

Views & Experiences of People Accessing Drug & Alcohol Services



Contents

Contents	1
About Healthwatch Stockton-on-Tees	2
Executive summary	3
Background	5
Methodology	9
Survey findings: Summary	12
Discussions: Summary	18
Responses	24
Conclusion	26
Recommendations	28
Next steps	30
Acknowledgements	30
Appendix one: Survey questions, responses and demographics	32
Appendix two: Mum in Recovery	33
Appendix three: JSNA data on alcohol and substances	35

About Healthwatch Stockton-on-Tees

Healthwatch Stockton-on-Tees is the health and care champion for people who live and work in Stockton-on-Tees. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to people's feedback to improve standards of care.

We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services.

We are entirely independent and impartial, and any information shared with us is confidential.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf. The service is managed by [Pioneering Care Partnership](#), a leading third-sector charitable organisation aiming to improve health, wellbeing and learning for all.

As the health and care landscape begins its journey through transformation and recovery plans, we have actively ensured our work is embedded within the local Integrated Care Partnership Board, forming robust mechanisms with partners to ensure that local intelligence is escalated both at a local, regional and national level.

Healthwatch has the statutory right to be listened to:

- Providers and Commissioners must respond to Healthwatch within twenty days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Executive summary

Healthwatch Stockton-on-Tees worked in partnership with the Teeswide Safeguarding Adults Board to promote National Safeguarding Adults Week (NSAW). In the first instance this provided an opportunity to raise awareness of Safeguarding, while providing an opportunity to speak to service users. Change Grow Live (CGL) offered us their facilities to deliver a coffee morning, promoting partnership working and supporting access to vulnerable communities.

During the planning phase of this piece of work, it was identified that Public Health Stockton-on-Tees were in the initial phase of the development of a peer-led service to support health and wellbeing within the Stockton-on-Tees area. After further discussions with Public Health, professionals, and the Healthwatch Stockton-on-Tees Executive Board it was decided that it would be useful to extend this workplan item to enable additional intelligence gathering that would support the future planning and development of local health and care services.

The particular focus of this workplan item is to improve support for family, carers, and service users of drug and alcohol services by producing effective recommendations, based on service user feedback gathered.

Our engagement took place from October 2023 until February 2024. The promotion of our work was supported by a wide range of partners, including Stockton-on-Tees Public Health, North Tees & Hartlepool Trust, CGL, Bridges and the VCSE sector.

To ensure this research was accessible we used various methods of engagement to gather feedback including surveys, one-to-ones, focus groups and meetings with professionals and service users.

We spoke with carers, service users, and professionals to determine what their main concerns are and to inform how services can be improved, ensure a joined-up multi agency approach and ensure a person-centred approach in the decision-making and planning process.

All the feedback gathered has supported the recommendations for the local area. It was clear from all feedback received that people felt they would benefit from having more choice and control. Additional service providers would be welcomed, offering a collaborative approach to recovery that ensures a person-centred approach to care planning.

Peer support would be beneficial to help to build trusting relationships, advocate on behalf of service users and support with professional development. Substance misuse leads to chaotic lifestyles, people need help to navigate the system and actively engage and access appointments.

The need for out-of-hours services was consistently raised as being essential, along with having services in various locations throughout Stockton-on-Tees, to help to alleviate stigma and support people through their recovery journey.

Families and friends described wanting to better understand how they can support their loved ones and the importance of wraparound services; a multi-agency approach was seen as a much-needed change to current service provision.

Background

There is a high prevalence of drug and alcohol related harm in Stockton-on-Tees.

The Stockton Joint Strategic Needs Assessment (JSNA) provides information about alcohol related harm in Stockton-on-Tees.

It reports that there is a significantly higher proportion of adults drinking at levels that are harmful to their health, with alcohol-related hospital admission and deaths relating specifically to alcohol being significantly higher than the national average. The report also estimates that a large proportion of Stockton-on-Tees residents who are dependent drinkers are not currently in treatment.

Further information is given about illicit drug use in Stockton-on-Tees, with higher-than-average long term, entrenched opiate users and the rate of drug related deaths increasing significantly higher than regional and national averages.

At the time of writing this report Public Health Stockton-on-Tees are in the process of developing a Peer Advocacy Service, with a holistic view to wellbeing support, identifying multiple vulnerabilities, including mental health, domestic abuse, homelessness, and substance misuse.

It is envisaged that this report will support the development of this service and the future commissioning of Drug & Alcohol services in Stockton-on-Tees.

Current Service Offer in Stockton-on-Tees

Stockton Recovery Service is a partnership between Change Grow Live (CGL) and Recovery Connections

CGL is a free and confidential service for anyone living in Stockton-on-Tees, experiencing difficulties with drugs or alcohol. They work with people to explore treatment options, help with general health and wellbeing and to develop a tailor-made plan to help people to achieve their goals.

They offer a 6-day service;

Monday, Wednesday, Thursday and Friday, Face to Face 9am-5pm

Tuesday 9am – 7pm

Wednesday Evening Online Group

Support available includes:

Support and plans – to help people reduce or quit substance misuse, including advice and guidance on making positive change and safely detox.

Groups and meetings – providing peer support and the chance to meet other people with similar experiences to inspire each other and help to reduce isolation. There is the opportunity for group and one to one therapy, focusing on thoughts and behaviours, and online groups 'Breaking Free Online' in addition to other digital services. There is also a timetable of social activities and twelve step recovery meetings.

Detox – An alcohol detox may be recommended if the person is dependent on alcohol. The detox would form part of a larger recovery plan, with a medical professional overseeing everything and providing guidance throughout.

This may be an in-patient treatment at a service or medical facility, or it could be something to do at home. Medication may be prescribed to support the detox, in particular, withdrawal.

A detox isn't viewed as the end of treatment – it's usually the beginning of a person's recovery. Followed with regular support, including one-to-one meetings, counselling, or support group.

Medication – Prescribed medication is available to help, including managing cravings. Medications work in different ways, most of them will work better along with other treatments, such as therapy or group support.

Volunteering – An internal ambassador programme has been developed to help to support peer led recovery and provide the opportunity to receive training and a Level 2 qualification.

Individual Placement Scheme – This scheme aims to support people who are wanting to return to work and includes support to complete CV's, prepare for interviews and promote work placements.

Staff Include – Dual Diagnosis Support Worker, Health & Wellbeing Nurses, Social Workers, and an Outreach Nurse.

Referral – People can self-refer into the service or with permission from the client, a professional can refer on their behalf. Contact can be made by completing an online referral form, via telephone, or in person. Walk-in same day assessments are 9:30am – 11am on Monday, Wednesday, Thursday and Friday.

CGL William Street Clients without a phone

People wishing to access the service who are without a phone can present directly to their building where a face-to-face triage can take place and an assessment appointment given.

Homeless Clients

Stockton Recovery Service have an outreach worker who visits hostels and areas where they are aware homeless people gather and sleep, referrals can be completed there and then. Assessment appointments can be given to the client at this point.

Online

<https://www.changegrowlive.org/recovery-service-stockton/referrals>

Bridges Family & Carer Service

This service is available to everyone who has been directly affected by someone else's substance misuse including parents, partners, children, grandparents, brothers and sisters, who live within Stockton-on-Tees local authority.

They offer a person-centred service, with individual support packages that enable the family to cope with the problems that arise from addiction. Recognising that addiction impacts on all members of the family, offering a holistic approach to address issues.

They offer a 5-day service; Monday-Friday 9am- 5pm.

Support available includes:

Bespoke Care plans – Designed to recognise every individual's needs, circumstances and required support level. The care plans are designed around the individual to help support them to keep physically and psychologically healthy alongside offering support to enable people to best support their loved one.

Counselling Services – Offering family and carer Integrative Counselling and CRAFT-based counselling sessions. Delivered by qualified counsellors, to encourage clients to open up and talk through any issues associated with their caring role in a safe, non-judgmental environment.

Advocacy and Signposting – Although Bridges offers a range of advice and support, they work closely with partner organisations to ensure that support is specific to individual need and can signpost as required. They also offer an advocacy service for clients who require support and representation to ensure that voices are heard, and needs are met.

Grandparent Carer Service – This service is dedicated to grandparents or other family members raising children who are not their own as a result of a loved one's alcohol or substance misuse. They offer tailored support packages to help carers navigate new challenges, including but not exclusive to schooling, behaviour, appointments, healthcare etc. They have a dedicated grandparent carer worker to answer any questions and offer a variety of support and advice.

Alcohol and Drug Awareness – Bridges offer in-depth courses surrounding harm reduction, substance awareness, alcohol awareness, reduction advice, managing behaviour and others as required.

Alternative Therapies – They offer a range of in-house therapies to help rejuvenate body and mind. Carers are prone to higher levels of stress, blood pressure and fatigue than non-carers. To support health and wellbeing they offer treatments such as reflexology, at a subsidised rate of £10.00 per session.

Referral

People can self-refer into the service.

North Tees & Hartlepool NHS Foundation Trust (NTHFT)

NTHFT have developed an expert Alcohol Care Team, which supports in-patients with alcohol-related conditions. Patients who present at hospital who may have substance dependency issues are referred to the Alcohol Care Team for additional support.

They work with the nursing team, medical staff and patients to ensure that all of the patients' alcohol-related needs are being met. They can also support to prescribe the right course of withdrawal medication to help the patient as their treatment continues into the community, including referral to community support services once they leave hospital.

Patients who are referred to the team are supported to develop a discharge plan which addresses the issues that matter most to the individual. This includes social support such as, housing, debt, caring responsibilities, and mental health, all of which can impact substance use. The team's aim is to work to motivate, advise and signpost patients to improve their overall wellbeing.

Methodology

Healthwatch Stockton-on-Tees worked closely the Public Health Team and CGL to develop three questionnaires that would help to gather meaningful feedback and intelligence from service users, carers, friends and family, and professionals to find out what was working well within existing Drug and Alcohol Services and what could be improved. Helping to identify what changes could be made to support people to access the right services at the right place and the right time and improving access and health outcomes.

Working together we agreed a standard set of survey questions. Our questions sought to discover:

- The views and experiences of people accessing drug and alcohol services in Stockton-on-Tees, including friends and family, and professionals.
- What people thought was working well, what could be improved, and what could help to access services in a meaningful way.
- What additional support or guidance they felt could support them on their journey to improved wellbeing, ensuring that people had the opportunity to provide valuable feedback to inform future service delivery and transformation.

Our engagement took place from October 2023 until February 2024. To ensure this research was accessible we used various methods of engagement to gather feedback. Our mechanisms for gathering feedback comprised of:

- SmartSurvey – three surveys were developed to gain the different perspectives of service users, families and carers, and professionals. This was promoted throughout our networks, via our website, featured in our newsletters and ebulletins and shared widely with colleagues and partners with direct links to this service user group. This was to ensure that we could generate as much participation as possible for those who may not be able to attend in person or reached by usual engagement methods.
- We conducted Interviews to support information gathering with professionals.
- We attended services within Stockton-on-Tees to provide face-to-face interviews with service users and carers.
- We attended groups and service provision to carry out focus groups and gather additional case study information.

The number of people we were able to reach with the use of social media was:

- Newsletter – 894
- Facebook – 294
- Twitter- 336
- Direct engagement through our website – 27

The partners who supported the promotion of this workplan item are:

- Stockton-on-Tees Community Wellbeing Champions
- Catalyst Newsletter
- North Tees & Hartlepool NHS Foundation Trust e-bulletin
- Stockton-on-Tees Borough Council – Communities Facebook pages (Billingham, Stockton Central, Stockon West, Stockton Rural, Thornaby)
- Alliance Psychological Services
- A Way Out
- Andy's Man Club
- Fresh Balance
- Bridges Family & Carer Service
- Changing Lives

Through focus groups and meetings with individuals and organisations we were able to engage with 226 people who were able to provide valuable information and help to promote this work plan item. These included.

- Catalyst (VCSE)
- Bridges Family & Carer Service
- Thornaby Community Partnership
- NHS North Tees & Hartlepool Foundation Trust – The Alcohol Team
- University Hospital of Hartlepool
- Change Grow Live (CGL)
- Voice Forum
- Starfish Health and Wellbeing
- Accent Group – Argyll House Residential Provision
- Stillington Tea & Tonic Group
- Synergise Pharmacy
- Mums in Recovery Support Group

In total we gathered **completed** surveys from

15 Service Users

9 Service Users (Shorter Survey)

5 Family & Friends

7 Professionals

In addition to this we captured additional focused feedback via meetings and conversations with both service users, professionals and friends and family.

Note: Some people we spoke to had accessed drug and alcohol services across Tees Valley, there were also people who were long term service users.

Survey findings: Summary

What matters most to people in Stockton-on-Tees

This engagement gave us the opportunity to have one-to-one conversations with a wide variety of people with a specific focus. We were able to speak with service users, friends & family and professionals to gather information that will be used to support the future development and planning of Drug & Alcohol Services in Stockton-on-Tees.

Feedback from Service Users

Of the people we spoke to drug use was the predominant reason for accessing services, followed by both drug and alcohol, alcohol alone was the least reported reason for accessing services, demonstrating the prevalence of drug use in Stockton-on-Tees.

Health and family were reported as being the biggest motivations for change.

We asked people what had worked well so far – overwhelmingly one-to-one support was identified as the greatest source of support. People spoke of not feeling comfortable in groups and feeling pressure to attend. This was seen as detrimental, especially in the initial contemplation phase of recovery. Stigma, understanding what support was available and where to go were described as barriers in accessing support, as well as the timings of services being open. Some people we spoke to had children and were in employment, appointment times during weekdays with no option for evening or weekends, added an additional challenge.

Support groups that were separate from mainstream services were reported as being more beneficial, with people feeling that they felt more comfortable to begin their recovery journey without feeling labelled. Multi-agency approaches were also described as having a positive impact, with the skills and experiences of a variety of services to ensure a person-centred approach to recovery planning.

“I found a multi-agency approach helped me, this was the start of my journey, they attended appointments with me and fought to get me a service that attended my home. The support I got from different agencies made it work for me, I now work full time and have been free of drugs for five years.”

During our engagement many factors were raised relating to accessing mainstream services. It was reported that local drug dealers are aware of the prevalence of substance users at mainstream services, and those most vulnerable are targeted entering and leaving the premises, posing a greater risk to those seeking recovery. Some people felt that others in the group had no intention to recover as the decision

had not been made for themselves, but instead attended to demonstrate a commitment to change for families and friends, with no personal resolve, making it increasingly difficult for those with a personal commitment to change.

Throughout this work people consistently raised the benefits of having a keyworker, support to access services, no wrong door and multi-agency support as vital in the journey to recovery. Recognising that many needs are different and the challenges that can arise from accessing a focal mainstream service.

We wanted to know what service users felt could be done to improve services and support recovery, service users told us:

- A greater choice of meeting places – away from the main centre. People described feeling ‘traumatised’ having to wait outside. They felt unsafe and judged.

Response Jenny Thompson CGL Services Manager

“We would like to use this opportunity to highlight that there are various outreach locations, these include BELP, Family Hubs, A Way Out, Bridge House Hostel, Newalk, Turnaround Homes, The Metro, The Moses Project, and Advance House. We can attend schools and home visits. There is a waiting area inside the main building”.

- Out-of-hours service, that included evenings and weekends. Not an online service, a friendly group that children may be able to attend.
- Multi-agency approach – to avoid a ‘wrong door’ or having to repeat frequently, difficult questioning, including housing, schools, justice system, social services, and mental health services.

Response Jenny Thompson CGL Services Manager

“We have actively sought to improve multi agency working across services, including joint meetings with housing providers, TEWV and healthcare providers. We will continue to build on existing workstreams to support our service users”.

- Keyworkers who could support the many tasks that can be set during a crisis period, including diarising, and contacting service users to prompt appointments. Mental health suffers greatly, people reported feeling overwhelmed and having no idea where to start, pushing them back towards substances.
- Improved access to more services – helping to alleviate stigma.

Response Jenny Thompson CGL Services Manager

“We currently deliver training to the wider workforce that include elements to raise awareness and challenge stigma surrounding substance misuse. We will continue to raise awareness in communities to support continued awareness raising”.

- Care plans were described as generic. Designated key workers could work closely with individuals to ensure care plans are person centred, using a holistic approach.

Response Jenny Thompson CGL Services Manager

“Every service user completes a comprehensive, individual care plan which is reviewed on a 3 monthly basis. We use a case management system to ensure that each plan is unique to the service user and includes prompts across domains of substance use e.g. physical and mental health, family, children and social factors”.

- Access to multiple services that are not focused on substance misuse, people reported feeling overwhelmed, that all they had was a label and needed to focus on the road ahead in a positive way.
- Freephone service that can be accessed via a mobile phone, with good promotion of the service.
- Improved use and partnership working with VCSE organisations, some groups were mentioned as doing great work, with little recognition or funding support.

We asked how people felt about Peer Support Groups, most people told us they would not want to be in a group, preferring one-to-one. However, there was recognition that there may be benefits, such as sharing knowledge, to have a coffee and a chat and not feel so isolated.

Location, having a buddy or mentor and out-of-hours drop-in sessions were factors that would increase the possibility of people participating.

“Services need to be more understanding and work together; I am made to feel bad for things that are out of my control and made to feel weak for wanting to black out of the misery that surrounds it.”

Feedback from Friends & Family

Speaking with friends and family, drugs abuse was the most prevalent concern. People told us about not knowing where to turn, the impact on family, particularly

children and that no help can be sought without the person acknowledging the issues and seeking help for themselves.

They described feeling helpless and the stigma attached to substance misuse.

“I was one of those judgemental people, never thinking it could happen to me. Standing back and delivering tough love was and still is the hardest thing I have ever done. I feel guilt, fear, and dread, without the support from my group, I don't think I could have done it alone.”

People reported knowing where to go for their own support, Bridges Family and Carer Service was recognised as going ‘over and above’ to support friends and families.

There was disappointment raised with the current service provision in Stockton-on-Tees, including the lack of appointment times, feeling that staff were not on hand and inconsistency in staff.

The people we spoke to echoed what service users had told us, that more services needed to be delivered away from mainstream services, as individual journeys to recovery are unique with varying needs.

“The team of support workers at Bridges give you confidence back, they make you feel human again. They are always in touch and have one to one which is brilliant, very professional and lifted me out of the hole I was in.”

We asked people if they would access Peer Support Groups, 100% answered yes. They told us that the factors that would encourage them to attend were.

- Confidentiality – being assured they were in a safe space.
- Location – to reduce nervousness and stigma.
- Knowledge of what to expect. There would be apprehension initially but felt a mentor or buddy could help to alleviate concerns.
- Increased knowledge of how to support family members, to help recognise signs sooner, knowing who to speak to and help raise awareness with wider family and friends.

80% of the people we spoke to would like to improve their mental health and thought counselling would benefit them. The majority of people did not want to access digital support and felt that face-to-face support would be more beneficial.

We asked, ‘What does a good service look like?’ people told us.

- No wrong door – joined up services.

- The ability to drop-in without an appointment.
- Social interaction away from drug and alcohol services, offering a new perspective and hope.
- Improved choice, one size does not fit all.
- Better communication and awareness of what is available.
- No time limits – this illness is characterised by chaotic lifestyles; it was felt that people ‘shouldn’t be cut off’ or time limited.
- Workshops and therapies to help raise awareness and offer alternative pathways.

Feedback from Professionals

When speaking with professionals they identified both drug and alcohol concerns as being equally prevalent. Health and family were identified as being the areas of most concern. The lack of out of hours support was raised, with limited appointment availability, reference was made to contacting a client three times and then the case was closed. This was seen as unhelpful to the client, who would have to start the process again.

Flexibility around work and children was recognised as a further barrier to accessing services.

71% of the professionals we spoke to felt confident in knowing where to signpost people, with some of those describing minimal knowledge. However, 86% felt confident signposting friends and family and referred to Bridges Family & Carer Service.

Referral processes were mentioned as being a challenge at times, particular reference was given to lack of appointment times and only a short window of 9.15am-11am for a drop-in time. This resulted in queues and resistance from service users to wait.

We asked from a professional perspective, what could be improved?

- Additional mental health support – dual diagnosis can be problematic, people presenting with both mental health and substance misuse issues.
- Improved signposting and referral processes.
- Out-of-hours services, supporting people who work or have caring responsibilities.

- Encouraging family to be involved, listening to the experiences of carers, and maintaining regular contact to offer a stronger support network.
- Ability to offer same day assessment.

We also wanted to know if professionals felt peer support could add value to the current service offer. Most professionals said yes, however, there was concern that stigma could remain an issue, with planning and location being important factors. Those with lived experience were thought to be best placed to support people in recovery and peer groups or sessions would need to be adequately supported with trained staff and safeguarding processes.

It was felt that ongoing family support, trauma workshops, high level counselling, training opportunities, and future development opportunities for individuals were vital to help people to sustain recovery, with a sense of purpose, while building self-esteem and confidence.

Professionals told us that they felt a good service would include.

- No closed or wrong doors – a collaborative approach to service user and family support.
- More choice for service users, better locations, including outreach and coffee meetings away from mainstream buildings.
- Staff to be welcoming and understanding, alleviating service users feeling judged.
- Out-of-hours services, with an inclusive family approach.
- Same day assessments and drop-in availability.
- Continuity of staff, providing the opportunity to build therapeutic relationships and trusted relationships.
- Development of workshops including mindfulness, family support and wellbeing sessions.

“Therapeutic relationships matter more than the therapy.”

Discussions: Summary

During our period of engagement, we wanted to ensure we provided different methods of gathering valuable feedback, giving additional opportunity for people to speak to us in a meaningful way. Ensuring as far as possible the views of what was important to those accessing services and professionals could be captured.

Bridges Family & Carer Service

We attended Bridges Family & Carer Service. People told us that they felt frustrated that they had not been able to be a part of the recovery planning for their loved ones, they were unable to get information about how they could best support, despite consent being given to share information from the service user to the supporting provider.

Overwhelmingly there was concern raised that there was only one service provider, reducing opportunity for choice and control in recovery planning.

There was very positive feedback received about the Bridges Family & Carer Service. They were described as a professional and caring service, with lived experience, enabling them to provide relevant knowledge, coping skills, and therapeutic support to enable friends and family to be able to cope better with the turmoil substance abuse can have on families, friends, and carers.

“Bridges saved me from going under, I wouldn’t be here today if it hadn’t had been for them. It has been my lifeline, having somewhere to turn where I am welcome and always a smile on their face is my saviour.”

“If they cannot help, they will go out of their way to find someone who can, they are like an extended family.”

People described the overwhelming grief they feel when faced with dealing with someone with a substance addiction, they talked of feelings of loss, emptiness, uselessness, loneliness, confusion, and feelings of shame.

“I had to watch my son and my grandson go from big strong men to people I didn’t recognise, Bridges guided me through and helped me to accept, much later on down the line, I realised that I’d never get back the son and grandson I once had but that doesn’t stop you loving them for who they were.”

As a group people discussed that prior to attending Bridges they felt it was their fault that their loved one was addicted to substances. They told us Bridges helped them to understand it wasn't their fault, providing education about addiction and the impact it can have on a person.

There was a collective response from those that we spoke to that the current substance misuse service provision was not adequate. They felt that their feelings and views were underrepresented, and that the transparency of outcomes was underreported.

Concern was raised that support staff there had little life experience, lacked empathy, and understanding and at times, felt they could be rude and dismissive.

"I managed to get my husband to attend, but due to the way he was spoken to, he exploded, walked out and refused to return. I tried to explain the way he had been spoken to triggered this. I was told, 'that's up to him'. I have been trying to manage the situation alone ever since".

Homelessness was discussed as an ongoing issue; families left feeling like there is no other option. Sadly, many told us of losing loved ones, as in their view, substance misuse issues had increased while at a local facility.

Families working with social services described feeling let down, with appointments needing to be regularly changed, lack of consistency and frequently having to repeat events, triggering traumatic memories and ongoing negative emotions.

We asked what people felt a good service would like, we were told.

- For every stage of the recovery process to be in different locations, this would help to alleviate stigma and support progression.
- A collaborative approach from various organisations, providing choice and control, stronger referral pathways and improved co-ordination.
- Families & carers to be Included in the planning and care plan process, offering improved understanding and a holistic approach to support.
- A key worker to be designated to each person, that family can also speak to, enabling therapeutic relationships to be built.
- Key workers to be assigned a lived experience mentor, helping to improve empathy, and understanding during professional development.

- Community outreach to be in different locations. Currently having one focal point with people presenting with varying needs is very daunting and can immediately discourage attendance.
- Clear transparency of outcomes and shared learning to enhance service delivery.

Professional Discussions

We were pleased to have the opportunity to speak to several professionals to gain an understanding of the challenges faced from their perspective.

Transport issues were identified as a barrier to accessing service provision, the cost-of-living crisis and lack of funding poses a challenge in the first instance for service users. Non-direct public transport links and distance were mentioned as reasons for people not arriving for their appointments. However, it was felt that funding focused on developing Peer Advocates could better support service user's diary management and promote attendance.

It was felt that the current service provision did not provide a holistic, wraparound service and did not focus on the individuals' own thoughts of what they needed or what they felt was achievable to them. It was strongly felt that service users are not currently part of the care planning process and that this needs to be evidenced as services are developed.

Stigma and labelling were again raised as a barrier as to why people did not present at the main substance misuse service provision.

We asked what a good service would look like, we were told:

- More services, co located to support choice and control.
- Increased professional staffing to help with demand.
- Community outreach that provides follow up. Helping to reduce people re-presenting and integrating recovery pathways.
- More specialist drop-in services, local to different parts of Stockton-on-Tees. Providing better access for those with barriers to accessing services such as, cost of travel, poor mental health and stigma.
- Remove three call rules, no answer and people are removed from the list. This illness is entrenched with chaotic lifestyles.

Synergise Pharmacy

We visited Synergise Pharmacy in Stockton-on-Tees – they are open 7 days a week, 7am till 11pm Monday-Saturday. They offer services to the most vulnerable service user groups in a deprived area of Stockton-on-Tees. They provide a methadone programme for service users.

When first presenting to the service the pharmacist will discuss the programme and advise to use the back of the building daily as an access point. Attitude and behaviour determine access to the front of the building to mitigate disruption for all. During this time any problems which may arise are addressed and relationships built. We observed excellent rapport between staff and customers, with respect and consideration throughout.

Having one service provider was raised as a concern, with collaboration and choice for service users proving problematic. The lack of out-of-office hours services was seen as a barrier to offering the right support in a timely manner, increasing the demand on services during office hours.

“Support services need to be available when it is needed most, it needs acting on there and then otherwise the person is lost.”

The high prevalence of drug use in Stockton-on-Tees places significant pressure on the service, however, staff felt positive that they can provide support, explaining that some service users will present directly without accessing support from the main local service provider.

We spoke to service users while we were there who engage in the methadone program, they spoke positively of the service they received.

“I have total respect even on days when I’m not supposed to be in here, I will call in just to say hello.”

“They don’t nag, and they are straight up with us. We aren’t judged, they’ve saved countless lives, this should be rolled out across the country.”

We observed very positive relationships with staff and service users, people told us that they felt valued and welcomed. Two people told us that the pharmacy had ‘saved their lives’.

Mums in Recovery Support Group

We were able to meet with a group who have developed a peer-led support service using their own lived experience of alcohol and addiction. They identified a gap in alcohol and substance abuse service delivery for mums seeking support in recovery. They spoke of the challenges and additional complexities for parents when facing the stigma attached to addiction, describing everyday difficulties and the devastating impact that it can have on families.

From a young age, substances were used as a coping mechanism to mask hidden trauma and mental health issues. This formed the basis of their spiralling addictions, toxic relationships, and unexpected pregnancies.

Now in their early forties, they are only starting to understand their own triggers and the external influences that have added to the decisions that shaped their lives. They were able to share their stories and talk openly about how services could be improved to support people now and in the future.

They told us their experience highlighted.

- The need for improved, joined up services that offer more choice to service users.
- Increased awareness in antenatal care, posters, leaflets and possible specialists to talk to about alcohol addiction.
- Regular blood tests throughout pregnancy to test for alcohol levels and ensure support is offered throughout antenatal care, focusing on the substance issue.
- Improved staff training and awareness raising around people with addiction, offering an empathetic and supportive approach to avoid triggers where possible and alleviate stigma.
- At the first stage of admission, people tend to feel more comfortable speaking to peers rather than professionals, trust, rapport, and understanding is an integral part of the first steps in recovery, thus instilling confidence and hope.
- Peer support to help to navigate appointments and encourage attendance, until individuals feel strong enough to go alone. Including making calls on behalf of service users and prompting reminders as required.
- Service users need to be part of the planning for recovery – what they feel is achievable to them needs to be listened to and embedded with care plans.
- Commissioned peer support workers to be embedded within professional development, including healthcare workers, schools, care services, Police, GP

practices, hospitals, and other public services. People with lived experience have the skills to support individuals through encouragement and could build trusting relationships.

By sharing their experiences, they hope to help to make positive changes to improve how services are delivered and inspire others to continue their recovery journey. They would welcome the opportunity to speak with professionals and help to shape future service delivery.

“I was still addicted to alcohol when I fell pregnant, I attended antenatal sessions and was honest with them about my addiction and being alcohol dependent. They did nothing, it was as if they didn’t know what to do with me. There was no follow up and no further conversations, I continued to tell them, but no one asked me anything. There was nothing said or given to me about Alcohol Foetal Syndrome or the seriousness of my drinking.”

Responses

Public Health Stockton-on-Tees

“We would like to thank Healthwatch for seeking the views of local people who access a range of drug and alcohol services across Stockton-on-Tees. As commissioners of some of these services, we welcome their feedback, and always endeavour to learn from local experiences to help us improve the support available.”

To download the full response from Public Health Stockton-on-Tees, please click here: [HWS Views and Experiences of Accessing Drugs & Alcohol Services: PH response](#)

Mandy Mackinnon, Strategic Health & Wellbeing Manager, Public Health Stockton-on-Tees

Stockton Recovery Service (SRS)

“Stockton Recovery Service (SRS) is delivered as a partnership between Change Grow Live and Recovery Connections which has been operating in Stockton on Tees for many years. The drug and alcohol sector as a whole has experienced significant pressures as a result of austerity and decreased government funding over the years, alongside a backdrop of increasing expectations, regulation and an ageing and increasingly complex client group, many of whom experience health inequalities and the impact of living in deprived communities.

“We would like to thank Healthwatch for completing this exercise and for working with us to understand the feedback and recommendations, as well as providing us with the opportunity to share a comprehensive insight of our service and how we are meeting some of the challenges identified.

“We would also wish to thank those who took time to share their feedback and would welcome anyone wishing to be involved further, to get in touch directly, as we work with our lived experience group in the coming months to reflect on the report and develop service initiatives moving forward.”

To download the full response from Stockton Recovery Service, please click here: [HWS Views and Experiences of Accessing Drugs & Alcohol Services: SRS response](#)

Jenny Thompson, Services Manager, Stockton Recovery Service (SRS)

Bridges Family & Carer Service

“We at Bridges really appreciate the work that has gone into the report and the really effective way Healthwatch collected the information, we hope the recommendations are implemented as soon as possible.”

“Great to see a report telling it as it is.”

Liam Knowles, Support Worker, Bridges Family & Carer Service

North Tees & Hartlepool NHS Foundation Trust Alcohol Care Team

“Alcohol dependence and alcohol related harms could happen to anyone. Whether you come to North Tees for an hour or are here for weeks, you will be referred and seen by the Alcohol Care Team who will fully support you around your alcohol use. We offer practical advice on how to reduce, quit and where you can be supported outside of hospital, whilst we manage your withdrawals or alcohol related harms in hospital.

“The Alcohol Care Team works closely with several community providers including local authorities (CGL, START), AA, social prescribers, mental health services, safeguarding and housing. All of our assessments are patient centred, and we aim to develop a discharge plan which addresses the issues that matter most to the individual. Factors such as housing, debt, caring responsibilities and mental health can all impact on peoples’ alcohol use. The team motivates, advises and signposts patients to improve their overall wellbeing.”

Hayley Tranter, Alcohol Lead Nurse, North Tees & Hartlepool NHS Foundation Trust Alcohol Care Team

Conclusion

This work has highlighted the challenges facing family, friends, carers, service users and professionals when facing substance addiction.

The effect of drug abuse and alcohol addiction can affect different people in different ways, but the commonality is the negative impact it can have on all who are involved.

The impact of the abuse of drugs or alcohol are both mental and physical, some of which can be life changing or irreversible. It impacts family and social networks; it impairs the ability to make decisions, it impacts the lives of children, reducing life opportunity and chances.

Research has shown that someone who grows up around adults who regularly abuse drugs and alcohol are more likely to develop issues with substance misuse themselves. Other environmental factors such as sexual or physical abuse and peer pressure can also contribute to substance misuse.

For us to make a real difference, there needs to be a holistic change to how services are planned and delivered. It was clear from our conversations that choice and control need to be embedded within planning processes. Commissioned peer support was viewed as much needed to help to promote a wraparound service and support people to attend appointments, while instilling confidence and hope. Families want to be better informed about how they can help. Friendly welcoming community groups were identified as being integral to support recovery, this would be enhanced by having employed lived experience mentors who could actively encourage positive decisions about health and wellbeing.

People in recovery need to feel empowered to see life beyond addiction, a pathway to allow them to move forward and see recovery as a strength, alleviating stigma, and judgement.

Lived experience brings with it a wealth of understanding and empathy that can only provide added value to existing services. People need to know that no matter how they decide to overcome addiction, that help is available, and they do not need to face the journey alone. Addiction can happen to anyone; it is important that society has a good understanding that addiction does not apply to certain demographic groups. By working together we will inspire real change, encouraging health and wellbeing for all and supporting positive outcomes for future generations.

*"I've never met a single soul for who this was their dream
"The things they worked for all their lives, how far away they seem
"So, give yourself a needed break, you're doing really well
"Success is not to never fail; it's getting up each time you fell."
Anonymous*

Recommendations

This focused engagement work has highlighted areas that could help to improve services for those needing support with substance abuse.

Valuable feedback received has informed the following recommendations:

- **Greater choice of meeting places and drop-in venues** – particularly moving away from the main service providing centre. Offering improved accessibility, choice, and control. Helping to alleviate stigma and improve service uptake.
- **Face to face out-of-hours service** – including evenings and weekends.
- **Multi-agency approach** – avoiding a ‘wrong door’ or having to repeat frequently, difficult questioning, including housing, schools, justice system, social services, and mental health services.
- **Development of Lived Experience Peer Support Workers** – to support building therapeutic relationships and increasing capacity. Supporting the completion of tasks, including diary management, contacting service users to prompt and coordinate appointments encouraging access and successful outcomes.
- **Active Person-Centred Care Plans** – ensuring that service users and where possible carers are integrated in the planning process, offering a holistic approach to recovery support.
- **Access to services that are not focused on substance misuse** – people reported feeling overwhelmed, that all they had was a label and needed to focus on the road ahead in a positive way.
- **Freephone Service** – that can be accessed via a mobile phone, with good promotion of the service.
- **Improved collaboration and partnership working** – VCSE organisations were mentioned as doing great work, with little recognition or funding support.
- **Community Outreach** – providing follow up and helping to reduce people re-presenting, while integrating recovery pathways. Currently having one focal point with people presenting with varying needs is very daunting and can immediately discourage attendance.
- **Remove three call threshold** – reports of no answer and people are removed from the list. This illness is entrenched with chaotic lifestyles.

- **Different recovery stages to delivered in different locations** – this would help to alleviate stigma and support progression, demonstrating different stages of recovery and supporting people to feel as though they are progressing in their recovery journey.
- **Key workers to be designated to each service user** – allowing for consistency.
- **Key workers to be assigned a lived experience mentor** – helping to improve empathy and understanding while encouraging continued professional development.
- **Clear transparency of outcomes** – sharing learning to enhance service delivery.
- **Health and Care Services** – Lived Experience Peer Mentors to be embedded in staff training and development in all health and care services.

Next steps

This work will form part of a wider piece of work with the Public Health Stockton-on-Tees Team, as the Peer Support Advocacy service is developed. It will also support the future commissioning of Drugs & Alcohol Support Services.

It will be shared with Stockton-on-Tees Local Authority, Healthwatch England, North East and North Cumbria Integrated Care Board (NENC ICB), Health and Wellbeing Board, North Tees & Hartlepool Foundation Trust and our partners to ensure the voices of the people who have provided valuable feedback are heard.

Acknowledgements

Throughout this process we have been able to work closely with the Stockton Recovery Service and the Public Health team to review all feedback and look at ways that we can continue to build on service improvements, including communication methods, service delivery and peer support. This work has highlighted the strength in collaborative working practices and together we can make a difference.

We would like to express our thanks to all service users, carers and professionals who have helped us to gather this valuable information. We would like to thank our partners for their support in disseminating and promoting this workplan item, helping us to ensure the voice of service users influence the improved delivery of health and care services.

- Change Grow Live (CGL)
- Recovery Connections
- Catalyst (VCSE)
- Public Health Stockton-on-Tees
- North Tees & Hartlepool NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust – Alcohol Team
- Starfish Health and Wellbeing
- Stockton-on-Tees Community Wellbeing Champions
- Stockton-on-Tees Borough Council
- Alliance Psychological Services
- A Way Out
- Andy's Man Club
- Fresh Balance

- Changing Lives
- Bridges Family & Carer Service
- Thornaby Community Partnership
- University Hospital of Hartlepool
- Voice Forum
- Accent Group – Argyll House Residential Provision
- Stillington Tea & Tonic Group
- Synergise Pharmacy
- Mums in Recovery Support Group

Appendix 1: Survey questions, responses and demographics

A list of survey questions, responses from the surveys and demographics data can be supplied on request.

Please contact Kathryn Clapham, Healthwatch Stockton Projects Administrator at kathryn.clapham@pcp.uk.net for details.

Appendix 2: Mum in Recovery

MUMS IN RECOVERY! (SUPPORT GROUP)

Welcome to our Mums in Recovery Support Group! We would like to introduce ourselves, Ray and Sarah. We both have lived and life experience around recovery.

Through our experiences, it has bought us to identify that there is nothing for mums in recovery from alcoholism and substance use in the community. We know and understand how important it is and what we need to maintain recovery. This isn't always easy and one of the main difficulties is childcare. We cannot stress how important attending meetings and other recovery-based support groups are for recovery.

Well, we have found a simple solution, run one ourselves! We want to remove the barrier of childcare worries and create a safe space for mums to come with their little ones, to connect, seek support and be a part of a 'mums in recovery' community. If our mums have children that are at nursery or school, mums can come and have some much-needed breathing space and just be themselves!

What our mums can expect at our support group:

- A safe environment
- A warm, friendly welcome
- A relaxed space to be your true self
- A non-judgemental approach, accepted for who you are, we are all equal humans!
- An escape from isolation
- To connect and feel supported

We mums are worth it all!

We will provide a comfortable area for babies and children to play (your children are your responsibility).

If you know of any mums or services that support mums in recovery, please forward this on, lets work together and get this out there! Your support towards this is very much appreciated.

Location - Low Grange Community Centre, Billingham, TS23 3PF.

Day – Fridays Time – 10.00 – 12.00

If you require any further information, please do not hesitate to contact ourselves and we would be more than happy to answer and questions you may have.

Ray – 07794 902318

Sarah – 07753 414660

MUMS IN RECOVERY

Are you in recovery? (alcohol or substance use)

Struggle to get to meetings/support groups, no childcare?

Isolated, lonely, feel judged & not accepted in the community?

Why not come & join us for a chat, cuppa & cake

A safe space, non-judgemental & supportive environment with like-minded mums, where you can bring the little ones (babies & children welcome) or take some time out while they are in nursery/school!



Every Friday 10.00 – 12.00

Low Grange Community Centre Low Grange Avenue, Billingham TS23 3PF

Appendix 3: JSNA data on alcohol and substances

Stockton-on-Tees JSNA Alcohol Misuse data

Stockton JSNA Print

[People](#) [Vulnerable Groups](#) [Wider Determinants](#) [Behaviour and Lifestyle](#) [Illness and Death](#)

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1. Summary

Stockton-on-Tees JSNA Illicit Drug Use data

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1. Summary



healthwatch

Stockton-on-Tees

Healthwatch Stockton-on-Tees
Catalyst House
27 Yarm Road
Stockton-on-Tees
TS18 3NJ

www.healthwatchstocktonontees.co.uk

t: 01642 866312

e: healthwatchstockton@pcp.uk.net

 [@HwStockton](https://twitter.com/HwStockton)

 [@HWStockton.on.Tees](https://www.facebook.com/HWStockton.on.Tees)