The Applied Health and Wellbeing Partnership

The Applied Health and Wellbeing Partnership is an initiative of NHS Wirral Research and 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

The evaluation of The Quays project is a comprehensive study designed to assess the impact of the project on service users. The evaluation employs a range of methodologies to gather data from various perspectives, including process evaluation, impact on service users, and wider impacts and perceptions. The findings are discussed in detail to provide insights into the unique nature of the project, its impact on service users, and the broader implications of the project. The limitations and challenges faced during the evaluation are also addressed, and recommendations are provided to guide future initiatives.

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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 a 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 has been evaluated to explore process effectiveness and identify impacts and outcomes.

A logic model was developed in collaboration with The Quays Management Committee to outline project activities and anticipated outcomes of the project, which informed the framework for evaluation. Quantitative and qualitative methods were used in triangulation to gather insight regarding process effectiveness and impact on management committee members and users of The Quays. A longitudinal approach was used to measure impact over time. Semi-structured interviews with management committee members, case study interviews with service users, observations of management committee meetings, analyses of project data, and surveys were undertaken.

Many individuals who accessed The Quays had been referred from Arch (a local drug and alcohol service provider) and Cheshire and Wirral Partnership (an NHS organisation). Interviews with management committee members, and case studies with service users, highlighted the positive impacts that The Quays had made to their lives. The project offered the opportunity for members to become involved in courses, services and activities such as lifelong learning skills, wellbeing and leisure, volunteering and work experience, and hobbies. Management committee and case study interviewees felt these provided social connections, increased confidence, feelings of worthiness, and the opportunity to contribute to society. The evaluation also highlighted the practical support that was offered by The Quays, such as help to find housing, befriending, and building work experience. Employment was a key goal for many participants, who felt that engagement with The Quays was an important step towards this. The Quays also offered emotional support, helping individuals become less isolated, and encouraged to stay on their recovery journey.

The Quays also had positive impacts for people who cared for a family member or friend who was in recovery. Members of the Carers, Families and Friends group (CAFF) described how The Quays had provided them with support as a carer of someone affected by alcohol and/or substance misuse. The Quays had helped carers overcome feelings of isolation and helplessness, and provided practical, emotional and social support.
A number of barriers and challenges to the implementation and delivery of The Quays were identified by members of the management committee. During the early phases of the evaluation, some management committee members described how the change in role from a service user to a peer supporter was challenging. Throughout the evaluation, interviews and observations of management committee meetings demonstrated that there were often difficulties finding a balance between the formal and informal structure of the project. Other challenges highlighted confusion regarding roles and responsibility, issues around inconsistent terminology, lack of commitment from people engaged with the project, and communication problems between the individual projects that shared The Quays premises.

Recommendations for future delivery of the project mainly refer to process elements, and include: formalising the structure and format of management committee meetings, strengthening internal relationships and communication, developing and maintaining a Quays member’s electronic database, and embedding and utilising progress evaluation tools.

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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). The Department of Health’s (2012) public health outcomes framework states people are to be helped to live healthy lifestyles, make healthy choices and reduce health inequalities. 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). 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;

“Recovery involves three overarching principles—wellbeing, citizenship, and freedom from dependence. It is an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people.”

(UK Government Drug Strategy, 2010)

Recovery is 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 (UK Government Drug Strategy, 2010). 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). 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) acknowledges 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 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). 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). Mixed results are reported in the fields of diabetes (Boothroyd and Fisher, 2010), cancer (Hoey, et al., 2008) and arthritis (Crotty, et al., 2009) suggesting further research is required.

It is in the field of mental health, where peer support has received most attention and demonstrated clear effectiveness (Berry, et al., 2011; Schutt and 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 none abstinent based project developed and delivered by service users for service users, and is led entirely 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 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, with the management committee working to develop the project aims, values, aspirations. 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; signposting 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 and opened its doors to the general public 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 Research and Development 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 included 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 the final evaluation findings and recommendations for project development.
2. Evaluation Methodology

A number of quantitative and qualitative methods were used in triangulation to assess the effectiveness of The Quays and the impact on the management committee members, the service users, volunteers, significant others and the wider community. The data collection and analyses took place between February 2012 and 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).

2.1 Process Evaluation

A process evaluation was carried out to determine the success of the implementation, procedures and delivery of The Quays. This involved a number of methods which are outlined below.

**Management Committee Meeting Observations**

Monthly management committee meetings, held at The Quays headquarters, were attended by one member of the evaluation team who made observations on the structure, function and actions of the meetings to provide insight into The Quays processes. Observation notes were typed up by the researcher shortly after the meetings took place. Observation notes, and minutes of management committee meetings between the early project development stages and November 2012, were examined together to provide reflections and inform recommendations.

**Analysis of Personal Development Plans (PDP)**

Service users who are encouraged to attend The Quays from local drug and alcohol services, as well as those who access The Quays through self-referral are given the option to fill out a PDP form with the help of a volunteer at The Quays. These forms have been developed by The Quays management committee and function as a personal action plan as well as attempting to capture general information such as name and contact details. The PDP form is divided into several sections including: personal information; social, medical and substance use history; how they came to access 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).

Forms are stored in paper format in a locked filing cabinet with the aim of transferring these to electronic format in the future.

The PDP forms were collected by the evaluation team at The Quays headquarters to explore the types of people who accessed the project and how the PDP forms were used to record information, aspirations and actions to support recovery. Demographic data were collected from the PDP forms regarding postcode of the area in which they lived (this was restricted to the first five characters of the postcode so that a detailed location, such as street, could not be identified). The evaluation team recorded data from the forms held by The Quays onto a pre-prepared electronic spread sheet. No personal information (i.e. names, addresses, and phone numbers) was recorded and original paper forms were not removed from The Quays. The data were analysed descriptively. The data were analysed to explore the types of people who were accessing the project as well as how the PDP forms are being used to record information, their aspirations and subsequent actions to achieve this.
**Interviews with Management Committee Members**

Semi-structured, one-to-one interviews were held with members of The Quays management committee to understand perceptions regarding the effect of peer support and the development of the project, and to identify challenges, barriers and plans for future progress. To explore changes in project progress and development, it was proposed that two interviews would be undertaken with each participant. Initial interviews took place between February and April 2012, and follow-up interviews between October and November 2012. The Quays project administrator supported the recruitment and selection process (no exclusion criteria) by providing participant information sheets to prospective participants, and subsequently organising interviews with those that agreed to take part in an initial interview. Interviews were held in a private room at The Quays headquarters and lasted between twenty minutes and one hour. Written consent to participate in the research and to audio record the interview was obtained from the participants. The interviews were transcribed verbatim and thematically analysed.

Topics covered during the initial interviews included participant background and experience (such as previous experience of volunteering), motivations for being involved in The Quays and what role the participant played, and any challenges or barriers they perceived The Quays as having currently and in the future. General perceptions of The Quays were also explored including the added value they believed the service to have and their thoughts on the popularity and benefits of the activities available at the project. Follow-up interviews explored the participants’ experiences of working with the project and whether they had achieved their personal goals, and if they thought peer support was a successful model for drug and alcohol recovery. The participants were asked to share their perceptions on the delivery of The Quays, including challenges, thoughts on the current activities available and how the recommendations put forward by the evaluation team in the interim report had been addressed. General questions gathered opinions on project sustainability and continuation and aimed to understand the projects development and delivery.

**Satisfaction Surveys**

A satisfaction survey was developed by the evaluation team to be distributed at The Quays at the end of activities (courses and peer-led initiatives) and volunteer training days. The survey, containing a mixture of closed and open-ended questions, aimed to gain an insight into the perception of the activities held at The Quays, the level of satisfaction with certain aspects of the activity and thoughts on how it could be improved. It was anticipated that this simple evaluation tool would be embedded into The Quays processes to continue internal evaluation of activities once the evaluation is complete. However, these surveys were not distributed amongst attendees at the courses, training and programmes because of time and opportunity limitations during activities. Therefore, information regarding satisfaction with The Quays activities and programmes amongst attendees cannot be reported on.

**2.2 Impact of The Quays on Service Users**

**Case Study Interviews**

Semi-structured interviews were conducted with participants who attended or volunteered at The Quays between March 2012 and January 2013. The Quays project administrator assisted in the recruitment and selection of case study interviews (no exclusion criteria) by providing participant information sheets to prospective participants, and subsequently organising interviews with those that agreed to take part in an initial interview. During the initial interview participants were asked if they would be happy to take part in a follow up interviews at a later date. All interviews were conducted in a private room at The Quays headquarters and lasted between twenty and forty minutes. Written consent to participate in the research and to audio record the interview was obtained from the participants. The interviews were transcribed verbatim and thematically analysed.
It was originally planned to follow at least ten people through their time at The Quays using two or three interviews at regular intervals over approximately nine months. Five participants were interviewed at least twice and three participants took part in an initial interview, but could not be contacted for follow-up. One-off retrospective interviews were also conducted with nine participants in October 2012 to increase sample size. The interviews aimed to explore awareness of The Quays prior to attending the project; general thoughts on their experience of the project; the benefits and disadvantages of the project; if the project had affected their quality of life, relationships and health; and suggestions for how the project could be improved. Repeated interviews with five case studies allowed the exploration of the impact of and experience with The Quays over time.

**Quality of Life Surveys**
A quality of life (QoL) survey aimed to 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 Organisation Quality of Life-brief (WHOQoL-brief) questionnaire (World Health Organisation, 2004) and selected domains from the client evaluation of self and treatment (CEST) questionnaire (Simpson, et al., 1997). The WHOQoL-brief 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-brief. The chosen domains from CEST were treatment needs, self-efficacy, social consciousness and social support. The survey also included a question around the use of local services (e.g. GP, walk-in centre, accident and emergency departments) in the last month and demographic questions (e.g. gender and age). Please see interim report for a copy of the survey (Eckley, Smith and Hughes, 2012).

The QoL surveys were distributed by The Quays mentors/buddies to service users who were happy to take part whilst the service users’ one-to-one interviews were conducted. All participants were issued with an information sheet and asked to give consent on the questionnaire to indicate they understood what they were being asked to take part in.

**Progress Evaluation Tools**
The Quays had access to three progress evaluation tools, which were provided by the evaluation team and could be utilised to track changes in treatment readiness (willingness to undertake treatment), important qualities of everyday functioning and self-perception of progress on the recovery journey. The three tools were the Readiness Ruler (appendix 1; Heather, et al., 2008), Outcomes Star (appendix 2; Triangle Consulting, et al., 2005) and the Evaluation Tree (appendix 3; 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 self-selecting a rate on a 1-10 scale for aspects such as mental health, physical health and relationships. Service users accessing The Quays were free to choose which tools, if any, they would like to complete and filled them out in any way they pleased. The evaluation team, with the help of The Quays administrator, collected copies of completed tools in November 2012. The tools were analysed descriptively and thematically.

**2.3 Wider Impacts and Perceptions of The Quays**

**Carers, Families and Friends**
The Quays engages with and supports friends, family members and carers of those affected by substance use in a group called ‘CAFF’ (Carers, Families and Friends). A focus group was conducted to explore: experiences of significant others/carers of people with substance use problems; perceptions of The Quays as a service; if the project has affected them and
their relationship; and their views on peer support in general. The number of people included within this focus group was not prescribed, but instead dependent upon numbers of CAFF members willing to participate at the time. The founder of the CAFF group was approached by the research team and invited to take part in the evaluation, and also asked to inform members of CAFF about the purposes of the focus group and to provide them with participant information sheets a week in advance. All focus group participants provided written consent to take part and agreed to the session being audio recorded. The focus group took place in a small business unit where CAFF hold their weekly meetings, located separately from the Quays, at the end of one of the weekly meetings. The focus group was facilitated by two members of the research team and lasted approximately one hour. The focus group was transcribed in note format and thematically analysed.

**Wider Perceptions of the Recovery Community**

Attendees at two key events were surveyed to determine perceptions of The Quays amongst the wider recovery community. These two events included:

**The Quays Open Day**

Three members of the evaluation team attended an open day in June 2012, hosted by The Quays to survey attendees and explore their perceptions of The Quays. This event provided opportunity for The Quays to showcase their service amongst the local recovery community and agencies, and promote the various activities they offer.

During the event, members of the evaluation team approached potential participants at random, introduced themselves and briefly explained the evaluation before inviting them to take part in a short survey. The survey contained a mixture of closed and open-ended questions that were developed to gain an insight into the perception of The Quays: how they heard about The Quays, what they thought The Quays offered as well as how they thought the open day had gone. Participants had the option to either filling out the survey at the time, or to return their responses at a later date using a pre-paid envelope. Responses were descriptively analysed.

**Wirral Recovery Convention**

A survey was undertaken by the evaluation team with a selection of attendees at the December 2012 Wirral Wellbeing and Recovery Convention. This convention was a public event organised by Wirral DAAT to provide information about local services and opportunities that promote health and wellbeing in recovery.

Three members of the evaluation team attended the 2012 event, and approached potential participants during breaks around the venue and at The Quays information stand. Researchers introduced themselves to potential participants and briefly explained the evaluation, before inviting them to take part in the survey. Participants could complete the surveys individually, in pairs, or in groups if preferred. Survey responses were analysed thematically.

**Perceptions of Wirral drug and alcohol service providers**

To further explore perceptions and awareness of The Quays, semi-structured interviews were held with providers of drug and alcohol services across Wirral. The manager of the Wirral DAAT service provided the research team with names and contact details of service providers. The research team then made initial contact via email, to provide details of the evaluation, along with a participant information sheet.

Interviews were undertaken via telephone, lasting between twenty and forty minutes, and were recorded in note format. Verbal consent was gathered from each participant prior to commencement of each interview. Interviews explored service provider general perceptions of The Quays, and recovery, as well as the potential impact The Quays might have had on
other services, treatment and the recovery community. Interview notes were analysed thematically.
3. Findings

3.1 Process Evaluation

3.1.1 Management Committee Meetings Observations

During the project development stages, management committee meetings at The Quays were used to establish a core management committee, and to develop project values, aspirations and goals. All members had input into the wording of the mission statement, the key project values, and project purpose. A flyer containing this information was produced, along with contact details, for project promotion and to inform the reader of the ethos of The Quays. A weekly activities timetable is placed around The Quays building, to inform members of activities taking place.

The management committee held monthly meetings; although initially there were problems in trying to arrive at a convenient day and time for all members. Since approximately July 2012 the meeting date was established as the first Tuesday of each month. The date of the next meeting was always announced at the end of each meeting. The meetings were chaired by an elected management committee member who discussed each point on the agenda whilst one of The Quays volunteers took written minutes of the meeting. The minutes were disseminated to all members of the management committee and the evaluation team within a few weeks of the meeting.

The observation notes and minutes of the management team meetings were analysed and categorised into three themes: structure, roles and project updates.

Structure
Initial observations of management committee meetings during the project development stages suggested that a clear structure and administration of meetings had been difficult to achieve, possibly through inconsistency in membership, general attendance, and the informal nature of the meetings. During the summer months (July – September 2012) the meeting agenda tended to be distributed to attendees a week before, and minutes of the meeting disseminated a week or two after the meeting had taken place. However during latter months of the evaluation (September – November 2012) meeting agendas were distributed just before the meetings took place and minutes from the meetings were subsequently disseminated by email a few weeks later and, in one case, over a month after the meetings took place.

Meeting minutes were not available between July 2011 and January 2012 and so it was not possible to draw reflections on processes during this time. It is uncertain if the lack of minutes was because there were no meetings held or because minutes were not taken. During the project development stages, the development and circulation of policies and protocols for the day-to-day running of The Quays were mentioned in meeting minutes, but it is not clear whether these are still in place.

The meeting agenda aimed to cover new developments within The Quays since the previous meeting regarding training courses, volunteers, project and finance updates. These meetings were highlighted by one management committee member as being the only opportunity for members of The Quays to be informed about things happening currently and in the future.

The evaluation team observed that the meeting agenda was not always adhered to and that items on the agenda were often overlooked. On occasion, members had not made preparations to discuss a particular agenda item and so the item was left out. The evaluation team also observed instances where large amounts of the meeting were spent discussing
points not on the agenda and digressing from original topics. It was also noted that actions or solutions to problems were rarely agreed upon. Actions from previous meetings were not discussed at the beginning of meetings, so it was unclear whether actions from previous meetings had been efficiently dealt with.

Meeting observations highlighted a lack of consistent attendance and a regular turnover of members. Approximately six people attended on a regular basis, one of whom was the chairperson. These members have tended to be the main contributors to discussions held regarding items on the agenda and regularly suggested ways to steer The Quays forward overcoming any issues that arose, such as increasing attendance in a particular group. Generally meeting observations highlighted that discussions were open and direct, with a lot of passion from the regular attendees.

Observations found that meetings often started approximately fifteen minutes later than the time stated on the agenda, and the chairperson was often not present to start the meetings at the correct time. During a meeting held in September 2012, the chairperson stated that it was important that meetings started on time and this small change subsequently helped to improve the structure of the meetings. The chairperson also highlighted the need for The Quays to hold an annual general meeting to help them implement policy and procedures like other services currently available, which would build their professional portfolio. During the October 2012 meeting, a member of Advocacy in Wirral advised The Quays that they would be more than welcome to review Advocacy’s policies and procedures on annual general meetings as well as their policies and procedures more generally to be able to implement this at The Quays.

The Quays aims to be self-sufficient beyond their current funding, and it was suggested by a senior member of Wirral DAAT that finance meetings be held fortnightly to identify and monitor finances, and to use these figures to help assist applications for further funding in the future. However, since this was initially raised at the meeting in August 2012 there was little mention of this in subsequent meetings and so it is unclear whether this has been implemented. Management committee members have raised questions during meetings about how to write funding bids and have discussed ways in which The Quays could become sustainable once the current funding has ended.

In the September 2012 meeting, the DAAT member of staff also highlighted that The Quays needs to be able to promote itself more in order to create awareness and encourage more service users to come to The Quays, such as through a newsletter or by visiting other substance misuse services. This was followed up in the subsequent meeting (October 2012) by a member of the management committee who had made contact with some services with a view to attending these to raise awareness of The Quays, and to learn how the organisations are structured and delivered and what they provide. This was not discussed in the November meeting and it is unclear whether this was implemented.

Roles

During the project development stages of The Quays, members were unsure of the project objectives; however, more recent meetings have shown that members have developed a clear sense of the project purpose. Observations of management committee meetings between February and July 2012 demonstrated that there was some lack of clarity amongst the members regarding their roles and responsibilities, and the pace at which some of the programmes or initiatives were progressing. There appeared to be no hierarchy and all members had equal input into the meetings, although a chairperson was present each time who aimed to keep the meetings focussed.
There was an attempt during the early stages of the project to have sub-groups within the management committee, with each sub-group having responsibility over a particular area, such as ‘buildings and maintenance’, ‘business development’ ‘office logistics’ and ‘ethics’. It was anticipated that these sub-groups would then provide a progress update at the monthly meetings. However, despite recognition of the need for this structure, the sub-groups are yet to be implemented. There was one member of the committee who expressed a desire to create the sub-group role of ‘business development’ due to his previous career background, however, shortly afterwards this person was successful in securing full-time paid employment elsewhere. Subsequently, during the next meeting (September 2012) a management committee member stated that the sub-group idea was still sought after and asked for interested volunteers to contact her; this request was reiterated in the October 2012 meeting.

**Project Updates**

During each management committee meeting, project or programme updates were provided by each project leader, covering progress and challenges. These updates also provided an opportunity for members of the management committee to provide feedback on how to overcome any issues. For example, often, other members would offer practical support, such as helping to promote a project with flyers themselves or liaising with other services in arranging meetings to help promote The Quays.

Issues regarding the communication of project successes, and concerns between project members within The Quays, have continued throughout despite being raised at meetings. Some members of the management committee felt that good attendance at a particular project group should be shared so other members could learn to implement similar practices, and subsequently increase attendance in their own group. Researcher observations have also found that there was not always a representative present from each project or programme at the meetings, and there was often uncertainty regarding what each project update should include.

### 3.1.2 Analysis of Personal Development Plans

The evaluation team collected data from PDP forms that had been completed by 94 individuals over the year since the launch of the project (December 2011 to November 2012). Data indicated that of the 94 people who completed the forms, just over half (52%, n=49) were male and 12% (n=11) were female; 34 (36%) of the forms had not recorded details about gender. Individuals were also asked to indicate which age category they fell into, but 34% (n=32) left this blank. Instead an estimated age was calculated by subtracting the date of birth (84 out of 94 gave date of birth) from the date of data collection; the average age was 40 years.

Data regarding ethnicity was available for approximately two-thirds of members (66%, n=62); of these, all were White British. Eighty-eight per cent (n=83) of the forms had postcodes recorded, with the most frequent (40%, n=33) postcodes being CH42 and CH43 (Bidston, Birkenhead, Oxton, Prenton, and Rock Ferry). Further information regarding member’s personal details, for example full address and contact details, were fully completed in the majority of forms (84%, n=79), 12% were partially completed (n=11) and 4% (n=4) had not recorded information in this section at all.

The majority (84%, n=79) of the PDP forms recorded the name of the service or agency the member had been referred from, the most common were Arch/Archway (30%), Cheshire and Wirral Partnership (CWP) (22%) and self-referrals (8%).

The PDP forms are designed to capture data on service user interests with regards to what activities and courses they would like to become involved in whilst attending The Quays; this information was recorded in 82% (n=77) of the forms. The PDP forms also provide a section...
to record service user actions, including completed and potential activities and courses. Sixty-five per cent (n=61) had fully or partially completed this section, recording activities and courses that had been undertaken by members, with the large majority of forms including dates when these courses and activities had been completed, and potential dates for future activities. Thirty-five per cent (n=33) of service users had misinterpreted the purpose of the service user actions sections, and had used this section for personal information about the member such as addiction history or family dynamics. Some service users did not fill out the form with any information regarding the member or course and activity information.

The PDP forms were used by members of The Quays to record actions in different ways; for example some recorded course and activities attended in the designated section, whereas others recorded this information on a piece of paper separate to the PDP form. Some members used the form to record timelines on how and when members were contacted, and some described how individual members were feeling and where they were on their recovery journey, such as if they were ready to attend a detoxification programme or become abstinent.

The PDP form includes a section at the end to record information regarding whether the member is: recovering from drugs or alcohol; if they are currently using a substance; if they smoke; have a criminal record; have 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 chronic 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.

### 3.1.3 Interviews with Management Committee Members

Semi-structured interviews were conducted with eight members of The Quays Management Committee between February and December 2012. It was anticipated that members would be interviewed twice; once at the beginning of the project, and again further on in the evaluation. Of the eight participants, five were involved in the baseline and follow-up interviews, the three remaining members participated in one interview. The interviews aimed to explore member’s views on the impact of peer support, the development of the project, successes and challenges in the implementation of The Quays, and suggestions for future changes. The interviews also explored whether recommendations produced by the research team during the early stages of the evaluation (July 2012) had been implemented.

Interview transcripts were analysed thematically, which identified six key themes: reasons for becoming involved in the project; unique selling points; impact; aims and aspirations; challenges and barriers; and implementation of recommendations. Here, the findings from initial and follow-up interviews are presented together, with reference to where views had changed since initial interview. Quotes are presented to illustrate the key themes, and are labelled as deriving from either an initial or a follow-up interview.

**Reasons for Becoming Involved in The Quays**

Initial motives for being involved in the project according to management committee members included the desire to help people, to be given responsibility, and to achieve personal goals such as gaining work experience, with the ultimate aim of attaining paid employment, and undertaking social activities.

“I have always volunteered and always found myself in helping roles, just one of life’s natural helpers” (initial)
“It’s nice to think someone will give me a bit of responsibility” (initial)

“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” (initial)

Unique Selling Points of The Quays
Peer led service
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 minimal assistance from professionals. Initial and follow-up interviewees stated that the project was shaped by service user experience alongside a desire to highlight gaps that were present in each of their personal recovery journeys. It was felt that this would help other service users’ move successfully through their journey and provide a ‘recovery community’.

“When you’re dealing on a one-to-one basis with somebody and you’ve been through that journey yourself, when that individual says ‘oh it’s alright for you, you don’t have to live my life’…well actually, I did live your life, I was just like you three years ago, and now look” (follow-up)

“What better way to sell something to someone than someone who’s already been through it” (follow-up)

“I’m sat in the room thinking ‘yeah I did that, I did that’, the weight that gets lifted off your shoulders when you realise you are not alone, is the best feeling I’ve ever had it really was” (follow-up)

“The advantage of somebody that’s experienced, who has walked the walk, they can talk from the heart, and it’s genuine and it’s very often clear that people are doing that and talking from their own experience by the way that they put that across” (follow-up)

“The one thing that does stand out is the fact that they’re happier to open up and speak to the likes of myself, because I’ve been there, done that, they feel like they’re talking to… they’re getting spoken to as a person again” (follow-up)

“You’re actually getting lived experience rather than a book talking at you” (follow-up)

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

“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” (initial)

“Support outside of service hours comes from peers” (follow-up)

The design of The Quays as a peer-led project was seen by interviewees as having several benefits. Not only did peer support offer the advantage of ‘lived experience’, initial interviewees stated that peer support had the benefit of offering equality across everyone accessing The Quays as well as those managing the project. Follow-up interviews found that peer support had the further advantage of potentially inspiring some service users to begin their recovery journey, as well as being able to provide more time for service users when
compared to other services. However, management committee members acknowledged the role and importance of professional help also being needed when dealing with the physical side of addiction.

“You’ve got a bit of a role model, you’ve got a bit of inspiration” (follow-up)

“That is one of the resounding successes…well, I’d say that is the main foundation that the Quays is building its success on, is the fact that it’s a peer led recovery community” (follow-up)

“I mean I recognise and understand the need for treatment services and whatever they do to get you over the initial hurdles, initial problems of the physical addiction” (follow-up)

“But I do think you need that [peer support] alongside professional help as well” (follow-up)

**Befriending**
The befriending scheme was developed by The Quays Management Committee in conjunction with Advocacy in Wirral, with The Quays providing in-house training for volunteers looking to become befrienders. Befriending was highlighted in both initial and follow-up interviews as a unique selling point of The Quays. Initial and follow-up interviewees stated that going to medical or Job Centre appointments was a daunting experience for service users and often they did not attend. Befrienders encourage their peers and help them to attend their appointment by going along with them. The interviewees believed that befriending is not offered by any other drug and alcohol service in Wirral, therefore The Quays would 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” (initial)

“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” (initial)

“The feedback we are getting back from our clients who are supported is phenomenal, they say ‘thank you ever so much for what you did, and how you did it, I couldn’t have done it without you” (follow-up)

“I think it will be a fantastic service, I mean there has been a real big gap there, a real big need for it, and it’s been tremendously successful” (follow-up)

“I think it’s vitally important peer–to-peer support” (follow-up)

However, some management committee members described how sometimes there were either too many befrienders being trained with not enough tasks for them to do, or volunteers were receiving the training and not actively being involved in the befriending. Despite these issues, follow-up interviewees stated there is currently a good solid team of befrienders.

“I believe there has been about thirty-odd of those people who have been trained, and more happening within the new year, but unfortunately, as is the case with a lot of things, you get thirty people taking it up but you don’t get thirty
people actively involved in it because that’s the way the world works, you only get a certain amount that you can build on” (follow-up)

“I mean, there’s a member of our group, Inner Action, and he used to sit on reception on Wednesday mornings and then we’d meet in the afternoons, and came one day and he found someone sat at reception, and err…you know he just felt…and there was nothing, he was given nothing else to do and he felt really miffed, and I would be you know” (follow-up)

“We have got a small tight team at the moment, we have an excellent team” (follow-up)

No time constraints
Initial and follow-up interviewees described how treatment services in Wirral stipulated whether or not people could access their services, depending on where they were on their recovery journey (if they were abstinent or misusing substances, for example), and that some services had a finite time limit for engagement. The interviewees highlighted that, in contrast, The Quays offers an open-ended supportive environment that has no restrictions for people accessing the service. Participants described how 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. Interviewees however did state that there is still a need for other services and that The Quays are there to supplement existing services rather than to compete.

“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” (initial)

“If you come here and you’re looking for help or you want to get involved then the door’s 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” (initial)

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

“Anything that is currently in place is there for a reason and needs to be there, needs to continue to be there, we are a supplement to that, we’re an addition, a support, because a lot of these other places can only hold on to clients for a finite period, they can only keep them for six months” (follow-up)

“I think the main thing, difference, is with other services, you’re limited to six months to twelve; a set time for recovery, we, with us being through recovery ourselves, we understand there is no set time to recovery, so I think the big plus for this place is we will be non-restrictive on time scale” (follow-up)

However, during a follow-up interview, one management committee member suggested that The Quays at present is more suitable for people who are quite far into their recovery journey rather than at the onset.

“It’s the people who have kind of been on treatment for a long time and have kind of got into a routine” (follow-up)
Impact of The Quays

Initial and follow-up interviews with management committee members highlighted how The Quays can offer an element of support beyond that based around abstinence or substance use reduction. Interviewees described being in recovery as more than just dealing with an addiction; for example, they described that they felt recovery is a journey, one of moving forward, and that The Quays provided personalised assistance to maintain that journey. All interviewees mentioned that The Quays can provide both practical and emotional wellbeing for carrying out daily activities, building a structure and purpose and integrating back into society.

The initial 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 peers was seen as a key benefit for staying in recovery.

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

“To me it’s about living day today 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” (initial)

“It’s just being able to get on with life and deal with life and not hideaway” (initial)

“[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” (initial)

“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” (initial)

Initial and follow-up interviewees felt that The Quays provided people in recovery with the opportunity to engage with their peers and to be encouraged, to build social connections, receive qualifications to enhance employment and improve health prospects.

“It’s [networking capabilities] coming on well actually, I’ve now got the confidence to be able to ring multiple agencies up and bring them together” (follow-up)

 “[networking capabilities] Pfft! Massively! It’s opened the doors really, you know whether it’s services, whether it’s other service users, erm…commissioners, you know, the transition to public health, that’s starting to gather momentum so yeah it’s definitely a massive opportunity to network, massive opportunity” (follow-up)

“So yeah, so I mean you can come to try and get a job or training…education, that’s the main area” (follow-up)

“For me personally, it’s…the experience I’m gaining here, you couldn’t buy it. You couldn’t buy it anywhere” (follow-up)

“A number individuals being shortlisted and nominated for volunteer of the year, and also I suppose the successful awards that have gone to the likes of X, X and X, for their contributions and on going contributions to recovery” (follow-up)
“X is a classic example, he came in, he was afraid of his own shadow let alone sort of being able to interact with people and, you know, to see him come to where he is now…the project is obviously having an impact on those on a personal level for those that are coming through the door and using the service” (follow-up)

Aims and Aspirations of The Quays
Members of the management committee were asked if they thought The Quays’ aims and aspirations had changed at all since the beginning of the project. Some members stated that they had remained the same, whilst others stated they had changed and achieved more than it had originally set out to. One member suggested that although the aims and aspirations had not changed, The Quays had not achieved as much as it should have in the period since it had been established.

“I think the initial mission statement, aims, objectives and all that; they’re still being adhered to” (follow-up)

“I do think we’ve achieved more than we actually planned at this time last year, things keep going in different directions” (follow-up)

“It’s certainly keeping with what we originally set out” (follow-up)

Challenges and Barriers
Awareness
The perception that The Quays was just another treatment centre duplicating services, and thus a potential source of competition, was a barrier that the management committee members identified in both initial and follow-up interviews. Management committee members saw 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 rather than a competitor. However, initial and follow-up interviewees believed that referrals from mainstream services to The Quays were increasing, suggesting that these organisations were starting to view The Quays more as a resource or to 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 on offer they are like you know, we got a sense they started panicking, duplicating services and that. But now they are starting to understand that we are not threat” (initial)

“I think we’re actually being recognised now, people [services/organisations] are sending people down [to The Quays]” (initial)

“I think there was a lot of…probably a lot of debate about what it’s all about and people are saying you’re only doing what other people have done; we’re trying to make it clear that we’re not here to replace anything” (follow-up)

“There was an element of mistrust, in what we were all about at the start” (follow-up)

Moreover, some initial interviewees described how The Quays worked with agencies not directly involved in substance use treatment, including Community Voluntary Sector, the lifelong learning sector and conservation at Birkenhead Park. In doing this, The Quays aimed 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” (initial)

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

“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” (initial)

Commitment
Initial and follow-up interviewees raised the issue of inconsistent commitment from some management committee members in relation to management meetings and that this was a barrier to the development of The Quays. Initial interviews highlighted that internal politics and different opinions could also hinder project development. However, some interviewees recognised that each person brought a different strength to the team and that compromises had to be made in order to move forward. One interviewee highlighted that getting the right people involved in the management committee was a key aspect for developing the project.

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

“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” (initial)

During the evaluation, a new chairperson took over after the first gained paid employment. They admitted the role was new to them, and this may have affected the running of the Quays.

“So I was asked to step up a lot more, but I’ve been stepping up blindly” (follow-up)

Follow-up interviews with management committee members revealed commitment issues with volunteers regarding their attendance. Interviewees stated that due to the nature of volunteering it was sometimes difficult to secure volunteer attendance at meetings and events. Commitment to The Quays management committee meetings and events were also affected when volunteers successfully secured employment and subsequently left The Quays. Furthermore, interviewees stated that due to volunteers being on their own recovery journey, sometimes this hindered their ability to attend The Quays.

“It’s keeping hold of those individuals” (follow-up)

“It’s still a very, very big learning curve. It’s not professionals, it’s not, you know, paid people coming in” (follow-up)

“If somebody is being paid you know they’re gonna be here, volunteers there’s no guarantee, they don’t have to be here, they’re giving up their time freely and willingly” (follow-up)

“It’s always difficult when you’re dealing with people who are volunteering because they’re giving up their own free time and they’re not bound by a contract of employment and you’ve got to be here from nine till five, and that’s what you do, and they’re doing that out of the goodness of their heart, and if they decide they don’t want to come one day they don’t come one day” (follow-up)
“I suppose as a volunteer project, it’s to be expected. You know we lost X to employment, myself to employment, another one X to employment, which OK it is a loss, but ultimately that’s what the project’s about to get people back into work. But you know it’s a difficult balance because when you’ve got people in key roles like myself, X as vice chair, you’ve got two major key players there in such strategic positions to push the project forward when they’re taken out the loop the rest have to take up the strain” (follow-up)

“The biggest challenge we’ve had actually with the volunteer base, is trying to get some admin staff sorted and that sort of thing, because what they’re...what you have to understand as well there’s so many different stages of your recovery and...that’s one of the challenges, to actually...having full volunteer staff” (follow-up)

“I mean there’s a member of our group, Inner Action, and he used to sit on reception on Wednesday mornings and then we’d meet in the afternoons, and came one day and he found someone sat at reception, and er...you know he just felt...and there was nothing, he was given nothing else to do and he felt really miffed, and I would be you know” (follow-up)

Financial Challenges
Initial and follow-up interviewees expressed concern regarding the future sustainability of The Quays beyond the initial financial investment from Wirral DAAT.

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

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

Follow-up interviewees in particular were worried that The Quays should be further on in their funding ability to successfully write funding bids to secure the future of The Quays, as well as having a bank account.

“Things are moving forward but certainly not as far as it should be at two years into the funding” (follow-up)

“Yeah, I suppose what worries me a bit, is coming the end of funding, in a year’s time, we need to be up and running with our own funding streams before that happens” (follow-up)

“I mean this is a personal perspective; maybe it’s evolved but certainly not at the pace that I would have been expecting at this time in our funding provision, we should already be looking at additional funding streams, commissioning of services and you know” (follow up)

“Well first, open a bank account, get that…and that would get things moving on the finance side” (follow-up)

Some of the follow-up management committee interviewees stated that they thought The Quays was sometimes taken advantage of when it came to holding training courses for external companies. The Quays do not charge companies to hold their training courses on their premises; some participants suggested that this could potentially generate them some funding.
“There’s a little bit of other agencies using the place as a kind of free or cheap place to get a room to provide their training” (follow-up)

Communication
Follow-up interviews highlighted that some management committee members were dissatisfied with the lack of communication concerning what was happening on a daily basis at The Quays with regards to activities, projects and courses running.

“You know there is no communication between groups and The Quays day-to-day running of the place” (follow-up)

In an attempt to overcome these communication issues, one interviewee suggested a membership process to help to communicate to people at The Quays who the new starters were and their individual strengths as well as introducing the new member to The Quays appropriately.

“Some kind of membership or identification process, so everyone knew who everyone else was, what they did, why they did it” (follow-up)

Role change
Initial interviewees felt that they 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. 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 had been good for their self-esteem.

During some of the initial 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” (initial)

“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” (initial)

“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” (initial)
“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 side’s really good” (initial)

“Yes we’re starting to get a lot of referrals through but we can’t use the words referrals or clients so we say navigate” (initial)

Implementation of Recommendations

In July 2012, an interim report was produced that outlined early-stage findings from the evaluation of The Quays (Eckley et al., 2012). This report included six recommendations that the evaluation team felt would help the project to progress and fill gaps in project delivery, to be considered for implementation by the management committee. The follow-up interviews elicited information regarding whether these recommendations had been implemented.

Recommendation 1: Formalise the structure and function of the management committee and its meetings whilst maintaining the informal and open delivery of the project

Some follow-up management committee members stated that the structure of the management committee meetings had improved but there was still room for improvement. One follow-up interviewee stated that attendance by other members had decreased and not much was being achieved at the meetings, but they perceived that this had been overcome recently. Furthermore, an additional management committee member stated that initial meetings had strict criteria which the interviewee viewed as positive but this had also been lacking in recent months. One member stated that it was a joint responsibility to structure and formalise the management committee meetings, but that it tended to be left to certain individuals.

“That is still a working progress shall we say” (follow-up)

“Yeah we’ve certainly done that but I still think there’s a massive room for improvement” (follow-up)

“I mean it changes lot, and there were, initially, strict criteria back when we set up the management team…now, it’s different every time” (follow-up)

“It is starting to strengthen again, because the attendance dropped right off, there was not a great deal getting done with it, it was just more like a little talking shop structure is getting back in there now” (follow-up)

However, one member highlighted that members of the management committee have not all had experience of this type of protocol before and so it is new to them and they are learning.

“But these are people who are not...some people come off the streets and have never worked before...but they slowly but surely got their act together with our help” (follow-up)

Recommendation 2: Strengthen internal relationship and communication

Some follow-up interviewees stated that they thought there was little or no communication with Wirral DAAT and although initially there was limited communication with Advocacy in Wirral this had begun to improve. One interviewee had recently secured paid, part-time employment as the link between Advocacy in Wirral and The Quays, and stated that they hoped this would improve relationships and communication internally. This member stated that The Quays had also adopted Advocacy’s policies and procedures rather than constructing their own.
“That’s certainly a working progress and it’s certainly a million miles further down the road than it was twelve months ago” (follow-up)

“I used to say ‘look I’m not here to work against you; I’m here to make your life easier’ because I know these people down there, and if you’ve got anything you need sorting out, ask me and I’m the buffer to do all that, and certainly over the last few months x has come to me saying can you do this, can you do that…so yeah they’ve got a lot better” (follow-up)

“Advocacy…they’re still around, they’ve kind of all merged in with The Quays…and what we mentioned has been taking place in the sense of guidance and they’ve been really good” (follow-up)

“I think relationships with them [Advocacy in Wirral] is much better…so I think it’s going to work well” (follow-up)

**Recommendation 3: Develop a ‘how to find us’ flyer**

It was evident from interviews with management committee members that a flyer containing location details of The Quays had not yet been constructed, but reasons for this were not provided. One member suggested that The Quays art class could design the flyer.

**Recommendation 4: Use an electronic database to manage and store PDP forms and action plans**

Follow-up management committee interviewees stated that a database to manage and store PDP forms had been designed and partially implemented; they hoped this would be finished and in full use in early 2013. One management committee member stated that he thought it might have been better to purchase an already available package.

**Recommendation 5: The management committee should continue to think of ways to increase awareness of The Quays amongst local services and agencies and the wider public**

Follow-up interviewees highlighted how word-of-mouth had been popular in promoting The Quays and increasing awareness amongst other Wirral treatment services. Management committee members described how The Quays was naturally evolving as other Wirral services became aware of them, seeing them as a resource, and referred service users to them. One interviewee stated that this recommendation was not achieving its full potential due to a lack of resources such as confident public speakers. Some interviewees described how they had visited local services, completed leaflet drops with local GPs and had made links with a local community police officer who they were planning on providing information about The Quays to.

“There’s an awful lot of word of mouth” (follow-up)

“I think agencies are becoming aware of us and as I mentioned some of them may see us as a resource” (follow-up)

“I think it floundered a little bit…just don’t think we have the resource for people to go out” (follow-up)

“It’s one of those, not everyone is confident in doing public speaking, so just key individuals and usually myself that gets lumbered with quite a lot of that. But that’s certainly again a work in progress…but we are looking to address that” (follow-up)

“There was an element of mistrust, in what we were all about at the start” (follow-up)
“I think there was a lot of...probably a lot of debate about what it’s all about and people are saying you’re only doing what other people have done; we’re trying to make it clear that we’re not here to replace anything” (follow-up)

Recommendation 6: The management committee should think of ways to improve the monitoring and recording of numbers and outcomes at each level in The Quays

Management committee members described that a database for the collection of monitoring data was yet to be implemented due to a lack of resources. However, a member from Advocacy in Wirral stated that they were able to provide resource support.

“And the person to do that for them is sat up there, because he does it (Advocacy’s data monitoring person) all for Advocacy, is X, ’cos I don’t know if they have done it” (follow-up)

Interviewees recognised the importance of collecting monitoring data, and described particular concerns regarding the sustainability of The Quays in the future if these data were not present when applying for funding bids.

“I mean we do have IT literate people here, but we should have a data management committee really” (follow-up)

“I think that’s probably the most important thing they’ve gotta do, is demonstrate what’s going on in here and how many people are taking advantage of it...because apart from the befriending I don’t know what else they have done” (follow-up)

At the time of the follow-up interviews, a member of the management committee who recently re-joined The Quays had constructed an electronic database to record daily, weekly and monthly attendance at The Quays, along with referral information, and reasons people gave for their visit such as meetings, courses, clubs, and volunteering opportunities. This management committee member also hoped to monitor and record expense data. However, this member suggested in hindsight that it may have been easier to buy a package and to have implemented it earlier on in the project. An additional member stated that it may be beneficial to have a sub-group with the specific purpose of managing the organisation and collection of monitoring data.

“I mean that’s what X is having a go at the minute. So, it’s on development as you say....but....well there has been some movement on that” (follow-up)

“I mean it’s a great idea because it’s managed to capture all the activity that’s going on in the community, and that’s a really important thing, and maybe some days that isn’t high enough on the priorities list of the admin team, who are more concerned with day to day running” (follow-up)

3.2 The impact of The Quays on service users

3.2.1 Case Study Interviews
Semi-structured interviews were conducted with participants who attended or volunteered at The Quays between March 2012 and January 2013. The interviews aimed to explore: awareness of The Quays prior to attending the project; general thoughts on their experience of the project; the benefits and disadvantages of the project; whether the project had affected their quality of life, relationships and health; and suggestions for how the project could be improved.
The interview transcripts from 17 case studies (five repeated case studies, three where initial interviews were undertaken and nine retrospective interviews) were analysed thematically identifying seven themes: the meaning of recovery; aims and goals of The Quays; attractiveness of The Quays; peer support; experience at The Quays; impacts and benefits of The Quays; and suggestions for improvements. In addition, the journeys of the five case studies that were interviewed more than once were analysed separately to demonstrate impact of the project over time.

**The Meaning of Recovery**

The interview participants were asked how they would define recovery or what recovery meant to them. Some interviewees believed that recovery must begin with willingness and a want to overcome an addiction: they felt that this was an important first step. A few recognised that recovery was an individual process, everyone’s journey is unique. However, for some of the participants, the journey of recovery is a lifelong commitment and they believed that they would always be in recovery. This meant that they might need on going support or the encouragement to re-engage with services and treatment should they relapse because many people can go through several cycles of substance use, reducing, abstinence and relapses before fully overcoming their addiction. One interviewee perceived that re-engagement was against the ethos of modern treatment services, and that it contradicted the process of recovery.

“You’ve got to have willingness; I mean that has got to be a want, a want to recover first and foremost” (follow-up case study)

“Your recovery is personal to you, individual to you” (retrospective case study)

“To me to be honest with you I think once you’ve been there, you’re always recovering” (case study with initial interview only)

“Often people go through the cycle six, seven, ten times or more over many years, decades in some cases before they might actually then achieve recovery. So in that journey, they need support and they shouldn’t be stigmatised if they fail…they’re not really encouraged to re-engage, and with the nature of addiction, I think you know, I don’t think that’s right really” (retrospective case study)

The majority of participants believed that isolation was common amongst substance users and mentioned that they themselves used to stay indoors for long periods of time, during which they would often dwell on negative thoughts or become unproductive. Therefore, the participants felt that avoiding isolation, taking part in social activities and re-integrating with friends and family was important for recovery. The need to regain confidence and self-esteem was also mentioned by some interviewees, they explained that these traits tend to be suppressed during substance use.

“I see recovery as just a very gradual way of getting back into society to stop you being so isolated” (follow-up case study)

“Severe isolation comes with being an addict or an alcoholic…It’s [recovery] about opening up them connections again” (case study with initial interview only)

“I think you lose confidence because a lot of time I think alcohol becomes a crutch so I think your confidence is at a low ebb” (case study with initial interview only)

Another aspect that was believed to be important for recovery by the interviewees was having control over their addiction and their lives. One interviewee also described recovery...
as the ability to accept that you have certain flaws, but knowing that you have to make some changes to your lifestyle. Almost all participants felt that recovery was working towards becoming a useful member of society again, with some believing that they were rebuilding their lives. Becoming “normal” was a common statement.

“It’s you having control over your addiction” (retrospective case study)

“You still get the same shit days and you still get the same hassles in life but you’re much, much better able to control it and to actually take control and empower your own life” (case study with initial interview only)

“I think for me it was about me finding me and getting comfortable with me. Comfortable with my flaws because we all have them and not trying to be this perfect drug-free person and not using a substance to function every day. Being happy and content with me” (follow-up case study)

“Rebuilding your life, well for me like I didn’t even have a life so rebuilding something totally new” (case study with initial interview only)

“I think recovery is about getting back to normal” (retrospective case study)

The subject of abstinence tended to divide the interviewees. Whilst many believed that it was vital for themselves and for others to remain abstinent in recovery, some felt that just reducing or having manageable substance use was possible (typically for alcohol rather than drugs). However, it was important to have the ability to stop it turning problematic again.

“Recovery is staying clean” (case study with initial interview only)

“I don’t think you have to be abstinent necessarily…the majority probably lapse every now and then as long as you don’t bloody give up” (follow-up case study)

**Aims and Goals of The Quays**

Most participants seemed to be unclear or very succinct when describing the aims and goals of the project, providing short answers with one or two of the following: central hub or one-stop-shop for services/activities; a signposting or information service; provide help and support; run by volunteers or service users; a community. Some of the participants openly admitted to being uncertain about the project’s aims. Whilst we cannot be certain as to why this is the case for the interview participants, analysing all of the interviews together may provide some insight: 1. Lack of information at their initial contact (many of the interviewees could not recall what information they received); 2. Each person had their own interpretation or perception of what The Quays was (everyone can use the project as they see fit for their own purpose); and 3. An inability to actually recall the aims or describe the project on the spot or under pressure. However, by the October/November 2012 interviews the participants were better able to describe what activities and training or educational courses were on offer at The Quays.

“It’s a community sort of development; it’s just basically about helping people isn’t it” (case study with initial interview only)

“Supporting people in their recovery and supporting them to get training, and building up a productive life, that’s one of the basic aims” (retrospective case study)

“Yeah trying to build up a network under one roof” (retrospective case study)
“Most people that you talk to are not clear about what The Quays actually is, what its aims are and to be even volunteering here sometimes it can be a little bit diluted sometimes what we’re there to achieve because we’re not a treatment service, you know, we are not one thing or the other” (case study with initial interview only)

“No I wouldn’t say it was clear, to be honest I still think it’s a little bit unclear, and I’m still not 100 per cent” (retrospective case study)

There was discrepancy around the target audience of The Quays. Many of the participants perceived that it is an abstinent-based project or that it should be. Although a couple thought that it should cater for anyone at any stage of their recovery, even if they are still using substances as long as they were not ‘chaotic’ (a stage that is used to describe problematic drinking and drug taking). However, it was acknowledged by a few interviewees that this could be difficult to achieve because it could create friction between people or create low morale and possibly encourage others to start using drugs or alcohol again.

“It is abstinence here you know” (follow-up case study)

“It does seem to have gone more towards post treatment, film clubs and stuff, rather than people who are chaotic coming down here and having that engagement, which it should be both ends really” (retrospective case study)

“Obviously people are still coming in when they’re sort of getting, what’s it called, sort of reducing. Not to me personally it doesn’t bother me but I think with some people it could bother” (case study with initial interview only)

“People who are still struggling can often be stigmatised by the people who are coming down who are sort of cleared of the bad element of, you know, so it is difficult to get both things in the one place without that sort of friction” (retrospective case study)

Attractiveness of The Quays
The participants described several reasons for why they thought The Quays was an attractive project for people in recovery to be involved in or how they thought it had added value. All of the interviewees highlighted that the peer support available at The Quays was the biggest attraction; the importance of peer support was discussed at length by many of the participants. A few interviewees mentioned that most services they have attended previously were available only during traditional business hours (Monday to Friday, and 9am to 5pm). In contrast, The Quays is open and offers activities in the evenings and on weekends as well as weekdays. Thus, the option was there to gain support, socialise and take part in an activity at a convenient time for them or when they most needed it. Furthermore, The Quays was viewed as being openly accessible to all for as long as they needed or wanted support, especially for aftercare support.

“Things like the film nights and the music nights on a Friday…stuff to do in the evenings because most services are 9am to 5pm” (follow-up case study)

“It’s a lot more informal and a lot more accessible” (retrospective case study)

The variety of activities on offer at The Quays was viewed as attractive by the participants, such as training, courses, social programmes, and the chance of becoming a mentor or a befriender. A couple of interviewees mentioned that they could also get involved in the running of The Quays which is not possible in the mainstream services. The overall feeling was that the clubs, activities, support and socialising provided by The Quays was good for
maintaining the recovery journey and avoiding isolation, whereas the training and education on offer was attractive for those working towards finding employment. In addition, it was highlighted that those attending The Quays could also be directed towards courses or services that were not offered by the project or delivered on their premises. One participant described this as a holistic approach.

“There’s loads of different groups and that, they’ve got music groups, they’ve got keep fit classes, diet things for your diet and that, peer support groups, mentoring groups” (retrospective case study)

“It is being used more and more to provide training in various element of befriending, mentoring, as well as health and social care which are qualifications that can be recognised, which will help people post recovery, back into work” (retrospective case study)

“If you’re stuck, isolated after treatment, you know you might be able to come to the odd club here” (retrospective case study)

“I just liked what they had on offer and the fact that being down here they can signpost you in whatever direction you would like to go” (follow-up case study)

“It’s just part of the whole approach to recovery being holistic you know with the activities they put on” (retrospective case study)

The interviewees offered a variety of descriptions of the environment and atmosphere at The Quays. They were mainly positive in nature and discussed as either different to the services they have previously attended or as a support to recovery. Common descriptions were:

- The Quays being a welcoming and friendly place.
- The physical set up of the project and the people at The Quays are not intimidating.
- No pressure – you can progress in your recovery at your own pace.
- A couple of participants felt that The Quays was a safe place to attend.

“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” (follow-up case study)

“You are not forced into anything or made to feel that you have to do anything you go at your own pace” (follow-up case study)

“So this is the ideal place to come where I feel safe, comfortable” (follow-up case study)

However, a couple of the participants in the October/November 2012 interviews believed that it might be difficult for new people attending The Quays because there is already an established group of core or regular people, they suggested that newcomers might struggle to feel comfortable in such an environment if they were shy in social situations.

“It’s not particularly cliquey but I think in any environment like this there’s a certain amount of that isn’t there…so, you know, people come into a group and there’s banter and chat going on, people are going to feel out of it” (follow-up case study)
Peer support

All the interview participants believed that peer support provided understanding and empathy, there is equality or a level playing field in which to discuss concerns or voice worries comfortably. Peer support was also believed to be relaxed and informal encouraging people to be themselves and be honest about their feelings. A few participants explained that those affected by substance use and in recovery find it difficult to talk to professionals; they gave some examples for why this might be the case, which included:

- A general mistrust or feeling uncomfortable talking with people in authority or professionals (e.g. key workers, doctors).
- The opinion that professionals only know what they learn at university or read in a book, whereas peers have experiential learning (“been there, done that”).
- The feeling that they are not being judged by someone who is also in recovery.
- Facilitating honesty and a feeling that you can be yourself or not hide behind a persona that is expected. It was noted by a few interviewees that substance users and those in recovery tend to put on a front or an act when speaking to professionals.

“We understand each other, they know what you have gone through because they have been through it themselves and we can do the same because we have been through it” (follow-up case study)

“Here you feel as if everybody is equal which is lovely, it’s quite nice” (follow-up case study)

“I think recovery rubs off on people, it does kind of rub off and they’re likely to listen to people who have been there” (follow-up case study)

“I find it a lot more easy to approach, because I have a problem with authority like” (case study with initial interview only)

“I think people that like read text books and go into mentoring or drug work or summat like that, if they haven’t actually lived it, it’s a bit hard for them to understand what the person’s going through when they’re detoxing or rattling out” (retrospective case study)

“People that have been where I’ve been, you know, understand, easier to talk, don’t try and judge you” (case study with initial interview only)

“That’s why doctors don’t understand sometimes because we will tell them what they want to hear basically” (follow-up case study)

“I think that’s where the strength lies with the whole operation in that it is no pressure on the individual to conform if you like” (case study with initial interview only)

A couple of participants believed that peers provided inspiration from their success stories for others to take example from, acting as positive role models for recovery. Similarly, peer support was described by some interviewees as not only learning from others, but also being able to pass on their experience to those not as far into recovery.

“People down here they inspire me when I see what they’re doing” (follow-up case study)
“In recovery, you can have different courses and different classes, and I’ve done the film night, health and safety courses, and you learn from them, but its learning from other people, like shared experience or you’re learning from people who are further down their recovery than you are…certain problems you’re facing are things they’ve already faced, and overcome. And they can, like, pass stuff to you and say look this is how I handled that, this used to help me with that, and you help each other in that way…that’s priceless that, you can’t get that out of a book. You can only get it somewhere like this, where there is other people, you know, who are in the same boat or who’ve been in the same boat. You can’t get that from anywhere else, and that’s the biggest thing that’s helped me” (retrospective case study)

The interviewees were asked if there were any disadvantages of peer support. Whilst the majority could not think of any, a few described circumstances in which there could be negative aspects. For example, putting yourself in physical danger trying to help others people in a difficult situation; possible gossip from the recovery community surrounding those who have experienced lapses or relapses negatively impacting on self esteem; and those in recovery having their own issues and problems that could cloud their ability to support others or affect other people negatively.

“When I was younger I was self harming and I was very drunk and being told to do certain things and I thought I couldn’t do that,” (case study with initial interview only)

“On the recovery route or journey sometimes when people relapse or lapse you can sort of get the tittle tattle and gossip and stuff and sometimes that can be a bit detrimental” (follow-up case study)

Experience at The Quays
The majority of the participants had taken part in training or courses at The Quays; frequently mentioned were the befriending training, mentor training, health and safety, and the Health and Social Care qualification with Wirral Met College (this is an online course but a tutor regularly visits The Quays to run course information and student help sessions). Only a few of the participants mentioned using the other activities that are run by their peers or local people, although the fitness and wellbeing classes were popular by the October/November 2012 interviews. Nearly all of the interviewees were volunteers at The Quays, some had started off trying out an activity (e.g. music group) or just popped in to see what the project was about and quickly moved into the volunteer role. This was supported by their motivations for becoming involved in The Quays. For almost all of the interviewees gaining experience to enable them to apply for and gain employment was a key factor in becoming a volunteer at The Quays. Another main motivator, mentioned by many of the participants, was the chance to help others. They felt that they had received lots of support along their journey so far and they wanted to ‘give something back’. Providing assistance to others in an area that meant something to them was important for their sense of satisfaction (e.g. substance use or mental health).

“Because I’ve been out of work for some time, I wanted something for myself for my CV” (retrospective case study)

“To go forward and get a proper job, and not be on benefits” (follow-up case study)

“I want to work in the drug and alcohol field” (retrospective case study)

“Things like getting a job and having the extra couple of quid and being able to go on holiday but that’s all still to come, it will come eventually. At the moment I am doing what I can do to get there, you know, I’m progressing” (case study with initial interview only)
“This desire to give something back, and you get the opportunity here to do stuff like that, and on different levels with different things as well” (retrospective case study)

“I would like to go into more giving back really what I’ve been given myself and I find that very satisfying” (follow-up case study)

However, a few of the participants in the early stages of their involvement in The Quays did not believe that their skills or past experiences were being fully utilised. In the initial interviews, around March-July 2012, some volunteers also felt that there was not much for them to do at The Quays. A couple of participants mentioned how they had been proactive in constructing promotional material, but that it was put to one side when they had asked for feedback or felt that their effort was not appreciated. Towards the latter part of the case study data collection (October 2012 to January 2012) the interviewees described how they had more responsibility or had taken on tasks and duties, but there was still the feeling by a couple of interviewees that they still had more to give to their role as a volunteer than it currently allowed.

“Now I am saying I’m ready, you know, you’ve got to use me because I’ve got my counselling level two and I’ve got a lot of people management skills and I want to be of use to somebody. I want to justify my reason for being here” (follow-up case study)

“I wanted to like work my skills that I’ve got. I have done quite a lot of courses and I don’t think they were getting utilised at first and no one asked about my skills to be honest” (follow-up case study)

“I thought there would be more to do for the volunteers. At first when I first come down here it seemed like a couple of people were doing stuff but there was quite a lot of volunteers sitting round doing nothing to be honest and I was one of them and that was a bit disheartening” (follow-up case study)

“I’m finding it quite frustrating…you do get to feel you’re trying to put a lot of effort in and that example I gave you about doing a draft letter and it’s at the bottom of a pile, you do lose your motivation” (retrospective case study)

**Impacts and benefits of The Quays**

The interview participants were asked to explain how The Quays had benefited them in their recovery, if it had affected their quality of life or if there were any wider impacts of the project.

Emotional support was very much the key benefit for all of the interviewees and a couple also mentioned that The Quays had helped them to address mental health issues. Most participants felt that their experience at The Quays had built their confidence and self-esteem. For example, they felt they were more assertive or better able to cope with their duties as a volunteer (such as answering the phone to deal with queries), and some were encouraged to try new things and pursue volunteer or leisure activities outside of The Quays. Almost all participants believed that their role at The Quays had given them a sense of purpose or worthiness, and that they had a daily structure; both of these aspects helped the interviewees to combat isolation and to feel as though they were a part of something meaningful.

“I feel like I’ve got a purpose, and it’s given me a purpose in my day” (follow-up case study)
“It’s brought on my confidence an awful lot yeah so I really enjoy that and find, you know, I feel more competent doing things” (follow-up case study)

“I mean I have got more structure if you like outside, I wouldn’t want to go back to just sort of staying at home” (follow-up case study)

“It’s just made me more positive about things, you know, about the things I can do” (follow-up case study)

“For me it’s given me confidence and it’s given me somewhere to come rather than sitting in bed and watching telly” (follow-up case study)

During their time being involved in The Quays, many of the case study participants had become active in leisure and social activities, either at The Quays itself or elsewhere. As such a few mentioned their health and fitness had improved or that this was a goal to achieve. Some interviewees had made new friends and for some their social life with existing friends had got better. For many of the participants their relationship with family members had improved since being at The Quays. They felt they had gained the trust and respect of their family back, or that there was a more positive and happy atmosphere in their home life.

“I’ve got a leisure pass now so I can go swimming and I’ve started on a healthy eating thing” (follow-up case study)

“I find it easier to make friends now because when you’re doing substances and that you don’t really have friends you just have associates and things like that so you don’t really let people get close to you whereas now, do you know what I mean, I’ve got a lot more friends and The Quays has helped me in that way” (retrospective interview)

“I’ve started to build bridges with them, you know, they’ve invited me back into their lives and actually looking at me and laughing with me again. Great” (follow-up case study)

“So my relationship with my husband has improved because he hasn’t got this miserable cow hanging around the house, who is addicted to the computer and just has no clue what to do with herself” (retrospective interview)

“I think being involved in somewhere like this can make people realise that you’re serious about what you are doing, and you’re not just full of hot air, and you actually mean it, and then they kind of respect you” (retrospective interview)

“It’s put more trust back in the relationship” (retrospective interview)

The participants believed that the aspects discussed above were important for recovery or were initial reasons for accessing The Quays. As such the majority of the interviewees thought that their quality of life was good; whilst this might have improved before joining The Quays, for some, their experience with the project had enhanced it or allowed it to continue to be good. During discussions regarding quality of life, some participants mentioned that they enjoyed what they were doing now or looked forward to each day, now had a positive outlook of their recovery journey or future, had a sense of hope, and were looking after themselves better (such as health and hygiene).

“I’m having the time of my life, every single day, I can’t wait for tomorrow” (retrospective interview)
“It helped me look at the positives” (case study with initial interview only)

“I’m quite hopeful in myself at the moment” (case study with initial interview only)

“You wouldn’t have seen me till eight o’clock in the evening this time last year, I wasn’t getting out of bed till then, I wasn’t washing, I wasn’t brushing my teeth, I wasn’t eating” (follow-up case study)

Some participants mentioned more practical support that they had been provided with, such as: assistance with getting to medical assessment appointments (befriending); helped to secure housing; and supported with their college course; one interviewee was doing an IT qualification at college, The Quays had allowed them to finish their coursework using the project’s computers and practice the skills they have learned by helping The Quays build an administration database and a website. All of the participants stated that they would like to be able to apply for and gain a job; they believed that The Quays provided them with the necessary steps to employment. For example, they were gaining work experience to build their CV and they could get support with the applications, they could take part in education or training relevant to their preferred career path, and they had been given focus and direction for what they wanted to do.

“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” (case study with initial interview only)

“It’s like all about my personal development and they’re supportive, and then as I like develop myself and be helping to develop this place, like I said doing the database, having a website which will go up eventually” (case study with initial interview only)

“It’s given me those steps or those stepping stones to get back into employment, build up my CV, you know, because I haven’t worked for a long, long time” (follow-up case study)

“It has given me a focus, a lot more focus now, because I wasn’t sure which direction and it’s really given me that so that’s brilliant” (follow-up case study)

“It’s pointed me in the right direction for what I want to do” (follow-up case study)

**Impact of The Quays over time**

Five case study interviews were conducted on more than one occasion, allowing a more in depth analysis of the impact of The Quays and the changes over a period of time. Three main themes were identified through the follow-up case study interviews: working towards employment; relationships with family; and improvements in personal development and health.

All five case studies highlighted in their initial interviews that they would like to have a job eventually and they believed that The Quays would be instrumental in them gaining the experience to do so. Three of the case studies had either been actively applying or had interviews by their follow-up interview a few months later. Whilst this was a goal in the early stages, for a couple of the participants it had happened sooner than they were expecting. The remaining two felt that they were still involved in activities that would help, such as volunteering at The Quays and undertaking training and education.

“I would like to get back into the working environment again” (case study 1 initial interview)
“The fact that I’m actually going for something [applying for a job] is quite a big thing, because a year ago I would have gone ‘woah, no way’, you know. I mean to be that ready for going that next step in a year is quite amazing, you know, and I can only put it down to sort of coming down here” (case study 1 follow-up interview, seven months later)

“That’s why I think I chose The Quays as well is because I do want to work and I have never worked before” (case study 2 initial interview)

“The mentoring up at X, part-time, I went for it in June, didn’t get it, and it’s come up again and the interviews are on Wednesday” (case study 2 follow-up interview, six months later)

All case studies believed that relationships with family had improved. For one participant the relationship had developed from non-contact in their initial interview to a mutually planned reunion by their follow-up interview. This participant believed that the development was partly due to The Quays helping them change their behaviour patterns to enable them to behave in a socially acceptable way and to not place certain expectations or outcomes on a situation. Four of the interviewees explained in their follow-up interview that their family had noticed a difference in them and had started treating them as they did before their substance use and/or misuse before it became problematic.

“It’s changed all my behaviour patterns, it’s helped do that which I’m really proud of” (case study 2 follow up)

“It’s very difficult. Relationships can be a, what is it, a double edge sword because if you are in a relationship or with someone who isn’t addicted it’s extremely hard for them to understand, extremely hard” (case study 1 initial interview)

“Well very good, again, because I’ve changed…because I’ve changed they can. I think the trust and everything came back very quickly, which is a big thing within families…they can see how I’ve progressed, and are delighted if you like, so it’s made them realise how hard it has been” (case study 1 follow-up interview, six months later)

The feeling of having developed personally was a key aspect in the interviews. For example, two of the participants initially did not provide much information about their expectations of how The Quays could support them or their quality of life. However, by their follow-up interview they had a clear focus and positivity about their recovery journey despite major personal problems. Learning new social skills and improvements in confidence were also highlighted by the interviewees. Four of the case study participants had become more involved in health and fitness, either at The Quays or in their spare time outside of the project. Activities mentioned included going to the gym and swimming at the leisure centre, and joining the boxing classes, five-a-side football and the mental wellbeing group at The Quays. This was seen as important for both physical and mental health, and for socialising.

“My support network grown and I feel like I’ve grown as a person and I feel like I can offer something now”

“Yeah the old person is coming back”

“I’m enthusiastic and I’m quite excited by life now”
“Being assertive and, you know, taking the proper, the right approach in the right setting, in the right environment, you know, not storming off like a little kid like I used to”

“Doing my running, going to the gym…doing boxing classes”

“I realise now it’s about the inside, it’s about me that I need to fix…now this place fixes me”

Suggestions for improvements

All of the interviewees would recommend The Quays to others in recovery who needed support and many had already told someone about the project. The participants also agreed that The Quays was a valuable project and should be continued, or even expanded. Some interviewees also suggested a number of ways in which The Quays could be improved. Four main points were consistently raised amongst the interviews:

- Many participants believed that the project needed more advertising or publicity, especially amongst local services and organisations. This suggestion is supported by the fact that the main ways in which participants found out about The Quays was via word of mouth or whilst attending other services, but many had not heard much about The Quays (e.g. what the project offered) prior to their initial visit.

  “I don’t think it gets as much advertisement as it needs though” (case study with initial interview only)

  “The marketing, yeah, that’s probably something that could be improved” (retrospective case study)

  “But it should be more publicised in different organisations” (retrospective case study)

- The Quays needing more structure and organisation or a business plan was discussed in almost all interviews and did not change with time (i.e. it was mentioned by the participants in the later interviews as well as the early ones). Although, a couple of the interviewees believed that the structure was beginning to be improved.

  “I think that we need a bit more structure, we definitely need more structure in what we do” (case study with initial interview only)

  “Some sort of management structure because it doesn’t exist at the moment” (retrospective case study)

  “It’s been a bit scatty and they’ll readily admit the admin side has been quite scatty, but from what I can see it’s all getting there” (case study with initial interview only)

  “You need a manager, you need a leader, you need a direction and then you need key hubs off that who are going to be responsible for certain areas because without that structure all of the rest just disappears into itself and they’re starting to put that together” (case study with initial interview only)

- The location of The Quays was seen as a problem because it is situated far away from the bus station or the centre of town. Many interviewees suggested having an extra office in a more central location; some mentioned segregating the activities by
location, for example having the central town location for social activities and the Woodside Business Park location as the main office and for meetings.

“I think it would improve the footfall if it was more central” (retrospective case study)
“I would love for somewhere nearer the centre of Birkenhead if it was possible, then everyone is one bus ride away” (retrospective case study)

“There’s only one room which is used for different functions so I think it does need to be expanded, but maybe somewhere more in town or something” (retrospective case study)

“Maybe this could be the main one, and we could have little offices say somewhere in town not, you know, for everyone to come right the way down here” (retrospective case study)

- A few interviewees thought that giving at least one person a paid position would solidify the running and delivery of the project. This would mean there was someone consistent and in a more professional capacity to help drive it forward.

“Yeah I would like to see people being employed properly here, permanent staff” (follow-up case study)

3.2.2 Quality of Life Surveys
All individuals who 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 the 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 participants annotated answers with words or arrows, thought that two similarly worded questions were actually the same or selected two answers. The only question that participants had difficulty completing was the use of services question. In this question, participants are requested to tick which services they had accessed in the last month and to state how many times they had visited. Some participants did not state the frequency or stated when they last used the service. It was felt by the evaluation team and The Quays management that asking project users to complete the QoL survey, as well as the other evaluation tools, was too burdensome. Thus, the QoL survey was withdrawn from the evaluation framework after the interim report was produced in July 2012.

3.2.3 Progress Evaluation Tools
The Quays has access to therapeutic evaluation tools that can be used by those attending or volunteering for the project as part of their personal action plans and mentoring with their peers. These can be used to subjectively track progress through their recovery and as a tool to discuss problems and/or goals. All of the tools that were collected for analysis had no dates and were filled out at the initial stage upon contact with The Quays; no follow up tools were completed. Thus, we cannot provide an insight into the progress of the service users or volunteers whilst engaged with the project in the analysis here.

The Evaluation Tree
Twenty-nine evaluation trees were completed at The Quays by service users and volunteers between December 2011 and November 2012. Circling or drawing a line/arrow, or a combination of both, was the most frequently used method for selecting the characters on the evaluation tree with ten people selecting more than one character. Almost all participants added notes to explain their choice; the majority of these used full sentences or paragraphs, although five people used key words or phrases. Seventeen people expressed their current
feelings or position in their recovery and 10 mentioned future plans, goals or hopes. In
addition, nine people identified certain struggles or a need to continue their recovery, such
as for help or support.

Content: Three main themes emerged across the notes that have been included on the
evaluation trees: being on a journey; goals and opportunities; and helping or meeting other
people. There was an overall sense across the comments that the participants were
conveying feelings or thoughts. Whilst the majority of these were positive in nature, there
were some negative comments such as blaming themselves or being lonely. Around half of
the negative comments were specifically attached to one of the characters on the tree (figure
1).

Many of the comments across the evaluation trees alluded to or specifically mentioned being
on a journey or progressing towards something. Some participants portrayed the tree as the
path for this journey, choosing characters that represented their current position or where
they would like to be. For example, some of those who chose characters at the bottom of the
tree stated that they are at the start of their recovery or beginning a new journey. Similarly, a
few people specially mentioned the top of the tree as being a destination or a position to
reach. One person used this analogy to highlight a detailed time plan for themselves for
when they would be “at the top”.

“Opening new doors…a fresh start” (Selected character 1)

“Started journey for couple weeks” [sic] (Selected character 2)

“I’ve had the help to get me going and feel that I’m on my way up to a better life”
(Selected character 3)

“Need the support and guidance whilst hoping to get to the top” (Selected
character 4)

“He has made it to the top and he is made up that he got there” (Selected
character 5)

Ten participants expressed a sense of climbing or moving upwards and two stated a feeling
of falling back or slipping; most of these were in relation to their recovery plans such as
reaching goals, trying new/different experiences or attaining achievements. Examples of
goals or achievements from the notes are becoming abstinent, being back with the family,
building confidence, getting a job or starting voluntary work. However, some were less
specific and simply mentioned a desire to succeed or that opportunities await them.

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

“Coz I will climb to achieve sobriety”

“Try to get sober but always fall back down”

“Employment = next rung on the ladder”

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

Numerous evaluation trees mentioned other people, mainly in relation to providing help or
requiring support themselves. A few people also highlighted that they would be meeting new
people, making friends or getting back in touch with family. All of these comments were
positive.
“I will be helping others when start volunteer work next week”

“Now got their support”
“Making friends on me journey” [sic]

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), certain characters/actions were chosen frequently to represent the participants’ feelings, thoughts or recovery journey. Eleven different people selected one of two sets of characters on the evaluation tree (Ai and Aii - chosen by three and eight people respectively); all of the comments noted by participants related to these characters wanting to help others or needing support possibly reflecting that people like the mutually supportive nature of peer support. Three characters are situated on the trunk of the tree and were selected by 12 different people (Bi, Bii and Biii - chosen by six, two and four people respectively). Most comments identified these characters as either climbing to achievements, progress on a journey or falling. Character C was selected by four different people and all the comments were negative in nature, for example “all alone”, “miserable & confused” and “am upset at times as I have brought all this on myself”.
Figure 1 The evaluation tree used at The Quays
The Readiness Ruler
In total, there were 29 participants that completed the readiness ruler tool. Most participants circled the number to reflect how important it was to make a change to their lifestyle and how confident they were to make that change; however, a few selections were ambiguous. This is because some of the participants chose two numbers on the ruler or circled or marked in between two numbers. In addition, some participants added notes or marks to their selections, but did not explain what these meant. Because of this, six participants’ responses were removed before analysing the first question and three responses were removed before analysing the second question. The majority (87.0%; n=20) of the included participants rated the importance of making a change as the highest possible, 10. Approximately a third (38.5%; n=10) of the included participants also felt their confidence to be able to make the necessary changes to their lifestyle was high (selecting nine or ten on the ruler). Four in ten (42.3%; n=11) felt their confidence level to make lifestyle changes was between six and eight on the ruler, whilst a fifth (19.2%; n=5) rated their confidence as five or lower.

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 interpreting average scores for a population as this may hide variations.

Figure 2 shows the analysis of the 28 Outcomes Stars that were completed and collected for analysis. No area had particularly high or low scores and there was a wide spread in the scores selected; confidence/self-esteem had the lowest average score and living skills had the highest average score. The average scores (out of ten) across the responses were:

- Mental health: 6.0
- Physical health: 6.4
- Living skills: 6.7
- Social networks: 5.4
- Education, employment and training: 5.8
- Recovery: 6.6
- Relationships: 5.8
- Confidence and self-esteem: 4.9
Figure 2 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 physical health status to be ‘5’ and no individual rated their physical health to be ‘1’, ‘3’ or ‘4’. The red star shows the average rate for each area across all participants.
3.3 Wider impacts and perceptions of The Quays

3.3.1 Carers, Family and Friends
The Quays project engages with, and supports, friends, family and carers of the service users. To assess the wider impact of The Quays upon service users’ significant others/carers, a focus group was conducted with participants from CAFF (carers and family and friends) support group.

Six members of CAFF attended the focus group, which included the founder of the CAFF support group. Although there were six participants in total, one member remained silent and left half way through. Thematic analysis of the focus group found that seven key themes emerged from the data: difficulties faced by significant others/carers; awareness of The Quays and CAFF; active involvement of CAFF members in The Quays; the impact of The Quays; the impact of CAFF; the importance of peer support; and advantages/disadvantages of CAFF and The Quays.

Difficulties Faced by Significant Others/Carers
The focus group participants described a number of difficulties and issues they face as significant others/carers of people in recovery. The majority of participants highlighted feelings of isolation and helplessness with a perception that significant others/carers were invisible in terms of healthcare agendas and local treatment strategies. They expressed that they particularly felt there to be a lack of resources for those supporting people with substance/alcohol misuse.

“It affects the whole family”
“You feel quite helpless”
“A lot of isolation, loneliness. The isolation; it stops you living”
“You might feel isolated and locked in this situation”
“Carers are forgotten…invisible…although we are saving the NHS lots of money”
“I found no services in Wirral [for significant others/carers]”
“Carers are left with the mess. Addicts can recover, they have a lot of help, but carers don’t have any help”
“There’s no support…or escape really”

Awareness of The Quays and CAFF
Most participants had initially come into contact with The Quays as a service before joining the CAFF group, with many becoming aware of The Quays through word of mouth (i.e. from friends). The participants explained that they subsequently found out about CAFF as a support group for significant others/carers through word of mouth at The Quays or Arch Initiatives; they also learned about the other various activities available through notice-boards at The Quays or through word of mouth with others attending the project. Some participants described that they were initially unaware that The Quays was a peer-led service and originally thought the service only catered for people struggling with addiction.

“I joined a support group [at The Quays] and they were on a notice board”
“Through a lot of word of mouth”
“Just through being there [at The Quays]"

“When you find out you can come back and tell the group”

“That’s the beauty of The Quays, you can always signpost people”
“I thought it was just support for people in addiction”

Active Involvement of CAFF Members in The Quays
Participants were initially asked if their family member/friend/significant other had any involvement with The Quays in order to explore how the project had helped them and their relationship with the service user; however no participant said that their own family member/friend/significant other was involved at The Quays. Instead, they themselves contacted The Quays for support as a carer/significant other affected by substance/alcohol misuse. The founder of CAFF support group also described that the group was set up as a joint initiative with The Quays service and therefore CAFF was closely linked to The Quays. It became clear from further discussion that the majority of the members of CAFF were actively involved at The Quays in some way (e.g. taking part in activities and voluntary work), with some members of the CAFF (n=2) being service users in recovery themselves. Furthermore, it also became apparent that most of the members of CAFF (n=5) had been enthusiastically and proactively involved in further training through The Quays.

“I’ve done lots of courses”

“The befriending course, the mentoring course…all through The Quays”

“We make toast and tea for homeless people in The Quays”

“X and I work on reception [at The Quays]”

“I’ve trained as a tutor”

“I’m doing my health and social care training”

“I do boxing at The Quays”

Impact of The Quays
Whilst discussing the pressures and difficulties that they faced as significant others/carers, many participants began to highlight, unprompted, the positive impact that The Quays and CAFF support group had upon them and their feelings of isolation. The interviewees outlined the ways in which they felt The Quays had benefitted them, with particular emphasis upon the activities and the training that they were involved with at The Quays. Many participants expressed gratitude for the opportunities they had been able to access, and highlighted how this had been a positive experience that had enabled them to develop themselves and their skills, whilst also building up their social network.

“I wouldn’t have gone on these courses if it wasn’t for The Quays”

“We are gaining experiences by the courses”

“They have opened up the chance for us to go in different directions”

“It’s about empowerment…job opportunities…helping the wider community”

“Builds up our social lives”
“We met through The Quays; we are great friends now”

“We become more compassionate, and that spills out into the community”

“I need structure, the CAFF and The Quays provide that…it’s building confidence”

The participants mentioned the knowledge about addiction they had gained from being involved at The Quays, which they felt had been of significant benefit for them. Significant others/carers spoke of how they felt they now understood addiction better through their active involvement with the Quays, by speaking to and working alongside others in similar situations facing similar difficulties at the Quays. The participants also explained that their involvement with The Quays had a wider positive impact upon their families and friends.

“From The Quays and CAFF, we learn about addiction…learn how to support them”

“Educating people to why people can become an addict”

“My parents are delighted”

“It makes me feel good that this is making other people feel good”

“My kids are delighted”

Impact of CAFF
Participants emphasised the positive impact of CAFF as a support group. They explained that being a member of the group had helped them to build friendships and in turn have a more active social life, which had further alleviated their feelings of isolation and helplessness, and also led to a sense of empowerment whereby they felt they deserved to have a more active social life and a better quality of life. They also highlighted that the group worked together to help solve any problems that members of CAFF may be experiencing, and how they together suggested solutions and provided support.

“I think the group is fantastic”

“With CAFF, people can get help sooner”

“It enables you to think that you have a right to have a life”

“You can have friendships”

“This group is shelter from the wind”

“There was nothing for my children. Nothing like the CAFF…they didn’t know what to do…they could have come and got information and signposted to someone”

“This group helps you help yourself”

The Importance of Peer Support
All participants of the focus group agreed that peer support was very important for them; highlighting that they found it very difficult to speak to others who were not affected by addiction because of the stigma associated with addiction. This in turn resulted in significant others/carers being reluctant to speak to others about their problems who were not affected
by addiction as they felt as they felt they may be judged and stigmatised. They also felt that people who had no experience of addiction would not be able to empathise with or be able understand their experiences like other peers would. Participants emphasised that it was very important for them to be able to speak to others who could empathise with their situation, and spoke of how they found comfort speaking to those within the CAFF group who could identify with their situation. Participants were asked if they felt there were any disadvantages of peer support, to which they felt there were none. Members of the CAFF also believed that peer support is successful for people in recovery from addiction.

“There is stigma talking to people about addiction…it is hard to communicate to others”

“We identify with problems where a professional may not”

“Peer support for me is the thoughts, feelings and emotions we all identify with”

“It’s a comfort…having people here; if you get lonely you can talk to anyone”

“It’s improved my quality of life…just having like-minded people”

“They’re experienced in similar things”

“A friendly ear”

Location of The Quays
Participants were asked if they felt there were any disadvantages of CAFF or The Quays. The only disadvantage that some of the significant others/carers highlighted was the location, believing it was relatively secluded; however, some other significant others/carers felt that the secluded location was instead an advantage.

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3.3.2 The Quays Open Day 2012
A total of 15 surveys were completed by 15 respondents. Over half (60%) of the respondents had been to The Quays before the open day. The participants were asked how they found out about the event. Three people provided a second answer. Taking their first into the analysis, 46.7% heard about the open day through an email or invitation and 33.3% found out from a service or their place of work.

Just under half (46.7%) attended the open day to gain information about different organisations. Three people (20.0%) were curious about what was on offer at The Quays and another three attended for networking opportunities. Other reasons for going to the open day included: to promote an organisation, signposting, to support and celebrate recovery, and to get information about The Quays and what is has to offer.
Participants were asked for their perception of the open day and The Quays project by rating a set of questions on a scale of one to five (where one was ‘not at all’ and five was ‘definitely’). The majority of respondents selected either four or five for the following: the open day was well organised (92.9%); the refreshments were good (71.4%); I enjoyed The Quays open day (100%); The Quays is a good project for recovery (85.7%); The Quays is good for the local community (92.9%); The Quays is a friendly and welcoming environment (92.9%); and you would recommend the support and activities offered by The Quays to others (100%).

Participants were asked to describe The Quays in their own words; the comments were coded into key words and phrases. For example, four in ten (42.9%) participants stated that The Quays has a good selection of recovery-based activities and services, and just over three in ten (35.7%) mentioned that The Quays offers support and help. However, two (14.3%) participants were not sure how to describe The Quays, one of which said it was their first time visiting so could not provide an answer.

| Good selection of recovery activities/services | 42.9% |
| Support/help provided                          | 35.7% |
| Peer-led project                               | 28.6% |
| Signposting/links to other organisations       | 21.4% |
| Relaxed or friendly environment/staff          | 21.4% |
| Opportunities to help get back into employment | 14.3% |
| Participant not sure                           | 14.3% |
| Recovery community                             | 7.1%  |

### 3.3.3 Recovery Convention

A total of 12 surveys were completed by 14 respondents. Over two-thirds (n=10) of the respondents were male and the majority of respondents were aged between 25-34 years (n=4), or 45-54 years (n=3). Two respondents were aged 35-44 years, and one was aged between 18-24 years.

**Users of The Quays**

Six respondents had previously used The Quays, and had found out about the service either through a friend or word of mouth (n=2), or via a Key Worker or through existing services (n=4). Reasons for becoming involved with The Quays included having something to occupy the day, for extra support, and to do something that may lead to opportunities. One respondent described being interested in two specific activities provided by The Quays, the fishing activities and the film night.

“[The Quays] provides something to occupy day, needed to get involved in the recovery community” (male, aged 45-54)

“Something to do, extra support” (female, aged 25-34)

“Wanted something to do that would lead to opportunities, not just accessing services” (female, aged 18-24)

One respondent explained how they were a volunteer for another service (The Stein Centre), and aimed to become a counsellor. They felt strongly that peer support played a large role in the recovery journey.

“Been involved in ACTIF already and feels like I’ve been involved forever, it is comfortable. Found out about The Quays through ACTIF, now involved in volunteering with The Stein, I want to be a counsellor and am shadowing
someone there. Peer support plays a big part, peers are the best people to help. This is helping me to put something back” (male, aged 45-54)

Users of The Quays described the benefits of the service as providing support and structure from peers. One respondent described how the service provides a distraction from their addiction. The respondents did not state any disadvantages of the service.

“Everything is a benefit. They let you know about courses, occupies you to keep thoughts away from addiction. The Quays is something that is after detox. Others can take positivity from others in the group”

Finally, respondents who had used The Quays were asked if they felt there were any ways that the service could be improved. Only one person suggested an improvement, stating “The building could be bigger, as people have to move rooms”. The remaining respondents were very positive, with one stating “their friend says it's brilliant, fantastic, great. They've heard lots of positive messages”

Non-users of The Quays
Eight of the respondents had not used The Quays before, but they had all heard of the service. Some of the respondents described what they had heard about the service.

“In Phoenix House, just heard people talking generally about it. We know it is peer run” (two males, aged 25-34)

“Heard about it through existing services I attend” (female, aged 35-44)

“Last year I heard of The Quays at the recovery convention” (male, aged 45-54)

“Heard that it is a recovery community project” (male, aged 25-34)

One male respondent described that they had helped The Quays when they were first getting ready to open up. One female (aged 25-34) described that they had heard The Quays was a “supportive place to be”. One respondent, a male from Wallasey, explained that they had been passed The Quays before, but was unsure what they do.

Respondents were asked if they felt there were any barriers to them using The Quays. Two of the respondents had not felt the need, or had the opportunity, to attend.

“Don't feel the need to go” (female, aged 35-44)

“Not had the opportunity yet, but will do if need to” (male, aged 45-54)

Two of the respondents were unsure whether it was appropriate for them to attend, with another one unsure what the service offers.

“I know there are activities and support available but I am not sure whether it is for me” (female, aged 25-34)

“I don’t know much about what they offer or who is it for” (male, aged 35-44)

Two respondents said the location made it unlikely they would attend the service, for example living out of the area or perceiving it was too far too travel. One respondent explained how they did not like the idea of the service.
“Don’t like the idea. I prefer abstinent-based services. Didn’t like Spider and The Quays working together” (male, age unknown)

Just one of the respondents said they would not go to The Quays in the future, describing how they had already ‘done’ this service. One person said they would be encouraged to attend if they knew a friend who already went, and one said they would attend if it was closer to where they lived (in South Wirral), or if it was easier to get to. One person said they would go in the future, as they liked the look of the music activities. One person stated that they would only attend in the future if they needed the support that they were not already getting. One respondent said they would attend if they had more information about what the service offered.

The respondents who had not used The Quays before were asked whether there was an overall opinion of the project amongst the recovery community. Responses were largely positive, with participants describing it as a ‘good place’, and saying they have heard positive views about the service.

“Phoenix House already go and speak positively about it” (two males, aged 25-34)

“It is good if people need it” (female, aged 35-44)

“Voluntary workers and friends enjoy it; I’ve heard good responses” (male, aged 45-54)

“Good views overall” (male, aged 25-34)

One respondent explained that it is a good service, stating “they are trying to help people…”, but also raised the issue of location “…but it is out of the way”. One respondent was not sure of other people’s views, believing that they were not really aware of any.

3.3.4 Perceptions of Wirral Drug and Alcohol Service Providers

Four providers from drug and alcohol recovery services agreed to participate in a telephone interview. The interview notes were analysed thematically identifying six themes: perceptions of The Quays, defining recovery, the impact on recovery journey, impact on treatment, and impact on the recovery community.

Perceptions of The Quays

All service providers had heard about The Quays and were aware that the service was peer led. Some service providers were also able to recall some of the services available at The Quays.

“It’s a service user led service that supports people who have got or have had drug and alcohol problems and I think mental health they are starting to work with”

Interviewees had heard about The Quays through either being involved in the initial set up of the project, through their employer via staff meetings, or through the service user community.

“I heard about The Quays from kind of our staff meetings here at the drug service, and we actually had X to come up to like our manager’s meeting but also booked him into our staff meetings as well”
The majority of service providers interviewed stated that there were similarities in the support provided at The Quays and other services in Wirral, including peer support.

“I think there are pockets of it available all across the Wirral”
“You can get bits of it from each service provider”

“I think there is loads of support services that can support people in recovery in Wirral. I always say that there’s no excuse really for someone to say there’s no support”

“There is a lot of structured peer support out there and I also think there is, well I mean I know there’s a lot of unstructured peer support”

Service providers acknowledged that, although there were similar services to The Quays available on the Wirral, The Quays did offer something that other services did not. One service provider went onto say that other services have since tried to emulate what The Quays offer.

“Yes there’s a lot of different support services but…I think in terms of variety of what is offered and the appeal I think The Quays has something in particular that organised, statutory services can’t have”

“I don’t think there is anyone quite like The Quays. I don’t think there’s any that are, led by service users in quite the way that The Quays is”

“We had a number of people who were in treatment or recovery but they didn’t necessarily have anywhere that they could gather and be a united forum together really”

“I think other services try to emulate it in some way, for example a lot of services now have some volunteers working with them”

One service provider described how a peer-led service may benefit from having a paid member of staff. Speaking from experience, this interviewee explained how a volunteer led service requires someone in a paid position who can coordinate service activities.

“Maybe they need someone there, at least one person who is a paid member of staff because I think I work obviously in the volunteer led service but I am paid and you kind of need someone to coordinate that”

The interviewees described The Quays in a number of ways related to the unique nature of the service, particularly highlighting the peer-led model and the flexible approach to delivery. One interviewee also felt that The Quays provided independent support and advice on the range of recovery services available in Wirral.

“I think one of the things that is unique about The Quays is it is kind of known specifically for its service user-led model really”

“They've got the befriending service which is a bit different”

“I know that I could take somebody there for instance in the evening or a Saturday morning, stuff like that and that is pretty unique”

“It [The Quays] doesn't have restrictions on who can and cannot go”
“I don't think any kind of structured, kind of corporate service could emulate no matter how hard they tried”

“It's there to help anybody who's lives are affected by drug or alcohol misuse”

“Because they are not allied with any particular service then they wouldn't be particularly saying go here because this is what we believe, they would say, well look at this, here's all your options now you choose and we will help you get there”

Although service providers were aware of The Quays and the support they provide, some interviewees were unsure about the specific aims of The Quays, and the services they offer.

“My main things about The Quays are I think the main goal is clear in that what they do in that it's a service user led service to help people into recovery. I understand that but it's actually when people come in, what services they offer. Is it a drop in, is it appointments, is it one to one support?”

“One of the problems with it is that it's not totally clear what they actually do if that makes sense. What the projects are, what the services are within that if that makes sense”

“I know their wide goal and I can see what they are trying to do but I think they need a bit of clarity”

Some service providers also raised the location of The Quays as a potential issue. Some interviewees felt that the location may deter people from attending, while another felt the anonymity of the location may be a positive aspect of the service for some people.

“It's located in the Woodside industrial estate which is fine on a summer's evening when it's bright until nine o'clock at night but if I was a woman or even a man I wouldn't want to risk it”

“The location is not central enough”

“I do think it has value in terms of being a bit separate, it's like not like smack bang middle in the town centre. From that point of view, it's quite anonymous because it's in the middle of an industrial estate”

**Defining Recovery**

When service providers were asked if they could define recovery in their own words they found it a difficult task. One service provider stated that it was not important to have experienced recovery on a personal level before helping others on their recovery journey. The interviewees highlighted that being in recovery meant different things to different people and that it could only be defined on an individual basis due to the nature of recovery. The participants discussed the issue of abstinence; whilst some believed that it was not important to be abstinent, others defined being in recovery as being abstinent from substance use. Service providers suggested that having a good sense of wellbeing, being motivated, and working to become aware of triggers that may lead to substance misuse were important for recovery.

“I don't actually think it is necessary to be in recovery to help someone or someone in addiction, I don't think that you need to have had an addiction. I think you can get help from all different places”
“Recovery is different things to different people”
“Well I think that recovery is actually a very personal thing”

“I suppose no longer having you know using drugs or alcohol”
“You do have to be abstinent to be in recovery”

“It’s about them having a good sense of wellbeing I think”

“Being motivated and engaging with support”

“Working on yourself so you are aware of what your triggers are because things happen in life won’t they, bad things will happen to people and when they do happen how you going to deal with it?”

**Impact on Recovery Journey**

When asked how they thought The Quays could impact on a service user’s recovery journey, interviewees felt The Quays had the potential to inspire people to begin their own recovery journey, by meeting with people who had experienced recovery. The interviewees described how The Quays helped individuals on their recovery journey by providing a vehicle to help them ‘put something back into society’, and enhancing their employability.

“Recovery is like addiction it’s infectious, I think you catch it off people who have it”

“Well I think because you’ve got people who have been in recovery or most them have, I know not all have, I think that’s kind of inspiring for people. I think that can show that you can do it”

“They can get involved with that [volunteering] as well and I suppose put back in”

“A useful member of society, I think that is quite important”

“I suppose the ultimate goal for most people is getting a job isn’t it, getting things like accommodation and things but getting a job and moving on and I think actually doing some voluntary work or getting involved in somewhere like The Quays can help that because you’re getting your skills up and getting a routine aren’t you, a structure”

One service provider was concerned that after spending certain a period of time in treatment services there was a danger that those in recovery may become dependent on the system and not move away from care into ‘normal life’.

“You need to let go of it and to kind of live your life away from that”

**Impact on treatment**

Interviewees described how The Quays could impact on the drug and alcohol treatment of service users. It was felt that peers had the potential to act as an advertisement for service users to commence treatment, by sharing positive experiences of their recovery journeys.

”[The Quays] puts a face and vice on recovery”

“They can say look I was really bad but I’ve come along so why don’t you come along to The Quays”

“They believe that anyone of any kind can and will and does recover”
“Because of maybe the people involved they might be able to engage people a bit better if you know what I mean. They might know someone”

“I suppose because a lot of them have used the services as well, they know what each one of them does, they’ve got good knowledge from first-hand experience”

The interviewees believed that The Quays could impact on treatment by offering personalised interventions, encouraging service users to become involved in particular treatment.

“It kind of offers different service to fit different aspects of people’s lives really”

“Yes they need the kind of structure, the professional intervention like but then they need all those wrap around support services really, so it’s the whole package”

“Gives many pathways to recovery”

“It tries to help as many people as possible in a whole range of ways”

**Impact on recovery community**

The interviewees described how The Quays had created its own recovery community in Birkenhead, providing potential benefits for service users. For example, one interviewee believed that, due to the location of The Quays, it was able to provide support and a community in a place where substance misuse was an issue. The befriending service was also highlighted by a service provider as helping positively impact on the recovery community through helping people attend important appointments such as medicals.

“Basically what I see it is, it’s like a recovery community centre”

“Recovery hubs like The Quays can go a long, long way to building recovery communities”

“I think it’s a really valuable part of the recovery community”

“It kind of captures the kind of high density parts of the Wirral where there’s certainly a lot of substance misuse problems”

“They do a lot of work out in the community with this befriending scheme, mentoring project that they are doing now, meeting with people, going out with them to benefit interviews”

Service providers suggested that there was still stigma attached to substance misuse. One interviewee explained that stigma also affected the family and not just the individual service user. One service provider described The Quays as impacting on the recovery community by helping reduce the stigma of addiction. For example, when an individual who was previously known in the community for being a prolific offender then went into recovery, and was then giving back to the community by volunteering, this was seen as breaking down that stigma in communities.

“I think there’s still obviously a lot of stigma attached to substance misuse”

“It’s not just for the people that misuse, it’s a massive, massive stigma for kind of family and friends as well”
“If those people are going on and doing some positive, I think that does impact [positively on stigma], and it shows that people move on”

“It smashes down that stigma that’s attached to it [addiction]”

Service providers were asked whether The Quays would affect their service. Interviewees described a reciprocal relationship where they were able to refer people to The Quays, and The Quays would signpost people to other Wirral services. One service provider believed that it could sometimes be overwhelming for service users when considering which service to attend, and that The Quays were good at acknowledging this. Moreover, The Quays were able to provide personal insight into what services may be most useful and relevant for a particular service user.

“We send quite a lot of people over there”

“I think that it is a really valuable resource we can tell our clients about and worried family members that come in”

“Make sure all of our key workers have been down and had a look at the project… I just think for people to go down and actually see and get a feel for that, a feel for the environment, stuff that you can’t pick up from people telling you”

“They’re kind of really good at signposting people to other services”

“It can be a bit overwhelming for clients, it’s hard”

“I think that the way it works in Wirral is what you will find is that people use a lot of different services so they will dip in and out of different services to get the support they need”

“We use their [The Quays] rooms quite a lot as well. I do mentor training and I use a room there… we have meetings there as well”
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 provided 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 were employed.

4.1 Unique Nature of the Project

Development and delivery

The Quays project was described as being unique in its approach to recovery support by participants in every aspect of the evaluation. In particular, the project stood out as providing an open-ended supportive environment, with no restriction for people accessing the service. The fact that the service was available beyond normal 9am-5pm business hours was seen to provide longevity and flexibility for maintaining a recovery journey. The aftercare support for those who had been through mainstream treatment was particularly highlighted by The Quays Management Committee and case study interviewees as an important element of the service. Recovery is a process (Best and Laudet, 2010) which is multidimensional in its approach, involving more than simply the elimination of substance use (De Leon, 2000; Kurtz, 1979; Laudet, 2007). Polcin and Zemore (2004) places emphasis on the importance of recovery related support in helping individuals abstain from alcohol and drugs. For example, a number of studies conducted by Moos and colleagues (e.g., Moos & Moos, 2004) showed that involvement in Alcoholics Anonymous (AA) was strongly associated with positive outcome. In this respect, The Quays provided structure to avoid isolation and obtain work experience to increase employability supporting Wirral’s local authority and NHS 2012 focus.

There was the perception that The Quays was widely inclusive. During the earlier phase of the evaluation, both management committee and case study participants believed that mainstream services had restrictions that excluded 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 participants interviewed also discussed the advantages of The Quays being a central “hub” for service users to access information and be supported on a recovery path that suited them.

Befriending

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 assessment appointments. The befriender acts as a chaperone and provides that initial support for the individual to attend their appointment and avoid a ‘did not attend’ for the agency concerned. Findings from the management committee showed that the befriending scheme is a simple service that could potentially have a huge impact on the lives of those who use it. The case study interviews raised the benefit of being involved in the befriending scheme through training opportunities, increasing confidence and experience in support work. The befriending scheme was also mentioned by providers of other Wirral drug and alcohol treatment services as being something different to help people in recovery. The befriending scheme has been subject to a social return on investment (SROI) analysis that found a range of wider benefits for the groups of people directly and indirectly involved (Eckley, 2013). For example, befrienders believed being a volunteer gave them a sense of purpose, increased their training opportunities and employability, improved family
relationships and improved their mental and physical health. It was believed that those accessing the befriending scheme were more likely to access further services that could support with private rent expenses and the ability to travel to see family (see SROI report).

Peer Support
The benefits of the peer-led nature of the project were highlighted across many of the evaluation participants. For example, there was a feeling of equality across those who had developed The Quays and those who used it, with support being provided through an active understanding of recovery and a person centred approach. Management committee members and case study participants felt that sharing their lived experiences was central to recovery, and found they had been able to inspire others in their recovery. Individuals who readily identify with peers as the primary influence for change, these are individuals who have sustained recovery and they serve as positive role models (Solomon, 2004; DeLeon, 2001). It is vital that such exposure to successful role models allows for vicarious learning, modelling, and an enhancement of problem-solving skills (Gartner and Reissman, 1984; Kaufmann, Freund and Wilson 1989; Kurtz, 1990; Kurtz and Powell, 1987; Levy, 1976; Rootes and Aanes, 1992; Stewart, 1990). Case study interviewees described how peer support encouraged them to feel relaxed and able to talk honestly about their feelings and experiences. Some service users described how they had found it difficult to talk honestly with health professionals, for fear of being judged, or because of general discomfort or mistrust when talking with people in authority. Due to the nature of the relationship the traditional constraints of expert/patient are removed thus it is about understanding another person’s situation empathically through shared experience. When people find affiliation with others they feel are ‘like’ them, they feel an affiliation based on mutual experience (Mead, Hilton and Curtis, 2001). Reasons for this may be that information, particularly sensitive information, is more easily shared between people of a similar social construct (Mellanby, Rees and Tripp, 2000; Peel and Warburton, 2009).

The benefits of peer support were also highlighted by the significant others of those in recovery. Members of the CAFF group described how peer support had helped them to overcome the stigma associated with addiction, and to communicate with others who empathised with their situation.

4.2 Impact of The Quays on service users
The longitudinal nature of this evaluation followed members of the management committee and service users over time to identify the longer-term impacts of The Quays. Even during the early stages of the project, it was evident that The Quays was already having a positive impact, offering a joined-up service at a pace set by the individual themselves. The Quays provided 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 was important for making social connections, increasing confidence and feelings of worthiness and the opportunity to contribute to society or lead a more “normal” life. A key goal for many of the participants was being able to find employment, and the skills gained whilst at The Quays were viewed as an important step towards achieving this. Having a job is a key concept in social reintegration (European Monitoring Centre for Drugs and Drug Addiction, 2011) and has a positive impact on health and quality of life and reduces offending (Gregoire and Snively, 2001). The Quays fills a gap by providing both practical and emotional support. Examples of practical support included help to find housing and building work experience and qualifications. Maintaining abstinence from alcohol and drugs after completion of residential treatment or outpatient treatment appears to be most challenging for those who do not have stable living environments (Polcin and Zemore, 2004). Milby et al (2005) states that having a stable home supports relapse prevention. Emotional support helped individuals to come out of isolation, think optimistically and provide encouragement to
stay on their recovery journey (Longabaugh et al, 1994; Longabaugh et al, 1995). The case studies that were followed through their journey with The Quays provided evidence of how the project had helped members to build relationships with family and friends, improve personal development and health, and given them the confidence to apply for jobs and secure job interviews.

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 scores that averaged five or six (out of ten) for most elements, with confidence and self-esteem receiving the lowest scores. This suggests that assistance may be required to improve wellbeing across each aspect. Both of these tools were completed during the initial phases of The Quays, and were not followed up at a later stage. However, findings from other more longitudinal aspects of the evaluation suggest that The Quays is working to improve all aspects of health and wellbeing. For example, evidence from the interviews and SROI of the befriending scheme demonstrate that the project has helped to increase feelings of confidence and self-worth, and social relationships amongst the people who use it.

The Evaluation Tree reiterates the sense of being on a journey and climbing towards overall goals (such as better family relationships or becoming abstinent). This notion of being on a journey is reflected in findings from the case study and management committee interviews, where this term was often used to describe recovery. The descriptive Evaluation Tree analysis identified a desire to be helped and to help others, echoing the reciprocal relationship key to peer support and feelings of worthiness. However, the findings from these subjective tools 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 generally used to track progress of individuals not a population because they could mask the individual variations from person to person.

4.3 Wider Impacts and Perceptions
In order to gather a holistic understanding of the impact of The Quays, experiences and perceptions were elicited from people not directly involved in using or delivering the project. Members of CAFF shared their experiences in a focus group. During the focus group, the participants were initially asked if their family member or friend had any involvement with The Quays, to ascertain how the project had helped them and their relationship with the service user. However, none of the CAFF focus group members said the person they cared for had used the service. Rather, the members of CAFF described how they became involved with The Quays when initially seeking support as a carer of someone affected by alcohol and/or substance misuse, and not because this person had used the service. It is important to acknowledge the impact of substance abuse on families and significant others (Daddow and Broome, 2010; Government Drug Strategy, 2010) as support is needed (National Audit Office, 2008).

It was clear from the evidence collected from service users and members of the management committee that recovery was often characterised by feelings of isolation. This was also echoed by CAFF members, who described their feelings of isolation and helplessness as a carer of someone in recovery. Members of the CAFF focus group believed The Quays had provided a pathway to courses, projects, services and to activities such as lifelong learning skills, wellbeing, leisure and volunteering. In particular, the members of the focus group found these activities to be a rewarding experience that addressed the issues that they faced as carers of people in recovery. It was evident that The Quays provided opportunities that would otherwise have not been available, and provided practical and social support they felt was otherwise not available. The Quays provided a
pathway for carers to obtain emotional support via CAFF, which subsequently helped to develop social networks and friendships.

Perceptions were gathered from a sample of people who attended recovery-related events in Wirral. A small selection of attendees at The Quays Open Day in June 2012 believed that the service provided a good selection of recovery-based activities and support. The majority of these people had attended the Open Day event to find out more about what The Quays could offer. During the Wirral Recovery Convention in December 2012, participants who had not used The Quays were aware of the service, and had mainly heard of the service through word of mouth. Their views of the service were largely positive, with respondents describing people they knew who had used the service.

Local drug and alcohol treatment service providers knew that The Quays was peer-led, and thought it provided an open-ended and flexible approach for its users. It was clear that the unique aspects of The Quays were recognised by the service providers, and that the support elements it offered were perceived to have a valuable impact on the recovery journey. One key perception of wider service providers was regarding the way The Quays presented an encouraging example of people who had successfully maintained recovery, and could help to reduce the stigma of addiction.

4.4 Barriers and Challenges

Perceptions of the Service
The Quays is a young and novel project and as such has experienced some challenges that may potentially hinder progress. One of the early challenges the management committee faced was how they would be perceived by other local 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. However, the interviews with service providers elicited positive views of The Quays. Furthermore, those who had heard about The Quays but had not used their services also had a positive opinion of the project.

Roles
Some of the management committee members, in the initial interviews, stated that the change from being a service user to acting as a peer supporter was difficult. Furthermore, findings from the interviews and observations of management committee meetings showed that there was 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 worked to alleviate the pressures relating to these barriers, the obstacle of finding the balance between the formal and informal structure of the project still seemed to exist. Similarly, volunteers have felt frustrated that they were not fulfilling their potential as a peer supporter or that their skills were not being utilised. Whilst the volunteers believed that they had been given more responsibility and tasks by November 2012, some still felt under-used.

Aims and Goals of The Quays
The evaluation highlighted a lack of clear distinction between the levels of support offered to members at The Quays. This has caused confusion, as evidenced in the case study interviews, where participants believed The Quays to be largely abstinent-based. In fact, whilst some individual peer-led support groups are abstinent-based, The Quays as a whole aims to include people at all stages of recovery. The case study and service provider interviewees revealed that they were unsure of the project objectives. Participants struggled to describe the purpose of the service, and some openly admitted to being uncertain about
the overall aims. However, by November 2012, they were better able to describe what activities and opportunities were available at The Quays.

Structure
Throughout the evaluation, evidence has highlighted issues regarding the structure and organisation of The Quays. Almost all of the case study and management committee interviewees agreed that the lack of structure was a problem and prevented the project from progressing. The evaluation team have observed that the management meetings were not effective and lack purpose. This could be due to a culmination of barriers and challenges as described above (such as unclear project objectives, lack of clarity of roles and responsibilities, lack of long-term commitment, and communication problems). Case study interviewees mentioned the need for a business plan, suggesting this would help improve the structure of the service. Furthermore, the evaluation team put forward recommendations in the interim report (produced in July 2012) that provided ways in which the structure of the project could be improved. However, at the time of this evaluation, these had not been put into practice.

Location and Advertisement of The Quays
Some case study interviewees viewed the location of The Quays as an issue, due to it being far away from public transport or the centre of town. This was also echoed in the service provider interviews and perceptions of some attendees at the Recovery Convention. Case study interviewees suggested having an additional base in a more central location, or providing some of the social activities in other more central locations. However, one provider of a treatment service in Wirral described the location of The Quays as an advantage, with the out of town location thought to provide an anonymous setting.

The case study participants also highlighted that the project could be advertised more widely amongst the local services and community. The majority who attend The Quays found out about the project through word of mouth. Case study participants suggested that a proactive approach to the marketing would help to broaden the attendance; for example, giving presentations to local organisations to promote The Quays. Volunteers have offered to help do this and think they could contribute, but felt that they were not being utilised.

Project sustainability
Overall, the evaluation has provided evidence that The Quays is a benefit and a unique addition to recovery journeys. Interview participants believed that it is a much wanted project and should be continued. However, as raised in the management committee interviews, funding is required to sustain The Quays. The evaluation has raised some gaps which could be addressed to help apply for funding. For example: monitoring numbers of people who attend the project and for what purpose; recording actions that have been carried out to support people in recovery; monitoring key outcomes and achievements of those who have been supported and volunteered, especially if they can be attributed to the project; and gathering perceptions of the activities and training. Furthermore, it was highlighted that a major attraction of The Quays was the amount and level of education and training courses that were available. These are offered free of charge for the participants and room hire is also not charged to the host companies (correct at the time of data collection). Charging a fee for room hire could be a valuable source of income for the project.

4.5 Limitations
It is important to acknowledge the limitations of the evaluation to place the findings into context and formulate suggestions for future research. One of the limitations of this project was that participants recruited for interviews (management committee and case study) and focus groups (CAFF) where recruited by those who were ‘happy to take part’, in other words were self selected. This could be seen as a potentially bias sample as responses tended to
be more positive and so it is unknown how generalisable these findings are to all attendees of The Quays. Secondly the sample may be bias due to some participants during the evaluation no longer wishing to take part in interviews or focus groups and some participants having ceased all contact with The Quays and the evaluation altogether. These participants may have been more likely to have been negative in their responses to questions. Again this sample was self-selected and makes generalising the findings to other attendees of The Quays difficult.

4.6 Recommendations
The evaluation team would like to suggest the following recommendations to help The Quays develop the project and further progress.

Structure of The Quays and management committee meetings
The evaluation found the structure and organisation of the project to be a potential barrier to progress. Therefore, the recommendation suggested in the interim report regarding the structure and function of the management committee is still relevant (appendix 4; Eckley et al., 2012). Whilst the project has successfully maintained a flexible and informal environment, the lack of a functioning business plan and effective project management has caused confusion and frustration on many levels. The evaluation team feel that formalising some parts of the project would help The Quays to progress. Volunteers have a wealth of skills from past experiences and jobs (for example, in business, marketing and administration), these could be better utilised to support this development. Furthermore, these skills could be enhanced by the suggestion of enrolling onto a business management course at Wirral’s local college. The management committee meetings are particularly unstructured and could be made more efficient, in addition to the recommendation points in the interim report, the following should be considered:

- Reassess who needs to attend the management meetings. Attendees are required to actively engage in the business strategy and marketing, provide updates, decide and act upon necessary changes, and pursue avenues for further funding.
- An agenda should be circulated to the group at least three days prior to the meeting to allow attendees to prepare their contribution to agenda items. During the meeting the agenda should be strictly adhered to and times allocated to each agenda item should be monitored.
- Meeting minutes should include only the main and relevant points of the discussion. Actions should be recorded with the initials of those tasked with undertaking them. Minutes and actions from the previous meeting should be discussed at the start of every meeting. Minutes should be typed up and circulated within a few days and no more than a week after the meeting.

Monitoring of data and information relating to project users
Progress has been made to develop an electronic database to collect and administer the PDP forms and record important actions. This should be continued to be implemented with consideration of how the forms are to be administered and updated as per the recommendation in the interim report.

In addition, the evaluation has found that The Quays has a positive impact on those who use, volunteer and manage the project. Outcomes such as increased employability, mental and physical health, family relationships, self-esteem and confidence, and satisfaction with recovery journeys should be recorded, especially if it can be related to being involved with The Quays. The progress evaluation tools (Readiness Ruler, Outcomes Star and Evaluation Tree) provide an opportunity to capture this information for individuals across a group of people. More effort should be placed on these tools being consistently embedded into The
Quays processes, clearly dated and annotated with choices (if appropriate), and repeated over appropriate time periods (for example, every month or six weeks).

Communication
Communication between The Quays, Wirral DAAT and Advocacy in Wirral, and between members of the management committee has been an issue. However, effective routes for communication have started to be addressed, especially because a member of The Quays management committee has recently (since Autumn 2012) been given a paid position as a link between The Quays and Advocacy in Wirral. The management committee should ensure that these relationships continue to be strengthened.

Project sustainability and funding
The evaluation found that The Quays has been positively received in the community, and that its continuation is regarded as important. Currently, the project may struggle to secure funding because of the lack of monitoring of attendee numbers (to The Quays overall and to the different activities, clubs, groups and training courses), finances and feedback on the programmes, activities and training. The management committee have started to record visitor numbers to The Quays, including reasons for the visits and with a plan to record and disseminate this information. However, they should be careful to not over-report visitor numbers due to repeat visits by the same people. The Quays should also consider gathering perceptions of the clubs and training using the satisfaction survey that was developed. Further to this, The Quays should put into place ways to record finances, monitoring how money is spent. This information is vital when applying for funding bids to show how the money will be used and be translated into value.

Advertising and location
Findings from the case study interviews, service provider interviews and wider perceptions showed that the location of The Quays was an issue. Whilst, the actual location cannot be changed, the evaluation team recommended in the interim report that a flyer be produced to describe the easiest and most cost effective ways of reaching The Quays. Despite the idea being welcomed by the management committee, this has yet to be constructed. Future consideration should be made on expanding the project to provide activities in a more central, easy to reach location as suggested by many case study participants. However, this would largely depend on funding.

The evaluation has found that word of mouth is currently the most common form of advertising for The Quays. More local promotion of The Quays, especially amongst agencies and organisations, is needed according to many participants. Volunteers have expressed desire to be involved in the marketing of the project and, therefore, the management committee should think of ways of how this would be best undertaken. The encouraging perceptions of the local community and service providers has shown that current advertising strategies and organising of public events has been effective.
5. References


European Monitoring Centre for Drugs and Drug Addiction, 2011. 2011 Annual report on the state of the drugs problem in Europe. Lisbon: EMCDDA.


Appendices

Appendix 1: Readiness Ruler

**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 2: 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 3: 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 4: Interim Report Recommendations

- **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.
  - 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).
  - 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.