

# Helping service users to engage with treatment and stay the course

Treatment for successful recovery starts with effective engagement, with early identification of needs and goals, and quickly providing support for immediate priorities. This briefing focuses on the start of treatment, that time when people first access and engage with services. The content is drawn from service user feedback and evidence published in guidance.

## WHAT IS THE ISSUE?

Service users are most likely to drop out in the early stages, especially during the assessment process. While some entrants may simply not yet be ready to engage, the nature, organisation and approach of the service, and the attitudes and behaviours of staff and the interventions they provide can have a decisive, positive effect on engagement. This initial phase will also establish key expectations about future treatment and the recovery options available. Positive and responsive services can achieve better outcomes. The prompts in this document can be used as aids to put these principles into practice.

## FIRST IMPRESSIONS

### Promoting what services offer

Making key information at treatment entry both visible and easily understandable, about what your service offers, will support staff to engage individuals and will empower service users and carers. Making visible the recovery care planning process, and keyworking support; and showing a variety of recovery routes, through and out of treatment, is an important part of supporting real choices.

#### Prompts

1. Is the tone of any initial correspondence/communication with new service users informative, welcoming and clear?
2. Are there consistent, accurate, welcoming and informative leaflets, noticeboards and website resources that are updated?
3. Is there clear and consistent information for telephone enquiries and for potential referrers?
4. Do you provide information about the range of recovery support services available?
5. Are there clear pathways through and out of treatment, and peers visibly progressing towards recovery?
6. Does involvement of local service user and peer support networks contribute to a strong and positively welcoming culture?
7. Is the range of support options available to communities with particular needs made clear and visible (whether provided in-house, in collaboration with other services, or through referral to separate services e.g. 'standalone club drug clinics')?

### First contact

The personal experience of first contact can be crucial for engagement. It is widely accepted that treatment services should be welcoming and non-judgemental, and service users report that they are more likely to return if staff treat them well.

#### Prompts

1. Is the experience of entering the reception area or waiting rooms at first visit welcoming, informative and positive?
2. Have the reception and administration staff received training on promoting a welcoming and responsive culture?
3. Do you continually assess and improve the experience of finding and coming into your service by asking new users for their feedback, using mystery shoppers and 'walking the path' for yourself?
4. Is the assessment and engagement process clear and properly explained to users and carers?
5. Are the skills and attitudes of the staff at first assessment consistent, utilising evidence-based therapeutic styles?

6. Is the initial assessment process organised to allow for adequate provision of immediate treatment support to address service users' initial reasonable concerns?
7. Where prescribing is used to help stabilise someone, is this commenced without delay?
8. Is the gathering of essential consents and core information organised to minimise delays in starting good clinical care?

#### Inviting environments that don't stigmatise users

Well-maintained services in attractive surroundings convey a message that the service values its users and their wellbeing.<sup>1</sup> Careful thought can help minimise the negative impact of any necessary security arrangements and signs, promoting a positive culture.

#### Prompts

1. Is the public space welcoming, avoiding being unduly clinical?
2. Have you considered carefully with service users the extent to which information in posters and leaflets in your reception and waiting areas is needed?
3. Where such materials are used, is their style, impact and accessibility reviewed?
4. Is information organised into clear, well-themed displays about available provision including pathways to recovery (changing themes might include care planning for recovery, reintegration support, groups in the area, BBV services and physical health checks, local peer support)?
5. Are all public and clinical spaces well maintained and comfortable so as to create an appropriate therapeutic environment?
6. Are clinical spaces suitably quiet and confidential?
7. Is the furniture used by service users an appropriate quality?
8. Are the toilet facilities appropriate and well-maintained?
9. Is drinking water available? Is there tea and coffee while waiting for, or during, appointments?
10. Have you considered offering access to washing machines, showers, computers, and food or kitchen facilities?
11. Are complementary and alternative therapies available?

#### Worcestershire Pathways to Recovery

Worcestershire Pathways to Recovery's cafés are based in community buildings and run by service users in recovery. As well as hot food and drinks in a warm and welcoming environment, the cafés are a place where those with drug and alcohol problems can chat about treatment options with recovery champions and peers.

It has resulted in a number of drug and alcohol users entering treatment for the first time.

Recovery champions from the cafés will accompany new service users on their first visit to a service and often help with other things, such as pointing them towards housing services or sourcing clothes and food from the Salvation Army.

#### ENCOURAGING REMINDERS AND CUES

Sending reminders (letters, phone calls, emails and text messages) is associated with better retention of service users. Reminders that are more personal (conveying active caring), motivational and encouraging have been associated with better results than those providing just information.<sup>2</sup>

#### Prompts

1. Does your service make the most of texts, phone calls, emails and letters? This could be ahead of routine appointments; for those who appear to be dropping out; in providing treatment itself, or to reinforce treatment messages; to check on progress; and to demonstrate care and interest.
2. Do your recovery care plans refer to contingency arrangements, agreed with service users, to allow for follow-up contact after drop-out?
3. Do service users have the 'work' mobile phone numbers of their keyworkers?

4. Do you have robust systems to check and update the contact numbers, including mobile numbers, of service users?

#### The Bolton Alcohol Relapse Project

The Bolton Alcohol Relapse Project uses mobile phones to improve communication between service users and staff. The system sends text message appointment reminders to users. Users can also receive a daily text message asking how they are doing. They can reply '1' (doing fine, thanks), '2' (struggling a bit today) or '3' (I'm in trouble). Staff know those answering 1 are OK and the users feel the service is showing an interest in their wellbeing. If service users answer 2, they receive a personalised, motivational text from their keyworker, based on conversations they have had and structured around ITEP. The service will call anyone answering 3.

#### WAITING TIMES AND RAPID ACCESS TO TREATMENT

Rapid access to substitute prescribing has become common and can engage opioid users more effectively in treatment and enhance early reductions in harm. Providing early and next-day follow-up appointments, especially for stimulant users, can improve their early engagement with treatment.<sup>3</sup>

##### Prompts

1. Does your service monitor waiting times and ensure they are kept to a minimum?
2. Does your service organise assessment for prescribing to be able to provide rapid, safe access without undue delays?
3. Can you offer next day follow-up appointments for service users when clinically indicated?

#### MAKING SERVICES ACCESSIBLE

Addressing a number of common barriers to treatment access can have a positive impact on attendance and engagement in treatment.

##### Transport

Providing (or paying for) transport, can help engage those who find getting to and from services difficult (particularly where a service covers a large geographical or rural area).<sup>4</sup>

##### Prompts

1. Do you have an efficient, flexible and accessible system to re-fund public transport fares to those entitled to this?
2. Can you reimburse the cost of a weekly travel card, where appropriate, or encourage access to reimbursement elsewhere (e.g. probation programmes or contingency management schemes)?
3. Have you considered providing transport directly from inaccessible areas, or working with other organisations to provide this?
4. Have you explored, for rural areas or areas difficult to travel from by public transport, the potential benefit of home visits or local 'satellite clinics' to allow keyworkers to see their service users closer to home (e.g. community centres, GP surgeries, pharmacies with suitable confidential areas, mental health services and probation offices)?

#### Rotherham Drug and Alcohol Treatment Services

Rotherham Drug and Alcohol Treatment Services found that service users who had multiple appointments during the week often missed them because of the travel costs. This was a particular problem for those living in rural areas, who had to take two or three buses to get to the service.

In response, the service started a scheme where those with three or more appointments would get a free bus pass. As a result, service user engagement and retention has improved, and SMART groups have expanded to meet the demand created by more service users being able to attend.

**Flexible access**

Flexible opening times and attendance requirements can help engage service users, including those working long or unusual hours or for inflexible employers. Comprehensive assessment of risk needs to consider the risks of disengagement, as well as the risks posed by less frequent face-to-face reviews.

**Prompts**

1. Are your attendance requirements reasonable and realistic for all reasonable personal circumstances of service users?
2. Do your service's opening times accommodate those working full-time and those with childcare responsibilities?
3. Are your arrangements for prescription collections, including induction and initial titration arrangements, reasonable for those working, including those who have very limited flexibility in their pick-up options?

**Childcare**

Studies have found that women who attend services that provide or facilitate access to childcare are more likely to stay in treatment and get more out of it.<sup>5</sup>

**Prompts**

1. Does your service provide, or facilitate access to, childcare for those who need it?
2. Does your service offer flexible assessment and treatment support options for those with childcare commitments?

**Cranstoun Community Drug Agency, Reading**

Cranstoun CDA in Reading provides a crèche, staffed by childcare professionals, to maximise engagement with parents who have childcare responsibilities. This is a joint venture between the service and a local children's centre.

The crèche service is also available to professionals who have children, so that additional appointments and meetings can be offered to all service users. This has helped users to attend prescribing and social work appointments, approved contact sessions and core group meetings.

**EQUALITY & DIVERSITY**

Effective services assess the needs of the populations they serve and respond appropriately. Services with diverse populations will want to be culturally sensitive and responsive to be able to maximise engagement. This may require considering core communication needs and the best way to address particular treatment or cultural needs.

**Prompts**

1. Do you have access to interpreters? Do you have access to bilingual workers or advocates?
2. Do you have suitable access to staff with British Sign Language skills and access to other communication aids, such as text phones, improved lighting for lip reading and large print documents for those with visual impairments?
3. Do you provide specialised provision, within your normal service or separately, for groups who need targeted services locally (such as clubbers or LGBT service users)?
4. Are the needs, expectations and concerns of those having problems with prescription-only, or over-the-counter, medicines addressed in the information provided about services from the earliest contact?
5. Have you considered the best way to meet the needs of those with primary tranquilliser dependence (e.g. by offering dedicated workers, or separate appointments, or dedicated clinics, or dedicated services)?
6. Are your services accessible to people with disabilities? Do you employ a disability advisor?

**Antidote at London Friend**

Antidote at London Friend is a service that targets lesbian, gay, bisexual and transgender (LGBT) drug users and recruits staff and volunteers who are openly LGB or T. Such a connection can make it easier for service users to fully disclose all of their issues and discuss drug-related behaviour, which may involve using drugs for sex – something they may not feel comfortable disclosing in mainstream services. The service ensures staff and volunteers know about the drugs their service users are using and the contexts in which they use them.

The service has also developed partnerships with other services that are trusted by LGBT people, enabling it to deliver interventions that address, for example, sexual risk and substance use together.

**RECOVERY VISIBILITY**

Purposefully creating a visible, pro-recovery environment is likely to enhance a service's recovery orientation, and this can be made apparent from the moment service users walk through the door. Seeing the recovery success of other service users at different stages in their recovery journey, including those who have achieved abstinence and other recovery goals, is reported to be a powerful tool for developing expectations and intentions.<sup>6</sup>

**Prompts**

1. Is the range of available recovery pathways prominent and clearly visible in different aspects of the environment and care?
2. Is recovery care planning adequately developed, and does it start with the initial care planning process with new service entrants?
3. Is the recovery success of those still in the service, as well as those who have completed, visible in different aspects of service provision and support (e.g. peer mentoring and service user representatives; peer involvement in drop-in, clinic supports, one-to-ones and groups such as SMART Recovery; and support for access to mutual aid services and groups)?
4. Are there mechanisms for individuals, at different stages in their own recovery, to be engaged as peer mentors and to become visible and supportive to those engaging in treatment?

**The Bridge Project, Bradford**

The Bridge Project in Bradford has a recovery volunteer programme that trains 50 recovery volunteers every year. Recovery volunteers are either currently stable, or those who have left treatment abstinent. They attend an eight week course to obtain a Level 2 Open College Network award in social care.

Once qualified, recovery volunteers are based at the service, where they meet and greet service users, and discuss everything from what the service offers and mutual aid, to their own personal experiences of treatment.

**FORMAL INDUCTIONS**

Clear, well-planned approaches to induction that provide information and adequate time to discuss with service users exactly what treatment entails, and what is expected of both service users and staff, can be helpful in engaging service users in treatment.

**Prompts**

1. Does your service have a service user induction policy?
2. Does your service provide welcome packs, run induction groups or provide other approaches to introduce service users to treatment – to outline the treatment options available and the services provided, and to discuss key expectations of service users?

**Westminster Drug Project – North Westminster Drug and Alcohol Service**

WDP's North Westminster service runs a weekly 'induction low-threshold group' for those interested in attending the service, where all aspects of the programme, personal contracts, boundaries and content, are covered.

They also run a weekly 'treatment options low threshold group'. This group covers the treatment available at the service – including detox – and other community-based and residential treatment available. Included in this is a session on 'de-mystifying the myths' surrounding residential rehabilitation and the 12-Step fellowships.

All the structured day programme service users attend a meeting that explains the programme in full. They sign a contract and receive an information pack about their treatment.

**ACCOMPANYING ENTRY AND REACHING OUT TO SERVICE USERS**

Fast-track systems to access treatment for prisoners on release, as well as planned outreach services for at-risk groups, can be vital to effective engagement of those with such specific needs.

**Prompts**

1. Do you have arrangements to actively support prisoners to attend their appointments at release, and to provide continuity of prescribing, including opioid substitution treatment?
2. Do you provide any outreach to high risk groups, such as supporting hostels for the homeless; or have close links for referrals from separate outreach services?
3. Do you have any 'satellite' services close to where people are living, if suitable including home visits (e.g. to hostels or in rural communities) to help engage some difficult to access groups or individual service users with special needs?

**Community Drug Services for South London**

Community Drug Services for South London use a number of approaches to ensure service users attend appointments and engage with treatment. As well as escorting them to treatment sessions, drug workers from the service do home visits, and will meet service users wherever they feel more comfortable, such as fast food restaurants or cafés.

**USING MOTIVATIONAL APPROACHES AND INCENTIVES**

Motivational interviewing and motivational therapeutic styles have been shown to help service users engage with treatment and adhere to programme requirements.<sup>7</sup> Mapping tools can be useful for some service users in promoting and developing a responsive and collaborative style of care planning and working.

**Prompts**

1. Does your service provide motivational interventions and have suitably trained staff?
2. Does your service have access to mapping tools and staff trained in their use?
3. Have you considered whether incentivised interventions that use contingency management principles might improve some people's engagement?

**REFERENCES**

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