

Footprints 2020

Residential Registered Care Services

Report from Footprints survey designed to
identify improvements to accessing treatment



Footprints

Every two years at Phoenix we ask the people who use our services the questions other people probably haven't asked them.

People who access services, particularly for substance use issues are asked a lot of questions. But our Footprints survey asks the questions that give us an understanding of the life lived before a person comes to us. We know problematic substance use is a bi-product of a life of abuse, poverty, neglect and or trauma. And once we understand that from a lived experience perspective, we can create services that are truly responsive.

This report summarises what we have learnt from people who use our services.



Why did we create Footprints?



When I arrived at Phoenix I did various things to understand the people our organisation was seeking to help. One thing I noticed was that we had very few women in our residential services and not as many of them completed treatment as men.

So I got a group of women together.

Some were still in treatment, some were volunteers and some were staff. All had shared experience of addiction and has been through treatment in a community or residential setting.

And we chatted. I asked them to tell me about their experience of accessing treatment and life in recovery since. I appreciate it isn't the most robust research technique, but I was new to the organisation and the sector and I didn't know what I didn't know.

A lovely strong vivacious woman, Layla, was part of the group. She was a volunteer and a huge support to women and men in her community and the centre of a recovering community network. She was passionate about what she did.

During the conversation we hit on the topic of parenting. Some women were talking about the struggle of 'doing their treatment' with their children, the guilt they were working through and the challenges they had ahead of them as a parent. They said they were continually having to prove they were good parents – to the authorities and to themselves. Layla became visibly upset during this conversation and left the room. A peer went out to support her and when Layla came back in to the room she told us why she was upset.

She said throughout her contact with health services, drug treatment services and criminal justice services she had been asked a million times;

Was she responsible for any children? - 'No'

Was she a carer? - 'No'

Did she have children at home? - 'No'

She understood why. Authorities need to be sure that children weren't being put at risk by her actions and behaviour. She completely respected their legal and moral safeguarding responsibility

But no one had ever asked her if she was a Mum.

If they had they would have learnt, she was. She was a mum of a 12-year-old girl that was being looked after by her ex partners family. They would have learnt that she didn't have contact with her but loved her very much. They would have learnt that she hoped one day she would have contact with her and it was one of the motivations in her recovery.

That conversation led on to a whole set of actions for Phoenix and one of them was the footprints survey. Every 2 years we ask people the questions that other people probably haven't asked. We ask the questions in a way that helps us understand their lives and their life experience before they come to us. The information we gather helps us tailor our services to support people more effectively in treatment and importantly to create a life for themselves that they choose.

This is the first year we have published some of our Footprints data. The voices of the people who use our services are often never heard. People make judgements and assumptions about why people become addicted to drugs and alcohol.

I hope this report goes some way to challenging those judgements.

Karen Biggs - Phoenix Chief Exec

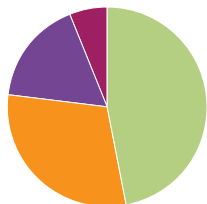
Accessing Residential Registered Care Services

Residential Rehabilitation treatment (Registered Care Home services for people with drug and alcohol issues) is the NICE recommended treatment for people with complex needs and is referenced as such within the Drug misuse and dependence: UK guidelines on clinical management.

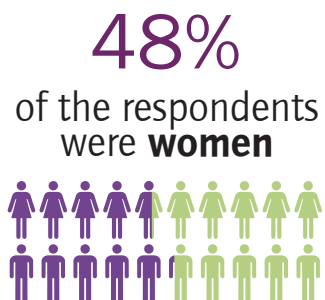
Phoenix have 50 years of experience and expertise in providing residential services and are the largest (non private) provider of Registered Care Home services for people with drug and alcohol issues.

In November 2019 we spoke with 70 people in our registered care services through our Footprints survey.

Profile of respondents



47% were people who primarily used **alcohol**
30% were people who primarily used **opiates**
and 17% crack cocaine



48%

of the respondents were **women**

52%

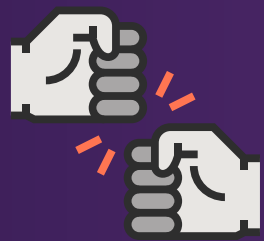
were **men**

40

47%

respondents were **below 40 years** of their age

Lived Experience - What the residents told us



87% have suffered from a **traumatic life experience**,
34% of those suffered **sexual abuse**

92%

have emotional
or **mental health** issues



67% were diagnosed
with a specific
mental health need

40%

have a disability

15%

were in the **care**
system as a **child**



55%
have experienced
homelessness

70%

have visited A&E
in the last **12 months** of which
42% between 3 and 12 times



35% have a **family member**
with a drug problem and of
those **55%** said it was their
brother who had issues with a
drug problem

A woman with blonde hair, wearing a white turtleneck and a patterned vest, is smiling and holding a baby wrapped in a white blanket. The background is blurred, showing a colorful wall with a star.

Experience of accessing treatment

**“I HAD TO
LITERALLY BEG
FOR FUNDING”**

Barriers to treatment

48%

of Phoenix residents found it difficult or very difficult to access residential rehab information and funding.

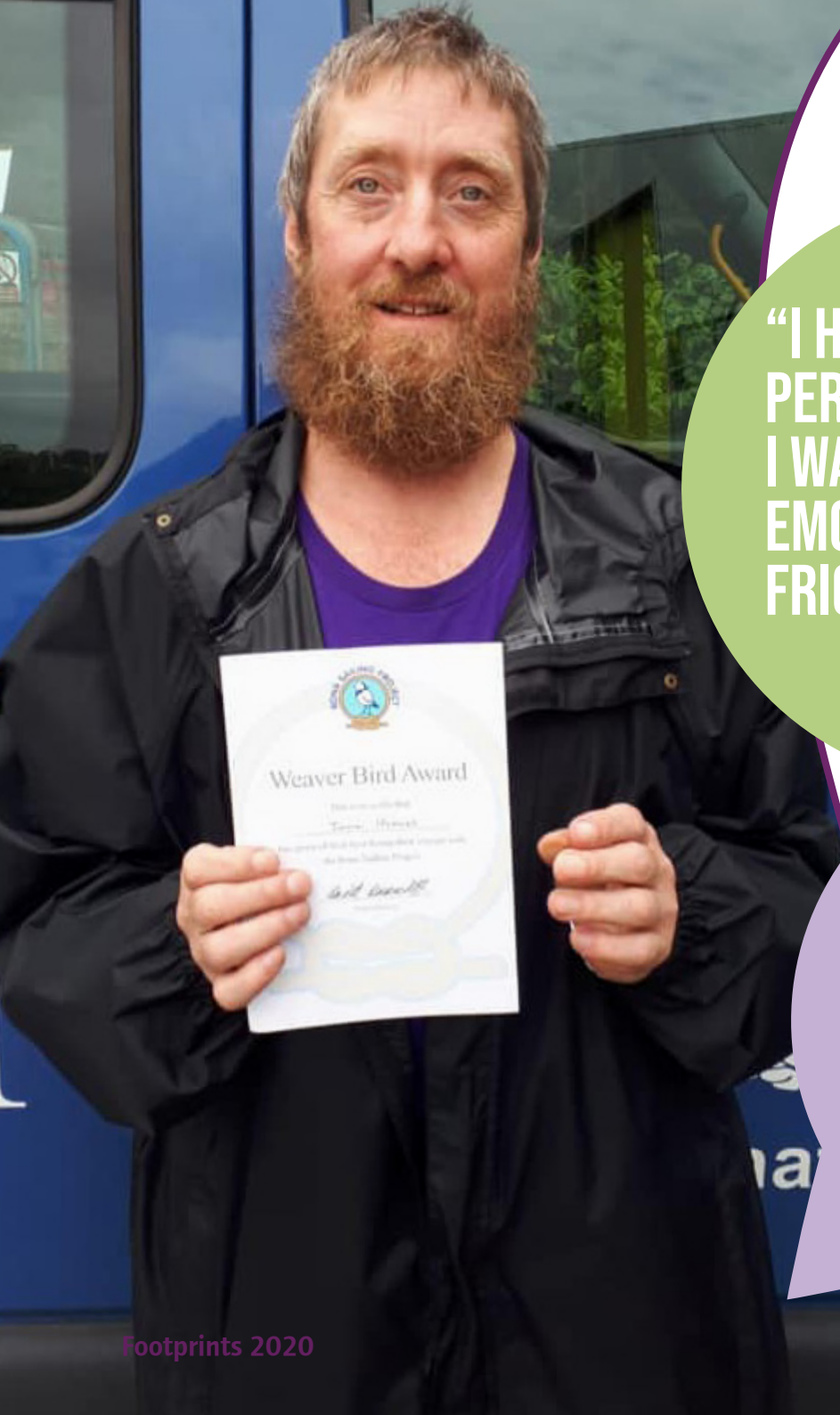
Waiting times

46%

of people in Phoenix Registered Care services had to wait between **3 months and 12 months** between expressing an interest in registered care to having funding confirmed.

**“I WAITED FOR
3 YEARS BEFORE
MY FUNDING
WAS CONFIRMED”**

Experience of accessing treatment

A man with a full brown beard and short brown hair, wearing a black jacket over a purple t-shirt, is smiling and holding a white certificate. The certificate has a circular logo at the top and the text 'Weaver Bird Award' in the center. He is standing in front of a blue background, possibly a bus.

“I HAD TO TELL MY
PERSONAL STORY.
I WAS VERY
EMOTIONAL AND
FRIGHTENED”

“I FOUND IT
STRESSFUL AND
HUMILIATING
IT LEAD ME TO START
USING MORE
HEAVILY”

Lack of choice

55%

of residents

were not **offered a choice**
of services.

48%

of residents

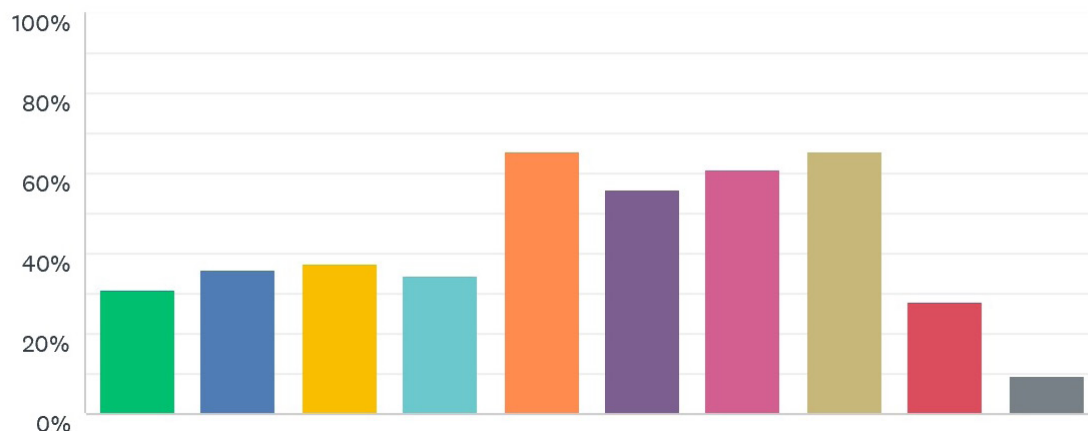
residents described accessing
rehab as either **difficult or very**
difficult.

30%

of residents

in one Phoenix service had to
attend a panel in person on a
set date and in an unfamiliar
location in order to access funding.

What motivates you in your recovery?



- Immediate threat to life
- Gaining education and/or employment
- Improving physical health
- Giving back to my community / society
- Improving mental health
- Helping others in their recovery
- Mending relationships with family and friends
- Finding sense of purpose in life
- Restoring financial situation and getting out of debt
- Other

31%
of residents

are motivated to recover
because their current health
condition is an **immediate
threat to their life.**



What respondents told us in their own words...

Was there anything that made it difficult to access rehab? _____

Funding_{away} people know family waiting Yes_{worries}
Leaving_{children} Fear partner

What form of trauma have you experienced?

sexual abuse_{attacked} abuse_{rape} domestic violence

Have you been diagnosed with a mental health condition?

Anxiety_{PTSD} Depression

The key findings

1

People who access registered care home services for drug and alcohol addiction have **experienced multiple traumatic experiences in their lives**, many occurring in childhood which have had a **devastating impact on their adulthood**.

2

People with multiple and complex needs face significant barriers in accessing Residential Registered Care Home services that provide the high level of care that are most suited to meet their needs

3

Locally designed processes are onerous and stigmatising and deter people from getting the help available. This creates a perception of 'lack of demand' which impacts national and local policy decisions.

4

There are examples of good practice across the UK that use psychologically informed processes and models of support that build motivation reduce stigma and facilitate fair access to services.



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