with service users</td>
<td>October – December 2012</td>
<td></td>
</tr>
<tr>
<td>Follow up quality of life survey with comparison group</td>
<td>October – December 2012</td>
<td></td>
</tr>
<tr>
<td>Perceptions of service users not involved with The Quays via focus groups</td>
<td>November 2012</td>
<td></td>
</tr>
<tr>
<td>Continue management committee observations</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Observations and survey at volunteer training sessions</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Final analysis of project database</td>
<td>November – December 2012</td>
<td>November 2012</td>
</tr>
<tr>
<td>Analysis of secondary data</td>
<td>December 2012</td>
<td>November 2012</td>
</tr>
<tr>
<td>Final Analysis and write up</td>
<td>December 2012 - January 2013</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation of The Quays project, Wirral, Merseyside

6. References


Appendix 1 – Management Committee Interview Guide

Background and experience
• What service have you come from previous to The Quays?
  o Can you tell us a little about your experience with peer to peer support?
• Have you previously been a volunteer?
  o Where was this?
  o Was this peer to peer?

Motivation
• What made you want to become a part of The Quays?
  o Do you think peer to peer support is a good idea?
  o What does recovery mean to you? How would you describe/define it?

Role within The Quays
• What does your role within The Quays involve?
  o What are you contributing?
• In your own words, or as you see them, what are the aims of The Quays?
• What do you want to achieve by being involved with The Quays?
  o Think about personal aims and supporting others?
• How has The Quays impacted on your networking/multi-agency working?

Implementation and delivery of The Quays
• Were there any challenges or barriers the management committee came across when developing the project?
  o Think about standing out from other services, establishing an identity? Was there any scepticism from anyone?
• Do these challenges/barriers still exist? Or how were they overcome?
• Do you foresee any future challenges/barriers to the delivery of The Quays?
• What aspects of the development/implementation and/or early delivery of The Quays were successful in your opinion?

Perceptions of The Quays
• What is the added value of The Quays compared to other recovery services in Wirral?
• What are your views on how people have engaged with the Quays?
  o What reasons do you think they choose the Quays?
  o What do think the impact of the project is on service users in your opinion?
• Which activities ran/run well?
  o Think about the peer-led initiatives and the programmes offered
  o What aspects make them successful
• Which didn’t run as well?
  o Think about the peer-led initiatives and the programmes offered
  o What aspects make them unsuccessful
Appendix 2 – Satisfaction Survey

The Quays
Feedback Form

This short survey will help improve the activities offered by The Quays.
Before you fill out this survey please read the following sentence and tick the box to show you give
consent to your feedback being used to help improve the activities offered by The Quays.

The organisers of this activity have explained why they are collecting these feedback forms.
I understand that the feedback form is anonymous and voluntary. I give my consent to my
feedback being used by completing this form  

<table>
<thead>
<tr>
<th>Date:</th>
<th>Please write the name of the activity that you have taken part in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please write the location where the activity took place:</td>
</tr>
</tbody>
</table>

Please circle the number that best describes how you feel about the following:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you enjoy the activity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you happy with the length of the activity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the dates of the activity convenient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the time of activity convenient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the location of the activity convenient?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the activity what you thought it would be?</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Overall, how satisfied were you with this activity? Please circle the number that best describes how you feel

<table>
<thead>
<tr>
<th>Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Satisfied</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the best bit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the worst bit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Would you change anything about the activity?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Would you recommend the activity to others?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there anything else you would like to say about this activity?</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Appendix 3 – Case Study Interview Guide

Awareness
- How did you find out about The Quays project?
- What had you heard about The Quays before you decided to contact?
- Are you in contact with any other services? If so, which ones?
- What does the Quays offer extra to other services you have previously attended?
- How easy was it to contact The Quays/become involved

Choice
- Why did you choose/join this particular service? (Prompt: is peer support attractive to you?)
- What do you see as the benefits/disadvantages of peer to peer support?
- What are your expectations of the service or your experience? (e.g. easy/hard)

Information
- What information about The Quays was given/explained to you when you joined? (Prompt: what do you understand about the aims of the Quays? What activities are delivered? What is expected of you as a service user? What can they offer you?)
- Which activities/programmes do you think you will benefit from/enjoy the most? Why?
- Which activities/programmes do you think are not for you or you will not like/take part in? Why?

Recovery
- What does being in recovery mean to you?
- What are the main characteristics/qualities of being in recovery?

Quality of Life
- How would you describe your quality of life at the moment?
- How do you feel about this? (Prompt - do you want to change? If so, what do you want to change about yourself/lifestyle?)
Appendix 4 – Original Quality of Life Survey

Before you fill out this survey please make sure you have read the participant information sheet you were given. Please read the following sentence and tick the box to show you give consent.

I have read the information about the study and why it is being done. I understand that the survey is anonymous and voluntary. I give my consent to take part by completing the survey  

The following questions ask how you feel about your quality of life, health, or other areas of your life. You do not have to answer any questions that you do not want to.

This first section of questions is about you so we can check that we have a characteristic sample of people. Please tick one box for each question that best describes you.

<table>
<thead>
<tr>
<th>Are you...?</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What age group are you in?</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65 or over</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is your current employment status?</th>
<th>Full-time employed</th>
<th>Part-time employed</th>
<th>Unemployed</th>
<th>Student</th>
<th>Retired</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other ☐ If other, please write what here: 

<table>
<thead>
<tr>
<th>What is your current housing status?</th>
<th>Privately rented</th>
<th>Housing association rented</th>
<th>Owned by me</th>
<th>Living with friends/family</th>
<th>Hostel</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other ☐ If other, please write where here: 

<table>
<thead>
<tr>
<th>What is your ethnicity?</th>
<th>White</th>
<th>Asian or Asian British</th>
<th>Black or Black British</th>
<th>Mixed</th>
<th>Chinese</th>
<th>Prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other ☐ If other, please write here:
We would like to know how far you travel to attend The Quays. What are the first five characters of the postcode where you live? E.g. if your postcode is CH41 5BR, you would write “CH41 5” (if you prefer you could write the area or town do you live in).

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question and circle the one response that best describes how you feel. Please choose the answer that appears most suitable. If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

<table>
<thead>
<tr>
<th>How would you rate your quality of life?</th>
<th>Very poor</th>
<th>Poor</th>
<th>Neither poor nor good</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How satisfied are you with your health?</th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask about how much you have experienced certain things in the last four weeks. Please circle one answer for each question.

<table>
<thead>
<tr>
<th>To what extent do you feel that physical pain prevents you from doing what you need to do?</th>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much do you need any medical treatment to function in your daily life?</th>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much do you enjoy life?</th>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To what extent do you feel your life to be</th>
<th>Not at all</th>
<th>A little</th>
<th>A moderate amount</th>
<th>Very much</th>
<th>An extreme amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Evaluation of The Quays project, Wirral, Merseyside

L.J.Eckley@ljp.ac.uk
H.Smith@ljmu.ac.uk
L.J.Hughes@ljmu.ac.uk
The following questions ask about how completely you experienced or were able to do certain things in the last four weeks. Please circle one answer for each question.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have enough energy for everyday life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Are you able to accept your bodily appearance?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Have you enough money to meet your needs?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How available to you is the information that you need in your day-to-day life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To what extent do you have the opportunity for leisure activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Very poor</th>
<th>poor</th>
<th>Neither poor nor good</th>
<th>Good</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well are you able to get around?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>How satisfied are you with your sleep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How satisfied are you with your ability to perform your daily living activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Question</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>How satisfied are you with your capacity for work?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with your personal relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with your sex life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the support you get from your friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the conditions of your living place?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with your access to health services?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with your transport?</td>
<td></td>
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</tr>
</tbody>
</table>

The following question refers to how often you have felt or experienced certain things in the last four weeks. Please circle one answer that best describes how you feel.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Seldom</th>
<th>Quite often</th>
<th>Very often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do you have negative feelings such as blue mood, despair, anxiety, depression?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please read each of the following statements about how you see yourself. Show how strongly you agree or disagree with the statement by circling one response for each statement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Disagree strongly</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have people close to you who motivate and encourage your recovery.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---</td>
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<tr>
<td>Your beliefs and values are very important in your life.</td>
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<tr>
<td>You have little control over the things that happen to you.</td>
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<tr>
<td>You have close family members who want to help you stay away from alcohol/drugs.</td>
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<tr>
<td>You have good friends who do not use alcohol/drugs.</td>
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<tr>
<td>You have people close to you who can always be trusted.</td>
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<tr>
<td>You keep the same friends for a long time.</td>
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<tr>
<td>You have people close to you who understand your situation and problems.</td>
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<tr>
<td>You work in situations where alcohol/drug use is common.</td>
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<tr>
<td>You have people close to you who expect you to make positive changes in your life.</td>
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<td>You feel people are important to you.</td>
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<td>What happens to you in the future mostly depends on you.</td>
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<td>You need more help with your emotional troubles</td>
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<tr>
<td>You have people close to you who help you develop confidence in yourself.</td>
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<td>Statement</td>
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<tr>
<td>You have people close to you who respect you and your efforts.</td>
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<tr>
<td>There is little you can do to change many of the important things in your life.</td>
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<td>You have trouble following rules and laws.</td>
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<td>Taking care of your family is very important.</td>
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<tr>
<td>There is really no way you can solve some of the problems you have.</td>
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<td>You need more individual counselling/support sessions.</td>
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<td>You need more educational or career training services.</td>
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<td>You need more group counselling/support sessions.</td>
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<td>You feel honesty is required in every situation.</td>
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<td>You can do just about anything you really set your mind to do.</td>
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<td>You work hard to keep a job.</td>
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<td>Sometimes you feel that you are being pushed around in life.</td>
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<td>You need more medical care and health services.</td>
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<td>You often feel helpless in dealing with the problems of life.</td>
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</table>

Evaluation of The Quays project, Wirral, Merseyside

L.J.Eckley@ljmu.ac.uk
H.Smith@ljmu.ac.uk
L.J.Hughes@ljmu.ac.uk
In the past month, have you attended any of the following services? (Please put a tick next to any that you have attended, and put how many times you have been in the last month)

<table>
<thead>
<tr>
<th>Service</th>
<th>Please tick</th>
<th>About how many times</th>
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<tbody>
<tr>
<td>GP</td>
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<td>Walk-in Centre</td>
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<td>A&amp;E</td>
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<td>Hospital In-patient</td>
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<td>Dentist</td>
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<td>Optician</td>
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</table>
| Other
  Please state which |             |                      |
  ................................................................

Thank you for your help by filling in this survey.
Purpose:
This exercise can prompt discussion around how a person feels. For example, they might feel it is important they make a change, but don’t have the confidence to do so. You might discuss what they feel they need to help improve their confidence. On the other hand, they might have made a lot of changes to their life recently, and not feel it is important that they keep changing. This might prompt a discussion around how they could sustain the changes they have made in the past.

General instructions:
Ask the person how important they feel it is to make change, and to point on the scale on the ruler. This can relate to general health and wellbeing, or they might specify one particular health-related area. Let the person decide.

Then ask the person how confident they feel about making this change, and to point on the scale on the ruler. You might want to mark importance on the top and confidence on the bottom, or mark them by I and C on the ruler (whatever works for you).
Appendix 6 – Outcomes Star

Purpose:
The outcomes star helps people to see what areas they are doing well in, and which areas they might need some further support. It is good to repeat this at different times to see if and how things change.

General instructions:
Look at the star and consider the ten general health and wellbeing areas. Talk over each area with the person and discuss where they think they are on the scale. Each area might mean different things to different people. Remember there are no right or wrong answers. Different people might want to change certain areas of the star, for example they might not relate to one area, or might feel there is a key issue they want to include which is not on the star. You or the person can draw on the star, or add words or sections underneath it, to show anything else the person wants to include.

Once you have a score for each area you can link up each scale and see what shape they make. Talk about what they want to work on. Repeat the exercise to show any change. You might want to decide together what interval is suitable (make sure you repeat the exercise at least once in 3 months). When you repeat the exercise consider how The Quays has helped (or hindered) their progress. Ask what they think.
Appendix 7 – Evaluation Tree

Purpose:
This activity allows people to describe how they feel, and can be repeated at different times to see how their feelings change. It is a good exercise because it is a good alternative to asking them to just ‘say’ how they feel, and it helps people express their feelings.

General instructions:
Ask the person you are working with to identify which figure or figures on the tree that they feel they can identify with. They could draw, colour, write, point to these people (whatever they prefer). The person may want to write on the tree about what they've chosen.

Talk about why they’ve chosen this figure/s. You can write notes as they talk. Ask the person where they would like to be on the tree (are they happy with where they are now? Do they want to identify with a different figure/s)? For example: if they are at the top of the tree they might be feeling on top of the world. If they are clinging to a branch maybe that’s because they feel they can’t cope very easily and no one is helping.

Different people will have different reasons for their choices. It is important to remember (and to remind the person) that there are no right or wrong answers.

Record any comments and discuss any action points that may arise. Do the exercise at regular intervals to show any change. You might want to decide together what interval is suitable (make sure you repeat the exercise at least once in 3 months). When you repeat the exercise consider how The Quays has helped (or hindered) their progress. Ask what they think.
Appendix 8 - Description of further evaluation methods

Impact on the service users’ significant others
The Quays project engages with, and supports, friends, family and carers of the service users. It is proposed that these significant others will be invited to participate in a semi-structured interview to elicit their perceptions of The Quays and explore how the project has affected them and their relationship with the service user. One significant other per case study participant will be invited to take part. These interviews are scheduled to take place towards the end of the evaluation period October-December 2012.

Wider community impacts of The Quays
It was anticipated that focus groups would be held in February 2012 with: 1) The Quays service users and 2) drug and alcohol users accessing and not accessing treatment. The aim of the focus groups is to explore the awareness of The Quays, the perception of recovery and thoughts about local services in Wirral amongst the drug and alcohol community. A follow-up focus group with both groups would take place in November 2012 to assess changes in awareness and perceptions. Because of low service user numbers, it was felt by the evaluation team and The Quays management that conducting focus groups as well as a survey and interview would be a burden; therefore, it was decided to defer the focus groups with both The Quays users and the comparison group (service users not engaged with The Quays) until November 2012.

The Quays will be involved in organising public events to showcase the project and increase awareness of recovery amongst the public, and it is proposed that before and after opinion polls using quick surveys at such events will assess the public’s views on drug and alcohol recovery and The Quays project. There were no events held before the interim for the evaluation team to collect data for this method. The Quays organised an Open Day for the 22nd June 2012 and surveys from this event, and any subsequent events organised throughout 2012, will be incorporated into the final report.

To further review the awareness and views of The Quays project amongst the wider community, Internet resources such as social networking sites, local news websites and online information will be analysed using content analysis. This approach provides opportunity to assess current opinion on various subjects. This method will be applied later in the evaluation period.

Finally, secondary data, such as the numbers entering and leaving drug and alcohol treatment (to be accessed from Wirral DAAT) and drug- and alcohol-related admissions to Arrowe Park hospital (to be accessed from NHS Wirral), will be sought in December 2012. This will be used to compare trends in data over a period before the project was established to the trends during a period when the project was in place. However, a caveat of such data is that they are generally difficult to interpret and can rarely be attributed to the scheme being evaluated.