

# The SUN Network Five Values Report

## CGL Cambridgeshire

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Service User Experience Evaluation  
February 2020



Cambridgeshire  
County Council



Cambridgeshire and Peterborough  
Clinical Commissioning Group

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## Contents:

## Page:

The Five Values	1
Introduction	1
Methodology	1
Demographics	2
Change Grow Live (CGL)	2
<b>Service User Experience Five Values Report</b>	3
Meeting the Needs of Service Users	3
Involvement of Carers, Family and Friends	6
Support Offered by CGL	6
Awareness of Services Offered Within CGL	7
Service Users Shaping CGL	8
CGL Policies	9
CGL Access and Re-access	10
Service User Confidentiality	12
Service Users Treated Respectfully and With Compassion	13
Understanding Communication	16
Pace of Service	17
Staff Signpost to Other Support	18
Staff Trained, Qualified and Professional	20
Awareness of The SUN Network	21
Service User Star Ratings	21
Any Other Comments from Participants	23
Conclusion	23
<b>Staff and Volunteer Evaluation</b>	24
Demographics	24
Values	24

Service Users Choices and Decisions for their Care	24
Service User Involvement with Case Notes	25
Consistency of Service	26
CGL Policies	26
Training and Support	27
Service Confidentiality	27
Supporting Service Users Through Emotional Experience	28
Service Users Understanding of What Support CGL Offers	29
Contact and Communication	29
Recovery Focused Service	30
Signposting	30
Advocacy	31
Service Promotes Lived Experience Employment	31
CGL Promoting Engagement Opportunities	32
Staff Star Ratings	32
Any Other Comments from Staff	32
Staff Conclusion	33
<b>Peer Assessor Team Reflections</b>	33
<b>Overall Conclusion</b>	34
<b>Recommendations</b>	34



## The Five Values

The SUN Network's Five-Values are the result of a co-produced project whereby The Service User Network consulted with mental health and drug and alcohol service users and carers, to find the top five values they would like to see delivered by mental health and drug and alcohol services across Cambridgeshire and Peterborough. After consultation, the following five values were chosen:

- **Empathy**
- **Honesty**
- **Inclusion**
- **Personalisation**
- **Working Together**

A focus group worked together to create a questionnaire to assess services against the 5 values. The SUN Network facilitate peer assessors to evaluate mental health and drug and alcohol recovery services. The peer assessors, like all SUN Network workers and members, are a team made up of those who have their own lived experience with mental health challenges, addiction, recovery and/or homelessness.

## Introduction

Change Grow Live (CGL) are the substance misuse service provider across Cambridgeshire having been awarded the Public Health contract in October 2018. Having gained a year of ad-hoc feedback around the change of provider from The SUN Network and other sources, the Public Health commissioners have commissioned The SUN Network to find out what the local service user experience is, now CGL have been running the contract for approximately 16 months. The evaluation is based on The SUN Network's peer selected Five Values.

## Methodology

Over a period of a month during February 2020, KC Cade and Charlotte Lawrence of the SUN Network and Peer Assessors Jacob K., Stephen, Valerie Hickey, Nicholas J., and Iain B. -- working for the SUN Network -- visited CGL across its Cambridgeshire locations to speak to its service users and staff to complete the Five values questionnaires. It is worth noting that Iain B volunteers at CGL Cambridge, which is why he only worked on this project in other CGL locations to ensure there was no conflict of interest. He sought and confirmed permission from his CGL supervisor before starting this project.

Interviews were carried out in a confidential area, and each participant was briefed on the SUN Network's role, our independence of assessment and that all information shared would be kept anonymous, allowing individuals to speak openly and honestly. The questionnaire was semi-structured, offering participants the opportunity to answer the structured questions with free text, and to also add any other comments at any time throughout the interview. Concerns as well as praise were equally welcomed and interviews were completed spontaneously with service users who were accessing the services at the time of our visits, and volunteer and paid staff who were on duty.

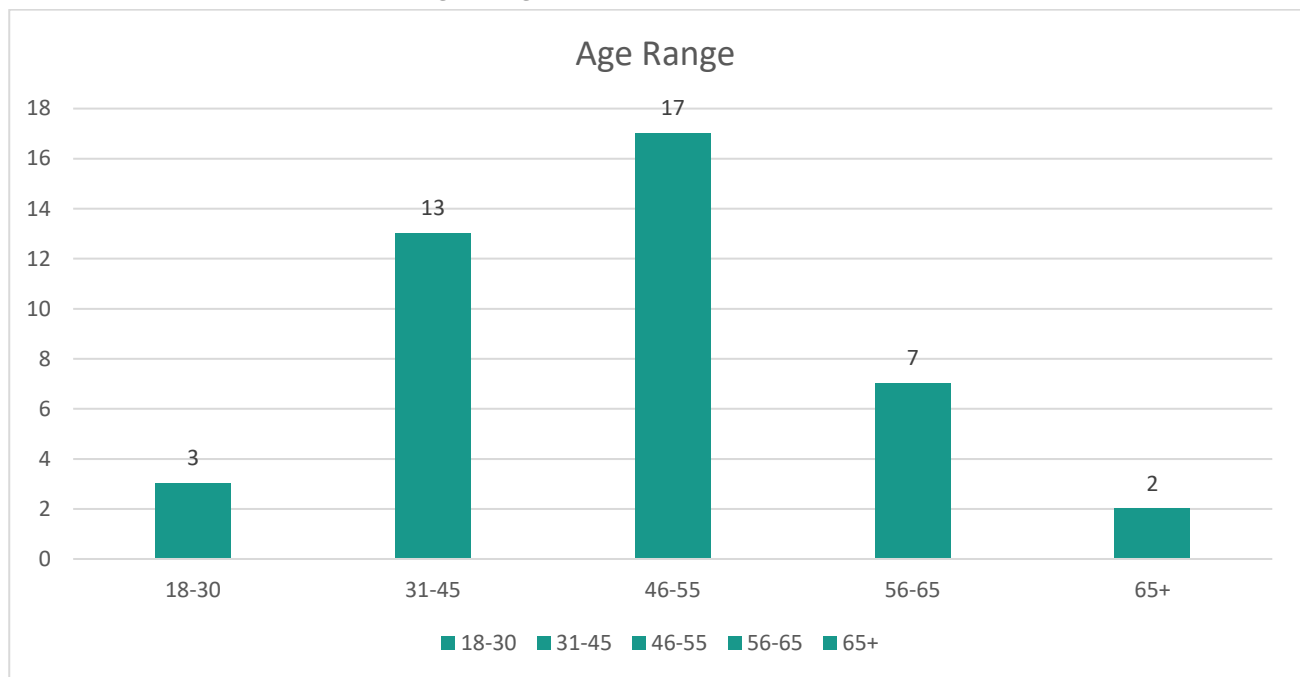
The report is divided into two sections. Service Users feedback, with explanation of the questions, key themes and quotes from participants, followed by the staff and volunteers' questions, key themes and quotes from participants.

We were able to fully interview 42 service users at the following CGL locations. Cambridge, Ely, Whittlesey, March, Huntingdon, St. Neots and Wisbech. Five SUN Network peer assessors worked together with us to complete this project. Besides CGL Cambridgeshire sites and satellite locations, we posed the questions and recorded answers with CGL service users at homeless services, specifically Jimmy's Night Shelter and Emmaus. The majority of our feedback was

collected from service users attending appointments and groups around the county as well as three service users from a list provided by CGL of those who had not engaged with the service for several months. This was arranged by SUN Network and CGL working together to gain consent over the phone from CGL's list of these service users via procedures approved by CGL management. 14% of the questionnaires were completed over the phone when service users were interested in participating but needed to arrange a more convenient time for them. SUN Network peer assessors worked as a team alongside the SUN Network staff and with CGL's assistance to interview and get feedback using the Five Values Questionnaire.

## Demographics

The breakdown of service user age ranges is shown in the table below:



Participants were made up of 40% between the ages of 46 and 55, 31% between 31 and 45, 17% 56-65, 7% 18-30 and 5% over 65 years of age.

The average length of engagement with the service is four years, with the newest having only started treatment a few weeks ago and the longest surveyed being thirty years. The number of years in service represented by our small sample of less than 50 service users totals 166 years.




## Change Grow Live (CGL)

CGL's stated mission is to help people change the direction of their lives, grow as individuals, and live life to its full potential. They are the UK's largest third sector provider of drug and alcohol treatment services. CGL have been providing the statutory drug and alcohol services for Cambridgeshire since October 2018. Their service delivery model has meant a restructure of how the locations are organised geographically as well as a significant change of approach to how the service is offered. This change has meant a big transition for service users and staff. Besides changes to locations of treatment, the increased emphasis of group work and shift to less one-to-one work has been significant, as has the dual diagnosis element of a psychological support within service.

# Service User Experience Five Values Report

## Meeting the Needs of Service Users

Participants were asked How CGL meets their needs in a way that is meaningful for them. The majority of participants were very positive about CGL staff's genuine care and expertise with 79% talking positively about their recovery coordinator and what a difference they make to their recovery. 29% stated that their prescription is important to their health. 26% complained that they either don't know who their recovery coordinator is, or they believe it's been too long since they had any contact from their recovery coordinator.

	negative feedback	mixed feedback	positive feedback
CGL meets my needs meaningfully	1% 	29% 	69% 

### Key Themes:

- Groups are effective and appreciated
- It's important that recovery coordinators and staff make the effort to get to know service users
- Keyworker not being known or not communicating can lead to people feeling unsupported
- Staff turnover, staff reassignment and service restructure are tough, however, the CGL model is liked by those that access
- Those with prescriptions describe their medication as the main part of their recovery

### Qualitative Data:

'Very good actually. It's better than I thought it would be. I was a little reluctant to come at first, as I got the wrong impression. I thought they'd be telling me I have to do this and that, but they're quite good. I come to groups twice a week and they are good. The more I get my life back, the more my family trusts me. This place is like my replacement for drinking. This has done me a world of good. Groups and keyworker are very helpful'

'There are more groups,' (than with the previous provider) 'something every day. Good improvement. They keep me informed, for sure'

'It is meeting my needs because it's allowing me to open up and talk about things I've held back for a long time. It is personalised. The women's group is better for talking about stuff that doesn't work with men around. Chair yoga is good. Getting a keyworker to try and see me is like a hole in the head. I haven't seen her since before Christmas. CGL know there's a slight problem there. Two years ago (previous provider) I was engaging but couldn't get time with my keyworker. I walked away because she didn't make my appointments. She'd send messages saying to meet at certain time/place, then she wouldn't turn up. I ended up thinking it'd be fine for me to drink. This time, there's more help. It's good, it's more personal. A lot better'

'Transition over last year has been a big change for staff and service users. New opportunity to go to gym, etc. for clients is great. I appreciate when it changed over, it has been hard as a client (hectic) but that was to be expected with staff having to find their feet again. It was hard coming in at the beginning, a culture shock. Client-led is a new value and a good improvement.

I understand it takes time to change over. I can see positives and can see something to look forward to. New opportunities and avenues of new ways to engage, grow and recover. Adjusting isn't always easy and the feeling of chaos was hard for me as an addict'

'Support groups are a lifesaver, as is CGL as a whole. The groups mainly are what I get the most out of. They've started a number of groups (Women's', bereavement, Relapse prevention, CBT, Mindfulness via Edge Cafe). My keyworker has been swapped a number of months ago, and I still haven't heard from her. Perhaps I could be discharged but I still need the groups. As I've been abstinent for 7 months, I could be discharged, but she's kept me in service so I can continue with groups. I know how busy they are, I know how many clients they have. If it was a crisis, I'd get in touch. I won't go and drink on it. But it'd be nice to be contacted'

'When I first came, I felt out of place as I'm not a drug addict. Initially CGL didn't meet my needs, but they do now. It's taken a lot for me to stay involved. Four months after assessment and I still don't know who my keyworker is'

'A group with Inertia helps me to talk through why I am where I am. CGL is trying to direct me to mental health (MH) services. There is a major issue with MH services in this area. Lots of people with MH issues turn to some substance (alcohol) as a crutch to get over it. Then MH says sort your addiction before we can put you on the waiting list. CGL helps. While it's not MH treatment, they are available and supporting me regularly, I can drop in, not just put on waiting list. CGL is applying pressure to try get me help with my MH'

'I prefer the groups, and there I can talk to people who I have things in common with'

'There are people who I can talk to. Someone who has been through it'

'CGL does very well. When I engaged with Inclusion it was just for my script. That was it and they didn't have much to offer me. Then CGL took over and I thought I had to go to a group to get my script, so I went to the group and it was great. I have had CPFT therapy so the work on myself compliments the group. I have since gone on to volunteering, which is great and CGL is proactive'

'I have a very supportive keyworker, Samantha, who I've known for years. She was with Inclusion and was the first person who did my assessment I can ring, text, email her and she knows me. CGL is really helpful. and they nudge me and keep me on the straight and narrow, reminding me what I should be doing, what groups are here and at Edge. Having a great keyworker is essential. Someone who knows you (which comes with time)'

'I am very satisfied. I'm doing foundations of recovery and there's an online group. CGL is a lifeline for me. When I looked at the timetable when I first came along, I knew it'd be great'

'CGL is my social life. I met people at the groups who have turned into friends. Otherwise I'd be indoors 24/7. They put a lot of stuff on now. There's something on every day if you want it'

'Suits my needs. Excellent'

'They have been really good. Ever since I've known Dawn, she's been ever so supportive. I initially said, I can't do groups. About two months down the road, she got me into my first group. I haven't looked back since. I've changed my mind about groups. I thought they were just a group of strangers and I couldn't stand it. I was alright with people I knew but I couldn't be around strangers. But as soon as I talked to Dawn, things developed. Now I've been dry sober 11 months. I'm getting driver's license and doing a course and life is going forward'

'They saved my life. It's a good service. They offer a lot more than people think. People think it's just for drugs and alcohol, but they pointed me towards help for PTSD, a hell of a lot'

'CGL helps me with my recovery through discussing, talking, and speaking to someone who knows what I'm going through. I have nothing bad to say about them'

'They give me the information and lay it on the line--like the risks of overindulging in alcohol'



'I'm taking buprenorphine and they help with Hep B, and to finish my treatment. No one can help me, only I can help myself. I was taking methadone in Poland and changed to Buprenorphine here. Laura is so lovely supporting me'

'Without prescription of methadone, I'd be on the street using, in prison or in hospital'

'I just come for the prescription'

'They do what I ask them. Yeah, it helps me. I'm happy'

'Yeah, they are very good. Talking to my counsellor and advice he gave. They really helped me to move my life forward. They were there for me. I'm living a different life now'

'Through my prescription and counselling from my keyworker. I met my goal of being clean of heroin through prescription to methadone'

'I've come with an open mind with how my needs will be met. I'm putting a lot of hope in getting help reducing alcohol and over the counter meds. This is last piece of jigsaw from 15 years of hell'

'CGL keeps me stable because I pick-up weekly my prescription. I have to come in on the train, one station is closed, so it's a bit of a hassle and far. CGL doesn't seem to do any more work with me. I can't remember the last time I saw a doctor. It was a prescribing nurse and she was good. I don't need them to do anything for me. I go to the gym, to work, and here when I need to. I just stick to my prescription, which I've been on for 20 years. I've reduced it from 10 years ago down on 100 ml a day to 60 over the last two or three years. CGL is the best compared to previous services they replaced. They are good but if I did need any more help, how far away I am would be a problem although I'm aware of groups and clinics in Ely'

'I struggle with drinking, have done for a while, CGL was recommended by my GP. I did a self-referral and was accepted into a week-long detox program. I still haven't had a one to one with my keyworker. I attend the relapse prevention groups twice weekly'

'A bit disorganised, but they're good. My keyworker was nice. But I've not really met new one yet as it's changed'

'The groups are very emotionally supportive, now that they are up and running. I try to attend them all. I find them very useful. I haven't got a support worker. Someone said she'd find out who it is, but I've never heard back. Support is helpful but the keyworkers leave so many times and so I have no one to turn to. During the changeover there were no groups, no emails, nothing. I rang the Samaritans and they helped'

'Yes and no. I got my script, but I feel sometimes all they do is tick boxes without knowing me or my life'

'Without them I'd probably still be smoking heroin and crack. CGL sets me up to not smoke drugs. I found out about NA through them. Meetings and things with CGL have been a bit farcical. I don't know who my keyworker is. Every time I go there it's different. They struggle to liaise with probation. I just get my meds., that's all they are to me'

'It met my needs, but there wasn't as much contact as I needed. I only got sober at the end of my time with CGL. Over the space of five months I only had one phone call. A keyworker rang and discharged me because I had been sober for 9 months'

'They help by giving my prescription, but they messed up my pickup schedule. It was alright for keyworker to miss work and my appointment due to illness, but it wasn't alright for the same thing to happen to me'

'Not at the moment. Not allowed to go to foundations of change as I have not met my key worker. I don't even know him, I don't want to speak with someone I don't know, I want someone I do know'



## Involvement of Carers, Family and Friends

Participants were asked if their family members were involved with their care at CGL. 55% of participants mentioned their awareness of the family group and 40% have family members who have attended CGL to support their treatment. 26% reported it was inappropriate or not possible for their family members to attend.

### Key Themes:

- There is awareness of the family groups
- The option of family involvement was appreciated
- It is generally understood that family members can be involved
- Family members are not always local
- It's not always appropriate for family members to be involved with care

### Qualitative Data:

'Yes, my daughter has been along to my keyworker appointments a few times'

'Yes, I think it was good. Family knows that CGL want to help. It's helpful to have family around me. Partner is supportive but doesn't understand addiction and how it's chronic/ongoing'

'Yes, Mother came once to understand and I am aware of family group, etc. She understands better now, before she would say, 'Just give it up'

'Yes, wife came on two occasions and I am aware of family group'

'Yes, my Mum came with me first time to pick up script. I took her so she could get a better understanding. The keyworker wasn't sure if it was okay that my Mum could come. He wasn't keen on her coming in'

'Toxic situation with my parents, fluid at best and not helpful to talk to them about this'

'Yes, Mum has been to family group'

'Yes, partner has attended and I'm aware of family group'

'Yes, husband comes along to family group and has supported me in my appointments'

'No, but I'm aware of family group'

'No, but I know my relative would be welcomed to come along too'

'No, my husband chooses to not engage. He just wants me to get better as the best way to take care of him is for me to be taken care of'

'No, they wouldn't understand. They'd just judge everyone'

'No, parents are pensioners in their 70s. I know they could come along, but they are supportive in their own way and it's down to me to sort it. My daughter lives far away'

'No, my son lives abroad and had his own family, so I don't see it as appropriate'

'No, not really. Did it on my own. Not aware of family group'

'No, my family are all up north and I don't want my daughters involved'

'No, I told my wife, but she told me she didn't need it at the moment'

## Support Offered by CGL

We asked, 'What do you know about the different types of support CGL has to offer?' The percentage of answers mentioning specifics the most are: groups (76%), keyworker and 1-on-1 (14%), prescriptions (8%), drug and alcohol expertise (11%), access to doctors and nurses (7%) and timetables (4%). Remaining types of support mentioned less often include CBT, rehab, drop-in sessions, breakfast, needle exchange, pre-detox, relapse prevention, group walks and other outings that participants say are being offered.

## Awareness of Services Offered within CGL

### Key Themes:

- Participants felt groups are the main focus of the CGL service
- Travel to groups from remote areas is an on-going challenge
- 37% of participants mentioned timetables as useful for keeping them informed

### Qualitative Data:

'There are more groups, something every day! Good improvement. They keep me informed, for sure'

'Women's, bereavement, relapse prevention, CBT, mindfulness (via Edge)'

'I'm learning more all the time; you've got Everyone Health. David, healthy eating, short courses and groups Inertia runs, drop-in sessions, 'Let's Talk Recovery', breakfast club. All those give opportunity to meet those who know what you're going through. There are several people here whose numbers are in my phone, we know we can ring each other if we need support'

'I was notified early and well about services'

'New recovery service'

'Groups, keyworker, medical support, counselling, ambulatory detox'

'Groups, activities, Edge Cafe, posters, advertising'

'I've been told what they offer. Relapse prevention group (alcohol); keyworker stepped in and helped when I was practically homeless, women's refuge, out of hours'

'It's come a long way and improved immensely. I think the service users coming in now are very lucky people, compared to several years ago. Outreach in the surrounding areas is helping a lot of people'

'Groups, AA so I can get a sponsor. I don't have a keyworker at CGL at the moment. When I lived in Cambridge, I had their timetable. They tell you about the foodbanks, etc'

'Peer support group, Edge Café, relapse prevention on Tuesday. There was a group on Friday, I think it's on hold. Not aware of doctors or nurses but am getting another new keyworker soon'

'Yes, they offer me groups and detox, but I feel I don't need that at the moment. I just have to reduce my prescription and keep my mentality good. I don't need any groups'

'I know some stuff: groups, keyworker 1-2-1 sessions but I'm not interested'

'I've been told about groups and my 1-2-1 keyworker says if I need anything just phone. If I need help with outside agencies, just get in touch. And they have helped, they've been good'

'Alcohol, drugs, counselling, advice, listening, group sessions'

'1-2-1, groups, individual assistance with parents, old folks, young folks'

'Detox, relapse prevention, family groups plus timetable'

'I put into Google, 'Drug & Alcohol' and CGL came up near the top. I clicked the website and was hugely relieved when I saw the services they offered and the relaxed approach inviting me to come through the door. I stood outside and bawled my eyes out the first time I came; was afraid to come in. Went into the Edge on Saturday for 2 hours. Went in for my assessment and cried and cried. Wasn't sure about AA due to the God bit'

'If I did need something else, it's here for me'

'Yes, they gave me a timetable. I went along to the Edge Café as well as CGL'

'I'm aware of groups, was given a timetable'

'I'm so far away I don't see them very often. I've been to the Ely drop-in café. It's very good and handy. Clinic, groups, family groups, doctor's appointments and nurses. Felt I'd been put on the backburner as I haven't seen a doctor for a long time. Asked in Ely and they sorted it out'

'Not a lot, to be honest. I was going to get rehab to learn how to control it. I was told if I come to this Tuesday group five times, I'll hear something about getting in rehab. I have done, and still not heard anything. I have done much more than five meetings, and still waiting to hear back. Coming to groups is really helpful. I had drunk two bottles and was going to start third when granddaughter came home with her friend. I was so ashamed. I don't know why, but these groups really help. I get advice and tips from others and feel good here'

'I can't always get there at the specific time on the day. Something I could get to, or take away, or access online, would be helpful'




'I don't know about any support except drugs and alcohol'

'I abuse cocaine and alcohol, but I'm bulimic. It was made clear to me they don't deal with bulimia, then recently someone conflicted with that saying it was an addiction. Was told we deal with drugs and alcohol not bulimia'

'I don't know anything about it, I hear whispers but don't know'

## Service Users Shaping CGL

We asked participants if they felt they'd been given opportunities to shape the service CGL offers. 70% said yes and gave examples while 23% said no and the remaining 8% gave an answer that wasn't clear.

	negative feedback	mixed feedback	positive feedback
Service Users encouraged to shape CGL	23% 	8% 	70% 

### Key Themes:

- Thinktank and service user forums, as well as keyworkers, staff and volunteers were options for offering feedback
- Active peer mentor program is considered a positive way to shape the service
- It is felt that feedback when given is valued
- Not everyone is aware of or given these opportunities

### Qualitative Data:

'Yeah, they're always asking us what we want to do, what we want to change'

'Yes, encouraged to volunteer and the related training done with sensitivity in case we relapse, struggle with relapse. Andrea and Bex are amazing. When I relapsed, I knew I could stay engaged'

'I was invited to Thinktank a few times. I haven't been along, and when I suggested something, I was told to bring it then'

'Yes. I always sign up for volunteering, asked keyworker Jack about how to volunteer, I have ideas, he was interested and open to hear them so they could be used'

'Yes, if I had anything to say, they'd be keen to hear it'

'Definitely, recently been invited to meetings so has helped in my recovery. I get involved in doing the breakfast club too'

'Yes, Sam has said with training I could be a good recovery worker. I understand it from the inside'

'I asked keyworker and she said once I've come out of recovery, I'd be good at supporting other people'

'Yeah. Definitely. For sure. Everything has been done in a nice way, not pushy'

'Yes, monthly service user forum. Peer support, voluntary opportunities. Suggestion box. They approached me about getting involved'

'I always give them suggestions. I tell them when I'm happy and not'

'Yes, by volunteering, I get trained as a peer mentor, and can help. They involve me as if I was a paid worker'

'Yes. I think they are. They've asked me to come in on Monday and sit with pre-detox, explain detox before and after. I usually do Fridays, and a men's group. I want to get more involved—just depends on my time availability'

'Yes, a new venture recovery service which I've been invited to help shape for support and aftercare. I get invited to board meetings and have designed posters, flyers and am helping to get more people involved with recovery cafés'

'Yes, when you get a timetable, it has Thinktank for us to come forward and put forward our views'

'I wouldn't mind a chance to be involved (as long as there's no writing, can read but not write). I won't feel left out in the dark. First thought this would just be a load of B.S. but it really helps'

'Not really, to be honest. Not in any overt way'

'No, but that's because I don't have anything to suggest. If I did, they'd want to hear about it'

'No. I've been into CGL only once in last 2 months, not convenient to travel into Cambridge so maybe that's why, and I don't want to be involved'

'I haven't been excluded, but I haven't actively been involved'

'No, but if it was offered, I'd be interested in participating'

'No, I haven't'




'Not directly through CGL, but by KC/SUN. I suggested they could offer feedback forms, and similar on their website'

'No. Even with keyworker trying to ring CGL on my behalf, no one could be contacted. They don't push anything or make it easy. They haven't asked for any feedback'

## CGL Policies

We asked if participants have accessed CGL policies or if they know how to find them. 58% of participants reported that policies were explained to them, for example, in their assessments and meetings with recovery coordinators and in groups. 27% said no and 15% were not sure or their answer wasn't clear.

	negative feedback	mixed feedback	positive feedback
Service Users aware of CGL policies and how to obtain them	27%	15%	58%

			
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### Key Themes:

- Website and keyworkers were a conduit to policies
- Policy information was discussed in groups and appointments

### Qualitative Data:

'If I asked at front desk, they'd give me it'

'I had an appointment, but I wasn't clear what was next, but maybe it was because I'd been drinking and had forgotten. CGL setup a prescription. I wasn't sure I could remember what she said. It would have been nice if someone had rung me'

'I guess it's on the website? I'd talk to a keyworker'

'Keyworker or reception would give this if I asked, but I haven't seen any'

'I'd ask a staff member if I wanted to know more'

'I'd look online but I never thought about. They've explained about confidentiality safeguarding, etc. plenty'

'Yes, got them all at home in a folder, they emailed them to me, and I printed them off'

'My keyworker has mentioned it. I could see it if I wanted to and can ask about it. Dawn has talked it through. When I ask certain things, she talks about it but puts up the right boundaries'

'They've explained safeguarding, data protection, confidentiality, etc'

'Yes, they told me about all that'

'I was given a couple of leaflets, on confidentiality, etc. and it's available online'

'Yes, verbally from keyworker'

'I could figure that out, it's not complicated. I've gone through confidentiality stuff'

'No, but I have been made aware of these concepts'

'I can't remember, not sure either way'

'No. I assumed they were available. I would ask care-worker or receptionist'

'No, not a technical person'

'No. It's not their fault. I know there's confidentiality. I should ask. If I ask Dawn, she'd sort me out'

'No. There used to be leaflets but I've not seen any and I don't have a keyworker'

'No, I wouldn't know what they are to be honest. My previous keyworker wasn't very hands-on, so I haven't really had any feedback for the last year'

'No, but they probably mentioned when I first went there'

### Service Access and Re-Access

We asked participants if they were aware how long they are able to access the CGL service, and one out of four believed they could use CGL for as long as they needed. Perhaps it's useful to note that 24% of participants surveyed have been accessing CGL for more than five years. 25% of participants were confident of their understanding of how long they could access CGL while 11% said they didn't know how long they could engage with CGL. We asked each participant how they would re-access CGL if they needed their help after being discharged. Those who expressed that



they were not sure how to re-engage with CGL amounted to 22% while those who were clear about how to re-access totalled 48% of participants.

### Key Themes:

- Although the participant knowledge seemed unfounded, there was a general assumption that access to service has no time limit
- Participants felt secure that CGL would be there to offer ongoing support
- The re-access policy was not well understood
- Participants that were confident they could re-access CGL expressed that re-engaging would be easy by ringing or coming into the service in person

### Qualitative Data:

‘All the time, recovery here is like family’

‘I was made to feel the door is always opened, i.e. was invited to breakfast club’

‘As long as needed. Yes, come back in and get re-assessed. I was told this early on’

‘I don't know. Didn't know that once discharged couldn't keep attending CGL groups. As long as I need support from someone, CGL will be here. To re-engage with CGL after discharge I'd just self-refer’

‘No one suggested a limit. Level of support will change over time, as and when needed. If I need it in 20 years' time, I'll be able to re-engage. To re-access, I'd come back in’

‘As long as I need it and it'd be easy to re-access’

‘I only came because of court’

‘I think indefinitely. Whenever there's a need. Open door policy. To re-access? I'd make a phone call’

‘I don't believe there's a time limit. I know the groups will change as I progress, but the staff are always great. I never get turned down. I never feel not welcomed here. To re-access, I think I'd need a doctor's referral although I referred myself here last time’

‘Indefinite? Some have been in service for 20 years. Strategy is to push you through—from in treatment to peer support but schedule isn't set in stone. I mean ‘pushing through’ in a positive way. If you want the help, it's there’

‘Lifetime. Come in person for another assessment (drop-in) self-referral’

‘As long as I can. I'll always be an alcoholic. I won't be ‘okay’ one day. I'll volunteer. They saved my life, by offering detox but Dawn got me there’

‘Indefinitely. But I don't know how long the wait would be to get my script going again if I dropped out of service’

‘They like to discharge people as soon as they can. I'd like it for me forever and ever so I could continue to come to the support groups. I don't know what I'd do if they stopped. I haven't been told how long I'm allowed to access the services. To re-access, I'd speak to my GP. I don't think they've ever explained, how to re-assess, maybe phone?’

‘I'm going to use it as long as I need to. I'm not going to rush into lowering my dose. My goal is to reduce as soon as possible. I think they'd leave me on my dose forever if I didn't raise it myself. I wouldn't have an issue going back if I needed. I have to push to get meetings with them’

‘She is pressing me to reduce my prescription. I've gone down from 60 Mg to much lower. I don't want to re-engage when I am discharged’

‘I would say it must be client dependent’

‘Each person is different. I was told it will take me a few years probably’



'I can access it for as long as I need to, but I know my medication needs to be taken for at least 12 months'

'As long as you want to do it for—no time limit. Other groups and services are more rigid and structured'

'I don't' know how long. Don't know how to re-enter. Would come back to re-engage. Confident I could come back after a slip and not be judged or rejected. They understood and didn't make me feel like a failure'

'I'm not sure'

'I have no idea'



'I've got no idea. I've signed up to help (volunteer), specifically in the Whittelsey area'

'I don't know that at all. I'd phone up, go to website. People still need places to go, even with some sobriety. Many will still need real support. It's an ongoing challenge. Can 'fall over' (relapse) in the first years'

'I didn't know there was a limit. I assumed it was as long as needed. To re-engage, I'd ring or come in person'

## Service Users Confidentiality

We asked participants how CGL staff respect their confidentiality and 98% of the responses indicated confidence and trust that their privacy was respected appropriately.

	No/Unclear	Yes
CGL respects service user confidentiality	2% 	98% 

### Key Themes:

- Confidentiality is done well at CGL
- Confidentiality can be compromised by building layouts

### Qualitative Data:

'Yes, they seem quite good'

'I feel this is a safe place. They didn't use my name when they called me through. They slipped the timetable to me quietly and didn't discuss the reason I was there in reception'

'I guess it's good'

'Yes. I believe they do. Nothing is talked about outside the rooms. Sometimes you can hear the phone-call someone is having with a client in reception. I feel I need to step away, but otherwise I feel they do confidentiality well'

'Yes, of course. More than good'

'Very well, I'd say. No issue with that'

'They don't shout your business. They are quite good like that. They only share your info when they need to'

'I think they are very good at that. Sometimes at a group someone isn't there and when someone mentions the person the leader should pick them up on it. Maybe they aren't trained about this'

'Yes. I've noticed if they ever ask a question, they say, I can't say, if it breaks someone else's confidentiality'

'Very good. In one session, one of the chaps said when I shared my story, he said I'd inspired him. Dawn was at another meeting and explained what I said, but she didn't use names'

'They only talk about me to me. Everything is kept private unless appropriate to share. I signed something about it. In a group we always explain it, especially to newcomers. What is said in group stays in group'

'Very much so. Only positive feedback here'

'I think pretty much 100%. I don't think anyone would say anything to anyone outside here unless it was threatened to harm self or other'

'I always feel very secure sharing whatever I need to share with whoever'




'Brilliant'

'Wonderful'

'I don't know. I heard the staff called me bad things, in whispers'

## Service Users Treated Respectfully and With Compassion

We asked participants to share with us ways that they are treated respectfully and with compassion at CGL and gave them a chance to share feedback about staff they appreciate. 94% gave positive responses, 4% had mixed feedback and 2% responded in the negative.

	negative feedback	mixed feedback	positive feedback
Staff are respectful and compassionate	2% 	4% 	94% 

### Key Themes:

- Staff go above and beyond what is expected of them
- Staff are understanding and caring
- Lived experience within staff makes them relatable
- It was considered important that staff get to know service users

### Qualitative Data:

'Tony is pretty cool. He has a lot of understanding. All of the staff are okay, everybody is alright'

'Tony comes across well, he understands, and I can trust him'

'They all seem nice, and quite polite. You can grab anyone and talk to any of them. Knowing the person you are talking to has been through it is really important. Unless you've been through it, you don't really understand. They can tell me what to do because they have been through it, instead of people who went to college and decided they know it'

'Laura is great. She understands me and I'm never judged. If it weren't for her and my daughter, I'd have died two years ago'

'I like loads of the staff'

'Rak was good and helpful but I didn't work with him for long. He was always helpful and always asked how I was getting on. He said with my progress through AA I didn't need to be in CGL anymore'

'Janice and Danielle have always been there if I need them to pop in or on the end of the phone. Danielle is always very aware and keeps the group running correctly. She runs them very well, even if someone had a rough day. Brilliant!'

'Michelle is amazing, Steve I have known for a while, Inertiia is nice and Simon is nice, he also has in the past taken me to one side to chat'

'Julie. She's alright. Everyone is polite and respectful'

'Yes, professional as well. Laura was pretty good. I could talk to her about anything and she doesn't judge you'

'Absolutely. My keyworker, Tony, is really good. He seems to take a personal interest in how you are. If I see him in the street, he'll ask me how I'm doing'

'I only really know Sam. She's nice enough. She's a bit laid back, honest and understood what I needed, which wasn't much'

'I only have contact with Laura at the moment. She's lovely. She always wants to support me. She is here for me. Now I'm sure she will help me as much as she can. I'm doing a lot of traveling, and it's never been a problem with my prescription'

'I've never been treated badly by anyone at CGL. Some workers are more helpful than others. They've all been good. Everyone is different and from each worker you can get different things'

'With all workers I am treated respectfully and compassionately. When I was at my lowest a lady was so respectful and understanding and if it wasn't for her I don't know if I'd be here now. She helped me move towns away from an abusive relationship. She went to the ends of the earth to help me. It's as if she knew what was inside me'

'I've never had any problems. They are always polite. It's nice to come somewhere with some ex-addicts. Years ago, I felt I was being told what to do by someone who had no idea or experience of addiction. They'd read it in a book, but they have no idea what it's really like. They say you can do this this and this, but I said I can't jump through that many hoops. Recovery Champions turned into key workers and they know what it feels like'

'I see Tony and he's really good. If I need to text him, he'll call me. I know he was a recovery champion. I can speak honestly with him and I can trust him'

'Show respect and compassion? They just do. They give you help anytime you need it. They never judge you. If someone in the group had a drink, they'd never judge them. They'd encourage them but be kindly. Dawn helps me if I need help. If I need to know anything I'll ring or text her and she gets back to me straight away. I have all the help I need. Quite flexible regarding my working hours. There for you and they work around the client'

'Yes, Dawn, when I first got to know her, I found her respectful, helpful, and she listens to what I'm talking about. Helping me to knock the alcohol on the head. Allison was exactly the same way. Respectful in the way she talks to me, like when they referred me for detox. Allison encouraged me for reaching out by sharing my contact information with another person in recovery. I thought I'd be not good at it but after talking to Allison and Dawn, I changed my mind'

'Dawn is absolutely amazing. Always there. Even out of office hours. If I couldn't get a hold of her, she'd ring me back. She was paramount to my recovery. They are all amazing people'

'Of course. Dawn is my keyworker. I'll speak to whoever she tells me to talk to. She knows me best and is very helpful. She tries to sort my problems and is always there at the end of the phone (day or night). I can't fault her'

'Dawn is my keyworker. She's very good. If I turn up and get chatting to any of them, if I have an issue they'll talk. They're all friendly and very good'

'All the workers are pretty much the same. I think they are good'

'Everybody (even receptionists) are so friendly. Everyone is polite and kind; Debbie is my keyworker and she's accessible and 'unreal'. So good'

'If you ever need a quick 1-2-1, Ellie, Debbie, and Danielle are willing to take time out. We were given space to talk about our recovery since group was small. I know these guys have a lot of work to do. I understand if I don't hear from her in a while. She always returns my calls. I get a lot of praise for how I'm doing by all of the staff. Janice, the nurse is fantastic. She's so bubbly. I relapsed before and she wasn't disappointed. I was punishing myself and expected others to. That's what makes it nice. They notice when you are doing well and generally help out'

'Bev was great. Samantha knows me inside out and she's seen me from the start. She did my assessment. She was worried about me; she almost called an ambulance because I was that bad. I was taking about 700 Mg of codeine a day'

'Everyone treats me with respect. Inertiia is inspirational. Really helped engage me, she has shared some of her story so if she can do it, I can'

'They made me feel welcome, I'm allowed to go and get a coffee while I wait. Andrea and Dawn are the best'

'They are friendly. Andrea and Dawn are really good, and we have a good bond'

'I like all the keyworkers. Jack is absolutely brilliant. He'll do anything, won't beat around the bush. Tells me how it is. I'm always up front with him. My Mum just died, I told him my risk of reusing and he asked for a nurse's appointment to get extra help. He was glad I was honest with him. Jack is wicked, I get on great with him. He apologised when he didn't get back to me right away. He's very responsive and I know I'm supported. He encourages me for being honest and up-front. He knows I don't lie'

'I get on well with Inertia, I get on well with Steve L. They both understand the problems I've had, that I'm starting to get on top of'

'Inertiia is excellent. She's really good. She helped me to understand that bulimia is an addiction and I've been referred to the eating disorder clinic in Cambridge by Adult Liaison'

'Never had an issue feeling I wasn't respected. I'm quite vocal in groups. Sometimes I worry I takeover. But I use my experience and knowledge of addiction and recovery. I felt uncomfortable and spoke to the group leader and they were so respectful of me and affirmed my input. They said my input was 'inspirational'. That made me feel great. They said they love what I say. It put my mind at rest. I get upset sometimes in group. They always make time to have a 5-minute chat afterward--not even my keyworker. That has been so useful. Danielle and Marie are great. I think it's their nature. Empathic, honest, a lot of integrity, she's always 'up'. That draws me to her, while showing the other qualities. I feel I can relate to her. Marie is a bit quieter. I don't know her as much, but her skills seem to be developing. Yvonne as well, she is brilliant in her bereavement group. Advice, knowledge, the way they impart it makes me feel comfortable, safe and accepted'

'It helps when staff have been through recovery themselves, they have the empathy, they aren't judgemental'

'They're all good. If I need to know anything. I can ask Danielle, Ellie, Yvonne. Groups are well done, controlled, not talking over each other. I know that if I relapsed the group wouldn't judge me'

'They are all very good. I have a special fondness for Tony. He's always prepared to go that extra mile and help. I was meant to go to PRISM, hadn't heard from them for months and months, and he rang them for me during my appointment with him. If anyone's not available, they will send text'



'Keyworker is the only one I've opened up to and I felt like a weight was lifted from my shoulders. She was trying to help me figure out why I drank in younger days. But I haven't seen her again, for at least weeks, maybe months'

'They can be a bit snotty, but they aren't disrespectful'

'Tony is a good fellow, good stuff. He knew the area I was from, and we struck up a rapport. Can't fault him in any way shape or form'

## Understanding Communication

We asked participants how the CGL staff check that the information they relay is understood. 85% of the responses related that recovery workers check understanding well.

	No/Unclear	Yes
CGL staff check you understand what they are saying	15% 	85% 

### Key Themes:

- Staff check understanding, and this is carried out in a personalised way
- Level of understanding is not always felt by service users

### Qualitative Data:

'If I didn't understand, I'd ask, they'd tell me. They go over what has been said and they know I know'

'They ask, ask if I have questions. If they have a feeling I might not understand, they ask me to reflect back in my words'

'Definitely able to ask questions, they ask if there's anything else I need to go through. They always explain calmly, slowly and in ways that I can understand. Tony remembers me and knows my case'

'Selena has been good and introduces us to new staff. I know I can send a message to my keyworker and say she doesn't need to respond, but it helps me to know she is there, and I know I've been heard'

'The only time needed to clarify was in CBT. I spoke up and explained I needed clarification. Definitely Danielle does, but don't know about others and haven't had much 1-2-1 contacts. It's been all groups. Since the group is 'ours' they don't do that much. But that's a good thing'

'They do check-out when leaving group to find out how you found it, is there anything else you don't understand or need to chat about'

'You can tell from the general conversation. They can tell I understand. Door is always open, and I can drop in or ring if needed'

'Yes, they don't use clinical terms, and they check my understanding'

'They explain things to us, help me understand things and they take the time to explain'



'Those that know me are very good because they know I need a hearing aid and am half deaf in both ears. They do a great job of making sure I understand. They are very attentive and 'people' people. They are only here to help and wouldn't be here otherwise'

'I think they would check if I understood. I'm competent in understanding. I research and I always write things down. If I don't understand, I ask'

'If I didn't understand, they'd realise it and I'd ask. They follow up on a few questions and they will drill into things deeper if needed. They have empathy and know different needs for different folks'

'Of course, they explain to you. if I'm not sure, I ask, and Dawn knows me quite well as I've known her 8 years, so she knows if I understand'

'Yes, they make sure they understand that I understand'

'They do it well i.e. TOPS (Treatment Outcomes Profile) form'

'Yes, in the beginning, when I arrived, I was completely without English. They brought a translator. I'm sure now if I didn't understand they'd do something. I'm not worried about understanding'

'Yes. Although doctors don't, but the keyworker makes sure'

'They would give me leaflets and about other cases (without names). Through body language they checked I understood, offering me water as I suffer from agoraphobia'

'Yes, everything is open and clear. No jargon'

'They repeat the information over and over to make sure everyone understands. Some of the facilitators have attendees who go too far and dominate, but they are patient and gentle, so they don't put them off and make them angry or embarrassed'

'I may not have understood it all. They do try to explain it. But when you're in the midst of addiction, just thinking of that next drink, just get me out of here. I didn't know or care'

'They never have done, they assume'

'No, not really. I certainly wasn't asked if I understand what is going on'



'They should give a bit more. More personable. Sometimes a small thing can trigger us. Without the support of my family, it would have been a lot different'

'I don't really meet staff in a one on one way for this to happen. Café and Thursday group are quite informal. Only seen a keyworker once in the last year, and that was to tell me she was leaving. Have another appointment this week with new keyworker, who I don't know yet'

'I would ask if I didn't understand. I don't know if she'd pick up on me not knowing herself though'

## Pace of Service

We asked participants if they feel that the work they completed with staff was carried out at their own pace. 83% of the participants expressed that recovery workers were sensitive to pace.

	No/Unclear	Yes
CGL works at your pace	17% 	83% 



## Key Themes:

- The pace is predominantly service user led
- CGL work within a client-led and recovery-focused culture

## Qualitative Data:

'Yes. No one is forced to participate in groups'

'Yeah, I guess so. I've not felt pushed or uncomfortable'

'Yes, Good pace'

'We have to do it at our pace, they can't make you do anything, otherwise we tend to lie'

'It's good; they are not pushing me; everything is down to me. It's my life'

'Yes. No one has ever seemed impatient'

'Yes, they take it as you need it. If you didn't understand, they'd take you aside and chat afterward one-on-one'

'Yes, individual pace, they don't force it, even in the groups. Never 'do this by x or by z' always our pace'

'Yes, they have not had to push me. Sometimes they push people a little, like to get their requirements and ready for detox, but it's caringly done. If I need to do something I will. Others might need reminding. They are firm but fair. They have a real heart to listen and they share home truths to help you'

'Yes definitely. I will soon be coming out of the alcohol support group. I have a meeting tomorrow for the foundation of change group/course. I can come back in and support others later'

'Yes, it's always been on my schedule. I could have stayed on my prescription for longer, but they agreed with my view that it was time for me to get off it'

'They work at my pace. I can't believe how many people they have, and they do an amazing job. Jack was flexible and worked around the issue when the chemist was robbed and got me back on track again very quickly'

'Yeah, most of the time. Group sessions sometimes move faster for others, but when I'm moving slower, they always find the time to catch me up (after the session)'

'Most of my experience is with groups, so the only slow bit is not hearing from my keyworker. But I haven't needed the 1-2-1 and had I have no experience of this. I haven't got any worries at this level'

'yes, in the past I wouldn't speak up about my dyslexia/number dyslexia. But now I know to speak up and usually am not be afraid or ashamed. My keyworker doesn't rush me, they give me the time I need'

'Yes, they work at my pace'

'I am very new, but I hope so. I am optimistic'



'Yes, not rushed along. Nice and steady. They'd give me more time if needed'

'Not quick enough, probably'

'Not really, they were quick, and I wasn't'

## Staff Signpost to Other Support

We asked participants if CGL signposted them to other services and whether they made them aware of other help available in their community. 83% of the participants were signposted to the services listed below.

	No/Unclear	Yes
CGL signposted to other services	17% 	83% 

### Key Themes:

- Participants are signposted to a variety of other services, dependant on locality
- Signposting is carried out by staff, volunteers and service users

### Qualitative Data:

'I was signposted to NA and The Edge, but I never needed mental health support outside drug & alcohol services'

'Only groups here and at the Edge. Tony always mentions 111 option 2 and the Sanctuary'

'I do the AA. They'd put me in the right area if I needed mental health help. CGL mentioned the Edge groups, etc'

'I'm starting to be referred to other organisations. I'm aware of 111 option 2, crisis cards and the Sanctuary in Peterborough. I really like the crisis cards. I'm dyslexic and I'm glad I can read the crisis card easily'

'Aware of edge, AA, women's' resource centre, CPFT, etc'

'They just told me about here, but there is always leaflets and I found out that way'

'Keyworker is pushing for my mental health support. Richmond fellowship. AA, NA'

'Classes, Mind, housing, etc'

'Richmond Fellowship, IT Courses at library'

'I already knew about them: The Edge, bingo, etc. and they can help me find out more'

'They let you know of anything going on and I told them about stuff that's going on as well. Groups everyone shares and knows what's on. Plenty of leaflets about; Football tomorrow. I'm enrolled on a guitar course'

'I've got that all sorted, don't need any help'

'Dawn has mentioned places where I can get help, housing, counselling, etc'

'They pointed me in the right direction for PTSD and Choices counselling (long waiting list) and other counselling. And AA and as many things as you can get'

'Yes, they told me about counselling (stress, anxiety)'

'Groups, AA. I had to find out about things like foodbank on my own. I might need something written to get help but where do I get that? They've suggested things here like Tai Chi, Yoga, Mindfulness. There's so much going on in Cambridge, not Ely where I live'

'Through CGL workers and mental health services I've been linked up with other help from outside organisations. There's a poster and Facebook page created by a volunteer here to try to make the myriad of services known'

'There are support groups listed in reception, but they have not gone through sitting down with time needed, to ask us what we need and what's going on in our life. I know about The Edge'

'I was told about Jimmy's and Winter comfort'

'I never needed to know anywhere else except my groups'

'Yes, I trust John from Huntingdon. Food banks, debt relief, CAB. I'd heard about it before, but CGL explained in much more detail of what they offer. Sandwich and soup days. Waiting around in town is risky as I see others in pubs, drinking, etc...'

'Not yet, but hoping to hear about agoraphobia, mental health, etc. for my brother'

## Staff Trained, Qualified and Professional

We asked participants to talk about if they feel the staff are appropriately trained and qualified within their role. Also, if they think CGL delivers a professional service. 90% of participants said they felt CGL workers are trained appropriately and 92% said they felt that CGL staff are qualified and professional in delivering their service.

### Key Themes:

- Lived experience with addiction and recovery was seen as a crucial credential
- Staff struck a balance between professional and empathic
- There were some concerns around professionalism

### Qualitative Data:

'Yes, they don't belittle you, but do it properly. If I came back and said I'd had a drink, they'd tell me to not beat myself up, not be too hard on myself'

'Yes, they put me at ease'

Yes, they do. When we're in women's group we can talk about things and not feel got-at'

'Yeah, I feel they are very professional. It would be interesting to know as I get the idea that a lot of people have been through their own addiction experience. It'd be nice to know a bit about their own story'

'Yes, they do. Especially when they have someone shouting at them. I couldn't handle people as calmly as they do'

'Yes, they have lived experience helps as the people know what you have been through and are going through'

'Yes, yes, yes'

'Yes, she is very experienced'

'Of course, definitely. 100%'

'Yes, they are courteous, and I am valued as a person and respected'

'Yes, they are very empathic as well'

'Yes, I do. Especially those I know are recovered addicts themselves'

'The newer staff are noticeably less experienced. Some are better than others. All are fine'

'The ones who are trained do, but the volunteers aren't trained as much. I'm not sure if they should be taking groups so much. I know of one particular person who used to pick out favourites'

'I don't know if they are trained properly. But they seem to know what they are on about and they have experience'

'Yes. The people I know, and I have contact with, yes'

'The two people I know, yes. The only qualification they need is life experience, and then they understand. A bit of knowledge about medicine but relevant life experience is more important'

'Yeah, but sometimes feel there's a lack of communication between staff and from staff to client. I should have had a titration appointment but was told without being warned that I needed to come in again and have another appointment'

'Yes, I've had a couple of issues with a few people leading groups who could do with some more facilitating experience/coaching, but it was only very small number, three out of about a year of it going fine. A few times when I wished they'd have stepped in. Now I'd be more confident to give that feedback, and I have done more recently'

'Yes, there's one volunteer who I don't gel with, who has slightly kooky ideas, maybe not medically sound, but fine to have their ideas and everyone else is perfectly professional'

'Slightly questionable. The reason I say that is that I don't feel everybody has been mental health trained (big part of the problem). But almost all, if not all, have experience of addiction, which maybe is better than formal training. But they have information and links to point you in the direction of formal mental health services, if that's what you need or a detox, if that's what you need'

'Some do deliver professional service, but unless they have lived experience, others are just fake and in it for the money, just wanting to be paid'

'Some of them. Not all of them. The way they speak, and what they do or do not know about drugs'

'Impossible to know. It didn't seem very professional'

'I don't know'

## Awareness of The SUN Network

We asked participants if they were aware The SUN Network but only one participant who took part in our survey had heard about us apart from our own publicizing. 84% had not heard of The SUN network.

### Key Themes:

- 14% knew about The SUN Network from individual contact made by KC Cade on behalf of the SUN Network
- Staff are not encouraging service users to join The SUN Network or promoting the work we do
- No one recalled being asked if they gave consent to be contacted by SUN Network at any point during their contact with CGL for the purpose of obtaining independent feedback

### Qualitative Data:

'Yes, I saw a poster and leaflets and I like the crises card, but they are a little hidden in reception area'

'I am a member and I get emails regularly'

'Yes, because I met KC before'

'No, I've not heard of them'

## Service User Star Ratings

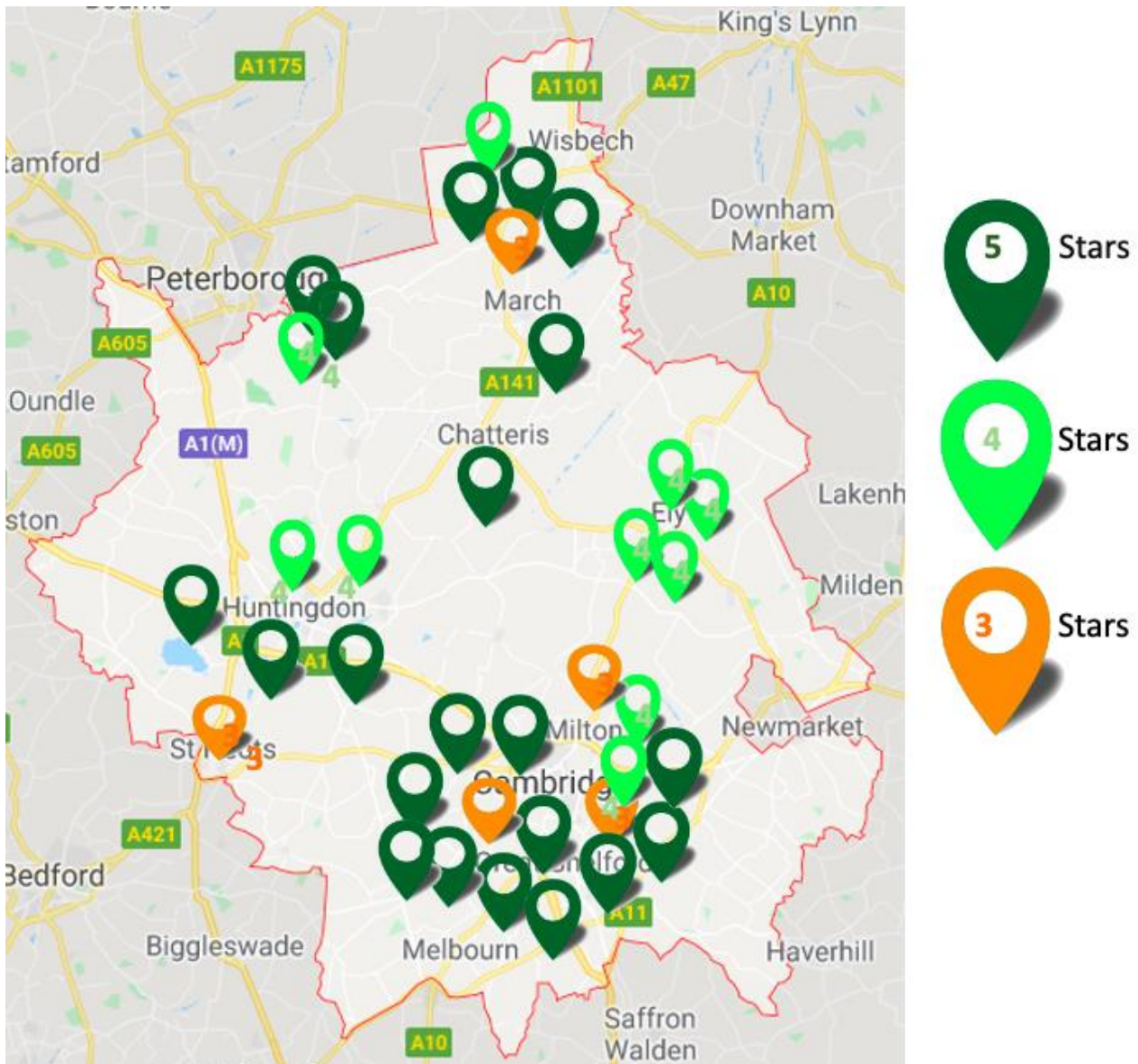
The following table shows the ratings (out of a maximum of 5 stars) given by participants in relation to each of the five values, and an overall score. Service users gave CGL 5 for Honesty and an average of 4 stars for Empathy, Inclusion, Working Together and Personalisation. This gave an overall scoring of 4 stars.

	Working Together	Empathy	Personalisation	Honesty	Inclusion	Overall
1 star	0%	2%	5%	2%	2%	0%



2 stars	5%	0%	0%	0%	3%	0%
3 stars	10%	12%	13%	2%	5%	13%
4 stars	28%	20%	28%	16%	26%	28%
5 stars	57%	66%	54%	80%	64%	59%
stars average	4 ★★★★	4 ★★★★	4 ★★★★	5 ★★★★★	4 ★★★★	4.4 ★★★★☆

Five Values Service User Scoring Summary Mapped across Cambridgeshire



## Any Other Comments from Participants

We asked participants if they would like to add anything else to their comments. Their responses are listed below in their entirety.

### Key Themes:

- Participants have a lot of ideas and suggestions to improve or enhance the service
- There is a missed opportunity to share their feedback with The SUN Network by not being asked for their consent

### Qualitative Data:

'I suggest that the keyworker could check-in perhaps monthly to ask how I'm doing. She contacted me maybe twice in the last year, and that's based on me getting in touch for script help. Maybe they've contacted me once. But saw her three times in the last week because of a doctor's appointment (she made time to see me when I started my home detox). It's up to me to phone in usually, otherwise maybe a review with doctor would trigger contact'

'I was in hospital for a while and had to start at the beginning when I came out. They didn't tell me what or why and they just said I had to start over. It had not been explained to me. I've never met my keyworker either. I'm having to tell my story again and feel uncomfortable going through it all in detail again'

'My brother is under mental health act. With cutbacks, all support (Fulbourn) is gone and now it's just me looking after him. It's hard coming here. Everybody who comes in is different, don't all fit stereotype, not all criminals. Some hold down jobs, some don't use on top of scripts'

'I think the IT suite is great here, but the internet is slow sometimes'

## Service User Conclusion

This data from our small sampling (42 of approximately 1600 service users) shows that the service users accessing CGL have a diverse and varying set of needs. Many differing, and sometimes contradictory views were recorded suggesting that there is no one-size-fits-all solution to treatment, and the support required changed for individuals during the course of a recovery journey. This makes personalisation of care a big challenge.

One of the stronger, more evident themes that emerged was that whilst service users were very complimentary about the passion and dedication of the staff and volunteers at CGL, it was apparent that they felt they many did not have enough contact with their key worker, with only 14% of participants acknowledging that seeing a keyworker is part of the service offered. Not seeing a keyworker left service users feeling unsupported and they would prefer there to be more check-ins and supportive chats. Some service users reported not seeing a keyworker at all. Service users that felt staff had got to know them reported a positive experience of the service.

The idea of more group focused work was not well received when CGL rolled out their service model, however, service users that originally did not feel groups were what they wanted or needed but had been encouraged to attend, found their opinion had changed and they were finding the groups to be a good source of support.

Although the long bedding-in process from October 2018 was originally felt to have impacted negatively on those needing the service at the time, those accessing the service now have predominantly reported a positive experience and have been provided with support that is certainly contributing towards their maintained sobriety.

CGL having a policy of employing staff with their own lived experience was well respected by service users who felt less judged, more understood and more able to relate to staff.



It is evident that staff and volunteers have a good working knowledge of local services within the fields of addiction and mental health as well as the peripheral services (housing, benefits, employment etc) and were supporting service users in a holistic and existential way.

Equity of service was considered an issue, particularly in areas with poor public transport links.

The majority of those questioned felt that the Cambridgeshire Drug and Alcohol Services have improved under CGL and the star ratings awarded by service users reflect this.

## CGL Workers (Staff and Volunteers) Feedback

### Demographics

We talked to six staff and volunteers, 3 working in Cambridge, 2 in Huntingdon and one in Wisbech. They have worked in the Cambridgeshire Drug & Alcohol services for between three months and eleven years. Out of these, one is a long-serving volunteer and the remaining 5 are paid employees.

### Time in service

We asked CGL staff and volunteers how long they have been working at CGL. The newest staff member has worked for three months while the longest serving has worked at CGL for 11 years. The average is three years.

### Values

We asked CGL staff to share their own personal values and also if there were aware of the CGL values.

#### Key Themes:

- Three of The SUN Network's Five Values were mentioned
- Values listed by workers are shown below, with values most frequently mentioned first
- Staff were aware of CGL's values

#### Staff Values:

- |                         |                          |              |
|-------------------------|--------------------------|--------------|
| • Caring                | • Non-judgemental        | • Care       |
| • Open                  | • Thoughtfulness         | • Respectful |
| • Kindness              | • Helping                | • Forgiving  |
| • Compassion            | • Passionate             | • Integrity  |
| • Vocation              | • Recovery               | • Individual |
| • <b>Honesty</b>        | • Focus                  | • Calmness   |
| • Supporting boundaries | • <b>Personalisation</b> | • Trust      |
| • Bold                  |                          |              |
| • Warmth                |                          |              |
| • Safeguarding          |                          |              |
| • <b>Empathy</b>        |                          |              |
| • Understanding         |                          |              |
| • Confidentiality       |                          |              |
| • Responsibility        |                          |              |

### Service Users Choices and Decisions for their Care

We asked workers how they ensure that clients and their chosen family/friends are able to have choices and make decisions about their care.

### Key Themes:

- Staff deliver a recovery focused service
- Staff consider the service to be client led

### Qualitative Data:

'By empowering them. When they come in and use kitchen, I'm there, pottering, listening to them, not always showing an opinion, but listening and letting them off-load. I explain about what's on offer in community and in CGL and I answer questions to best of my ability and signpost them'

'That's pretty much impossible as we're set to work in a certain way. They choose between the groups, whether they attend, whether they engage. We aren't overly flexible with how we work with people based on our caseloads'

'I talk about options, referring to different areas and ask what they want'

'Potentially have less choices in CGL since being taken over, like medication. The service has become about financial and it shouldn't be about that. CGL don't offer 1-on-1's and offer groups but clients wish for and miss 1-on-1's. Our case-loads are so high we don't have capacity to do 1-on-1's but I miss it. Use of substance makes a difference'

'It's all about their care. Different pathways depending on substance, but it's their recovery and it's up to them. Controlled drinking, abstinence; it's up to us to help them find their goals. I explain it all in assessment and I explain it again if needed. Not just substances, but healthy lifestyle; physical and emotional health'

'Consulting with them & making them part of the recovery, giving them choices'

'Choices, families are too minimised, it's disgusting! My experience is long with families, CGL isn't promoting family involvement with service user care at all. We should have a family worker/leader in each site. I saw an older guy come ask for help for a family member, No one engaged with him, no one talked to him. They just mentioned family group---which is only monthly. When following up a service user who had disengaged, I had a long conversation with family member who was distressed and needed support--for self and for the service user's good. The current system can't report contacts with family members (hours, statistics) but recovery happens in community/family so this needs to be addressed'

### Service User Involvement with Case Notes

We asked staff how they enable clients to be involved in their care plan or case notes and how often are these updated or reviewed.

### Key Themes:

- Case notes are updated rigorously, and according to policy
- The service delivered is recovery-focused and Client-led

### Qualitative Data:

'I talk to them. Planning, mapping. Unfortunately, a lot of it is on the computer although it would be better if they could take them home'

'I consult with them about everything. I Listen to what they say, and what follows depends on their needs. Care plans are updated every three months. It varies on the person and on prescription'

## Consistency of Service

We asked staff how they maintain a consistency of service with regards to points of contact, keyworker and level of service offered.

### Key Themes:

- Contact with clients was key (on the phone, in groups or appointments)

### Qualitative Data:

'Knowing my clients, checking on them and highlighting and keeping an eye on them. The computer shows if they need to be seen. Some people have 100 clients, but I only have a few. I use my diary'

'We update and review care plan every three months'

'It's tricky at the moment due to capacity. Clients who are in crisis get more support than those who are happy to go about. It is not ideal but that is the way it seems to be'



'Our care plans updated/reviewed every three months. Consistency through team meetings, discussing that we are working towards same thing. Working together as a team'

'By being consistent. Being here when I am expected to be here. Being here for a chat before a group, or an appointment. Being there to help out with the women's group and cover colleagues when they need someone else to facilitate group'

'I don't know. It's getting easier as the staffing is improving. Getting a receptionist. I don't know if we are at a stage to maintain that yet. It's been plenty of firefighting rather than running smoothly. It's been recognised'

## CGL Policies

We asked staff if clients are informed at any point about service policies and where and how to access them.

	No	Yes
CGL inform service users about policies and how to obtain them	14% 	86% 

### Key Themes:

- Policies are explained verbally and throughout the course of treatment, starting at assessments, then ongoing as deemed appropriate
- Clients and their case notes are reviewed every three months, when policies should be covered

### Qualitative Data:

'Yes, at assessments. For opiate clients they have to be reviewed and get reminded occasionally but I never direct a client directly to them'

'It's all about group work: the main treatment pathway. Some clients can't attend groups (mental health, acrophobia) so I try to see them as often as I can. Time band means opiate clients are seen every 6 months by doctor. Then I follow the plan he sets, i.e. every 4 to 5 weeks, if they don't want to do groups though I try to get them engaged. Then visits every 3 months. Some at higher risk I'll see more often, depending on their needs. Clients on scripts who have been using drugs for 20 years, who have admitted they'll never stop using. They

might not agree to group, but I try. Assessments are a great time to communicate, and harm reduction is my main job'

'During caseload assessment, confidentiality every three months'

'I believe they are informed when they go for the assessment. They go through consent during appointments, so yes, it's all covered'



'I haven't informed them how to access them, but I've told them about it on the website. I'd refer to the policies as needed, refer to the concepts as appropriate'

'Only if a need for it. It's not shoved in their face. I let them know if they ask or if they need. We don't want it to be too clinical'

'No, I don't think they are'

## Training and Support

We asked staff if they feel supported with enough knowledge and training within CGL to work effectively with those accessing the service.

	No	Yes
CGL staff feel supported and adequately trained to deliver an effective service	14% 	86% 

### Key Themes:

- Volunteers access the same quality training as staff
- Balancing workload within service, and time away for training is a challenge for some

### Qualitative Data:

'Yes'

'Huntingdon team is amazing. They do a fantastic job here. The staff support each other so much'

'Yes, very good. For example, three-day first aid training. Training is better at CGL than before. Motivational Interviewing in London also approved'

'Yes, I think probably, I had training before and recently had Blood Born Virus (BBV) training and that went well'

'Yes, I'm still learning. I've been sent on a lot of training and I can go on lots of training'

'Absolutely. One hundred percent. This is the most supportive job role I've ever had'

'No. There's not much going on at Kings Cross '(training location)' at the moment. When I ask to go on it, they um or ah whether they can lose me in the service that day. There are loads of training I want to do, and I've been very vocal about it'

## Service Confidentiality

We asked staff how confidentiality is maintained within their service and each staff member responded with examples showing their consideration of the high priority of service users' confidentiality.

### Key Themes:

- Confidentiality was a priority throughout the service

- There are robust systems to ensure confidentiality is protected
- Confidentiality is compromised with new reception layout in Cambridge

### Qualitative Data:

'Computer passwords, modern high-tech sign-in sheets, care with phone calls, etc...'

'The only time things are discussed is when appropriate, i.e. at meetings. Everything is locked away. Passwords on computers'

'It's key; the first thing in assessment and carried on through treatment. Without that, you can't expect them to be honest and trust you. We only share their info if we have consent--unless risk to self, others (children) or serious crime. We ring back professionals to confirm they are who they say they are. Sometimes people can hear us in reception on the phone, but we try to be careful (writing it down, rather than saying it). We keep sign-in sheet confidential and our laptops closed'

'We explained to all that its confidential, unless at risk to selves or named people or children. Not as confidential as you can hear a phone call from reception at Cambridge site'

'We avoid discussing clients in appropriate areas (corridors/stairs). Before group everyone is reminded of confidentiality in groups. Only using full names when needed and always locking password protected computer'

'Pretty well, even on reception. People are mindful taking calls. It's difficult with reception near waiting room, but everyone works hard'

'We don't leave names laying around, all equipment is passworded, but issues do happen but it's one of the most important things. The only concern is reception as you answer duty calls and people in reception folks can hear. There's nothing we can do about it based on the new layout'

## Supporting Service Users Through Emotional Experience

We asked staff if they can give an example of a time when they supported a service user through an emotional experience and all of those surveyed were able to recount a recent example.

### Key Themes:

- Staff offer empathy within service delivery
- Staff signpost to other services for added support
- Boundaries and remits were acknowledged and respected

### Qualitative Data:

'I supported my pregnant client from day one of her becoming pregnant, through her ambivalent feelings about whether to have the baby. She's come on leaps and bounds through the support I gave her. She went from dependant drinking to now being abstinent. I was giving her more time to help her with her goals and plans. We arranged the idea of her having her nails as a treat for when she makes a goal. I'm helping her sort her housing. She's 18 weeks pregnant and hasn't touched a drink since she found out'

'A service user doesn't respond well to group work. He left group and I sat and listened with him, made sure he was okay, gave him a beverage, some food, listened to him and explained how CGL works with groups. I gave him some examples of how group work can be positive for him (giving an alternative to his anxious thoughts)'

'In every group. We talk about sensitive things and I give one to one follow-up. When people don't come to group, I always ring for one to one. I booked in one today who didn't attend yesterday'

'Six weeks ago, I switched on my work phone and saw that a long-term service user was suicidal. I spoke to them and had to ask for consent to speak to GP. The GP rung them and,

told her she could start antidepressants for a week and could go back to get more which she did. It was the first time when it seemed that the system worked together'

'One nipped in to see me today. She has history of self-harm but hasn't self-harmed for a while. She said she had self-harmed yesterday. I asked her to chat it through. It was related to another professional. I gave her a crisis card and talked through what can I do. Her family cat of 15 years had died. Together we went online, and I showed her online resources to help her and her mum. I suggested seeing her GP and using [www.Keep-Your-Head.com](http://www.Keep-Your-Head.com)'

'During assessments, people are suicidal and that. We have to know how to handle them. I empathise from my own experiences. I support clients when other clients in service or community aren't available'

'This week, we had a service user who was suffering from domestic violence, Multi Agency Risk Assessment Conference (MARAC) and was attacked by her ex-partner while her and friend were at home asleep. She came in yesterday to attend group and said he approached her three times in a local group. We chatted through options and I advised she seek police, safeguarding. She was absolutely freaking out. She took our advice and she's keeping sober. She brought a friend with her. She rang the police from here, and her anxiety raised. She was with a friend and did very well and was calmer after talking to CGL'

## Service Users Understanding of What Support CGL Offers

We asked staff how they ensure clients understand the service they will receive.

### Key Themes:

- Staff were very dedicated to checking understanding
- Listening was a skill utilised effectively

### Qualitative Data:

'I explain it, then wait to see if they understand. If they need, I explain again in different ways'

'Give them 111 option 2, and Mind details. I can't help with housing, so I point them onward. I would explain criteria and process for getting prescription'

'Explain treatment pathways, eye contact, body language, mention it several times (for chaotic opioid users). putting them at ease, offering a break'

'Follow-up and reflect afterwards. Remind them they can have access to their own notes'

'If they ring before coming into service, I'd explain about the assessment process and being assigned a recovery coordinator. Explained differences between inclusion and CGL'

'I ask them to reflect back the plan, for them to explain it to me'

'I don't know if they do understand'

## Contact and Communication

We asked staff if they are aware of a service policy that outlines a time bound response to calls/letters/emails received by clients and /or their support network.

### Key Themes:

- CGL has a policy outlining contact and communication
- There was confusion around what the policy entailed

### Qualitative Data:

'I'm still learning CGL ways, but it's flowing. I'm learning expectations and not completely clear yet, but it's getting better'



'The out of hours phone number has to be responded to within an hour. If the reception phone rings, it is answered straight away. There is a five minutes waiting in person. If they are 10-15 minutes late for their clinic, then they won't be seen'

'Yes. If there is a missed appointment, we must ring them within 24 hours and find out if they're all right and why they have missed it? If they miss three, they come off script. There are lots of policies around prescribing'

'Not that I'm aware of. Notes have to be put on the system within 24 hours'

'I don't know as I don't have caseload'

'The only one I know is that non-engagers are given 7 days to respond otherwise we discharge them. I'm not aware of policies for when I need to respond to them, but I'd use common sense'

## Recovery Focused Service

We asked staff if their service works on delivering a recovery focused service.

### Key Themes:

- Progress was acknowledged and optimism for continuation
- Client led approach means that recovery cannot always be priority

### Qualitative Data:

'Everything I deliver is recovery focused. Pods, groups, 1-2-1. It's whatever they want, abstinence, relapse prevention'

'Yes, by turning up and being here, being consistent and supporting colleagues and volunteers and remaining available to service users. We see visible recovery!'

'Yes, by referring materials, researching materials. Making sure recovery is central, keeping focused and signposting people to the correct services'

'Yes, training, policies followed'

'I am understanding CGL expectations and it's coming together. I'm not there yet but it's starting to flow and it's getting better'

'This is not necessary with opiate clients. Recovery isn't always key. They are never looking to be in recovery, some want day to day living rather than focusing on years down the line'

'That's a hard one as some people are in different stages. Some aren't in recovery and some aren't ready. The Edge, foundations courses, twelve step fellowships, relapse prevention groups are all on offer. If clients do not want to stop, we go back to their goals. After 20-30 years there is one who will never stop using substances. He was a support worker and doesn't want a methadone script. I try to get back to reasons they are using. What problems are being covered by the drugs? Find recovery capital and making them aware of it because everything needs to be client led'

## Signposting

We asked staff if they signpost clients to other services or community-based schemes and how this information is kept up to date.

### Key Themes:

- Good staff awareness of other services available

### Qualitative Data:

'All the time, of course. i.e. rape support and mental health treatment'

'Yes, for example: housing and mental health help'

'Twelve step fellowships, CGL, Mind, Lifecraft, IAPT, coordinating with children of clients (safeguarding), sitting down with them and making call or finding help online. I show them it

together and write down the information and send them on their way with the details. We want to reduce obstacles to their recovery'

'Yes, mutual aid groups, Edge, AA/NA, women's groups, probation'

'Yes. Edge Café'

'All the time. It's a huge part of this job. Coordinating their care, involving other agencies. The Edge, Arbury recovery group, AA, NA, mental health, housing, Prism, GP. If they are having particular trouble with mental health support, I escalate it to the team meeting and our consultant psychologist is now involved. The two services mental health and CGL don't work well together'

'I try to. Still learning, but I ask others here and yes, I do'

## Advocacy

We asked staff if they inform clients of their right to have someone with them or access to advocacy.

### Key Themes:

- Advocacy was not widely offered, however, family or other support was encouraged

### Qualitative Data:

'Yes, family members can accompany them. I would explain it's their option, with their consent'

'Yes'

'Professional can come with them: family members, a housing support worker. I had a person with issues at Addenbrookes involving PALS. I know complaints procedure but not advocacy'

'Yes, if client is happy to, and/or if people ask'

'In-house yes, and outside yes'

'I'll invite their support workers into their sessions'

'If necessary, only when they don't understand'

'No'

## Service Promotes Lived Experience Employment

We asked staff if the service actively promotes employment or volunteer positions for people with lived experiences of addiction or mental health challenges.

### Key Themes:

- Unanimously recognised as successfully implemented in CGL

### Qualitative Data:

'Yes, I am an example'

'Yes'

'Absolutely! How people use their own stories to help clients, without even telling them who the story is about. I love the people I work with and am so impressed with what they've been through'

'Yes, certainly. CGL definitely offers inclusive employment'

'100% life experience, addiction, mental health, etc'

'Yes, absolutely. Peer mentors & volunteers'

'Yes. I met one today and everyone totally encourages it'

## CGL Promoting Engagement Opportunities

We asked staff how CGL promotes service user engagement opportunities and whether a variety of engagement methods were used.

### Key Themes:

- CGL engage service users in a variety of ways

### Qualitative Data:

'We use the board (sign in reception), website, diary sheets, verbally, not so much from GP'

'Breakfast club. Free-flow Friday'

'Fellowships, CGL, Lifecraft, IAPT. Pod is supposed to be 3-5 people for specific thing. Group is larger and more general'

'Promote training and offer employment counselling and training but with no pressure. On a personal level, I do get looked after'

'Word of mouth, they are working around that. Website. We talk to people in the Edge and outside of work'

'I think they do that well, Tracy Thompson and volunteers. When I was a volunteer, we'd do lots of outreach. But I'm not involved anymore as I'm a recovery worker'

'I don't know if we do that very well. We have timetables, but we could do better'

## Staff Star Ratings of 5 Values

Workers gave four and five stars for the five values, on average, five stars were given for Working together, Empathy and Inclusion, and four stars for Personalisation and Honesty. When asked to give a rating of up to five stars for CGL overall, the average rating given was four stars.

	Working Together	Empathy	Personalisation	Honesty	Inclusion	Overall
1 star	0	0	0	0	0	0
2 stars	0	14%	14%	13%	14%	0
3 stars	28%	14%	43%	29%	14%	14%
4 stars	43%	15%	14%	29%	14%	43%
5 stars	29%	57%	29%	29%	58%	43%
stars average	4 ★★★★	4 ★★★★	4 ★★★★	5 ★★★★★	4 ★★★★	4.4 ★★★★.4

## Any Other Comments from Staff

We asked staff if they would like to add anything else to their feedback.

### Key Themes:

- Transition from previous incarnations of the service were mentioned in reflections offered by long-service staff.

- Passion and commitment for service users was expressed in staff members regardless of their length of service.

### Qualitative Data:

'I was involved with CPFT, Inclusion, and Addaction. It can be hard as an employee due to case-load, but all of us are in the job for a reason'

'I think CGL are an amazing company to work for. I get looked after, listened to. I'm still learning everything'

'I've been on some training, and there are always opportunities to learn from other sites. When the training is delivered for volunteer roles, there needs to be training on things like drug testing and CRiS (our internal database). It'd be so much better to have login details already setup before you start volunteering. Everybody does a good job. I remember a situation when a nurse took it upon herself when a client was in a vulnerable situation. There were some challenges, but she was empathic and stayed behind after hours to support the service user. There could be more support for some as there are a few who struggle with empathy sometimes. Supervision or something additional. The Cambridge caseload means workers aren't able to be as flexible as other locations. There's always room for improvement and nothing stays the same. Staff and volunteers show friendly professional perspective and are relaxed, but boundaried. People are treated equal, not less than or more than anyone else. The way you treat them is important as well. Equally. There's something for everyone. If not, it's being looked at. There's outreach for people who don't do groups. I'm glad to have CGL takeover as it's better'

### Staff Conclusion

Staff at CGL see themselves as front-line workers representing CGL with a professional and caring service delivery and overall, a team that value service users in a non-judgemental and encouragingly holistic sense. This is expressed in the way they handle confidentiality, work with flexibility, signpost to relevant services and draw on their own lived experience to relate to service users.

However, it is evident that staff acknowledge a pressure due to large caseloads alongside staffing at less than capacity, and this is potentially impacting on the ability to deliver keyworker contact to the level that service users say they need. It also impacts on training opportunities for staff as they cannot be spared to attend. This could also contribute to burn-out or compassion fatigue amongst staff due to the need to deliver a person-centred service. In-house support from colleagues is reportedly very good and staff promote the value of service user led care and recovery focused treatment.

Staff have their own concerns around the limitations of their work around confidentiality, family involvement and joined up working with mental health services.

Staff appreciate the CGL model and regard CGL as a positive and encouraging employer. The staff values are aligned with service values and the service user is at the heart of their work.

### Peer Assessor Team Reflections

'In several decades as a regular member twelve step groups in Cambridge, I've met many people who have had a lot to say about previous providers--plenty of it bad. But after visiting CGL over the month of February, I was immediately impressed. The new sitting areas and kitchens are absolutely lovely. The food means if you came in off the street you wouldn't need to be hungry. My experience is that the providers are doing all they can to give the very best service possible. They are working very hard under restraints of the limits on funding' --Valerie

'It was good to meet staff, volunteers and service users. It was a real joy' --Steve P.

## Overall Conclusion

Although the process of CGL embedding their delivery model across Cambridgeshire has been a lengthy one due to recruitment to necessary staff roles, it is testimony to the staff and the CGL model that service users are understanding of CGL's intention to provide a high quality service for those that require it.

Service users and staff feel the service provided is a holistic one looking to provide a 'whole person' approach by not only delivering their own service but by signposting their service users to other services such as benefits, housing and employment support, along with social care and mental health services, to ensure all aspects of life that are causing challenges are being addressed and supported. However, it is apparent that the mental health joined up working is not quite there yet.

The staff and service values are reflected in the service user's opinion of staff going above and beyond to provide a non-judgemental service delivered at the pace of the service user. There were many complimentary comments about individual staff and the staff as a team.

There is a real sense of CGL supporting the service user element of wanting to give something back once they are in recovery or have had a successful period of sobriety by offering volunteer and paid staff opportunities for those with lived experiences, to include involvement with the new Recovery Service Board.

CGL has managed to support a varied and diverse population in ways that are meaningful to the service user, and deliver a professional service with compassion, empathy and understanding. The staff are largely respected, not in any small way for having their own lived experiences, and for working at the service user pace towards the service user's chosen goals.

The prescription service was viewed as vital and the process seemed to usually work smoothly and efficiently, with access to appropriate medication when needed.

Groups were considered a crucial part of recovery with them being credited for people creating a social network of support and a feeling of belonging.

However, this project has identified a theme of service users stating they haven't heard from a recovery coordinator for a long time with some not knowing who has been assigned as their keyworker, and some having never met their keyworker after staff changes. The need for keyworker contact to improve the service received was considered a priority for service users as it made them feel like they were important and that they mattered. Many service users were aware of how busy staff are and recognise these struggles as a symptom of recruitment issues.

## Recommendations

- It is important to celebrate successes, and CGL have fostered an environment of trust and respect which is acknowledged and valued by their service users and cause for celebration
- We saw that workers and volunteers are very committed to delivering a high-quality service, and we heard many compliments about their work ethics. Staff and volunteers should be praised for the high level of non-judgemental understanding and strong sense of dedication experienced by service users
- While the CGL family groups are well publicised, and service users are signposted to other services, there was a feeling that partnership working with other services and family involvement could happen more. We recommend building on the existing partnership working by finding new ways to engage with CGL service user's families, coordinating joined up working between CGL, the service user, family members and outside agencies
- The biggest concern from service users is that they have not seen their keyworker recently if at all. We recommend improved contact for all service users who have not had contact from their recovery coordinator in recent weeks. Also making appointments for service



users who have not seen their recovery coordinator within the timeframe of CGL policy. We also recommend that the timeframe set out in the policy is adhered to moving forward, and if there is not a timeframe given, that one be introduced to ensure regular keyworker contact

- CGL have a fantastic awareness of the value of their service user's ideas and opinions, however, there was no overt celebration of this work. We suggest CGL consider capitalising on service users' ideas on how to improve the service and publicising the fact so that service users can see that their ideas are being implemented. This work may already be being completed through a 'you said, we did' method, however, we did not see evidence of this during our visits
- Service users really value the anonymity and safety of offering independent feedback without fear that it will affect the service they receive, and we recommend that CGL actively promote the SUN Network within its services and introduce at every assessment, service users being asked to give consent for their contact details to be passed on from CGL to the SUN Network for the purpose of independent feedback as agreed in the signed Memorandum of Understanding between the two services
- The SUN Network would have really liked to speak with more service users and staff for the purpose of this project, and although we do appreciate the support received from staff and volunteers at the various CGL locations during this project, we believe there could have been more support from management level to encourage greater numbers to participate, and would like to see this support evident in any future projects
- Confidentiality in Cambridge was a recurrent theme. Service users and staff agreed that confidentiality is compromised in the reception area. We recommend that this situation be reviewed and efforts to maximise confidentiality be put in place as it is the only area that impacts on what is otherwise a real trust in the confidentiality that CGL offer
- Service users have suggested that a more effective method be put into place to inform CGL if appointments are going to be missed. Could technology help provide more user-friendly methods than ringing and leaving phone messages with colleagues?
- Training can be difficult to obtain for some staff; we recommend that there be consideration for a system be put in place to ensure equity of access to training regardless of location worked
- Service access. There was very little understanding from service users as to exactly how long they could access the service, with most of them guessing their responses. We recommend a review to establish whether this information can be conveyed more effectively to structure realistic service user expectation