



# SERVICE EVALUATION

2020 - 2021

## High Level Northern Trust

June 2021

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This external evaluation was undertaken by:



Charity Fundraising Ltd.'s mission is to support the development of charities and other voluntary sector organisations in order to maximise their positive impact on society. We do this through providing expert strategic and practical consultancy services in fundraising development and impact measurement.

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# 1. Introduction

High Level (Northern) Trust, HLNT, provides a holistic, therapeutic treatment and rehabilitation programme to anyone suffering from the effect of any form of addiction or stress in Rochdale. HLNT also supports people who are worried about friends and family substance and alcohol use. HLNT empowers people to take control of their own lives, by supporting them to make positive choices – to aid their recovery.

The aim is to keep service users free from addiction to deal with the aftermath of issues once the substance has been removed– supporting their mental and physical health, reducing their isolation and improving their overall wellbeing, preventing relapse through return to old habits and behaviours. This is achieved through:

- One-to-one support – with an assigned key worker who supports clients to work towards a personal plan of recovery from addiction;
- Peer support – service users support one another, share experience and encourage and empower each other;
- Group support – to encourage participants to have fun and relax without the use of addictive substances;
- Counselling – free support from trainee counsellors (working to BACP ethical framework);
- Drop-in service – a safe space for individuals to relax, and socialise

HLNT adopts a non-judgemental person-centred approach, providing a confidential and safe environment and working within the BACP ethical framework, reducing isolation and empowering people to make positive choices and have the best possible chance of living an addiction free life to be able to contribute to society. HLNT enables service users to direct and influence the work of the charity (with individuals recovering from addiction also represented across the Board, staff and volunteer teams) and works with local organisations to collectively address the problem of addiction in the community.

In addition to benefitting service users and their families, working with individuals in recovery from addiction has the benefit of helping to reduce crime, anti-social behaviour, violence and homelessness. In turn this reduces the pressure on the police, ambulance service, doctors' surgeries, NHS, Hospitals, social services and other local services.

**“ I’ll be forever grateful to High level for not giving up on me and helping me get my life back on track. For empowering me to make better decisions, to learn to begin to love myself again.**

***This service has been a lifeline and I know there are so many people that need this kind of help.***

***AJ, Service User***

**”**

## 2. History, Leadership & Management

Since 2002 HLNT has supported 3,683 (as of 28<sup>th</sup> May 2021) people in recovery from addictions.

Until 2002 HLNT had been offering telephone support for people with addictions until a national helpline was set up. HLNT then registered as a charity and set up a day centre to provide holistic and alternative therapies. Between 2014-2017 HLNT delivered a recovery and reintegration service as part of the local authority's substance misuse service (1:1, counselling and group support, holistic therapies and signposting to educational opportunities). Due to austerity measures and budgetary cuts the charity lost this funding in 2017 but was determined to continue to provide essential services (drop in facility, 1 to 1 support and advocacy, counselling and holistic therapies) to help people break free from addiction. A significant restructure of the organisation was undertaken which has ensured that the charity has been able to maintain core services.

HLNT has seven Trustees with shared expertise in the police and prison services, business ownership, accountancy, and Trustee and volunteer support of Trusts and Foundations promoting advocacy and supporting the homeless, and victims of domestic abuse.

The Service Manager has many years' experience as a qualified counsellor with expertise in drug and alcohol rehabilitation and Neuro Linguistics and has previously set-up and run his own non-profit counselling service. The Key Workers have extensive experience in Counselling and Neuro Linguistics and the Holistic Therapist in Massage, Relaxation and Meditation, Thai Hand and Foot Massage, Reflexology and Reiki.

## 3. Project Context

### 3.1. Rochdale

The Trust works across Rochdale which is the 17th most deprived local authority in the country according to the Index of Multiple Deprivation 2019 (this places the area of operation within the 20% most deprived nationally). The area witnesses deprivation on an unprecedented scale – Rochdale is the most often cited example of a deprived community by the national media.

Addiction and deprivation are inextricably linked and Rochdale has some of the worst rates for alcohol and substance misuses in the country. For example, according to Public Health England, for the period 2017/18, there were 2,733 alcohol related admissions per 100,000 and 53.2 alcohol specific deaths per 100,000 – both of these rates exceed the English average. In 2018, there was a 12% increase in deaths related to drug misuse in the area [Rochdale online, May 2018]. HLNT typically supports around 250 individuals annually (allowing clients to exit and return to the service as frequently as necessary) with demand outweighing capacity.

#### Rochdale Key Data

**17<sup>th</sup> of 317** .....most deprived local authority

Alcohol related admissions per 100,000..... **2,733**

**53.2** .....alcohol specific deaths per 100,000



## 3.2. Addiction

Addiction to drugs and alcohol, can affect anybody. The effects of addiction can be devastating and cumulative – it can lead to family breakdown or abuse, have debilitating effects on the wellbeing of children, and cause financial problems leading to serious debt and often, homelessness.

As relationships with friends and family breakdown further, leaving an individual isolated, they can resort to criminal behaviour resulting in imprisonment. Drug and alcohol addiction are therefore not only a problem for the individual, but can also impact heavily on children, families, the local community and society as a whole.

Nearly all HLNT service users report dual diagnosis – the co-existence of mental health problems and addiction. The relationship between these two issues is well documented and commonly experienced as individuals can find that the effects of substance misuse led to mental health problems or use alcohol and/or drugs to “block out their symptoms” [Royal College of Psychiatrists, [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)]. In 2018, the Mental Health Foundation reported that adults with dependencies on drugs were twice as likely to be receiving psychological therapy than the general population.

### National Addiction Statistics

#### Alcohol

- England has an estimated 586,780 dependent drinkers, only 18% of whom are receiving treatment \*
- Alcohol misuse is the biggest risk factor for death/ ill-health/ disability among 15-49 year olds in the UK\*
- Alcohol is a causal factor in more than 60 medical conditions and in 2018/19 - 7.4% of all hospital admissions related to alcohol consumption (PHE 2019 & NHS Digital 2019)
- 47% of those in alcohol treatment live in the 30% most deprived areas (PHE, 2018)
- 54% of people in alcohol treatment also needed mental health treatment (PHE, 2018)

## Drugs

- 9.4% of adults (16 to 59) had taken an illicit drug in the last year (NHS Digital 2018/19)
- 20.3% of young adults (16 to 24) had taken an illicit drug in the last year (NHS Digital 2018/19)

### 3.3. Presenting Needs of Service Users

In February 2021, a questionnaire was distributed to all service users. In total 70 people responded, providing information about some of the issues and challenges they faced prior to joining HLNT. A summary of these has been provided in the table below.

	Number	%
<b>Experience of depression</b>	64	91
<b>Experience of anxiety</b>	64	91
<b>Low levels of wellbeing and mental health</b>	60	86
<b>Feeling at risk of relapse</b>	58	83
<b>Low levels of confidence and self esteem</b>	55	79
<b>Experience of isolation and loneliness</b>	54	77
<b>Finding it difficult to make positive choices</b>	53	77
<b>Lack of physical activity</b>	41	59
<b>Lack of healthy lifestyle</b>	41	59
<b>Anger management problems</b>	40	57
<b>Lack of good support network</b>	39	56
<b>Lack of good relationships with family and friends</b>	35	50

The data in the table above demonstrate that the top five most frequent presenting issues relate to mental health, with individuals reporting depression, anxiety, fear of relapse, low levels of wellbeing and confidence/self-esteem as major problems for them.

The staff team interviewed also reported that low mental health was a major problem for many service users, sometimes a result of their addiction, but more often than not an underlying factor. The team also reported that the high levels of deprivation and unemployment in Rochdale created a fertile environment for addiction to develop and take hold within communities.

## 3.4. Covid-19

The Covid19 pandemic has exposed the inequalities experienced by individuals and the impact this has on health. Crucially, there is growing evidence of the toll that the crisis and the social distancing measures has had (and is continuing to have) on mental health.

Alcohol Change UK reported in April 2020 that 1 in 5 daily drinkers had reported increased alcohol consumption during the first lockdown, to cope with worries regarding health, bereavement and unemployment in addition to the impacts of boredom and loneliness. HLNT's service users, already in recovery from addiction, were particularly predisposed to relapse having temporarily lost their support structures:

- Peer networks as a result of social distancing measures;
- Meaningful activity such as training opportunities or volunteer placements;
- Opportunities to exercise e.g., through closure of gyms;
- Therapy and counselling;

In 2020, a sample of 84 service users showed 69% experiencing relationship problems and isolation, 94% suffering mental health issues, 95% experiencing anxiety and depression, 90% finding it generally hard to cope as a result of the Covid-19 crisis.

Consultation with service users during the first national lockdown also revealed the following:

- 20 service users had resumed consuming alcohol / using substances again;
- Those who had not recommenced using feared they may do so;
- Feelings of isolation during lockdown which impacted resilience and coping ability;
- Anxiety for the future around: income, employment, health, wellbeing & family;
- Fears about returning into the community as social distancing measures eased;

HLNT had to respond and adapt methods of delivery accordingly moving away from face-to-face delivery, while still offering sufficient support to keep individuals engaged and focussed on their recovery:

- Daily telephone support
- Video chats with the support team via Zoom
- Online peer support groups

Covid-19 specific support focussed on:

- Information about the virus
- Methods for keeping safe
- Information on relapse prevention
- Personal development support
- Neuro-linguistic programming activities

As knowledge and understanding about the transmission of the virus increased and government guidance adapted accordingly, HLNT was able to resume some face-face activities and open up the Common Room in Covid-secure ways. Support has since maintained a blend of both face-face and remote approaches.

## 4. Evaluation Methodology

### 4.1. Service Outcomes and Indicators

The service has aimed to assist clients in remaining connected with peers, reducing loneliness and developing coping strategies making them more resilient to relapse.

In order to be able to monitor and evaluate the progress and impact of the service, the following outcomes and indicators were established at the outset.

Outcome	Indicator	Level
<b>Individuals are better able to sustain abstinence for 6 months</b>	<ul style="list-style-type: none"><li>• Individuals report abstinence for 6 months</li><li>• Individuals report improved coping strategies</li><li>• Individuals report improved resilience</li><li>• Individuals report improved access to services</li></ul>	<b>162 People or 60%</b>
<b>Individuals have improved health and wellbeing</b>	<ul style="list-style-type: none"><li>• Individuals report reduced anxiety</li><li>• Individuals report reduced depression</li><li>• Individuals report improved confidence and self-esteem</li><li>• Individuals report improved diet</li><li>• Individuals report increased levels of physical activity</li></ul>	<b>162 people or 60%</b>
<b>Individuals have improved social connections</b>	<ul style="list-style-type: none"><li>• Individuals report improved relationships with family and friends</li><li>• Individuals report reduced loneliness</li><li>• Individuals report improved ability to manage anger</li><li>• Individuals report increased participation in social and leisure activities</li></ul>	<b>162 people or 60%</b>

## 4.2. Monitoring and Evaluation Methods

A robust approach to monitoring and evaluation was necessary to assess impact and learn about and share the most effective ways in which to support individuals with addictions in Rochdale. Monitoring methods included:

- Sessional attendance data;
- Baseline assessment with service users and follow-up monitoring reviews;
- Annual service user survey;
- Service user, staff and volunteer interviews;
- Capturing case studies;

## 4.3. Evaluation Team and Approach

HLNT has commissioned Charity Fundraising Ltd to undertake the evaluation of its addiction services. This evaluation has taken place during 2021 and has reflected on project delivery over the last 12 months, therefore encompassing the Covid-19 crisis. The evaluation research has focused on:

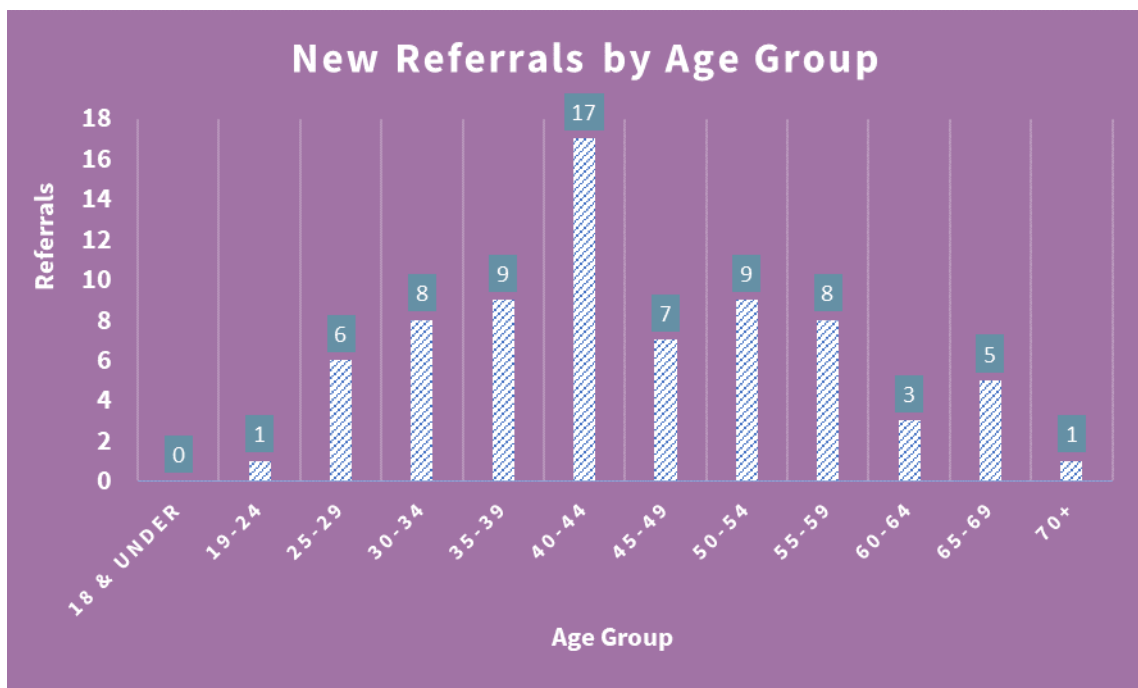
- Assessing impact and outcomes;
- Understanding the challenges, the organisation has faced during Covid-19;
- Identifying best practice and critical success factors;

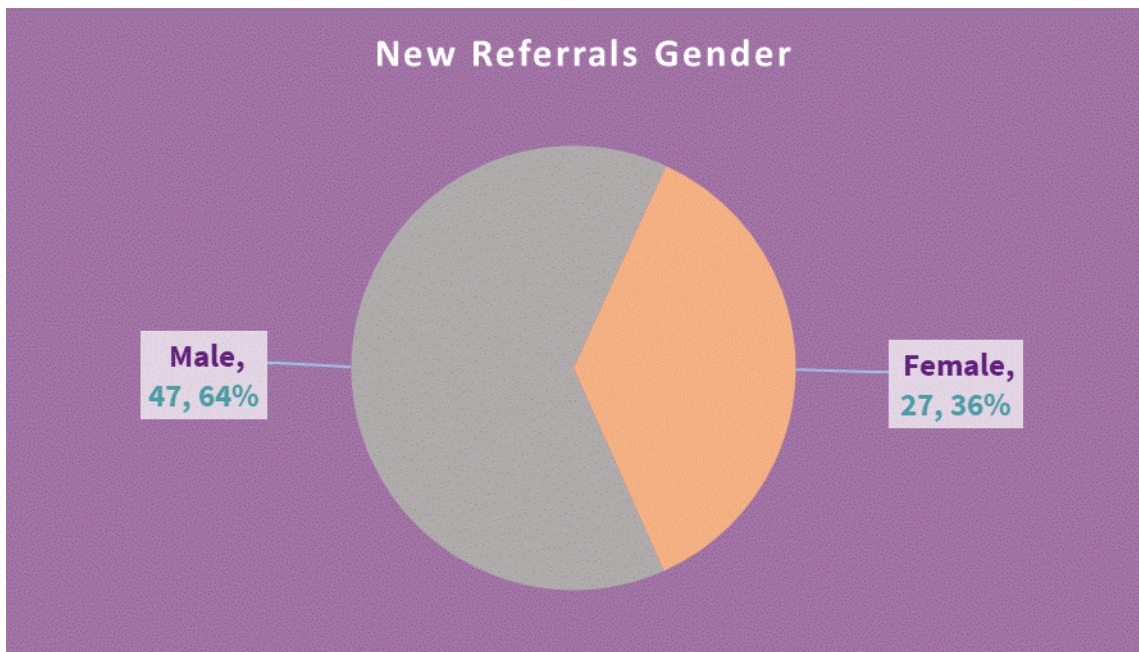
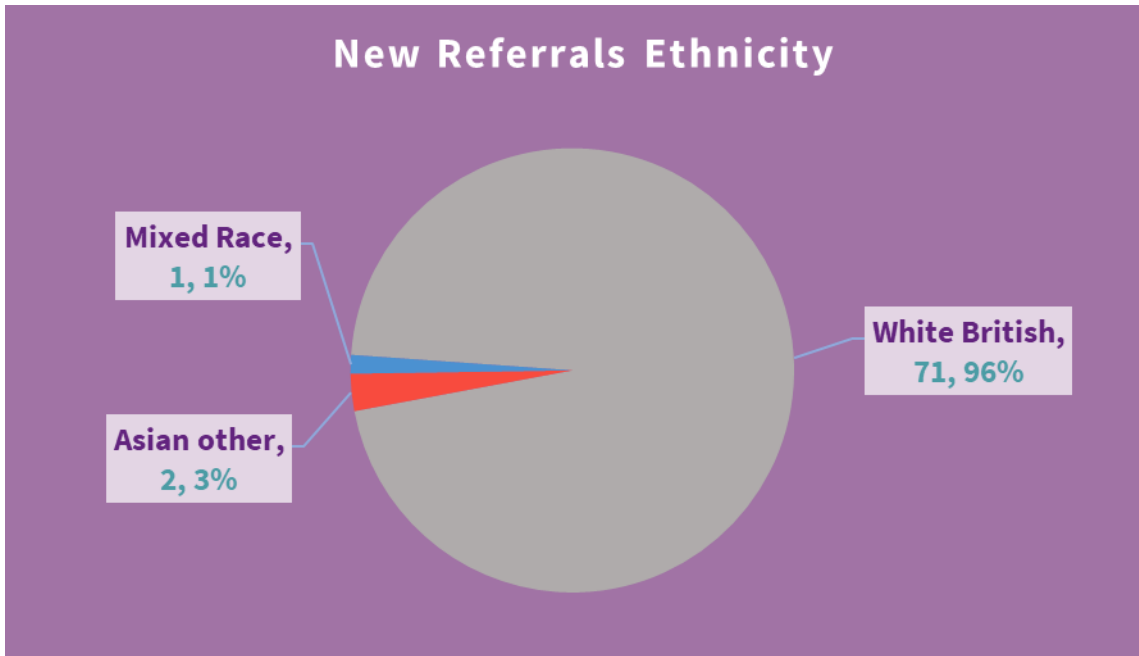
# 5. Engagement

## 5.1. Service Users

The target group for this project comprised new and existing service users and people at differing stages of their recovery journey, whether at the outset or those who may be worried about relapse, following a long period of abstinence, due to the pressures of Covid-19.

HLNT manages an ongoing caseload of around 180 individuals each year, with new referrals being made to the organisation on an ongoing basis. During the last 12 months, the organisation has not been proactive about promoting the service as demand during the Covid-19 crisis was too difficult to predict. Despite a lack of promotion of services, the organisation still attracted 74 new referrals to the project. The demographic breakdown of these is provided in the charts below.





The majority of service users referred themselves to HLNT (35) with the next most common source of referral being Turning Point (29). Other referral sources included:

- Sanctuary Trust;
- Sudden Resource Centre;
- Children's Services;
- Adult Care;
- Hospital and GPs
- Mind (Rochdale)



## 5.2. Activities and Partnerships

HLNT's services have focussed on offering a daily programme of information, therapy, peer support and activities. Over the last 12 months, these have primarily been delivered over the phone, in Covid-secure premises and online where feasible:

- 1 to 1 face to face and remote support services delivered by keyworkers: telephone / online mentoring to talk through concerns and develop coping strategies;
- Running peer group sessions online, facilitated and led by individuals in recovery from addiction;
- Re-opening the common room subject to social distancing restrictions, to help people gradually regain confidence in re-engaging with community, face to face support and social networks;

### Case Study: AD

Before joining HLNT, AD had made a number of attempts to address his addiction. Following a number of hospital admission, AD completed several home detox programmes before finally achieving abstinence following a residential detox. AD came to HLNT, presenting with isolation, depression and anxiety, poor boundaries and low self-esteem. AD had a history of making unsafe decisions and had experienced repeat relapses. Prior to joining us, AD had lost both parents and had been in an abusive relationship for many years. He had one surviving family member, though his use of alcohol had damaged this relationship.

AD has received counselling and Key worker support from HLNT. This has enabled him to learn to deal with underlying mental health issues and enabled him to access a range of additional services. Following HLNT's interventions, AD has now been allocated a guardian for his financial welfare and has contact with his housing warden on a daily basis. He receives independent living support from carers who visit to help him with his self-care needs, shopping and cooking. AD continues to access weekly support from HLNT to maintain long term abstinence.

AD has dealt with two significant losses and managed the grieving process without resorting to substance misuse.

AD is going to look at accessing additional age related community events once the Covid pandemic has been lifted to allow him to establish bonds and friendships within his community. To remain abstinent. AD is going to continue to access support via attending High Level. He is continuing to budget carefully with support and now has a savings account which will enable him to be more financially secure in the future.

## 6. Impact

### 6.1. Outputs

Summary of the quantitative data for the project is as follows:

<b>Outputs</b>	<b>Actual</b>
<b>Total number of people reached reached/engaged</b>	<b>260</b>
<b>Number of Key Working Sessions</b>	<b>1,225</b>
<b>Number of telephone 1-1s</b>	<b>4,113</b>
<b>Number of physical attendances (Common Room and 1-1s)</b>	<b>1,568</b>
<b>Number of holistic therapy sessions</b>	<b>495</b>
<b>Number of counselling sessions</b>	<b>495</b>
<b>Number of successful completions</b>	<b>57</b>

### 6.2. Outcomes

In order to measure the achievement of the intended outcomes, we have reviewed the quarterly monitoring data collected by HLNT and used the responses to the questionnaire disseminated in February 2021 (n=70 / 27% sample of 260 people) extrapolating this data across the full cohort..

For all of the indicators below, a target of 162 or 60% achievement was established, recognising the potential impact that the Covid-19 crisis may have for relapse and worsening mental health amongst HLNT's service users.

## 6.2.1. Outcome 1: Individuals have achieved positive behaviour change

The quarterly monitoring data shows that out of 260 service users, 185 (71%) were able to maintain non-dependent use of substances for at least 6 months (against a target of 162).

Quarterly Monitoring Data	% of Service users	Service users achieving target
Individuals maintain non-dependent use of substances for at least 6 months	71%	185

The monitoring data collected by the project team clearly shows that the majority of service users have made real progress and have sustained non-dependent use of substances. These results are particularly commendable given the incredibly challenging period the services and service users have been through over the last 12 months.

The questionnaire responses demonstrate the ways in which the service has been able to help people achieve this outcome and avoid relapse. As we can see in the table below, the vast majority of respondents felt that they had improved their coping strategies, resilience and access to services with HLNT's support.

Indicators	% of respondents	Service users achieving Indicator
Individuals report improved coping strategies	96%	250
Individuals report improved resilience	84%	218
Individuals report improved access to services	89%	231
Average	90%	234

It is also clear from the questionnaire data provided in the table above, that the service has significantly exceeded the target of 60% for each of the indicators and the overall number of service users achieving the indicators.

The interviews with the service users really highlighted the value that they placed on HLNT's approach towards linking them to other services, helping them to join AA or NA groups, supporting them to volunteer and take up training courses. When asked about the extent to which they felt that HLNT had helped them develop coping strategies and improve their resilience, the interviewees felt that HLNT was able to offer them the understanding that their friends and family couldn't. They felt that being able to share experiences with people who had been through similar things, who were able to empathise and act as a critical friend meant they were guided and supported by people they could relate to and respond to. Having the 1-1 support provided as frequently as required meant that they felt they always had someone looking out for them and that they had someone to talk to if they felt they were going to relapse.

“

*It's always knowing there is someone to talk to,  
someone who understands you.*

**John, Service User**

”

## 6.2.2. Outcome 2: Individuals have improved health and wellbeing

Mental health problems are often associated with addiction and HLNT's service users typically present with issues such as depression and anxiety in particular. The support offered focuses upon helping individuals address these problems, using neuro-linguistic approaches to counselling and support to help individuals work through underlying issues, adjust thinking and behaviours and learn how to self-manage their mental and physical health.

The quarterly service monitoring data shows a very high proportion of service users improving or stabilising their mental health and wellbeing.

<b>Quarterly Monitoring Data</b>	<b>% of Service users</b>	<b>Service users achieving target</b>
<b>Individuals have reported improved or stabilised anxiety</b>	<b>92%</b>	<b>239</b>
<b>Individuals have reported improved or stabilised depression</b>	<b>83%</b>	<b>215</b>
<b>Individuals have reported improved or stabilised wellbeing</b>	<b>92%</b>	<b>239</b>

Again, from questionnaire responses, we can see that the service has exceeded the 60% target set for all of these indicators, with the average proportion of service users reporting these being 76%. It is apparent from this data, that the majority of questionnaire respondents felt that their health and wellbeing had improved.

<b>Indicators</b>	<b>% of respondents</b>	<b>Service users achieving Indicator</b>
<b>Individuals report reduced anxiety</b>	<b>81%</b>	<b>211</b>
<b>Individuals report reduced depression</b>	<b>74%</b>	<b>192</b>
<b>Individuals report improved self-esteem</b>	<b>76%</b>	<b>198</b>
<b>Individuals report improved diet</b>	<b>74%</b>	<b>192</b>
<b>Individual report increased levels of physical activity</b>	<b>73%</b>	<b>190</b>
<b>Average</b>	<b>76%</b>	<b>198</b>

The interviews with the service users highlighted the value of the counselling they received from the service, which gave them the confidence and skills to understand the issues and challenges they have faced in their lives. The Neuro-linguistic approach utilised helps individuals to “re-programme” negative patterns of thinking and behaviours and has clearly been a crucial approach towards enabling individuals to overcome or at least learn to come to terms with the underlying issues of their addiction

and sustain recovery. Individuals also reported being encouraged to develop new strategies for maintaining positive mental health, using techniques such as mindfulness to manage anxiety.

The interviews with service users and staff also identified that low self-esteem and sense of shame often contributed to the development of a person's addiction. Indeed, as we saw earlier in this report, around 83% of those completing the questionnaire felt that these were problems for them. The interviewees felt that HLNT was particularly successful at helping them to build their self-esteem, come to terms with the difficult things in their life - actions and behaviours they had felt previously very ashamed of.

The service users interviewed also said that the support from HLNT had helped them to learn to care about and look after themselves, with some reporting being more active, eating healthier diets and being able to maintain this even during the lockdown periods.

“

*When I go to HLNT...it's like coming home.*

**Andrea, Service User**

”

### 6.2.3. Outcome 3: Individuals have improved social connections

As above, the indicator target for this outcome was 60% or 162 individuals.

Indicators	% of respondents	Service users achieving Indicator
Individuals report improved relationships with family and friends	74%	192
Individuals report reduced loneliness	77%	200
Individuals report improved ability to manage anger	74%	192
Individuals report increased participation in social and leisure activities	51%	133
Average	69%	179

The average number of respondents reporting one or more of these indicators was 49 out of the sample size of 70, representing an average of 69%, again exceeding the 60% target. The results are also somewhat skewed by a lower number of people reporting increased participation in social and leisure activities compared to the other indicators. HLNT has not proactively sought to offer any social or leisure opportunities for service users, but instead provided encouragement and guidance to individuals on accessing these in the community. Many of these types of activities were temporarily closed throughout 2020 and into 2021 as a result of the lockdowns and so it is unsurprising that far fewer respondents reported this indicator.

It was very clear from the interviews with service users that HLNT's support makes a significant intervention in relation to their social connections with others. Individuals reported feeling less lonely, feeling a sense of community and camaraderie within the service. They reported improved support networks and a greater sense of feeling understood by other people in the service and by the staff and volunteers.

The impact of addiction on other members of the family can be devastating. Relationships often break down as an individual's behaviour becomes too difficult to



manage, the fear and anxiety of a loved one coming to severe harm as a result of addiction becoming too difficult to live with. Just over half of HLNT's service users reported damaged relationships with family as a major problem for them before they joined the service in the annual questionnaire. The results above show that nearly 3/4 of service users experienced a real improvement in their relationships with family and friends following HLNT's support. The interviews with service users also confirmed this, with individuals reporting that their family and friends found them more dependable, more "easy going" and that they felt more confident in their interactions with others.

Whilst it has not been possible for some to access all of the sports or leisure activities they would choose as a result of the lockdown and social distancing measures, the interviewees did feel that HLNT had helped them to become more involved in these where they could. In particular, the interviewees noted the fact that the service overall helped them to build confidence and self-esteem so that they were less nervous about trying out something new. The Common Room also offers a drug and alcohol free space where individuals have been able to socialise with each other, learn how to interact with others without substances and gain from the support and encouragement of one another.

“

*I think I am as good as anyone else now, so I don't worry so much about going places or doing things!*

**Caroline, Service User**

”

## Case Study: CR

CR had been in an abusive relationship for 15 years and this had led to problematic use of alcohol. She has accessed 2 residential detoxes, 2 home detoxes and undertaken a 6 month period of residential rehabilitation.

CR has 3 daughters and 2 sons. The eldest son also has a history of drug use and had previously blamed CR for his addiction, resulting in a strained and difficult relationship between the two of them.

CR presented to HLNT with isolation, depression and anxiety and had experienced a number of relapses due to relationship breakdown, bereavement and difficulties managing her own wellbeing.

She accessed 1-1 sessions from a Key Worker, holistic therapies, acupuncture and motivational interviewing from HLNT. She has also accessed personal development courses, HLNT's women's group and the Stay Safe group.

CR has now completed many of the areas identified for her recovery and maintained access to support via face to face appointments and telephone appointments. She has completed a counselling and volunteer course. She has developed clear boundaries now and will no longer lend money to her eldest son. She has positive relationships with her other children.

CR now supports her family by providing childcare so that her sons and daughters can go to work. She has been on holiday abroad with family members and has been able to support her daughter and teenage grandson through some difficult times of their own

CR says that she is going to look at additional training so she can support others in addiction.

## 6.3. Impact for family Members

The interviews with service users and staff highlighted the wider ramifications of supporting a person to maintain non-dependent use of alcohol and drugs, particularly in relation to potential positive impacts for other family members.

Throughout the interviews it was reported that individuals had previously lost custody of their children and/or had been prevented from being able to see their grandchildren as a result of their addiction. Indeed, analysis of the presenting issues of new referrals shows that 3 out of 74 new referrals had children in care. The impact on other family members' own mental health was also raised as an issue, with interviewees recognising increased levels of anxiety and depression being experienced by relatives trying to support them.

Whilst HLNT has not provided significant levels of direct support to family members or for individuals seeking to regain custody or access to children, it is apparent that the help provided to individuals makes a big difference in this regard. Interviewees reported being able to babysit their grand-children alone for example because they had been able to regain the trust of family members. Other interviews highlighted instances of service users being able to demonstrate such positive change in their lives following HLNT's support, that they had been able to regain custody and access to their children. The potential long-term benefits of this are significant – addiction can be one of the reasons a child is placed into care of the local authority and there is a wealth of evidence that young care leavers experience worse health, educational and social outcomes than other young people. Supporting parents to address their addiction and maintain positive healthy relationships with their children evidently helps to break this chain and give the child a better start in life.

Outcomes for family members have not been measured during this evaluation, but this could certainly be an avenue for further research in later evaluation work.

## 6.4. Maintaining impact during Covid-19

In March 2020, when the Covid-19 crisis really began to develop in the UK, there was concern within the HLNT team and amongst the service users as to the potential impact of the crisis on people’s ability to maintain non-dependency. There were also real concerns that the crisis would lead to problematic use of substances amongst the wider population in Rochdale too. Repurposing the service to operate remotely had clear consequences for the nature of support provided and had to be undertaken without any real knowledge of how this would affect the impact and effectiveness of the service.

The evaluation questionnaire and interviews asked respondents to provide their views on how well the service had supported them during the Covid-19 crisis. The responses to the questionnaire are provided in the table below. We have extrapolated the sample data across the cohort to provide a demonstration of the impact of the service as a whole.

<b>Covid-19 Support Indicators</b>	<b>% of respondents</b>	<b>Service users achieving Indicator</b>
<b>HLNT’s support has enabled me to maintain my recovery during the Covid-19 Crisis</b>	<b>90%</b>	<b>234</b>
<b>HLNT’s support has enabled me to cope with things during the Covid-19 Crisis</b>	<b>93%</b>	<b>242</b>
<b>HLNT’s support has enabled me to not feel so isolated during the Covid-19 Crisis</b>	<b>94%</b>	<b>244</b>
<b>HLNT’s support has helped me to have something to look forward to each week during the Covid-19 Crisis</b>	<b>90%</b>	<b>234</b>
<b>HLNT’s support has helped me to self-manage my mental health during the Covid-19 Crisis</b>	<b>94%</b>	<b>244</b>
<b>Average</b>	<b>92%</b>	<b>239</b>

These results are remarkable. An average of 92% of respondents felt that HLNT had provided them with good support throughout the crisis, helping them to maintain recovery, self-manage their mental health and avoid isolation. The service team reported that the telephone calls and messaging services they had offered had meant that they

could deliver more frequent sessions to individuals, keeping in touch with them throughout the crisis and being able to direct individuals into other services where needed. The interviewees noted that HLNT’s support had offered a “lifeline”, knowing that the team were “just a phone call away” really helped individuals to maintain progress and focus on their recovery when things became difficult.

## 6.5. Satisfaction

It is clear too that HLNT’s service users are very satisfied with the support they have received and value the role the service has made in helping them turn their lives around. The questionnaire also sought feedback on individual experience of using the service and the responses received have been provided in the table below. As above, we have extrapolated the sample data across the cohort to provide a demonstration of the impact of the service as a whole

Satisfaction Indicators	% of respondents	Service users achieving Indicator
<b>I think the team at HLNT are helpful and friendly</b>	<b>100%</b>	<b>260</b>
<b>I think the staff at HLNT listen to me</b>	<b>99%</b>	<b>257</b>
<b>I think the staff at HLNT help me to achieve my goals</b>	<b>100%</b>	<b>260</b>
<b>I think the premises are safe and welcoming</b>	<b>97%</b>	<b>252</b>
<b>Average</b>	<b>99%</b>	<b>257</b>

The service users who took part in the interviews praised the staff and support they had received from HLNT very highly. They felt that the team had helped them to achieve their goals, that they listened to them and were always there for them. Individuals noted how they felt happier and more positive after a phone call with their Support Worker, regardless of the difficulties they were experiencing.

When asked in the questionnaire to think of 3 things that they liked best about HLNT, the respondents typically reported the knowledge and understanding of the staff and volunteers, feeling valued, feeling listened to, feeling accepted for who they were and not judged for the things they had done (or not done). They also pointed towards the friendliness of the staff, the safe environment, the accessibility of the service too.

**“ Outside of work, HLNT are sometimes the only people I have spoken to during lockdown... I am able to talk openly about my mental health, which has been a huge positive and support through this difficult period. ”**

**Dave, Service User**

# 7. Learning

## 7.1. Overview

It is clear that the programme has been able to deliver all of its intended outcomes, far exceeding the targets established for each indicator. The individuals accessing the service over the last 12 months have:

- Achieved positive behaviour change and maintained non-dependent use of drugs and alcohol;
- Improved their health and wellbeing;
- Reduced or stabilised their feelings of anger
- Improved their social connections and relationships

Those using the service clearly value the support provided and the help they have received to maintain their recovery. They report high levels of satisfaction with the service and the team.

## 7.2. Challenges

It is evident that the service has faced innumerable challenges over the years and throughout the last 12 months. The restructure of the organisation in 2018 meant a significant loss of experienced and qualified staff and led to streamlining of activities to maintain delivery of counselling, keyworker support, peer support groups and holistic therapies.

As a result, the organisation came into the Covid-19 crisis with a lean structure and staff team. This had the potential to limit the degree to which the organisation was able to respond to the crisis and maintain service provision in such a challenging time. It is testament to the commitment and dedication of the staff team that HLNT was able to

successfully repurpose its services and continue to support 260 people with addictions during the Covid-19 crisis.

Interviews with the team have highlighted that the main challenges experienced during the last 12 months were related to the lack of staff and resources. The team feel that the organisation has coped incredibly well during the Crisis but recognise that the service offer has been limited at times because there are insufficient staff.

Another issue raised during these interviews was the lack of promotion of HLNT's services. The organisation historically used to work with many more people (around 450 a year) when it had greater capacity to do so. Whilst it is not yet in a position to support this number of people, the aim is to steadily grow the service and the caseload. At present, the organisation does not have the engagement strategy in place to meet this capacity as it develops.

Whilst all of the team and service users interviewed were highly complementary about the organisation and the support delivered, there was full consensus that the physical environment was unsatisfactory. Interviewees all noted that the layout of the premises meant that counselling sessions could be interrupted by doors closing loudly, that the building wasn't as welcoming or as comfortable for service users as it should be and that some felt that the access to and from the building was too public.

## 7.3. Critical Success Factors

The evaluation research with the service users has highlighted some of the ways that HLNT's approach has been so successful.

### 7.3.1. Open-ended Service

When interviewed, the service users reported that one of the things they appreciated and value about the support offered by HLNT was that the team maintained contact with them. Some reported being in contact with their Key Worker several times a week and



always feeling able to get in touch with team whenever they needed to. This, they said, helped them stay focused on their recovery and meant that when they felt they were struggling and at risk of relapse, there was someone there able to keep them on track.

The service users also emphasised the open-ended nature of the support they received, citing other organisations that were only able to offer support for a specific number of weeks. Individuals who have left the service (positive completion) are able to return at any time to access support if they are worried about relapse – no other service in Rochdale offers this kind of help for people with addictions.

### 7.3.2. Mental health support

The service recognises the significant role that mental health plays in a person's addiction. Addressing underlying issues through counselling, 1-1 support, neurolinguistic approaches, social inclusion all serve to help individuals improve their mental health. The service users reported improvement to mental health and wellbeing, reduced anger, depression and anxiety as being important benefits gained from the service, and the interviewees highlighted the significant role this played in enabling them to maintain their recovery.

### 7.3.3. Person-centred, holistic support

HLNT provides service users with fully person-centred support which is holistic in terms of seeking to enable and empower a person to address a range of issues in their life resulting from their addiction. This support is guided by the needs of the individual and reflects their goals rather than HLNT establishing these for them. The team undertake detailed initial assessments with each person to identify the challenges they face, the areas of their life they most want help with and develop with each person their own Recovery Plan. The Keyworker will draw upon external specialist agencies where required, supporting individuals to access housing, employment, advice, legal services where needed by making appropriate referrals. The Keyworker coordinates the individual's access to a range of support and holds quarterly reviews with the service user to monitor progress, identify new goals and adapt the Recovery Plan accordingly.

### 7.3.4. Peer Support

Throughout the interviews and in the commentary provided in the questionnaires, the service users emphasised the value they placed on being able to access support with other people with similar experiences. Some of this support is formalised with former service users now volunteering within the project, in other ways it is less formal and delivered through the drop in service at the Common Room. In any case, the service users taking part in the evaluation really felt that the opportunity to talk through their experiences or simply to have a chat with another service user really helped them to stay focused on their recovery.

### 7.3.5. Non-judgemental services

The service users were also keen to emphasise that they felt the service was non-judgemental. It must be borne in mind that feelings of shame and guilt are commonly experienced by people with drug and alcohol addictions. Individuals often feel unable to be honest about their thoughts and feelings with family and friends. This can be incredibly debilitating and really does contribute to continued dependent use of substances. The non-judgemental approach employed by HLNT enabled the service users to be open and honest about themselves and their past actions which is an essential part of the work they undertake with their counsellor to change patterns of thought and behaviours. Service users evidently feel safe in accessing support from HLNT and this is a major factor in their continued engagement with the service.

### 7.3.6. Dedicated and committed staff team

The team are clearly the main driver of the success of the service. All of those interviewed were complementary about the team, reporting them to be friendly, helpful and committed. One interviewee for example reported that they felt they always ended a call with a team member with a “smile on their face”. The service users reported in their questionnaire responses and in the interviews that they thought the team often went beyond their expectations and delivered a service that was significantly better than other local providers. All of the questionnaire responses reported finding the staff friendly and helpful and overall levels of satisfaction were 99%. This is remarkable given the highly challenging environment HLNT has operated in over the last 12 months and is testament to the dedicated and expertise of the staff and volunteer team.

## Case Study: BL

BL was a full time professional and initially, a social drinker. However, this escalated with the demands of the job and BL became dependent on alcohol. Over time, BL found it harder and harder to manage her addiction until she eventually lost her job . Following a hospital detox, she moved out of the family home due to concerns raised by Social Services about her daughter's welfare. Eventually BL became homeless, distanced from her daughter and estranged from her family.

BL was an only child and her mother died when BL was around 2-3 years old. She has had a difficult relationship with her father and so by the time she was referred to HLNT she had no family support, no home and had reached rock bottom in her life. BL came to us with a history of poor mental health and numerous hospital admissions for alcohol related seizures, suicide attempts and self-harm.

BL has accessed a broad range of support offered by HLNT including: 1:1 key working support, access to therapies, meditation, relapse prevention groups, personal development and psycho-social workshops aimed at helping her to manage anxiety and depression. This has helped her to gain confidence and self-esteem which has enabled her to try new activities such as mindfulness and yoga.

She has remained abstinent for 12 months and is now living independently in social housing. BL is managing her finances well and has a good level of stability with her mental health. She has improved her decision making and feels less reliant on family members. BL continues to access support from HLNT and her family have been offered additional support by High Level's Concerned Others Group.

BL has firm belief in her capacity to achieve long term abstinence and is re-training as a primary school teacher. Her main goals are now to complete the course and begin looking for work as soon as she can. BL is working hard to be the best parent she can be for her daughter and now has shared custody of her.

## 8. Recommendations

### 8.1. Recommendation 1: Deliver a broad programme of activities

It is fully appreciated that since the restructure in 2018, HLNT has lacked the resources to provide a broad programme of meaningful opportunities and wellbeing activities. However, more group and wellbeing sessions were commonly asked for by the survey respondents and highlighted as needed during the interviews. The questionnaire also asked respondents to indicate the types of activities they would like to take part in.

Which of the following activities do you feel you would most like to participate in over the next 12 months?	Number of Respondents	% of respondents
1-1 mental health support	64	91%
Holistic therapies	57	81%
Group wellbeing activities	45	64%
Raising awareness about mental health or addiction	42	60%
Common Room sessions	41	59%
Activity groups – arts, crafts, history, photography etc	37	53%
Outdoor activities (e.g., walking group)	34	49%
Campaigning	32	48%
Volunteering	32	46%
Fundraising for HLNT or other charities	28	40%
Training courses	28	40%
Sports and exercise	20	29%
Employment support	18	26%
Other: healthy eating, women’s group, gardening, trips out	5	7%

Mental health support, group wellbeing activities and holistic therapies remain the most popular requests for support. There is clearly interest in other potential activities too such as volunteering, outdoor activities, campaigning and Common Room. Notably, a significant proportion of the cohort (60%) indicated that they would like to be more involved in raising awareness about mental health and addiction too.

## 8.2. Recommendation 2: Explore options for supporting family members

As noted earlier in this evaluation report, addiction can have a devastating impact on family members. HLNT is seeking to develop some additional services for family members or friends of service users, but take-up so far has been limited. This does not necessarily indicate that there is not a need for family support and it is recommended that further consultation is held with family members of HLNT's service users to find out what kinds of help they would most benefit from.

## 8.3. Recommendation 3: Develop impact measurement approaches for family members

Currently, there is only anecdotal evidence from the service users themselves as to impacts in their family's life resulting from their addiction and then HLNT's support. It has been noted in this report that there have been some highly significant and positive changes for families as a result of HLNT's intervention, with relationships becoming stronger and parents regaining access to their children (and in some cases custody).

This impact is not currently being measured and it is recommended that HLNT considers integrating outcomes and indicators for families within its monitoring and evaluation framework and undertaking a family questionnaire at least once a year.

## 8.4. Recommendation 4: Continue to engage diverse communities

Currently, relatively few services come from ethnically diverse communities. Rochdale has a large population of people of Pakistani and Bangladeshi heritage and there is significant anecdotal evidence to suggest that addiction is blighting these communities. This is a highly stigmatised issue and there are no culturally responsive programmes of support for individuals from these communities who have addictions.

In January 2021, HLNT was successful in being awarded a grant from the Rank Foundation to pay the salary costs of a Community Engagement Worker. This individual's role is to develop new relationships within the Pakistani and Bangladeshi communities and raise awareness about HLNT's service. The intention is to work closely with these communities to develop culturally responsive approaches to marketing and promotion and the delivery of services and activities. It is recommended that this new area of work is closely monitored and effectively resourced so that by the end of 2021, appropriate methods of engagement and delivery have been created and HLNT is able to support far more people from under-represented communities.

## 8.5. Recommendation 5: Improve the premises

In addition to requests for more varied support, those participating in the survey also indicated that they would like to see the premises renovated. As mentioned earlier in this report, there are concerns that the premises are dilapidated and this is somewhat impacting upon the experience of people accessing the building. It is recommended that appropriate refurbishment is fundraised for and undertaken as soon as possible before the condition of the premises becomes a deterring factor.

## 8.6. Recommendation 6: Invest in increasing staff capacity

The impact of the service on individuals is in most cases transformative. It is clear that in order to increase overall impact, the biggest gains lie in scaling up the existing service to better meet the substantial need and demand in the local area. This could include increasing the number of Keyworkers as well as appointing specific roles for things like developing activities (such as an Activities Coordinator) or expanding family support (such as a Family Worker). It is highly recommended that this becomes a key focus of HLNT's fundraising strategy over the next three years.

## 9. Testimonial

“

*Like most people I had been a social drinker throughout my adult life.*

*Tragically, my wife died a few years ago and in order to mask my grief I start to drink on an industrial scale. Alcohol is an insidious drug and I quickly came into the grip of alcohol addiction. Inevitably, alcohol abuse will catch up with you and unsurprisingly after several months I ended up in A & E requiring an emergency medical, lifesaving, detox and rehabilitation.*

*That was the easy part.*

*The trick to survival and sustainable abstinence, whether that is abstinence from alcohol, narcotics, gambling or any other form of addiction is having a first class support network behind you.*

*This is where High Level comes into its own. By supporting clients who have been referred, or even self-referred, in helping to maintain an addiction free lifestyle. Their very presence, Counselling Service and Holistic Therapies have been, literally, a life saver for me and dozens of other High Level clients.*

”

Service User Testimonial