Drug and Alcohol Recovery Service: The Future.

Consultation Findings and Final Report
29 March 2016
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Executive Summary

1.1 Background

1.1.1 Rationale for Consultation

Gloucestershire County Council (GCC) recognises the harm done by drugs and alcohol misuse to individuals, families and society as a whole.

GCC is responsible for commissioning the community drug and alcohol recovery service (adults), which forms part of a wider programme of activity to reduce drug and alcohol related harm. The current contract for this service is due to end in December 2016, meaning that we will need to ask suitably qualified organisations to bid for a new contract to provide these services. We are taking this opportunity to review the current service and decide how the new service should look.

1.1.2 Pre-Consultation Engagement

As part of the recommissioning process, GCC undertook pre-consultation engagement with people who use the service and with other stakeholders.

In March 2015, an independent consultation of service users in the county was undertaken to provide them with an opportunity to influence the design of the new drug and alcohol service by contributing their feedback on current provision and their ideas for future provision. Participants were contacted via the current service provider and the Recovery Hub in Gloucestershire; with 58 individuals being consulted in person, by telephone or as part of an online survey.

In addition to the above, two stakeholder engagement events were held to engage with interested parties and seek their views on ‘what good looks like’ in terms of the new drug and alcohol service. Those attending included representatives from district councils, voluntary and community sector organisations, special interest and representative groups and health, social care and criminal justice agencies. Groups representing those with protected characteristics were also invited.

1.1.3 Formal Consultation

A public consultation was undertaken by GCC between the 15th December 2015 and the 8th March 2016, which built on the earlier pre-consultation activity detailed above. The consultation was available in the form of a questionnaire both online and in hard copy, and promoted through a wide range of channels.

The aim of the consultation was to gain the views of those groups with an interest in the drug and alcohol service, to inform proposals for the new service: it was also designed to test agreement with four high-level principles, based on feedback received previously.

1.1.4 Survey responses

In total there were 226 responses to the consultation.
80% of those who completed the consultation responded as an individual and 19% responded as an organisation, with 1% of respondents not answering the question.

Over 99% of respondents identified themselves, with 33% doing so as a drug and alcohol recovery service user, 7% as a general member of the public, 3% as a family member of a service user, 10% as a worker within the drug and alcohol recovery service, 20% as a healthcare professional and less than 1% as a carer of a service user. 26% of respondents identified themselves as ‘other’, and a breakdown of how they identified themselves can be found in the main body of this report.

1.2 Key findings

The key findings displayed here reflect the different format of questions asked in the consultation. Respondents were asked to choose their agreement level with four principles (and various aspects of these) from a range of defined options, which is presented in section 1.2.1. The figures given for those who agree have been reached by aggregating those who answered both “Strongly Agree” and “Agree” to each. Section 1.2.2 covers a different format of question used, where respondents were invited to include their thoughts on different aspects of the drug and alcohol service with prompt, in a “free text” style.

1.2.1 Response to Principles

❖ **Principle 1**: An increased focus on treating drug and alcohol using parents by including alcohol and drug workers within children’s social care teams.

Of those who answered the question, 87% agreed that the drug and alcohol service should place greater emphasis on parents with drug and alcohol problems and 74% agreed that parents should be given priority access to intensive treatment. 82% agreed that dedicated drug and alcohol workers should be located within Children’s Social Care teams.

❖ **Principle 2**: The new service must be more flexible in its coverage and more responsive when there are identified problems and drug and alcohol workers should get ‘out and about’ in the county with a visible presence where needed most.

Of those who answered the question, 94% agreed that the drug and alcohol service should adopt a flexible approach to delivering services based on where the need is greatest and 92% agreed that the service should be delivered from both fixed sites and a broader range of satellite/hosted premises. 94% agreed that the service should be more community-focused.

❖ **Principle 3**: Continuing to increase the amount of work to reduce the harm caused by alcohol.

Of those who answered the question, 97% agreed that the drug and alcohol service should continue to increase the amount of work to reduce the harm caused by alcohol and 97% agreed that the service should proactively encourage more people with alcohol issues to seek help and support.
Principle 4: The service will need to manage the increasing demand for treatment.

Of those who answered the question, 84% agreed that the drug and alcohol service should ensure that access to formal treatment and treatment resources should be allocated to those individuals at high risk of harming themselves or others. 81% agreed that those with lower levels of need should be offered alternatives to formal treatment, by building on resources within the local community. 88% agreed that the service should provide early interventions that divert low risk individuals from the need for formal treatment.

1.2.2 Free text comments

Free text comments received during the consultation were analysed and grouped into themes, where possible. The most frequently occurring themes were as follows:

- **Accessibility:** Respondents stressed the importance of having a drug and alcohol service that is flexible and easy to access. It should include broad coverage of locations, both urban and rural; have service availability times that accommodate a range of service users, including those in employment; a choice of appointment times and locations and accessibility by public transport and parking.

- **Outreach and home visits:** There was strong support for the drug and alcohol service being provided through outreach within communities and home visits, to increase engagement with those who cannot, or prefer not to, attend dedicated hubs, including those hard-to-reach and most vulnerable. However, other respondents valued fixed premises/hubs where a full range of services could be available in one place.

- **Joined-up and partnership working:** There was a strong emphasis on the need for more integrated working between the drug and alcohol service and partner organisations, to provide a faster and more effective response that supports individuals and addresses their wider needs.

- **Staff competencies and relationships:** There was an emphasis on drug and alcohol service staff having the appropriate expertise, knowledge, experience, inter-personal skills and ability to build supportive relationships with service users.

- **Staff and resource considerations:** Respondents stressed the need to ensure that what is being proposed can be fulfilled and sustained with the resources available.
**Pre-consultation engagement**

**2.1 Background and purpose**

In March 2015, GCC commissioned an independent consultation of existing service users and other people with current or historical substance misuse in the county. The consultation provided an opportunity for service users in the county to influence the design of the drug and alcohol service by contributing their feedback on current provision and their ideas for future provision.

Group interviews, one-to-one interviews, telephone interviews and an online and hard copy survey were utilised to increase accessibility and uptake. The process was supported by the following organisations, which provided premises and people to enable a strong user voice:

- The commissioning team at GCC
- CCP service user involvement and advocacy service
- Turning Point (current provider of drug and alcohol services)
- Gloucester Recovery Hub (independent user-led initiative)

The evaluation was undertaken by Becky Lovegrove, an independent consultant specialising in substance misuse.

GCC also hosted two stakeholder engagement and information events on the future provision of drug and alcohol services within Gloucestershire. The purpose of these events was to:

- Inform local stakeholders about current and potential future service design and progress on the work that had taken place on the re-commissioning of the service to that date.
- Set context via national strategies and commissioning expectations.
- Listen to the views of local stakeholders to help inform the service model and specification.

Those invited to attend the events included representatives from district councils, voluntary and community sector organisations, special interest and representative groups and representatives of health, social care and criminal justice agencies. Groups representing people with protected characteristics, such as the Gloucestershire Chinese Women’s Guild, Gay Glos. and Age UK, were also invited.

Stakeholders were asked for their points of view in a group discussion exercise at each of the sessions on what ‘good’ looks like in a drug and alcohol service.

**2.2 Methodology**

The service user consultation took place during March 2015 at the Gloucester, Cheltenham, Stroud and Tewkesbury Turning Point hubs and in the Gloucester Recovery Hub, a user-led project in the city. Hub based consultation consisted of group and one-to-one interviews, both with service users who had been invited to participate and those who happened to be attending on those days. Further service user interviews were conducted by telephone and included representation from all
the Turning Point hubs in the county. Interviews were undertaken by the independent consultant, Becky Lovegrove.

An online survey was published in the week following the face-to-face interviews and further responses were collected by CCP in hard copy questionnaires distributed in each hub.

The consultation was based around key themes and questions, although other topics were discussed where initiated by service users.

Other stakeholders were invited by email to attend engagement and information events on the future provision of drug and alcohol services in Gloucestershire. Those who wanted to attend were asked to book a place on one of the two events.

The events began with a presentation by the commissioning team about drug and alcohol services in Gloucestershire, followed by a Q and A session. Smaller breakout group sessions then took place, with each group being assigned a facilitator and asked to answer the question, ‘what does good look like?’ regarding a drug and alcohol service. Feedback was gathered both in open forum questions following the presentation and during the breakout group sessions.

The feedback was analysed thematically, identifying any common themes which ran across all discussions.

2.3 Key findings

A total of 58 service users from across Gloucestershire participated in the pre-consultation engagement.

51 people from 40 different organisations attended the stakeholder engagement events.

Key themes identified from the service user engagement activities and stakeholder engagement events were:

- **Interventions:**
  - The majority of service users felt that integrated services were an improvement on the previous system.
  - The need for a greater focus on wraparound support including housing, benefits and employability was a key theme.

- **Aftercare:**
  - Service users said that they needed accessible and flexible aftercare provision, which should include relapse prevention, support with managing feelings/relationships, life skills, housing, employability and finances.
  - Aftercare should be available to those who achieved abstinence without accessing the current service provider.
- **Activities:**
  - Service users wanted access to leisure activities and opportunities to have fun with their peers, to offset the focus on/intensity of substance misuse interventions delivered in specialist settings.

- **Staff:**
  - Consistency of keyworker, staff who are themselves in recovery (or have first-hand experience of addiction) and availability of ad hoc support were identified as positive factors.
  - Changes of keyworker, unavailability of keyworker and infrequent appointments were seen as detrimental to engagement and progress.

- **Accessibility:**
  - Service users valued the hubs due to the availability of staff, peer support and the full range of interventions in one place.
  - A minority of service users said that exposure to individuals who are still using can be a trigger.

- **Children and families:**
  - Parents accessing the Parenting Group and the multi-disciplinary team at the Gloucester Pod felt that these were effective and valuable.
  - Some parents fed-back that they would like Social Services staff to have a better understanding of drug and alcohol issues and treatment.
  - The idea of increased focus on children and families was seen as a positive shift in service provision and supported by stakeholders.
  - Stakeholders agreed that safeguarding training should be compulsory for all drug and alcohol service staff.
  - Stakeholders thought that there should be more emphasis on children and families and more integration within services.

- **User involvement and empowerment:**
  - Service users wanted initiatives such as self-organised peer-led support structures to follow on from core groups, and for these to be supported by staff.

- **Outreach**
  - Stakeholders thought that support should be available via both office-based services and a stronger presence via outreach in communities where there is identified need.
  - Assertive outreach was seen as essential in rural, sparsely spread areas, as is the case for much of Gloucestershire.
  - Stakeholders noted the importance of drawing on local knowledge to target specific populations.

- **Co-location and hubs**
  - A balance between specialist hub (fixed premises) locations, co-location in community buildings and home visits was regarded as important.
• Stakeholders noted that the wide range of drug and alcohol use taking place, and stigmas associated with hubs may deter some people from attending hubs.

• **Joined-up working/partnerships:**
  - Stakeholders said that partnerships that link around other issues such as families, children, domestic abuse, mental health, housing, employment and wider healthy lifestyle services should be developed.
  - Linking with community groups was thought to be important in gaining a local perspective and helping to target specific populations.
Consultation

3.1 Background

Gloucestershire County Council is responsible for commissioning the community drug and alcohol recovery service (adults), which forms part of a wider programme of activity to reduce drug and alcohol related harm. The current contract for this service is due to end in December 2016, meaning that we will need to ask suitably qualified organisations to bid for a new contract to provide these services. We are taking this opportunity to review the current service and decide how the new service should look.

The purpose of the consultation was to gain feedback on the current drug and alcohol service within Gloucestershire, to inform improvements and developments for the future service model and ensure that proposals for the new service take into account the views of people and organisations with an interest. Groups specifically targeted included service users, their families, key partners and key stakeholders. The consultation was also designed to test agreement with four high-level principles, based on feedback received previously, that could shape the design of the new service.

3.2 Methodology

The consultation was open from the 15th December 2015 and closed to responses after 12 weeks, on the 8th March 2016. Respondents were able to submit their views by completing a questionnaire that was available in either hard copy format or online. A copy of the questionnaire is available as a Background Paper.

Consideration of the consultation, including its content and overall delivery, was conducted by the Consultation Institute, who agreed that the approach was fit for purpose.

Hard copy questionnaires were made available at all seven hubs used by the current service provider, Turning Point, with facilities to hand-in completed questionnaires also available there. As well as hard copy, the questionnaire was also available for completion online on the County Council website for all those wishing to do so. IT resources were made available for service users within each hub who wished to use this method.

Promotion of the consultation was achieved through a media release and via twitter. Posters highlighting the consultation were placed in prominent locations in each of the hubs, alongside hard-copies of the questionnaire and drop-off boxes for completed questionnaires. This was reinforced by the hub managers who promoted the consultation to their staff members to further cascade on to service users and their families and carers.

Further promotion was also directed at target groups through the Gloucestershire Association for Voluntary and Community Action and Families Count newsletters. For key partners, attention was drawn to the consultation through the
Gloucestershire Drug and Alcohol Working Group. Identified stakeholders were also contacted via email through new and existing mailing lists.

Additional support to the consultation was provided by the County Community Projects organisation, via their Service User Representation Worker, conducting one-to-one interviews with target groups to complete the questionnaire. These groups included service users and their families and carers and this approach was responsible for generating a significant proportion of the respondents that fell into these categories, as well as ensuring good participation from across the county.

The survey contained questions on the following areas:
1) Questions on the four main principles, including to what extent respondents agreed or disagreed with them.
2) Questions around the importance of different components within the drug and alcohol recovery service and how helpful current or previous users had found them.
3) What respondents felt made it easy or difficult to access drug and alcohol recovery services.
4) Any further comments about the drug and alcohol recovery service and how it might be improved in the future.

Profile questions on gender, age, ethnicity, disability, religion or belief, sexual orientation and carer status were also included in the questionnaires, and the responses have been analysed to ensure that the equality objectives of the council have been adhered to. Any significant differences in responses between the protected characteristics have been highlighted in this report.

3.3 Survey Findings

In total there were 226 responses to the consultation. Of these, 72 were submitted as hard copies and the remaining 154 were completed online.

3.3.1 Respondents

Of those who completed the consultation, 80% responded as an individual and 19% responded as an organisation, with 1% of respondents not answering the question.

Those identifying themselves as organisations included:
- District Councils
- Components of the National Health Service
- Components of the Police or Probation Service
- Components from within Gloucestershire County Council
- Other third sector organisations

Of those who completed the consultation only 1 respondent declined to identify themselves, representing less than 1% of the total. Of those that did identify themselves the breakdown is as follows:
Those identifying themselves as “Other” listed their roles as:
- Support worker
- Local authority employee
- Member of the recovery community
- Employee of a housing association or other housing worker
- Holding a mentor role to the drug and alcohol service user community
- Member of the Police or Probation service or worker in the criminal justice system
- Employee in children’s services or working with young people
- Employee or member of a charity organisation
- Community development worker
- Counsellor to those with drug and alcohol problems
- Drug or alcohol user

3.3.2 Demographics

A full breakdown of the demographic makeup of those responding to this consultation can be found in Appendix B of this report.

Significant differences between those responding to the consultation and the population demographics for Gloucestershire as a whole include:

- The gender of those responding to the consultation was weighted towards females with 58% of respondents identifying themselves as such, compared to a roughly even split for the County as a whole. This is to be expected given the breakdown of the workforce for the drug and alcohol and other related services.
• 2.7% of respondents identified their gender as different to that assigned at birth. This was significantly higher than the County as a whole, where the corresponding rate is estimated to be between 0.6%-1%.

• The respondents to the consultation were much younger than the population of the County as a whole. 3% of respondents identified themselves as 65+ compared to above 20% for the County. Again, this can be explained by the large numbers of working age participants from the drug and alcohol and other related services that took part.

• The disability rate given by respondents was 12.4%, compared to 16.7% for Gloucestershire as a whole. It is worth noting that the whole County figures do not contain groups of declined or non-respondents and if these respondents were to have identified themselves it may have given greater parity. Furthermore, treatment data shows that, as a whole, far fewer drug and alcohol service users consider themselves to have a disability.

• There was a considerable difference in the religious belief profile of those answering the consultation. As a group non-Christian religions, including Buddhism, Hinduism and Judaism, were over-represented compared to the population as a whole. Those identifying as Christian were very much lower than the population as a whole, which may be a spill-over from the comparative lack of 65+ respondents who tend to identify themselves more in that category.

The population demographics quoted above can be found on the Inform Gloucestershire website at: https://inform.gloucestershire.gov.uk/mainmenu.aspx.

3.3.3 Question 1

Q1. How important do you think the following drug and alcohol recovery services are?

Respondents were asked to rate the importance of different components of the drug and alcohol recovery service to them from a series of options ranging between “Very Important” and “Very Unimportant” (the other choices being “Important”, “Neither” and “Unimportant”).

The graph below shows the percentage breakdown of the importance that respondents attached to each of the service components listed.

This question was well answered, with over 96% of all respondents giving a preference for each of the service components listed.
From this graph it is clear that, as a group, respondents felt that all of the service components listed are important. The component to receive the lowest percentage of those responding “Very Important” or “Important”, Carer Support, still received a total of 85% across these two ratings.

The components that respondents believed to be the most important, with the highest combined percentages of those believing them to be “Very Important” or “Important”, were:
- Harm Reduction with a total of 97%
- Recovery Support with a total of 97%
- Brief Interventions/Early Help with a total of 96%

The levels of respondents who felt that a component was unimportant, either by answering “Unimportant” or “Very Unimportant”, were consistently low, with only Substitute Prescribing receiving a response rate in these categories above 3%.

Q1a. Do you have any comments about these services?

A significant number of respondents placed great value on the current integrated drugs and alcohol service. Respondents noted the importance of the service and said that interventions were delivered in a timely manner and were of a high standard. Some respondents commented that the service gave people hope of recovery, gave them the tools to achieve recovery and helped turn lives around.

“If this service didn’t exist the world would be a far worse place to live, as with this people can have their life back, self worth, confidence etc”.

“
Some respondents made negative comments about the service currently provided and felt that it was not provided to a suitable level.

“I don’t feel there are sufficient services available in county and a growing addiction problem”.

A significant number of respondents commented on the importance of all drug and alcohol services as each one is essential to supporting people at every stage of their recovery

“I think all of the above things are important to a drug and alcohol service in order to address the different needs of different groups of clients and to people at different stages of their recovery”.

Comments made by respondents on the different drug and alcohol service components can be summarised as follows:

- Harm reduction, substitute prescribing and needle exchange should be prioritised as they save lives. A few respondents identified that they felt waiting times for treatment could be too long, although it should be noted that current waiting times are within the national standard.

- Brief interventions and early help were thought to be vital in stopping the escalation of addiction and the long-term costs associated with this.

- Talking therapies were valued although their helpfulness appeared to depend on the individual and their experience of treatment. Respondents wanted more access to talking therapies.

- Detoxification and residential rehabilitation were seen as essential for some service users and respondents and concern was expressed that these services remained available in the future.

- Aftercare was agreed by a number of respondents to be the most important aspect of drug and alcohol services for preventing and reducing the risk of relapse. However some respondents thought that aftercare services were inconsistent or stopped too quickly.

- Mutual aid and peer support were welcomed by respondents as an important resource that service users should be able to tap into at any time in their recovery; however it was noted that problems can arise in a peer support relationship if one service user relapses.

- Parenting support was highly rated and valued by respondents, who agreed that parents with addictions need extra support to reduce the risk to their children.
- Carer support was thought to be invaluable by respondents, although it was noted that some respondents seemed to think that this was not currently available, indicating a possible lack of awareness of these services.

- Group sessions were thought by some respondents to be more effective than individual support, as they allow service users to learn from each other’s experiences and build support networks. However it was noted that some drug and alcohol users do not like being in groups together and some female service users do not like being in mixed gender groups.

- A small number of respondents valued 12 step fellowships, as they provide free, daily and lifelong support for recovering addicts. They thought that the drug and alcohol service should strengthen links with 12 step fellowships and signpost service users to them.

3.3.4 Question 2

Q2. Are you a service user, or a family member or carer of a service user who has used the drug and alcohol recovery service?

Of those responding, 93 answered “Yes” to this question, equal to 41% of the total. 131 respondents answered “No” to this question, giving a total of 58%, and 2 respondents declined to answer at all, giving a total of 1%.

Q2a. If you are a service user, or a family member or carer of a service user who has used the drug and alcohol recovery service, which services have you used?

All 93 respondents that answered “Yes” to the previous question then gave a response to this question. The breakdown of their responses can be seen below.
Q2b. If you are a service user or are a family member or carer of a service user, how long have you been using the drug and alcohol recovery service?

Of the 93 respondents who answered “Yes” to Question 2, only 1 declined to give an answer to this question. The breakdown of their responses can be seen below.

<table>
<thead>
<tr>
<th>Length of Service Use</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>32.6%</td>
</tr>
<tr>
<td>More than 1 year</td>
<td>28.3%</td>
</tr>
<tr>
<td>More than 2 years</td>
<td>4.4%</td>
</tr>
<tr>
<td>More than 3 years</td>
<td>6.5%</td>
</tr>
<tr>
<td>More than 4 years</td>
<td>6.5%</td>
</tr>
<tr>
<td>5 years +</td>
<td>21.7%</td>
</tr>
</tbody>
</table>

Q2c. If you are a service user or are a family member or carer of a service user, how helpful were the following services?

Respondents who answered “Yes” to Question 2 (i.e. positively identified themselves as service users or their families or carers) were asked to rate the helpfulness of different components of the drug and alcohol recovery service to them. They were asked to select from a range of options from “Very Helpful” to “Very Unhelpful” (the other choices being “Helpful”, “Neither” and “Unhelpful”).

The graph below shows the percentage breakdown of the helpfulness that respondents attached to each of the service components listed.

This question was well answered, with over 83% of those who answered “Yes” to Question 2 giving a preference for each of the service components listed.
It is clear that the balance of responses for this question were far more varied than Question 1. This is shown in the large differences in the percentage of those responding “Neither” across the different service components, which may be explained by the way the question was interpreted by respondents. Several respondents stated that they had indicated “Neither” for services that they had not used. In addition, the fact that the four components to receive the highest percentage of “Neither” responses, Carer Support, Parent Support, Residential Rehab and Needle Exchange, are specialist services with comparatively lower numbers of service users would give further weight to this argument.

Given this, it is assumed that the high levels of response in the “Neither” category can be at least partially attributed to respondents indicating that they have not used a service component and are not expressing a preference on its helpfulness. This makes it difficult to offer firm conclusions from the information provided. However, leaving aside the “Neither” responses, it is clear that the numbers of respondents who found the different services to be unhelpful were low. For each component the combined response rate of those finding it to be “Unhelpful” or “Very Unhelpful” was below 19%.

There are some differences regarding the helpfulness of different component services across demographics that include:

- The percentage of BME respondents who found talking therapies and recovery support to be helpful were 66%, with the corresponding percentages for those who gave their ethnic background as white 95% and 93% respectively.
The percentage of those with a disability who had used the drug and alcohol detoxification service and rated it as helpful was 80%, compared to 94% for those without a disability.

There were differences between genders for some of the services, which have been listed in the table below.

<table>
<thead>
<tr>
<th>Service</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual Aid/Peer Support</td>
<td>99%</td>
<td>82%</td>
</tr>
<tr>
<td>Recovery Support</td>
<td>98%</td>
<td>81%</td>
</tr>
<tr>
<td>Aftercare</td>
<td>98%</td>
<td>81%</td>
</tr>
</tbody>
</table>

It should be noted that the sample sizes for people with protected characteristics (e.g. with a disability) were not necessarily the same and caution should therefore be taken when drawing conclusions from these differences.

Q2d. Do you have any comments about these services?

The majority of respondents made positive observations about the drug and alcohol service. Some of the comments made by respondents were that the current provider provided a personalised service, were helpful and that all aspects of the service were essential for those seeking help for addiction.

“Great that the service is here and without them, would probably be dead”.

A small number of respondents made negative comments about the service and/or the current provider. Some observations were that the current service feels unwelcoming and unhelpful, lacks consistency and experienced staff and that service users can feel rushed through treatment.

“...every week there is a new worker who does not know the service and the local supporting agencies. It’s all about paperwork and no time to talk...”

Whilst these views were shared by a minority of respondents, GCC will use this feedback to help improve the service through the new specification and contract management.

A number of respondents commented on the specific services that they found most helpful, with the following being cited most frequently: talking therapies; 121 support; group support, harm reduction; mutual aid.

3.3.5 Question 3

Q3a. What makes it easy to access services?

The majority of respondents to the question, ‘What makes it easy to access services?’ commented on the need for the service to be flexible in terms of location
and opening times. Services should be available in locations spread across the county, both urban and rural, to avoid the need for service users to travel too far to access them. They should also be on public transport routes and have parking to increase ease of access. Opening times should extend beyond normal office hours and with some weekend opening to accommodate a range of service users, including those in employment.

“Flexible opening hours and positive attitude. Everyone assumes service users are unemployed and can attend the hubs during the day. This is a massive stereotype”.

A significant number of respondents, particularly those who identified themselves as service users, noted the importance of services having a welcoming environment, including a comfortable and inviting reception area and staff who are friendly and non-judgemental.

“Friendly faces and being greeted by people who don’t judge helps to make it across the door step for the first time”.

Staff within the drug and alcohol service with appropriate competencies and personalities were highly valued by respondents. Respondents said that staff should be approachable, supportive, sympathetic, knowledgeable and experienced. Excellent working relationships between service users and their keyworkers were identified as being key to recovery. A number of respondents who identified themselves as service users made positive comments about their experiences with service staff.

“Staff that are friendly and supportive. SU [service users] needs to feel able to discuss difficult/private information, having a friendly face will help alot”.

A clear and easy referral system with lots of different routes into the drug and alcohol service was cited by many of the respondents to be of key importance in aiding access to services. Respondents found the ability to self-refer to be extremely beneficial, as well as family member or carer referral. A number of respondents were positive about the referral process to services from GP’s and other routes.

“… referrals possible via lots of organisations – health, social care, housing, education…”

Q3b. What makes it difficult to access services?

A significant number of respondents to the question, ‘What makes it difficult to access services?’ identified limited locations and restricted opening times as the main barriers to accessing services. Having to travel to appointments, particularly in rural areas where buses are infrequent, makes accessing services particularly problematic. Respondents also said that the lack of a 7 day service with no weekend support and inconvenient opening times prevented employed service users from engaging with services.
“Hours are a problem for work – need to be able to get help without employer being involved due to regular appointments during day. Evening or weekend hours for working people would be really helpful”.

Numerous respondents commented that long waiting times involved in accessing services were problematic and frustrating for those trying to engage with services. However, it should be noted that current services perform within the national standard for waiting times.

“I found in my experience, there was a lot of waiting to get treatment. Three wks a wait to see the doctor and to be allocated a recovery worker”.

Respondents noted a lack of visibility of drug and alcohol services in the county and said that confusion about what support is available and the pathways to accessing services made it difficult for people to engage. A number of respondents agreed that services should be more widely advertised.

“The service and the pathways are not well marketed”.

A number of respondents felt that there were not enough support workers for the number of service users and that, in some circumstances, this resulted in changing key workers and calls/emails not being returned.

“Sometimes one can’t get a hold of someone to talk to. We have been given other options but I would like to talk to someone I know personally and knows my problems”.

GCC will use this feedback to help improve the service through the new specification and contract management.

3.3.6 Principle 1 – Enhanced focus on drug & alcohol using parents in treatment and co-locating alcohol and drug workers within Children’s Social Care teams.

Q4a. To what extent do you agree that the drug and alcohol service should place greater emphasis on parents with drug and alcohol problems?

![Graph showing percentage of respondents' agreement levels](image-url)
Q4b. To what extent do you agree that parents with drug and alcohol problems should be given priority access to intensive treatment?

- **Strongly agree**: 7.7%
- **Agree**: 46.9%
- **Neither agree nor disagree**: 16.2%
- **Disagree**: 27.5%
- **Strongly disagree**: 1.8%

Percentage of respondents: 98%

Q4c. To what extent do you agree that while parents with drug and alcohol are receiving intensive treatment part of that treatment should include a programme to support parenting ability?

- **Strongly agree**: 5.4%
- **Agree**: 31.7%
- **Neither agree nor disagree**: 2.3%
- **Disagree**: 60.6%
- **Strongly disagree**: 0.0%

Percentage of respondents: 98%

Q4d. To what extent do you agree that dedicated drug and alcohol workers should be located within Children’s Social Care teams?

- **Strongly agree**: 3.6%
- **Agree**: 48.2%
- **Neither agree nor disagree**: 13.6%
- **Disagree**: 33.6%
- **Strongly disagree**: 0.9%

Percentage of respondents: 97%
Q4e. Do you feel that this principle would have any impact on you?

![Pie chart showing percentages of respondents]

Analysis

There was a strong overall response rate for this principle with each question receiving a response rate above 96%.

The overall level of agreement with this principle was high, with the average level of agreement across the four questions asked (Q4a. – Q4d.) at 87%, for those who answered the question.

The converse figure for those who actively disagreed with the principle was comparatively even lower, given those respondents who neither agreed nor disagreed with the principle. The average level of disagreement across each of the four questions asked was 5%.

Of those answering the question (Q4e.), 49% felt that this principle would have a positive impact upon them, with 4% feeling that it would have a negative one. It is worth noting that, whilst this was an strong positive response, it was the lowest overall positive impact response rate and the 2nd highest negative impact response rate across the four principles. This may be explained by this being the only principle to focus on a particular demographic characteristic.

Of those answering the question, 74% of respondents agreed that parents with drug and alcohol problems should be given priority access to treatment (Q4b.). Whilst this is still a large majority, it is a significant difference from the 87% average given for the principle as a whole.

The agreement levels for Question 4a., amongst only those respondents who identified themselves as service users was 76%, compared to a figure of 87% for all respondents. Despite this difference there remains a majority of service users in support of this question, although this is an important difference that should be taken forward to inform future decision making.
Agreement levels concerning whether parents should have priority access to intensive treatment (Q4b.) was lower amongst men (84%) than women (95%).

The percentage of respondents with a disability who felt that this principle would have a negative impact upon them was 15%, compared to 2% for those who did not (when considering this statistic it is important to be aware of the differences in the sample size across disaggregated groups).

There is a good level of support shown here for an increased focus on drug and alcohol using parents, although there are instances of relatively higher disagreement to remain mindful of.

Comments

A significant minority of respondents to the questions, ‘Do you feel that this principle would have any impact on you’ and ‘Is there anything which you feel we should take into account, when taking a decision around this principle?’ were concerned that service users without children would be disadvantaged as a result of the drug and alcohol service placing a greater emphasis on parents with drugs and alcohol problems and felt that everybody should have equal access to treatment; however some agreed with the principle but thought that service users without children should still get a good service.

“I think that this is a positive principle but that in focusing on parents and their issues around drugs and alcohol it is still important to still provide a high quality service to other drug and alcohol users”.

Some respondents, who were not parents, felt that this priority would have a negative impact on them but could appreciate the importance of what it is seeking to achieve.

“No children involved with me, so I’d be a lower priority - but it's vital to help reduce harm to children and to give those affected by substance-abusing-parents a chance to have a normal life…”

While some respondents expressed concerns, a considerable number commented upon the importance of safeguarding the children of drug and alcohol using parents. These respondents – the majority identifying themselves as service users – agreed that children should not be exposed to parental drug and alcohol misuse. Respondents as a whole said that the principle would alleviate safeguarding issues for the unborn babies and children of drug and alcohol using parents, enabling services to identify neglect sooner and minimise the harm caused by parental addiction.

“My life/kids lives could have been made 100% better with special workers directly for parents with children”.

Many of the respondents also considered the long-term and/or wider benefits that increasing the focus of the service on parents would have on the children of drug
and alcohol using parents and society as a whole. These comments – the majority of which were made by healthcare professionals and those identifying themselves as ‘other’ – were largely around the cyclical nature of drug and alcohol misuse in families and the impact on crime and its associated costs to society. Respondents as a whole considered the long-term and wider benefits of increasing the focus on drug and alcohol using parents would include fewer children entering local authority care and reduced demand on police and other agencies.

“It is looking at the long term impact of this kind of intervention and how it saves money in the reduced need for additional services down the line e.g mental health services for YC’s, school exclusions, offending behaviour, copying parents substance misuse behaviours etc”.

Other comments made by respondents in response to the question, ‘Do you feel that this principle would have any impact on you?’ were largely around the benefits of joined-up working between drug and alcohol services and social services, including better sharing of information, closer liaison, greater awareness, and ultimately a more efficient service.

“Having specialist workers in those team will help educate staff to work most effectively with this group of parents”.

3.3.7 Principle 2 - The new service must be more flexible in its coverage, more responsive when there are identified problems and have a more assertive community presence.

Q5a. To what extent do you agree that the drug and alcohol service should adopt a flexible approach to delivering services across Gloucestershire based on where the need is greatest?

![Pie chart showing percentage of respondents']
Q5b. To what extent do you agree that the drug and alcohol service should be delivered from both fixed sites and a broader range of satellite/hosted premises based on the need of the local community?

![Pie Chart](chart1)

- Strongly agree: 59.7%
- Agree: 32.1%
- Neither agree nor disagree: 4.1%
- Disagree: 3.2%
- Strongly disagree: 0.9%

Percentage of respondents: 98%

Q5c. To what extent do you agree that the drug and alcohol service should be taken into the community?

![Pie Chart](chart2)

- Strongly agree: 69.7%
- Agree: 24.3%
- Neither agree nor disagree: 5.1%
- Disagree: 0.9%
- Strongly disagree: 0.0%

Percentage of respondents: 96%

Q5d. Do you feel that this principle would have any impact on you?

![Pie Chart](chart3)

- Positive impact: 67.4%
- Negative impact: 30.7%
- No impact: 1.9%

Percentage of respondents: 95%
Analysis

There was a strong overall response rate for this principle with each question receiving a response rate above 95%.

The overall level of agreement with this principle was very high, with the average level of agreement across the three questions asked (Q5a. – Q5c.) at 94%, for those who answered the question.

The converse figure for those who actively disagreed with the principle was comparatively even lower, given those respondents who neither agreed nor disagreed with the principle. The average level of disagreement across each of the three questions asked was 2%.

Of those answering the question (Q5d.), 67% felt that this principle would have a positive impact upon them, with 2% feeling that it would have a negative one.

Within the principle itself, there was also a consistently strong level of agreement for each of the three component questions (Q5a. – Q5c.), with each registering an agreement level of between 92% - 95%.

These figures clearly demonstrate the strong agreement respondents felt towards the proposal for a new service that would be more flexible, responsive and with a greater community presence, as well as the positive impact they believed this would have.

Comments

A significant number of respondents to the questions, ‘Do you feel that this principle would have any impact on you?’ and ‘Is there anything which you feel we should take into account, when taking a decision around this principle?’ agreed that more outreach work, including home visits, by the drug and alcohol service was necessary to engage with more people, particularly those who are hard to reach or experience barriers to attending drug and alcohol service hubs. Respondents thought that this principle would have a positive impact because it would enable the service to engage with the most chaotic, vulnerable and potentially excluded groups, including Black and Minority Ethnic (BME) groups, single parents, homeless people, street drinkers, and those with mental and physical health issues. This would also allow resources to be targeted where they are most needed.

“It makes sense for the new service to be housed where the need is greatest”.

Respondents were substantially in favour of making the drug and alcohol service available in local communities which would allow for more choice and flexibility for service users that find it difficult to get to appointments, and encourage more service users to sustain support. Furthermore by engaging with communities, the service would gain a better understanding of issues within different communities and be able to tailor their approach accordingly.
“Experience and evidence shows that being close to people and offering services where they feel comfortable can mean better engagement”.

While a significant number of respondents agreed with the service being more flexible based on where the need is greatest, many respondents – the majority being healthcare professionals, workers within the drug and alcohol recovery service or those identifying themselves as ‘other’ – raised concerns about the resources needed to make this sustainable and effective. Some of these respondents also stressed the importance of ensuring that staff wellbeing and safety is thoroughly taken into account, to avoid any potential negative impact if this principle is incorporated into the new service.

“Although I agree with the principle in general I feel there could be a danger in stretching the service too thin if they are expected to be everywhere at all times”.

Generally making the drug and alcohol service more easily accessible was considered to be of key importance to respondents, who commented that more flexibility in terms of services, locations and opening times is vital to making the service available to everyone who needs it. Respondents said that service users need services that are local to ease access and increase engagement.

“People need to be supported with our communities weather [sic] that is in there [sic] homes, doctors surgeries, local community hub/centres and partnership buildings not just in single offices…”

Other comments made by respondents in response to the question, ‘Do you feel that this principle would have any impact on you?’ were largely around the importance of making the drugs and alcohol service more visible in communities, particularly rural areas where the service is relatively unknown. More positive promotion of the service will encourage engagement and reduce the stigma attached to addiction.

“...need more outreach and promotion of the service because so many are in living in isolation with their addiction and it’s time to get it out there and stop all this guilt and stigma attached to addiction”.
3.3.8 Principle 3 – Increasing the amount of work to reduce the harm caused by alcohol.

Q6a. To what extent do you agree that the drug and alcohol service should continue to increase the amount of work to reduce the harm caused by alcohol?

![Chart showing responses to Q6a.](chart1)

Percentage of respondents: 97%

Q6b. To what extent do you agree that the drug and alcohol service should proactively encourage more people with alcohol issues to seek help and support?

![Chart showing responses to Q6b.](chart2)

Percentage of respondents: 97%

Q6c. Do you feel that this principle would have any impact on you?

![Chart showing responses to Q6c.](chart3)

Percentage of respondents: 97%
Analysis

There was a strong overall response rate for this principle with each question receiving a response rate above 97%.

The overall level of agreement with this principle was very high, with the average level of agreement across the two questions asked (Q6a. – Q6b.) at 97%, for those who answered the question.

The converse figure for those who actively disagreed with the principle was comparatively even lower, given those respondents who neither agreed nor disagreed with the principle. The average level of disagreement across the two questions asked was less than 1%.

Of those answering the question (Q6c.), 66% felt that this principle would have a positive impact upon them, with less than 1% feeling that it would have a negative one.

As with principle 2, these figures indicate clear overwhelming support for the principle to increase the amount of work done to reduce harm by alcohol.

Comments

A significant number of respondents to the questions, ‘Do you feel that this principle would have any impact on you?’ and ‘Is there anything which you feel we should take into account, when taking a decision around this principle?’ commented on the importance of making the drug and alcohol service more visible and positively promoting alcohol treatment and recovery, which in turn will lead to more people asking for help. Respondents considered the difficulties of engaging alcohol misusers in drug and alcohol services due to the socially acceptable nature of drinking, which makes it easy for alcohol problems to stay hidden. However, by raising awareness of the service and the support that is available, individuals may be encouraged to accept they have a problem and seek help, avoiding more severe alcohol related medical problems from happening in the future.

“alcohol is all around us and considered acceptable by so many, just keep promoting and being loud and proud about recovery”.

While agreeing with the need to promote alcohol treatment and recovery, a number of respondents raised concerns over the ability of the service to increase the amount of work to reduce the harm caused by alcohol within available resources.

“The more work done on alcohol the better. I think alcohol is a hidden problem and needs more resources and information of the dangers of alcohol misuse...”

A number of healthcare professionals and those identifying themselves as ‘other’ who responded to this question noted the importance of joined-up and partnership working between organisations to address the wide ranging issues that have an impact on drinking behaviour.
Other comments made by respondents in response to the question, ‘Do you feel that this principle would have any impact on you?’ were largely around the wider benefits of continuing to increase the amount of work to reduce the harm caused by alcohol, including safeguarding unborn babies against Foetal Alcohol Syndrome (FAS) and children against parental alcohol misuse, preventing crime, anti-social behaviour and alcohol related violence, reducing alcohol related harm and the pressure on the health service in terms of hospital admissions and removing the negative impact of alcohol misuse on children and families.

“Alcohol will continue to be a social problem contributing massively to offending and hospital admissions therefore it must be a key focus”

3.3.9 Principle 4 – Targeting Treatment Resources and Interventions.

Q7a. To what extent do you agree that the drug and alcohol service should manage access to formal treatment to ensure that treatment resources are allocated effectively for those that need them most (high risk of harming themselves or others)?

Q7b. To what extent do you agree that the drug and alcohol service should offer alternatives to formal treatment for individuals with lower levels of need, by building on resources within the local community?
Q7c. To what extent do you agree that the drug and alcohol service should provide early interventions that divert low risk individuals from the need for formal treatment?

![Survey Results Pie Chart]

Q7d. Do you feel that this principle would have any impact on you?

![Survey Results Pie Chart]

**Analysis**

There was a strong overall response rate for this principle with each question receiving a response rate above 92%.

The overall level of agreement with this principle was high, with the average level of agreement across the three questions asked (Q7a. – Q7c.) at 84%, for those who answered the question.

The converse figure for those who actively disagreed with the principle was comparatively even lower, given those respondents who neither agreed nor disagreed with the principle. The average level of disagreement across each of the four questions asked was 6%.

Of those answering the question (Q7d.), 53% felt that this principle would have a positive impact upon them, with 5% feeling that it would have a negative one. Whilst still only relatively small, this was the highest percentage of negative response rate from the four principles.
It must be noted that there is some discrepancy between the overall average agreement rate and the individual agreement rates for the questions asked. Of those answering the question, 81% agreed with offering alternatives to formal treatment (Q7b.) and 88% with early interventions to low risk individuals (Q7c.). However, these differences have only a minor impact on the levels of agreement as a whole, at 84%.

Furthermore, the agreement levels for Questions 7b. and 7c. amongst only those respondents who identified themselves as service users was 71% and 65% respectively. This compares to figures of 84% and 81% across all respondents answering the question. Again, despite these differences there remains a majority of service users in support of both of these questions, although this is an important variance (When considering this statistic it is important to be aware of the differing sample sizes across disaggregated groups).

Similarly, the agreement levels for some of the questions in this principle were noticeably lower amongst those who identified themselves as having a disability. The agreement levels for those without a disability for Questions 7a. and 7b. were 96%, whereas the corresponding figures for those with a disability were 75% and 85% respectively (When considering this statistic it is important to be aware of the differing sample sizes across disaggregated groups).

Despite some of the points raised above there is a solid base of evidence to suggest that there is support for the proposals to manage the increasing demand for treatment. However, any further decisions taken on this subject must also bear in mind some of the concerns felt by certain groups and the comments detailed below that expand on these.

Comments

A number of respondents to the question ‘Is there anything which you feel we should take into account, when taking a decision around this principle?’ – all of whom were healthcare professionals, workers within the drug and alcohol recovery service or identified themselves as ‘other’ – commented on the need for joined-up and partnership working with appropriate organisations to build on resources within local communities. More inter-agency working would be beneficial in providing resources more effectively to support the wide-ranging needs of service users, making for more positive outcomes. However, many respondents questioned whether adequate funding and resources were available to make building community resources possible.

“Staffing levels, time, money. Is this [building community resources] actually possible?”

Many of the respondents to this question expressed their concern about service users who are not classed as ‘high-risk’ being disadvantaged by this principle and thought that all service users should receive equal treatment from drug and alcohol services. Most of the 4.8% of respondents who said that this principle would impact negatively on them agreed that the service should be available to everyone and not just the higher risk service users.
“... all addicts need help and to create a higher need fails the test of a civilised society in that ALL vulnerable people should be treated equally and get their needs met”.

More prevention and early intervention work by the drug and alcohol service was considered important by a significant number of respondents in reducing the risk of individuals increasing dependency and needing to access full treatment and the associated costs of this. Respondents identified a variety of positive wider impacts associated with the provision of early interventions that divert low risk individuals from the need for formal treatment, including reduced demands on Accident and Emergency Departments, General Practice, mental health services and criminal justice services, reduced costs to the NHS and will lead to less violence in families and in the community, a better quality of life for service users and improved outcomes all round.

“...prevention will always be better then cure!!!”

Other comments made by respondents in response to the question, ‘Do you feel that this principle would have any impact on you?’ were largely around the benefits of prioritising higher need service users, such as directing available resources to where they are needed the most to reduce harm to the most vulnerable and chaotic individuals.

“Priority given to the vulnerable will reduce health complications and will achieve much better results”.

3.3.10 Question 8

The majority of respondents commented on the importance of more joined-up and partnership working between the drugs and alcohol service and other organisations that support people with drug and alcohol addiction. In particular, a number of respondents said that there should be closer links and more efficient working relationships with mental health services to ensure that service users with a dual diagnosis receive the appropriate support. Some respondents thought that there should be more integration between the drugs and alcohol service and social services, including co-location with social services teams, to reduce the risk to children of drug and alcohol using parents. Other organisations cited by respondents that the service should work in partnership with include General Practitioners, Emergency Departments, police and the criminal justice service, schools, housing and the voluntary and community sector.

“Better joint working with other agencies is a must, info sharing and supporting client’s in their transition between services is key and goes wrong far too often”.

A small number of respondents suggested that the drug and alcohol service should be performance managed on their level of partnership working or given partnership working targets, to ensure that they work closely with key organisations.
A significant number of respondents commented on the need for the drug and alcohol service to be more easily accessible, for example, by offering support at weekends and evenings, and by making appointments available at more locations. Location of services is particularly important in rural areas with poor transport links.

“Alcohol and drug abuse is not Monday to Friday phenomenon”.

To increase access to the drug and alcohol service, a number of respondents thought that services should be available locally. Putting more emphasis on community solutions, and building on what already exists within communities may encourage those in need to access treatment.

To further ensure and maximise access to the drug and alcohol service, many respondents said that the service should adopt a more flexible approach to engaging with hard-to-reach groups, including targeted outreach within local communities and home visits. This would be beneficial for those who do not want to attend dedicated hubs or are unable to do so, such as people in rural parts of the county or single parents with childcare issues.

“Enable better outreach services to service providers... be out on the streets looking out for people in need”.

Many of the respondents commented on the need for adequate resources to make the principles set out in the consultation achievable, particularly in terms of more key workers and other drugs and alcohol service staff. Some respondents said that high caseloads meant that staff were unable to give service users adequate time and support, and noted that the service is likely to get busier with increased demand.

“I feel that the more resources available to drug & alcohol recovery services, the greater the positive impact they can have on society as a whole”.

A small number of respondents were concerned that the amount of paperwork impacts on staff capacity and takes the emphasis off of recovery work.

Some respondents commented that waiting time for the different aspects of the drug and alcohol service should be reduced, such as the period between referral and entry into treatment and waiting times for prescriptions, as long waiting times could discourage service users in the early stages of treatment from continuing or progressing.

Many respondents raised the need for more suitably qualified and experienced drug and alcohol service staff who are not only knowledgeable about the service that they are delivering, but also supportive, understanding and caring towards service users. As well as supportive staff, some respondents noted the importance of staff receiving appropriate support from their management to reduce issues around work stress and ensure that they are made to feel valued.

“Better wellbeing for staff so that they are able to provide the best possible support to clients”.
Conclusions and Recommendations

The Drug and Alcohol Recovery Service consultation has generated a wealth of information, with a strong response rate, and should be considered a success in that respect. Beyond the headline figures strong representation from core interest groups, particularly service users, gives assurance that what has been gathered is a reasonable reflection of the views of those with a key stake in the service. The quality of responses was also strong, providing quantitative and qualitative information that is rich and detailed. On this basis the consultation team are satisfied that it has provided a comprehensive overview to inform the new service specification.

It was encouraging to see the comprehensive overall agreement with the four principles, which gives confidence that GCC’s current thinking is consistent with the key messages coming from stakeholders. On top of this there were also a large number of individual comments and ideas that have been invaluable in informing the design of the new service and what it should look like. Alternatively, the ability to break down information into various component groups has enabled consideration of the effects on those individuals and reflection on their specific needs and concerns. In summary, our main recommendation, and current working practice, is to continue to use the findings of this consultation to refine proposals for the new service, particularly where comments highlight areas for improvement or where a differential impact may be felt; although we can take encouragement that these are running in broadly the right direction.
Appendix A: Copy of Consultation Survey

Available as a Background Paper from Steve O’Neill, Outcome Manager (Public Health), Email: steve.o’neill@gloucestershire.gov.uk, Tel: 01452 328614

Appendix B: Summary of Respondents Demographic Breakdown

Included in this appendix are the breakdowns of respondents by each of the protected characteristics. This includes the questions contained in the consultation document itself. Analysis of these figures can be found within the body of the main report itself.

Please note, figures in this appendix are given to one decimal place and figures may not round.

Gender

Are you?
Is your gender identity the same as the gender you were assigned at birth?

Gender Re-assignment

- Yes: 83.2%
- No: 3.1%
- Prefer not to say: 2.7%
- No response: 11.1%

Age

What is your age?

Age

- 16-24: 0%
- 25-29: 2%
- 30-34: 4%
- 35-39: 6%
- 40-44: 8%
- 45-49: 10%
- 50-54: 12%
- 55-59: 14%
- 60-64: 16%
- 65+: 18%
- Prefer not to say: 10%
- No response: 6%
**Ethnicity**

*Please indicate your ethnic origin by ticking the appropriate box.*

![Ethnicity Pie Chart](chart)

When presented with the free choice option to designate “other ethnicity”, 1 respondent identified themselves as “polish”.

**Disability**

*Do you consider yourself to be disabled?*

![Disability Pie Chart](chart)

Respondents were asked to provide further information about their type of disability from a range of options, detailed in the graph below. Of the 28 respondents who answered “Yes” to the previous question, only 1 declined to answer this question.
respondents who answered “No” to the previous question then listed a disability type for this question. There were 31 responses to this question in total, with some respondents listing more than 1 type of disability.

![Disability Type](image)

Of the 6 respondents who listed “Other” as a disability type, 4 then listed the type in the comment box provided. The responses given were:
- “medical related, not visible.”
- “Multiple Sclerosis”
- “breathing..”
- “Illness”

**Marriage and civil partnership**

*Are you married or in a civil partnership.*

![Marriage and Civil Partnership](image)
**Sexual Orientation**

*How would you describe your sexual orientation?*

Sexual Orientation

- 81.4% Heterosexual/straight
- 7.5% Gay woman/lesbian
- 6.2% Gay man
- 1.3% Bisexual
- 1.8% Prefer not to say
- 1.8% No response

**Religion and/or belief**

*What is your religion or belief?*

Religion and/or belief

- 39.4% No religion
- 8.0% Buddhist
- 8.0% Christian
- 3.5% Hindu
- 0.9% Jewish
- 0.4% Any other religion
- 3.1% Prefer not to say
- 3.1% No response

8 respondents to this question answered “Any other religion”, their responses were:
- 3 respondents listed “spiritual”
- 1 respondent listed “Multi-faith”
- 1 respondent listed “I believe in God”
- 2 respondents listed “pagan” or “paganism”
- 1 respondent listed “Agnostic, but with strong views on human behaviour”

**Pregnancy and maternity**

*Are you currently pregnant or have you been pregnant in the last year?*

![Pregnancy and maternity chart](chart.png)