

BIRMINGHAM AND SOLIHULL MENTAL HEALTH

NHS TRUST

**AN EVALUATION OF THE SERVICE PROVISION AND OUTCOMES OF
THE WHEELER STREET CRACK TREATMENT TEAM IN BIRMINGHAM
SINCE ITS INCEPTION 1998**

**'ISSUES SURROUNDING THE DEVELOPMENT OF THE TEAM AND
THE DELIVERY OF THE SERVICE'**

**UNCOVERING AN UNDERSTANDING OF THE USE OF HOLISTIC
COMMUNITY CARE METHODS AND THE NEED FOR RADICAL WAYS
OF WORKING TOGETHER, WHEN WORKING WITH CRACK COCAINE
USERS**

Wheeler Street Crack Treatment Team

Units 7 – 9 Wheeler Street Shopping Precinct

Newtown

Birmingham

B19 2ER

0121 685 6722

0121 685 6719



CONTENTS - CHAPTERS

<u>PAGES</u>			
2	Table of Contents	21	Client engagement process
			CHAPTER 4:
	CHAPTER 1:		PROFILE OF HOLISTIC COMMUNITY APPROACHES OF CLIENTS ACCESSING WHEELER STREET
	INTRODUCTION AND BACKGROUND	23	Social functioning & Health issues
3	Introduction Aims & Objectives	26	Client employment & criminal involvement
6	Method of Gathering Data	29	Key worker workload
	CHAPTER 2:	30	Client response to interventions
	EVALUATION RESULTS		CHAPTER 5:
7	Team makeup		PROFILE OF VARIOUS PSYCOSOCIAL AND HOLISTIC APPROACHES (<i>Current clients</i>)
8	Evaluation Questions (<i>Staff response questionnaire</i>)	32	Types of treatment undertaken
11	Promoting the service	33	Clients' expenditure and methods of obtaining crack
12	Facts and figures (<i>Clients, professionals, friends and family</i>)	34	Client support networks and compliance
14	Wheeler St. Open Morning		CHAPTER 6:
16	Demographical Information and Data		SOCIAL FUNCTIONING
	CHAPTER 3:	35	Living conditions of clients and health issues
	SERVICE PROVISION, DEVELOPMENT, DELIVERY AND OUTCOMES	41	Social services intervention
19	Stabilisation of drug use & change of personal/social behaviour		CHAPTER 7:
20	Changes in how clients spent their time		CONCLUSIONS

Chapter 1

INTRODUCTION

It has been found that relationship building is a key essential element required for effective engagement of crack cocaine users into treatment. This philosophy of interaction falls within the '*person centred approach*' by Carl Rogers (1986); underpinned by confidentiality and practical ground rules between client, key worker and service. This in itself begins the process of reducing the gap between the bottom and the top (*i.e.: the professional and the individual in need of help*). To this end, Wheeler Street are successful in using various approaches in attracting in excess of 124 clients on caseload in the years September 1998-99 (*clients who have accessed treatment 3 times or more and working towards completing a plan of care and recovery*). Consequently, the team have found this method an extremely successful skill when working with hard to reach groups.

Crisis intervention

Many agencies since the early eighties have found that crack cocaine users in particular, need immediate help from chaotic withdrawal. By offering alternative and complimentary methods of treatment alongside one to one counselling, advocacy, and relapse care management; the primary focus is to offer information and guidance not only to crack cocaine users, but also their families, friends and others affected by the use of crack cocaine. A key aim for the Wheeler Street team is to contact those users who are currently not in contact with any other drug service. Thus, a second aim would be to actively seek to identify marginalized hard to reach groups in a culturally sensitive way, for example, Black and Minority ethnic groups (BME) and women.

Recruitment

The recruitment of multi-skilled drug workers has facilitated the establishment of networks of key partners: statutory, non-statutory, business and corporate industry. Within such a framework, the aims of the 1998 government white paper: "*Tackling Drugs to Build a Better Britain; a 10 year strategy for tackling drug misuse*" can be practically addressed. Wheeler Street team members provide flexibility for clients, facilitating project participation based on community structure, setting, culture and need. This approach aims to result in the establishment of "neighbourhood multi-disciplinary teams", comprising of community professionals, users, families, friends and others affected by the use of street drugs. Collaboration from the top down and bottom up therefore, should enable the emergence of a community cycle of involvement, enabling 'grapevine' led treatment support and illicit substance use education.

The focus of outreach work is networking and building relationships together with voluntary groups, communities and individuals and thus, increasing the sense of security and trust needed for an effective client/treatment provider relationship.

Key Issues

- ***Clear aims and objectives and the development of a mission statement, agreed by all team members.***
- ***A ratified outreach policy.***
- ***Multi-disciplinary team members who possess health, criminal justice, youth and social qualifications or equivalent.***
- ***Individuals with at least two years proven practical experience in building relationships with individuals, groups and communities.***
- ***A willingness to undergo further training.***

Management and Support Mechanisms:

- ***Clear professional boundaries***
- ***Occupational safety insurance***
- ***Client sensitivity and confidentiality policies***
- ***A local government management structure, health, social services or leisure services***
- ***Team management with experiences in youth and community, social work, criminal justice, voluntary or equivalent***
- ***At least 4 years proven practical experience in any of the above with area or outreach work perspectives***
- ***A professional qualification to that of diploma or degree status in any of the above***
- ***An ability to manage or work in partnership with multi-disciplinary teams such as probation, youth courts, leisure and community services, hostels, mental health, assertive outreach, social services, homeless, voluntary groups, community and local business***

The Launch

On the 24th of September 1998 the Wheeler Street Crack Outreach Drug Team was launched. More importantly what had been launched was the vision, since this type of service had not previously been available within the North Birmingham area. This was a sense of ideas that had come together from the whole team and which were monitored by senior management.

Prior to the launch, the team had been together for 5 months, during which time the difficult process of team building, “norming, storming and performing” occurred. Such a process was to prove to be the cornerstone of how the future delivery of the service would achieve its aims and objectives for client centred service delivery.

Upon completion of the service building process, Wheeler Street decided to promote its services by having a launch to mark its opening, inviting other Northern Birmingham Addiction Services to come to Wheeler St. to find out what services were available, and to inform them of the process of referral. The date of the launch was set in conjunction with Sue Cox, (*Head of the Leamington School of Auricular Acupuncture*) and Michael Smith from the Lincoln Memorial Clinic, Bronx, New York. Thanks are given to those in senior management; in particular, Gerry Duffy, Ruth Glassborow and Crack Outreach Steering Group members, who assisted the launch from a distance and offered support at appropriate times. Those in attendance included Michael Waterland (Chief Executive of Birmingham Health Authority) and community involvement included the contracting of Mr. Bing from the Island Hut Restaurant, which specialises in Caribbean style cuisine, to provide lunch for the launch.

Method

The evaluation of Wheeler Street service provision involved the examination of client data and looking for emerging themes and patterns. The research was conducted in order to highlight any gaps in the service provision, delivery of outcome and effective approaches. In order to be able to obtain an evaluation of the service over both a long-term and short-term period, two sets of clients were evaluated:

- Those who attended four or more sessions and who had satisfactorily completed their care plan, according to themselves and their keyworker, between April 1998 and January 2003
- Those who attended four or more sessions and had satisfactorily completed their care plan during the shorter period of January 2003-June 2003.

A total of 798 client files were evaluated. Issues looked at during the evaluation were:

- State of client on presentation to Wheeler St., in terms of social and psychological consequences of drug use
- Efficacy of key worker intervention style on degree of drug use

Method of Gathering Data

This section of the report focuses on the process used to gather the information data. This became somewhat of a laborious task, as trawling through hundreds of files was the only method available in order to extract the qualitative data required.

- To begin with, it was straightforward enough to utilise the '*National Drug Treatment Monitoring System*' forms to gather all demographical data, in respect of all clients who have accessed the service over the evaluation period. Additionally, this method was also used to retrieve data in relation to the date of the first appointment, the presenting drug of choice, referral details etc...
- (*Primary Data*): The process of extracting data from the clients' files included:
 - ⇒ Highlighting those clients had accessed Wheeler St. for 4 sessions or more.
 - ⇒ Those who received an assessment.
 - ⇒ Those who received treatment or a completed care plan.
 - ⇒ Clients who were discharged prior to January 2003.
- (*Secondary Data*): Similarly, of those clients who had attended 3 sessions or less and participated in some brief assessment, the data extracted was incomplete. Therefore, it made greater sense to group this particular information differently. These clients would have dropped out of the treatment process either early or discontinued contact with Wheeler St. for a variety of reasons.
- (*Active Data*): Clients, who were current to the service between January and April 2003, were also placed in a separate group. This highlighted the following factors:
 - ⇒ To ascertain whether drug use had reduced in a short period.
 - ⇒ To uncover what types of interventions were common within the role of the keyworker.
 - ⇒ To illustrate any issues the clients were presenting from the onset.
- It was envisaged that, primarily, the view of the key workers and other team members would be useful, with regard to measuring the current information. In order to achieve this, questionnaires were produced to accurately record the team members' opinions regarding the service.
- Finally, regarding the process used to highlight any gaps in service provision, delivery of outcome and effective approaches; this data was extracted from the information correspondence message system, introduced to the service at its origin in April 1998.

Chapter 2

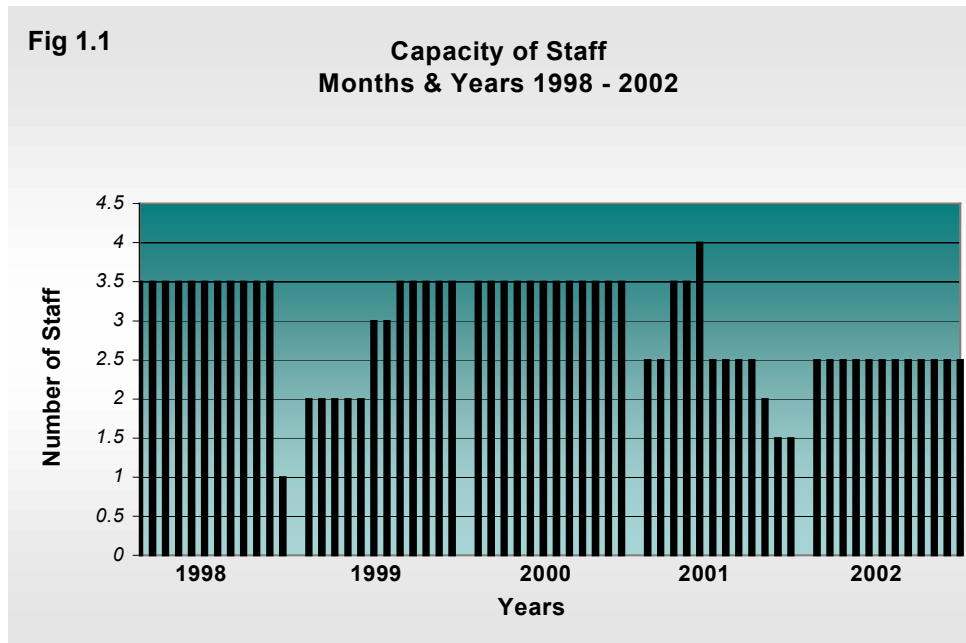
Team Makeup

The team adopts aspects of cognitive behavioural approaches to treatment and intervention, whilst also using Motivational Interviewing, Therapeutic Visualisation and Solution Focussed therapies.

The team comprises of:

- Team Leader/Key worker (auricular acupuncture trained)
- 4 Key Workers (auricular acupuncture trained)
- 1 Administration Officer

Although there is no ideal number of clients that can be seen by drug workers, the team is currently working with between 15 and 20 clients per key worker per week. However, the past 5 years of experience suggest that a smaller client caseload would be more appropriate. This would increase the efficacy of treatment for clients and would further enable the facilitation of community partnerships within the City of Birmingham, thus capacity building a citywide response to crack-cocaine treatment knowledge base and skill mix.



Qualitative Evaluation Staff Responses Wheeler Street 1998 - 2003

Process

An interview was carried out for each member of the team and the above six questions were asked in order to engage their response of the service and the issues they deal with. The response from the key-workers differed to that from administration staff and that of the temporary workers. However, it was hugely interesting to learn how each individual perceived the service and its' clients. The following is a report that brings together the responses of the team.

Questions:

- 1) What would you say is special about the way you work with your clients, which brings about change or recovery?
- 2) Why has work/interaction with family and friends been important when working with crack users? How does this help or assist?
- 3) Why are satellites/outreach/collaborations/home visits necessary for the service?
- 4) How has the service/team helped, assisted or informed the community since you were employed? What more could be done?
- 5) What do you find most difficult when working with crack users?
- 6) What do you like most about this work?

Team Member Responses

Most of the key-workers agreed that they did not have anything 'special' about the way that they dealt with their clients. However, the word that they thought was more appropriate for their work was 'effective'. Therefore, they measure their work with the clients on how effective it has been. Another general agreement was that each client had to be treated individually and the key-workers can only work with what the client brings in to them. The relationship that develops between the client, the key-worker and the service is one based on trust, where the individual in need can rely on the fact that as long as he or she is committed to their treatment, they will receive continuous assistance.

Another approach that was used by one of the key-workers was the use of theoretical concepts cross-correlated with practical examples and communication. This was referred to as a 'solution focus' theory (i.e.: *the client has to change what they do, their habits and practices, in order to change what they get out of it*). It is important to constantly show the clients their progress and encourage what they have achieved.

The key-workers obviously have direct contact with the clients, whereas the administration staff or the temporary workers have less contact. The work of administration is reflected by the quantity of clients for the key-workers. The administrator logs the referrals by phone, fax or post; she does this in a friendly and polite manner, with a non-judgemental approach, therefore the client feels further at ease to be accessing the service.

The work of the key-workers is admirable, they restrain from generalising their clients as mere 'crack users' and treat each one of them individually, addressing their particular needs and circumstances. They do not judge their clients; even though they can often share certain bad habits, such as lying or stealing in order to fund their addiction, which is not justified. The key-workers gain the trust of their clients by respecting them first.

The key-workers' response to this questionnaire was that from an SBNT (*Social Behaviour Network Therapy*) perspective, interaction with the client's friends and family members enables them to see things differently and gives them a chance to 'air' things they would normally withhold. It raises awareness of the issues and brings some understanding of what is occurring. The family or friends are also the people that know the client best and have a better knowledge of the user than the key-worker. Therefore, they are an instrumental part of the treatment process.

It is important to remember that those close to the user are almost as equally affected by the users chaotic lifestyle and problems. Often the family and friends suffer from the same symptoms as the client; for example, loneliness and depression. Therefore the involvement of family or friends also gives them the opportunity to make informed decisions as to whether they will be supportive of their loved one or not. For example; almost every crack user will tell lies and it is not just to their immediate family or friends. Once the family or friends are made aware of this, they often feel more empowered to deal with situation. It must come as a relief for the family and friends of the user to know that there are people who do understand their plight and who are willing to help. In some cases it may also be a boost of morale for the client, if those closest to them are involved in and kept informed about their treatment. The team was launched as a community initiative; therefore it is essential to educate family or friends who wish to be involved in the treatment of the user.

Satellites, outreach, collaborations and home visits, all provide additional support in conjunction with normal treatment methods. These practices also help the team to engage with often, hard to reach groups. The work of the team is extended into the community and members of the public are educated and informed about the effects of crack and where they can access help. One key-worker replied, "...it helps us to give a more fluid and flexible service." Collaborations however, are an obligation, not a choice (*in conjunction with NTA guidelines*). Key-workers felt that home visits were a means to convey their equal opportunities in practice. The team actively believes that if a client is practically unable to attend the service, then the service should be taken to the client in their homes. This reinforces one of the key objectives upon which the team was initially founded; 'to deliver their service to the community'. Sometimes, clients are more at ease at home. Some team members believe that once a client allows you into their home, it is a good sign that the therapeutic alliance has taken account.

Satellites are a successful means of approaching hard to reach parts of the community; even certain groups or areas that may be suspicious of the service, in this respect they can be seen at an alternative venue. For example, one key-worker mentioned that three estates in Kings Norton find it too far to travel to the service, so the service needs to be extended to these people. Not only is this a means of

promoting the service, but it also helps to dispel any suspicions that these communities may have in the service provided. Furthermore, educating the public helps to break down the stereotypical myths, exclusions and stigma that can exist; especially amongst black and ethnic communities.

The key-workers were somewhat unsure of how their work has assisted the community, but they drew upon a few examples. A simple reflection of the difference the service is making in the community would be a reduction in crime, as most users resort to stealing, in order to fund their habits. Also crack users convey an erratic behaviour and are often violent and cause disturbance in their neighbourhood.

Interagency work may also have educated other professionals working with the community on how to tackle some of the issues involved around the use of crack. The key-workers however, recognised that there was more work that could be done with the community, but it was not the job of the drug team here; this was an issue that could be addressed by a separate team that was able to educate about prevention and raise awareness. There was also some concern as to how far the service or the key-worker can stretch, to accommodate the needs of the client. For example; if the service can only provide A, B and C, but the client wants D and E, then should the service expand in order to meet the needs of the client? Or should the service simply state that A, B and C are the only guidelines they can work within?

On the positive side, this is the only service that deals with crack users specifically, so it provides a limited and focussed service for those particular individuals in the community. The drug team that provides the service here actually deals with crack users and their treatment. What should come before this is a more effective means by which members of the public can be informed about prevention, this, it is hoped, will deter the use of crack in the given community.

The launch itself has been the major force in establishing the team for the community and professionals. The mixed collaboration of individuals, members of the community and professional bodies at the launch, reflected the aims and objectives of the team, which was successfully portrayed by the media. The ongoing work, development and training provided by the service will thus continue to expand into the community, which has involved taking calculated risks, constantly scrutinising and analysing one's own work and progress.

Amongst the key-workers, the general difficulties arise with the behaviour of the clients. The clients tend to miss appointments, they do not complete set tasks and it is almost as though they are constantly in a battle against their addiction. Therefore, their programme of care often has to be changed. The clients can also be unpredictable, as they often have erratic tendencies and chaotic lifestyles; which makes the work of the key-worker even more difficult. The administrator has also brought to light the problems she has encountered with clients, when they are sometimes rude on the phone (*usually due to the fact they have been on the waiting list for some time and are impatient for help*).

Many clients also access the service with a focus on finding a 'quick-fix'. However, in some cases, when the clients realise that time and effort is required in order to change their circumstances and problems; it can lead to degradation or even death. It is also somewhat difficult for temporary staff to fully understand the extent of the problems faced by both the user and their key-worker. It is often daunting to learn about a pregnant woman who is using crack, or a very young person who is committing crime in order to fund their habit. Some of the literature available at the service also seems

somewhat unorthodox. For example; a booklet that does not condone the use of crack, but instead, advises the users of the safe way to use crack, even stating that the drug should be respected!

The team resoundingly agreed that they received great satisfaction from seeing clients through to completion. The dramatic progress of the client from a position of chaos and turmoil, to getting their lives back to the way that they want, which entailed the user having to push boundaries further than they ever imagined possible. The key-workers commented on how it took a great deal of courage and bravery for the user to recognise their problem and then work towards changing things for the better for themselves. This also reflects as a rewarding and proud achievement for the team.

The team is also successful in recognising that crack is an actual fact in society and they are proud to be working in a team that is addressing the issue in a practical and positive manner. The tolerance of the team towards crack users, their non-judgemental approach and their persistence to continue providing a service, despite the fact that not all their clients follow treatment through to completion; is all very encouraging for the surrounding community. It is also a rewarding time to see someone trained and then become competent at working with their clients. Additionally, the team feels further rewarded when they manage to achieve goals and objectives that are even beyond their own expectations.

How was the service publicised to clients, professionals and friends/family?

In general, the service is publicised through 'word of mouth' or 'the grapevine'. What we prided ourselves on, from the very beginning, is that clients should be our main source of marketing. In addition, we have designed and printed a leaflet (known as the 'Blue Leaflet'), that explains the services we offer to our clients in a factual and 'easy to understand' manner. Other information can be gleaned from Community Drug Teams (*CDT's*), Accident and Emergency departments and other health organisations; also from other Multi-disciplinary services, such as Social Care and Health and probation. This method of dissemination has been gradually developed and built upon over the last six years.

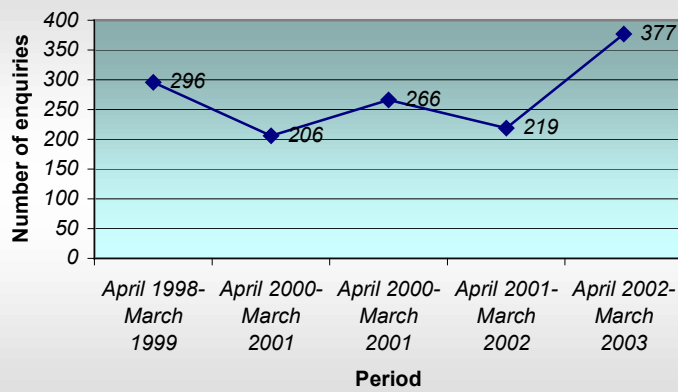
In terms of publicising the service to professionals, the Drug Action Team (*DAT*) circulates information to various sources in the community, i.e.: Community organisations, Charities and Businesses, Health promotion agencies and agencies which assist in social education such as Schools and Universities.

In regard to promoting the service to friends and families, the *DAT* and National Treatment Agency (*NTA*) work in partnership with the Home Office and Department of Health to disseminate information across GP surgeries, health and medical centres and other organisations directly working with the issue of substance misuse. In addition, computer software (www.talktofrank.com) has been developed to allow organisations such as the Criminal Justice Department and Social Care and Health and the general public to further promote information and advice for family members and friends affected by substance misuse. There is also a service in Birmingham (Drug Concern), which offers training, advice and counselling to friends and families.

It is worth noting here that all the above-mentioned organisations have access and relevant information regarding the services offered here at Wheeler Street.

Information and communication to clients, professionals, friends and family (Years: 1998 - 2003)

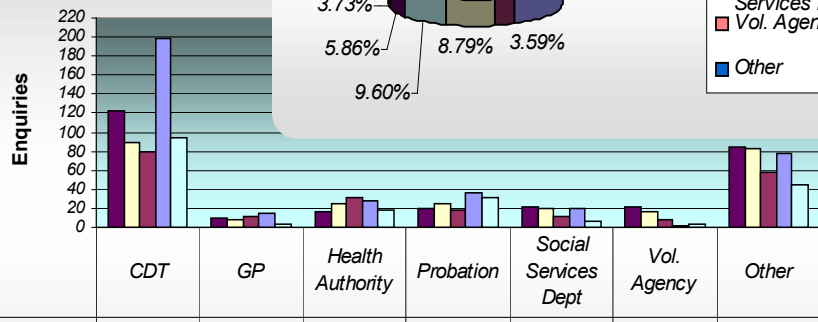
Fig 1.2 Total number of enquiries to Wheeler Street for information on crack cocaine



The total number of professional enquiries has increased from 290 to 377 between April 1998 and March 2003

Fig 1.3

Total number of enquiries from April 1998 - March 2003



The overall total number of enquiries from April 98 - March 03 was: 1364

Information provision to family members, friends and others affected by the misuse of Crack Cocaine

- **WHETHER FAMILY OF FRIENDS, CARERS REQUESTED INFORMATION FROM US?**
- **OTHER REQUESTS FOR INFORMATION OR QUERIES?**

Fig 1.4

PERIOD	Drug Related	Crisis	Update	Referral	Other	Total
April 02 - March 03	5	0	0	3	0	8
April 01 - March 02	14	15	17	15	13	74
April 00 - March 01	5	9	13	11	17	55
April 99 - March 00	2	2	0	4	1	9
April 98 - March 99	23	11	29	21	16	100
TOTAL	49	37	59	54	47	246

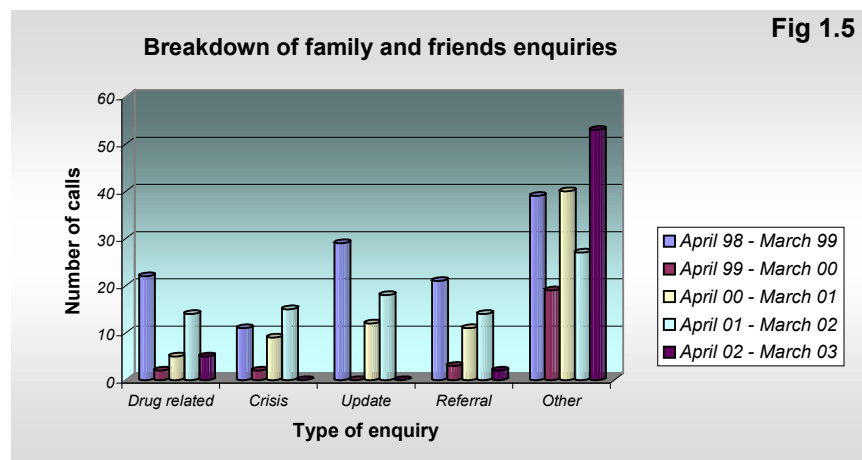


Fig 1.5

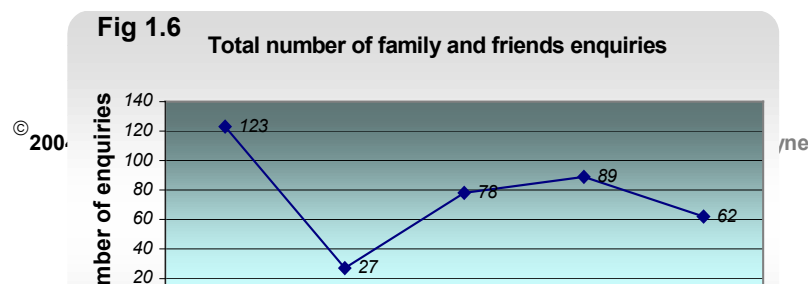


Fig 1.6

Total number of family and friends enquiries

Wheeler Street crack team's 'Open Morning'

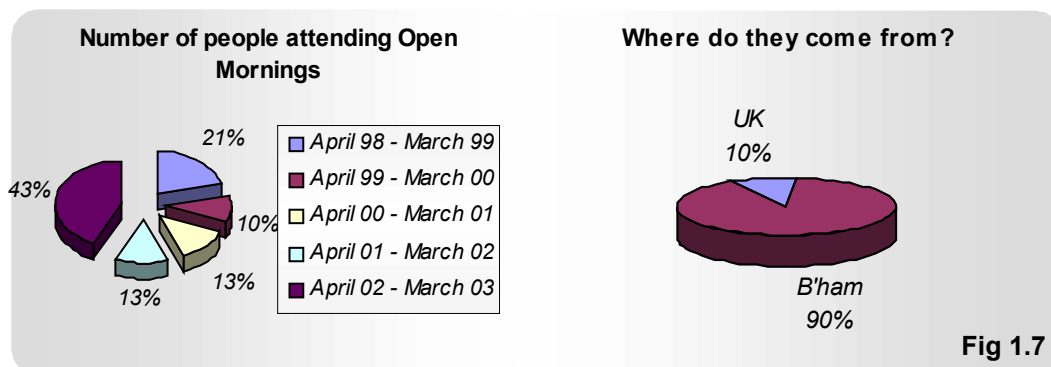
- NUMBER OF PARTICIPANTS WHO ATTENDED?
- WHAT AREA OF THE UK DO THEY COME FROM OR WHAT COUNTRY?
- WHAT DOES THE MORNING PROVIDE?

The open morning provides a valuable opportunity for the members of NHS Trust and Voluntary organisations to view the facilities available for crack cocaine rehabilitation at Wheeler Street. Those who wish to visit must first make an appointment; a member of staff then escorts the visitors throughout the building and explains the various methods and techniques used for the effective treatment of crack cocaine addiction.

The purpose of the open days is partly to educate other professionals about the issues involved in crack cocaine misuse; it is also an opportunity to 'advertise' the unit's existence. This can serve to involve other agencies in our work and can also lead to possible future referrals of clients who may wish to access the service.

The following information highlights the number of people accessing this service and shows the geographical location of the participants:

Number of participants attending?



**Team client contact and intervention breakdown by Wheeler Street Key-Workers?
(Years: 1998 - 2003)**

Fig 1.8

Period	Team								
	Drug related	Crisis	Update	Other	Book	Reschedule	Cancel	General	Total
April 02 - March 03	5	0	1	2	6	6	6	19	45
April 01 - March 02	3	0	35	51	14	13	16	55	187
April 00 - March 01	6	2	38	70	21	10	8	75	230
April 99 - March 00	0	0	0	70	4	6	3	0	83
April 98 - March 99	10	2	39	133	19	15	8	115	341
TOTAL	24	4	114	266	64	50	41	264	886

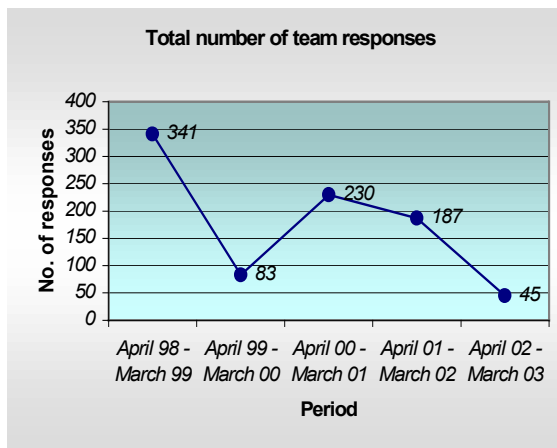
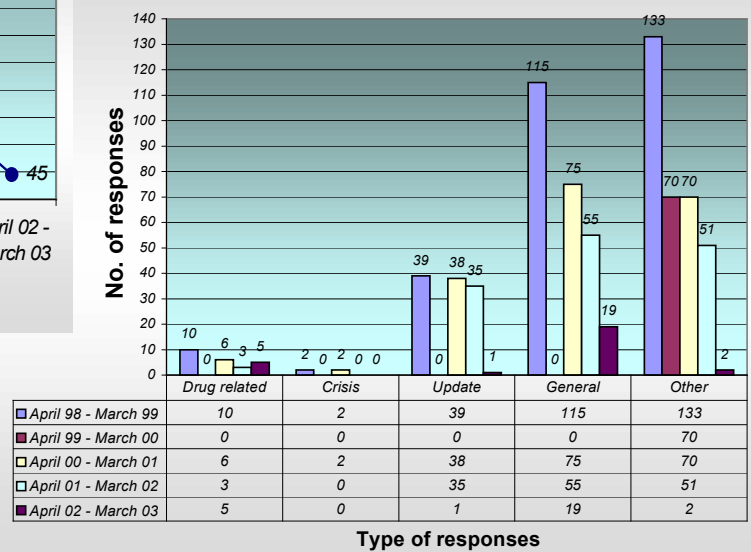


Fig 1.9 Breakdown of team responses



Demographical Information and Data: 1998 - 2003

TOTAL NUMBER OF CLIENTS WHO ACCESSED WHEELER STREET THROUGHOUT YEARS 1998 - 2003?

YEAR	TOTAL	AVERAGE STAFF LEVELS
April 98 - March 99	109	3.2
April 99 - March 00	204	2.7
April 00 - March 01	174	3.5
April 01 - March 02	173	2.6
April 02 - March 03	138	2.5
OVERALL TOTAL	798	

Fig 2.0

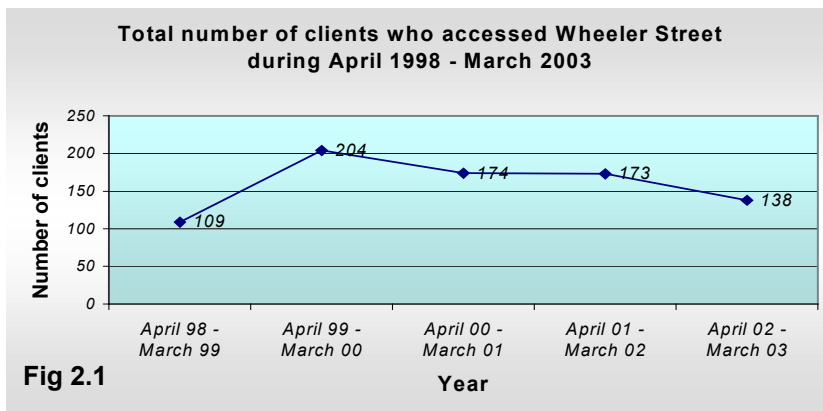


Fig 2.1

NUMBER OF MALE & FEMALES SINCE THE SERVICE OPENED (1998 - 2003)

PERIOD	MALE	FEMALE	TOTAL
April 98 - March 99	68 62%	41 37%	109
April 99 - March 00	165 81%	39 19%	204

April 00 - March 01	138	79%	36	21%	174
April 01 - March 02	112	65%	61	35%	173
April 02 - March 03	98	71%	40	29%	138
TOTAL	581		217		798
	%		%		
	73%		27%		

Fig 2.2

AGE OF CLIENTS AT TIME OF REFFERRAL TO WHEELER STREET?

Fig 2.3

PERIOD	AGE						Total
	Under 16	16 - 24	25 - 34	35 - 44	45 - 54	Not Known	
April 98 - March 99	2	33	53	14	2	5	109
April 99 - March 00	4	78	74	34	3	11	204
April 00 - March 01	0	64	69	27	8	6	174
April 01 - March 02	2	61	68	28	4	10	173
April 02 - March 03	1	21	48	48	4	16	138
TOTAL							798

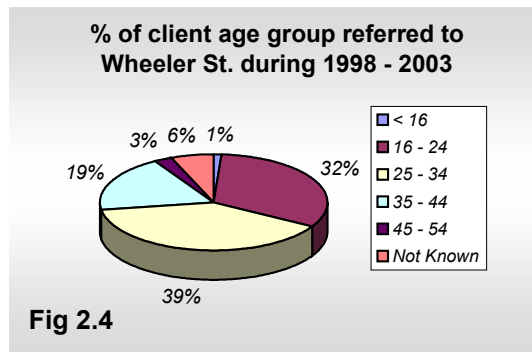


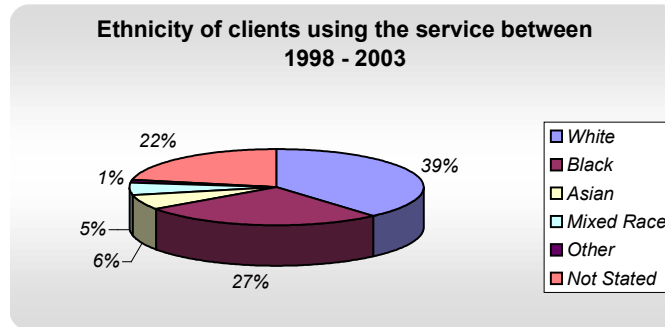
Fig 2.4

ETHNICITY BREAKDOWN OF CLIENTS ACCESSING IN YEARS 1998 - 2003?

PERIOD	AGE						Total
	White	Black	Asian	Mixed Race	Other	Not Stated	
April 98 - March 99	29	24	7	5	3	41	109
April 99 - March 00	76	55	9	7	5	43	204
April 00 - March 01	75	47	12	3	2	24	174
April 01 - March 02	76	51	13	13	0	40	173
April 02 - March 03	52	37	10	12	0	27	138
TOTAL							798

Fig 2.5

Fig 2.6



CITY BREAKDOWN OF CLIENTS ACCESSING YEARS 1998 - 2003? (North, South, East and West of Birmingham City Centre)

Fig 2.7

PERIOD	CATCHMENT AREAS						
	NORTH	SOUTH	EAST	WEST	HOMELESS	OUT OF AREA	TOTAL
April 98 - March 99	50	24	16	18	1	1	110
April 99 - March 00	82	49	28	31	3	0	193
April 00 - March 01	65	36	31	26	1	1	160
April 01 - March 02	66	46	52	28	0	2	194
April 02 - March 03	54	30	46	10	0	1	141
TOTAL	317	185	173	113	5	5	798

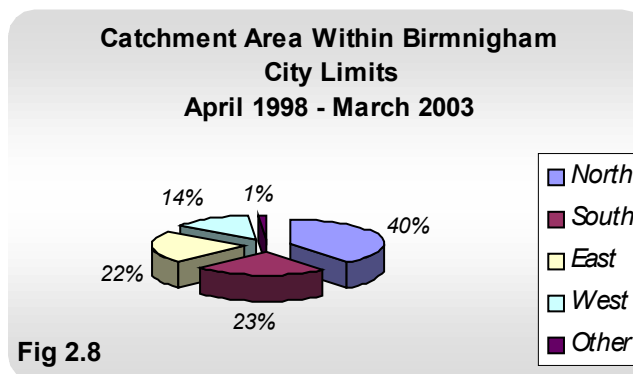


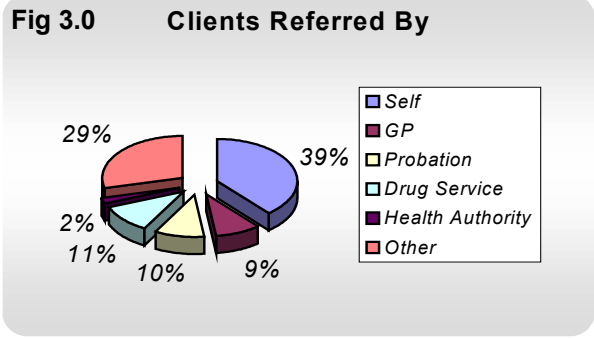
Fig 2.8

REFERRAL BREAKDOWN OF CLIENTS FROM VARIOUS DISCIPLINES WITHIN YEARS 1998 - 2003? (i.e. self, probation, criminal justice, drug service, mental health, other)

Fig 2.9

PERIOD	CLIENTS REFERRED BY						
	Self	GP	Probation	Drugs Service	Health Authority	Other	Total
April 98 - March 99	42	10	11	12	2	32	109
April 99 - March 00	91	6	14	31	8	54	204
April 00 - March 01	64	23	32	21	6	28	174

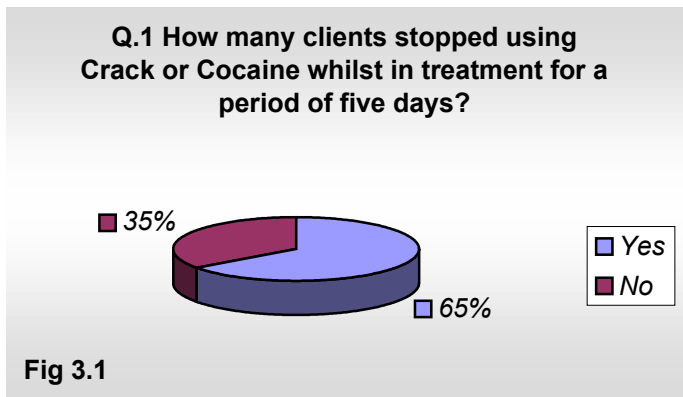
April 01 - March 02	71	26	13	20	9	34	173
April 02 - March 03	59	11	24	25	10	9	138
TOTAL	327	76	94	109	35	157	798



Chapter 3

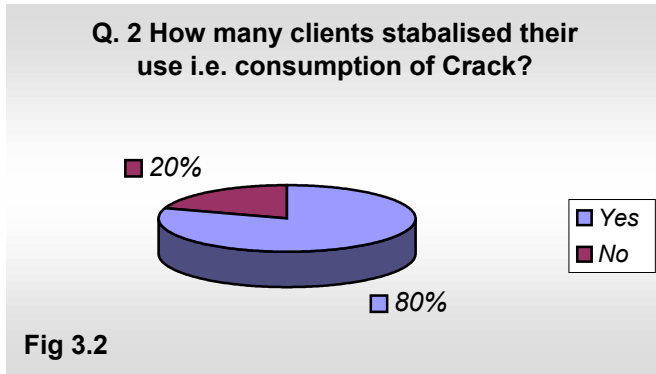
SERVICE PROVISION, DEVELOPMENT, DELIVERY AND OUTCOMES

- How many clients referred to Wheeler Street stopped using for a period of 5 days or more?

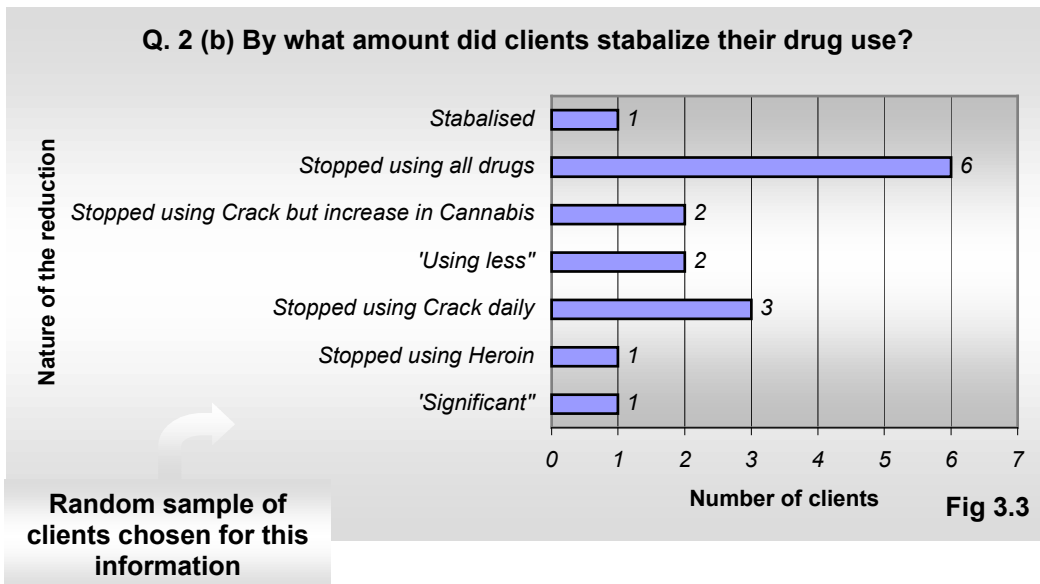


- ⇒ = **Source of information gathered.**
- ⇒ Client urine samples & notes

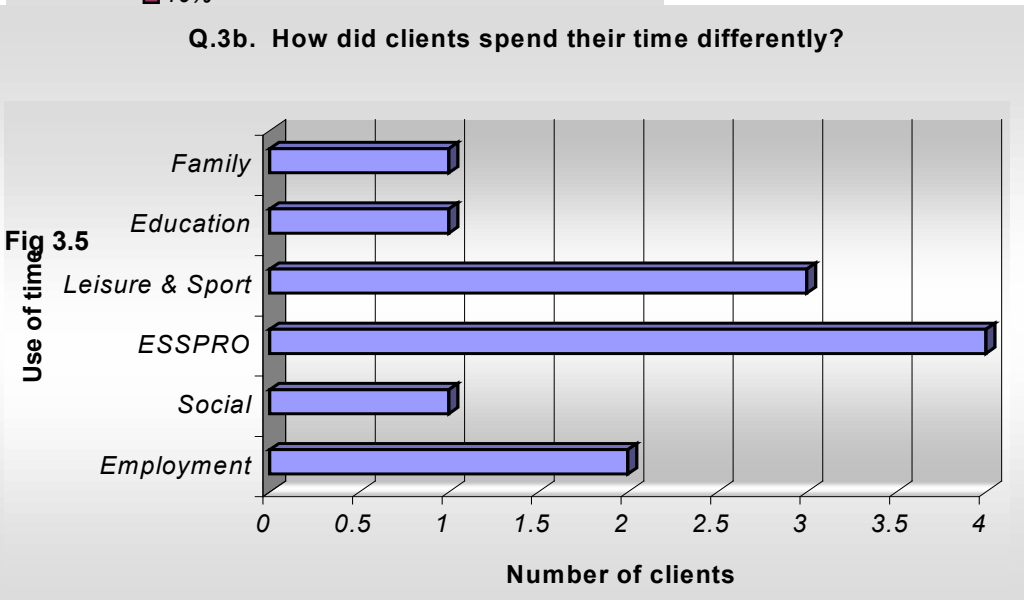
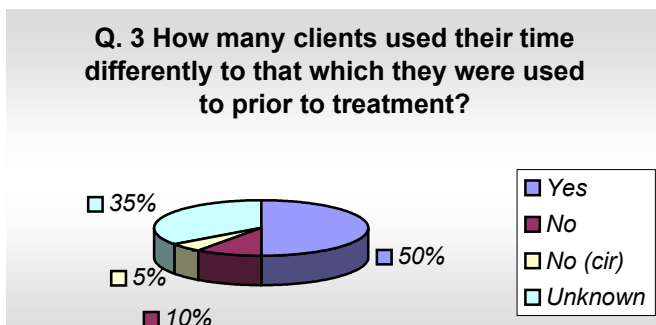
- How many clients stabilised their consumption of Crack and by what percentage?



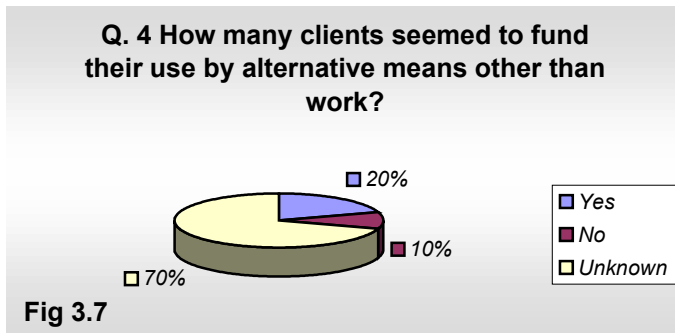
⇒ Client database form, and urine/saliva tests



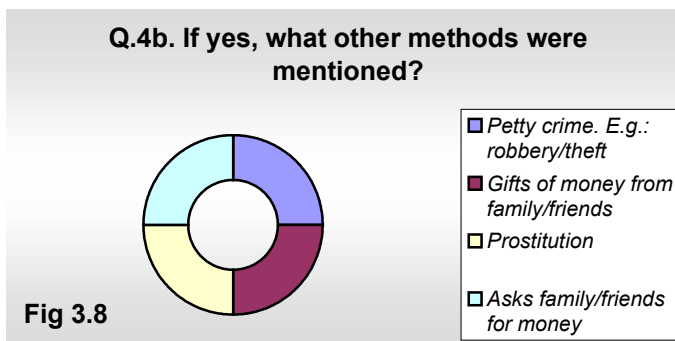
• how many clients used their time differently following treatment?



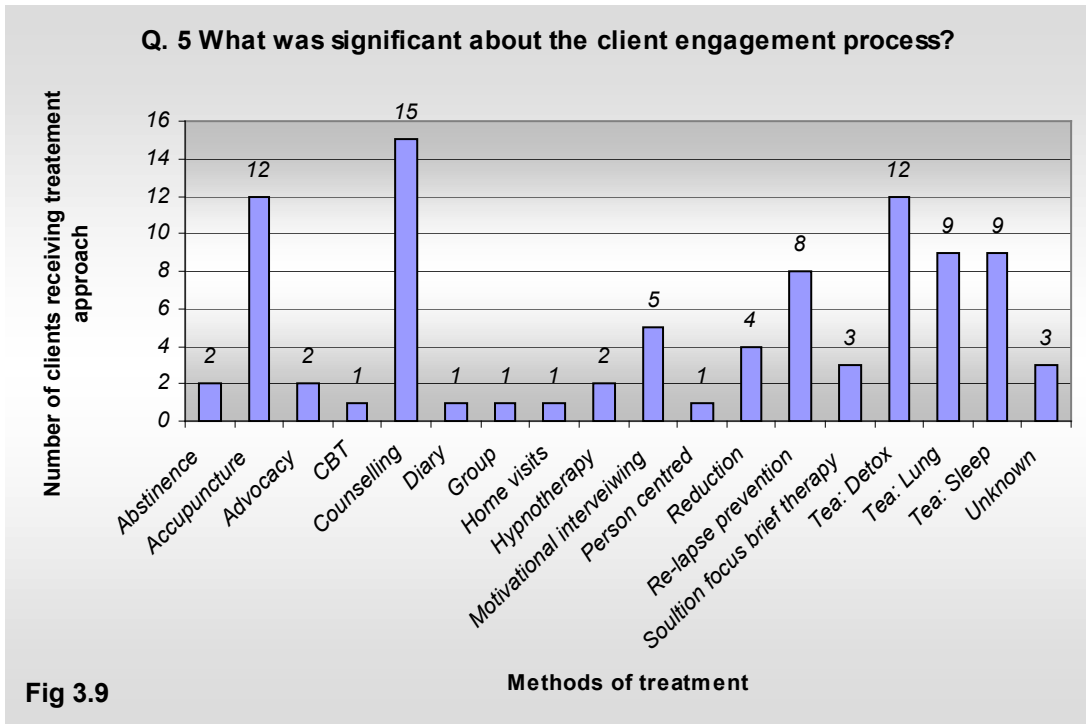
- How many clients seemed to fund their use by alternative means other than work?



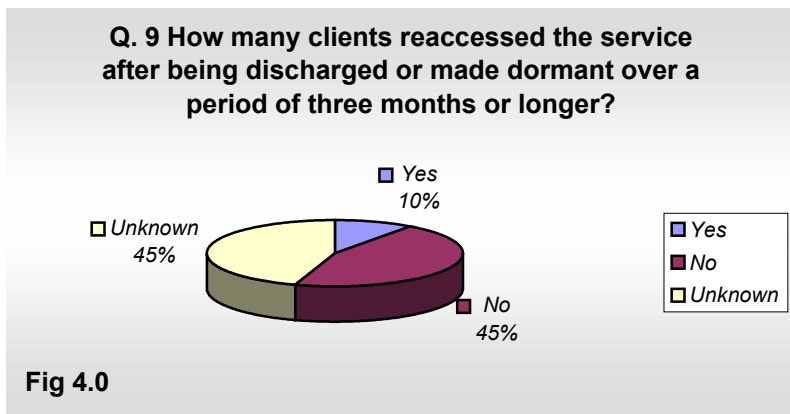
⇒ If they were employed this would account for funding. If they were not other means have been used.



- What was significant about the client engagement process?
For example: how well did clients engage in acupuncture, relapse prevention, detox, sleep teas, counselling, support etc...



- How many clients re-accessed the service after being made dormant or discharged within a period of three months or longer?
 - ⇒ If there were any breaks in the sessions, a client attended the service, longer than 3 weeks. This would be a Yes.



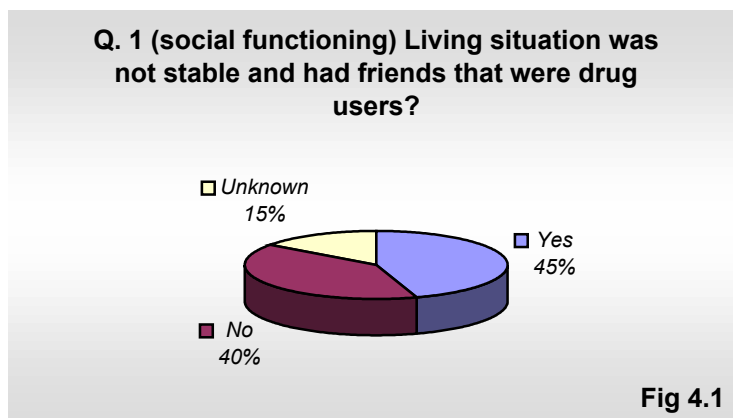
Chapter 4

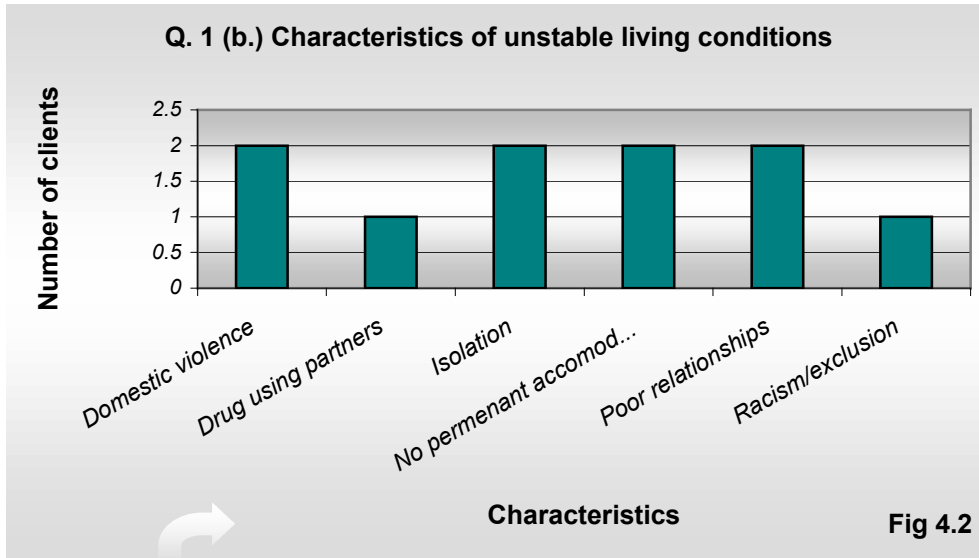
PROFILE OF HOLISTIC COMMUNITY APPROACHES OF CLIENTS ACCESSING WHEELER STREET

SOCIAL FUNCTIONING:

- **Living situation was not stable and had friends or acquaintances that were drug users?**

⇒ **Database forms & client notes**



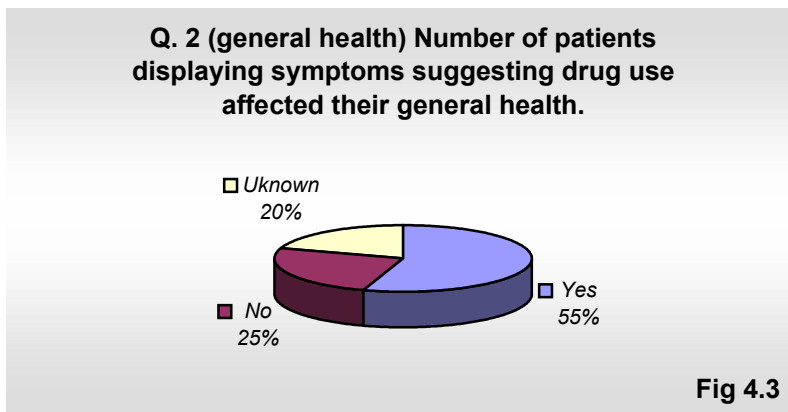


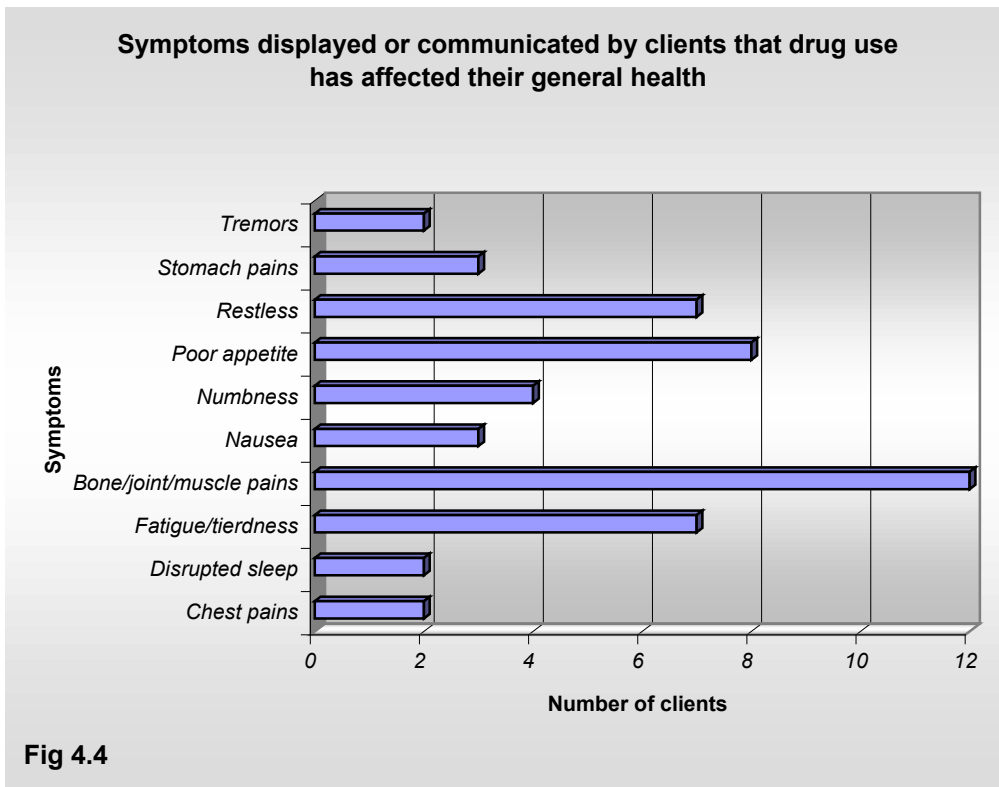
Random sample of clients chosen for this information

GENERAL HEALTH:

- Displayed or communicated that they had symptoms i.e. extreme weight loss, infection, crack lung, memory loss or Mental Health related issues?

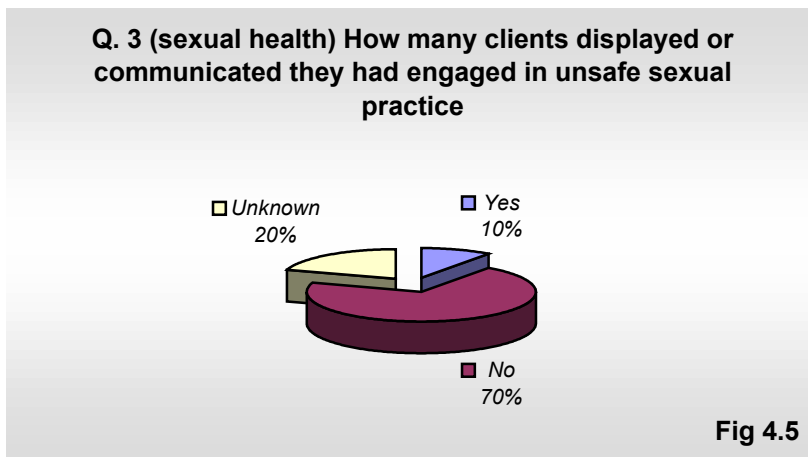
⇒ Referral Forms & assessments





SEXUAL HEALTH:

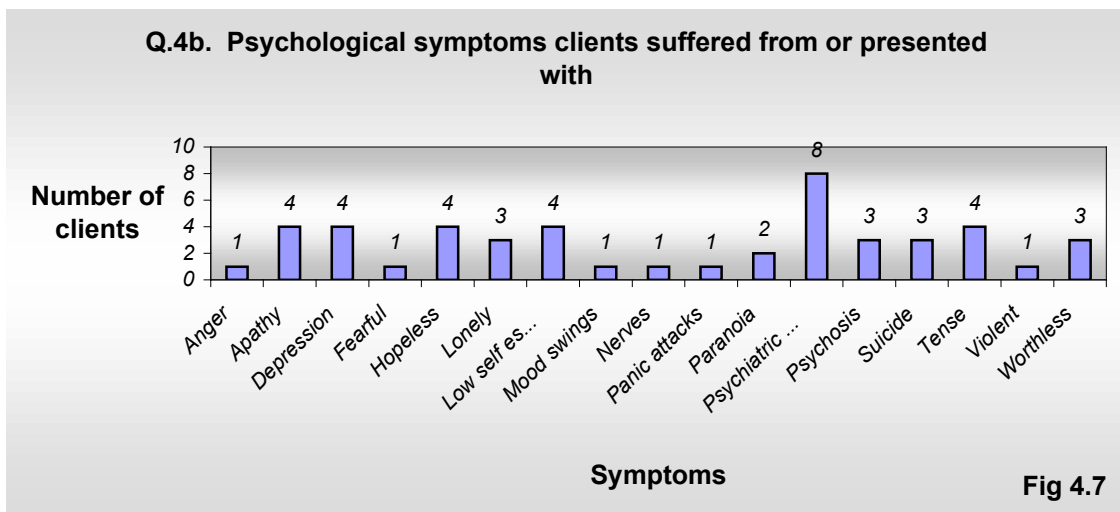
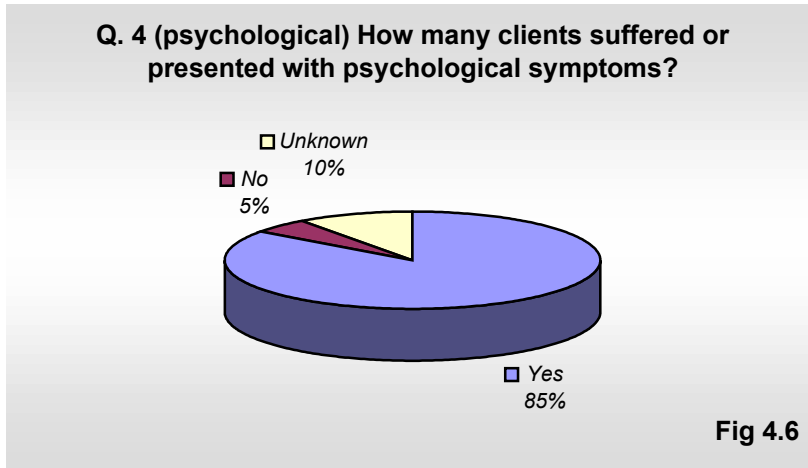
- **Displayed or communicated they had engaged in unsafe sexual practices?**
 ⇒ **Database forms in the injecting behavioural section**



PSYCHOLOGICAL:

- Suffered or presented with; panic attacks, thought about or attempted suicide, self harm, depression, paranoia or any other psychotic symptoms?

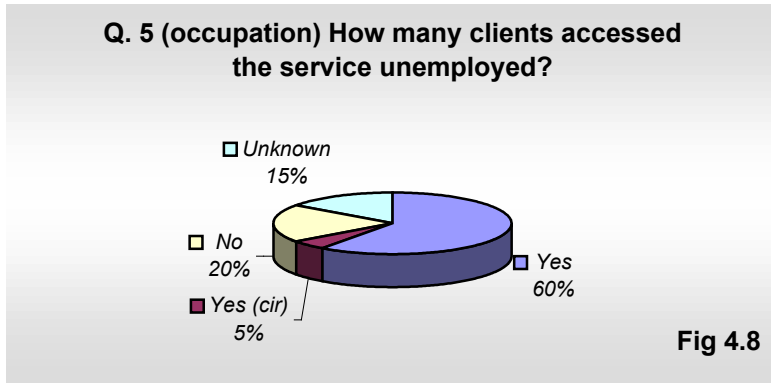
⇒ Referral or assessment forms



OCCUPATION:

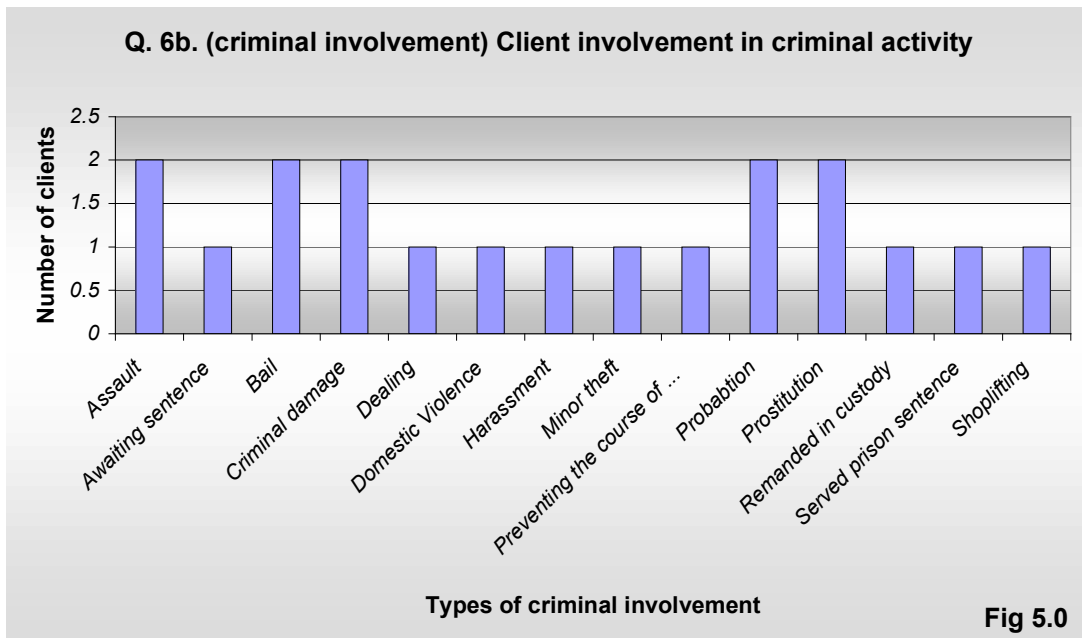
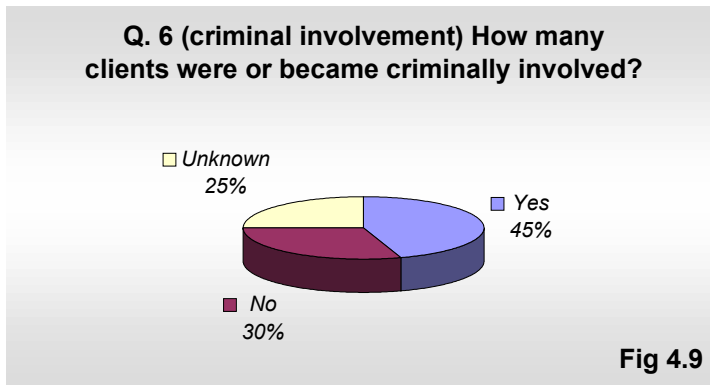
- Accessed the service unemployed?

⇒ Database forms

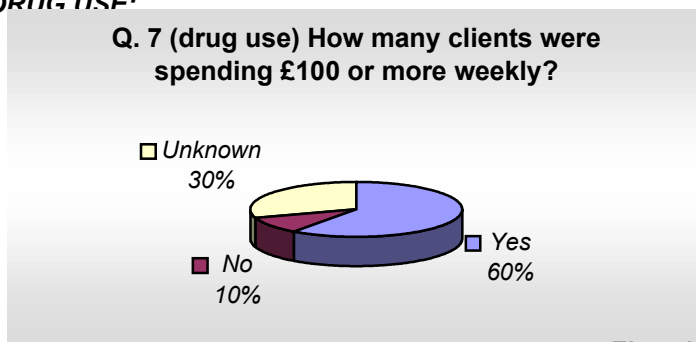


CRIMINAL INVOLVEMENT:

- Were or became criminally involved or had previous criminal convictions?
 - ⇒ Database & referral forms. Were they referred by probation etc...



DRUG USE:



hinson - Carlene l...ne

Random sample of clients chosen for this information

- Were they using £100 or more weekly?

Butane	£5/day	1
Cannabis	£5-10 day	2
Cocaine powder	£150/weekly	1
Crack/rock cocaine (daily)	£0-20	2
	£21-30	0
	£31-40	1
	£41-50	1
	£51-60	1
	£61-70	0
	£71-80	1
	£100-200	1
Ecstasy	£15/weekly	1
Heroin	£0-20	7

Breakdown of how much spent on various substances

Fig 5.2

Q. 7a. (drug use) How many client possessed a Crack/drug habit greater than 13 months but were accessing drug service for the first time?

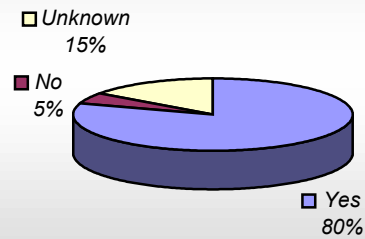
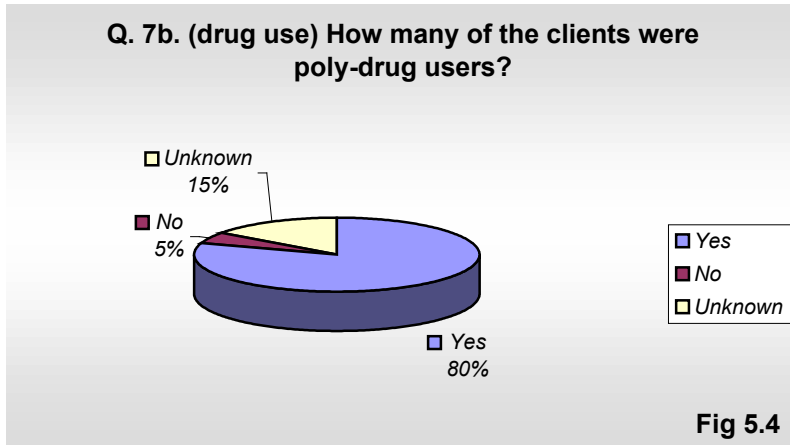


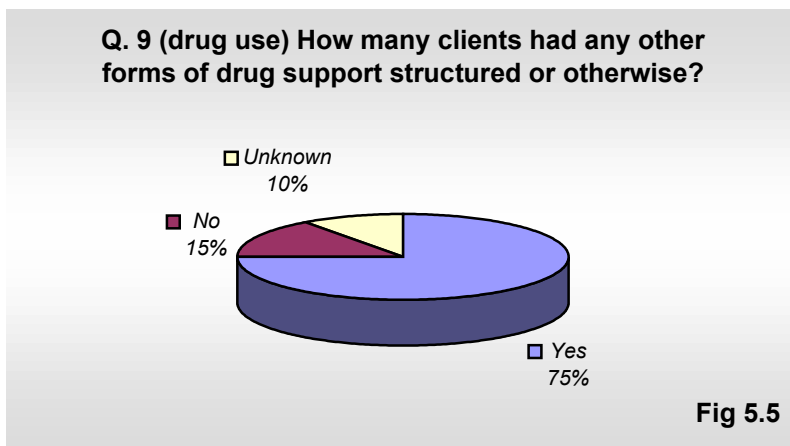
Fig 5.3

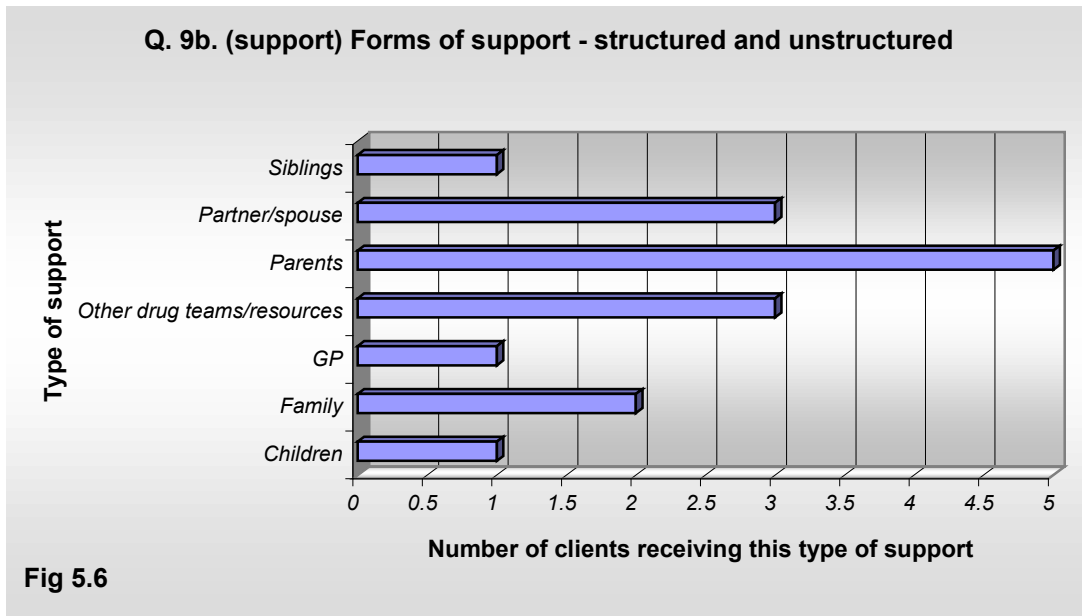


SUPPORT:

- Had any other form of drug support, structured or otherwise?

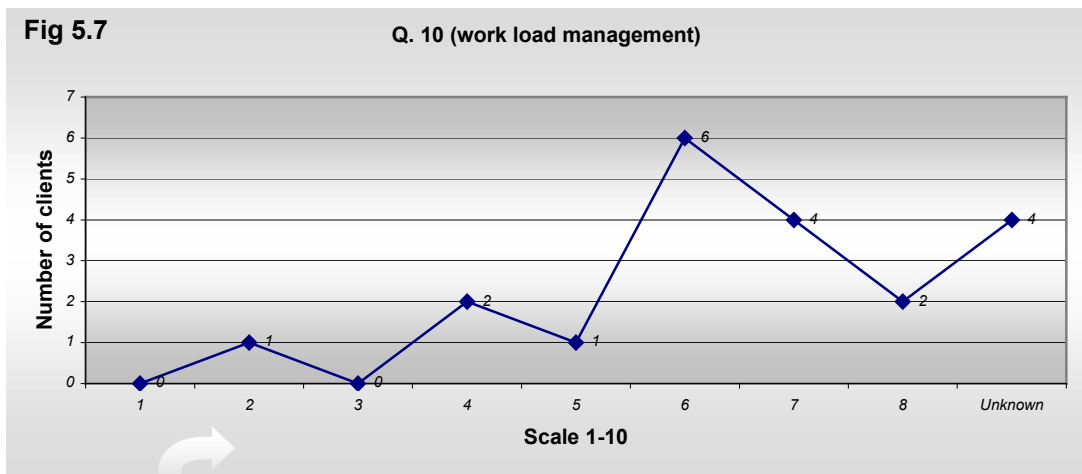
⇒ Database form





KEYWORKER WORKLOAD:

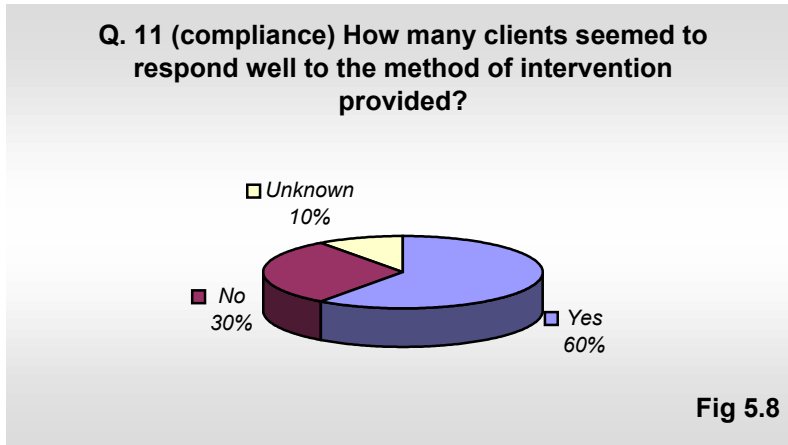
- Rating by a scale of 1-10 in your opinion, did this client need a lot of time and help by worker?
 - ⇒ i.e.: How thick is the file? How many times did they visit? If more than 6, answer = Yes



Random sample of clients chosen for this information

COMPLIANCE:

- How many clients seemed to respond well to the method of intervention provided?
 - ⇒ Did the client attend more than 6 times?

**Sliding - Scale:****1. Positive response:**

Positive change in appearance, attitude, and behaviour.
motivated and enthusiastic.

Person is committed to treatment attending all appointments.
Honest and communicates effectively with key worker.

2. Mixed:

Some changes in appearance, attitude and behaviour.

Has sporadic moments of motivation and enthusiasm.

Person is committed 50% of the time, may fail to attend appointments.

Key worker may have 'isolated' breakthroughs with the client.

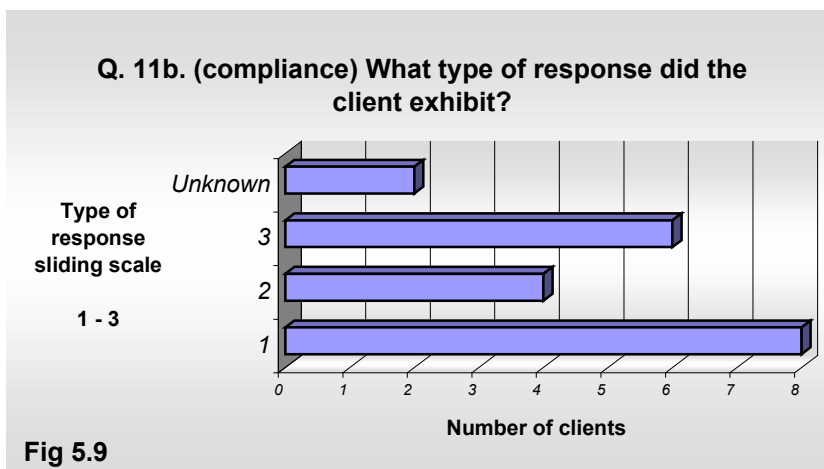
3. Negative response:

No change in appearance, attitude and behaviour.

Lacks motivation and is resisting treatment.

Person lacks commitment and does not attend most appointments.

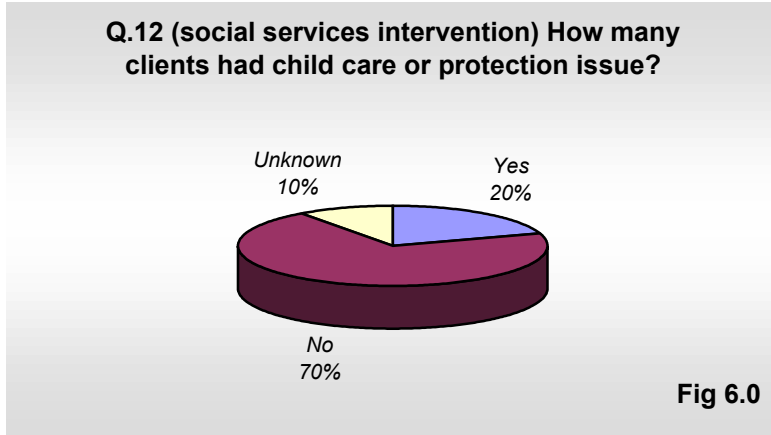
Does not co-operate with key worker.



SOCIAL SERVICES INTERVENTION:

- **Childcare and child protection issues?**

⇒ **Did client have any contact with the above in any way?**



Chapter 5

Profile Of Various Psychosocial and Holistic Approaches Used at Wheeler Street Crack Team (Current Clients as of April 2003)

1) Clients receiving treatment following assessment

Fig 6.1

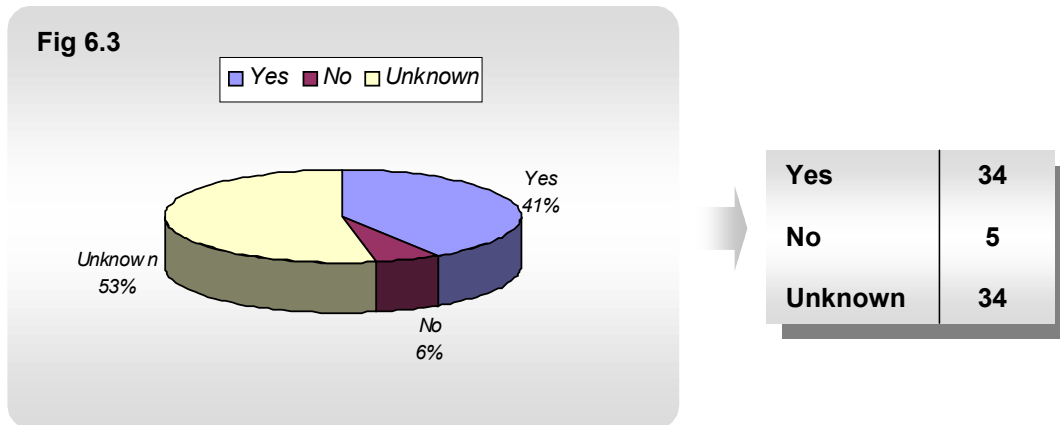
Types of treatment undertaken	Number of Clients
Counselling, family & friends support, care plan, psycho-social approaches	32
Relapse prevention, various herbal teas	11
Harm reduction, crack education	4
Cognitive Behavioural Therapy, group work, person centred therapy	3
Auricular Acupuncture, motivational interview, solution focus	15

2) What issues were clients presenting with and how many separate issues were there?

Types of issues	Number of Clients
Partner and relationships	10
Unstable accommodation	8
Financial problems	6
Abuse	5
Criminal involvement	4
Family concerns	4
Mental health	3
Social services	3
Alcoholism	1
Death/grief	1
Heroin	1
Physical health	1
Pregnancy	1
Violence	1
Social problems	1

Fig 6.2

3) Was the drug habit costing over £100 per week?



4) How much did clients spend on crack cocaine daily?

Amount	Number of Clients
£0 - 20	6
£21 - 30	12
£31 - 40	8
£41 - 50	4
£51 - 60	4
£61 - 70	2
£71 - 80	4
£81 - 90	2
£91 - 100	4
£101 - 200	8
£201 - 300	9
£500 +	2

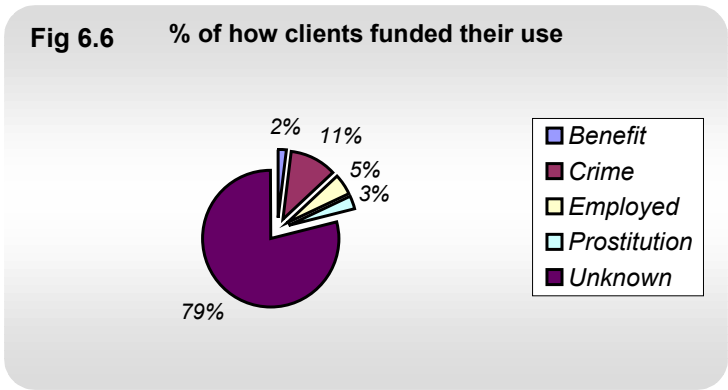
Fig 6.4

5) How were they funding their use?

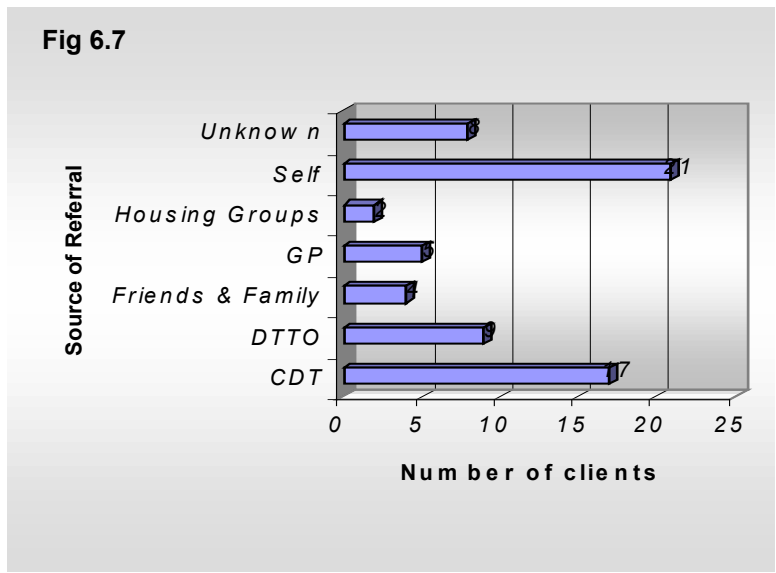
Method	Number of Clients
Benefit	1
Crime	7
Employed	3
Prostitution	2
Unknown	52

Fig 6.5

5b)

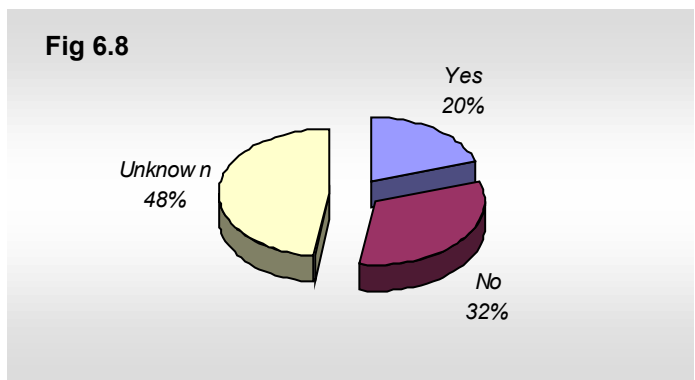


6) How were clients referred?



Random sample of clients chosen for this information

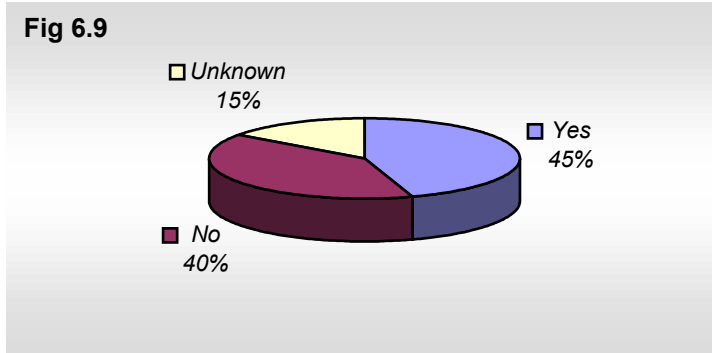
7) Were family members or friends part of the process?



Chapter 6

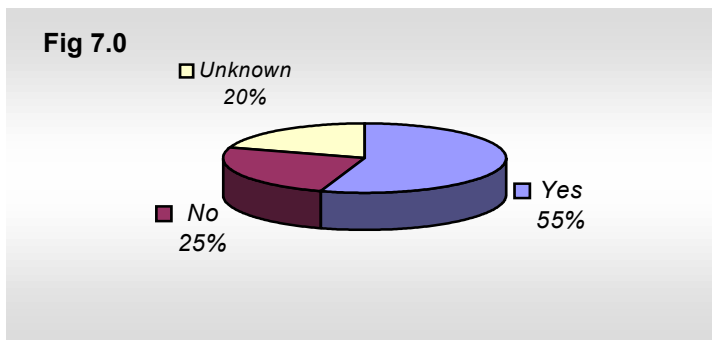
SOCIAL FUNCTIONING:

1) Living situation was not stable and had friends or acquaintances that were drug users? :

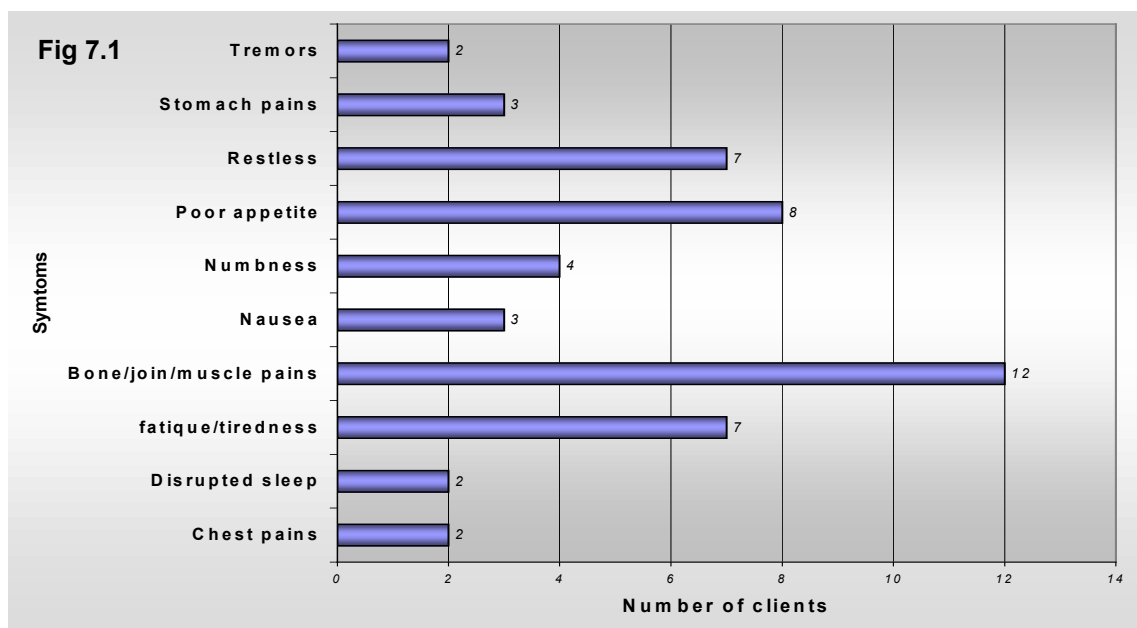


GENERAL HEALTH:

2) Displayed or communicated that they had symptoms i.e.: extreme weight loss, infection, crack lung, memory loss or Mental Health related issues? :

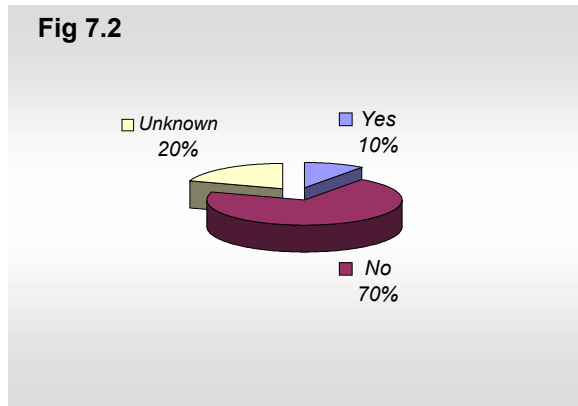


2b) Symptoms displayed or communicated by clients that drug use has affected their general health.



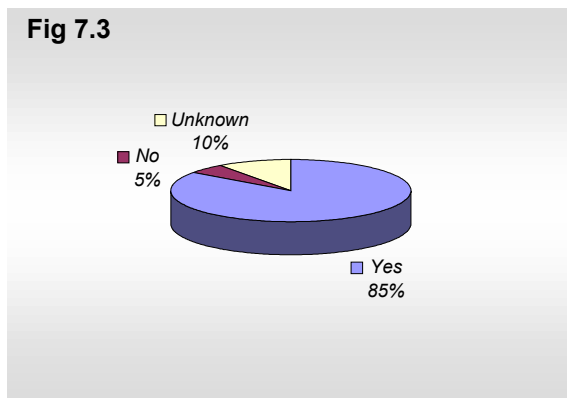
SEXUAL HEALTH:

3) Displayed or communicated that they had engaged in unsafe sexual practices?

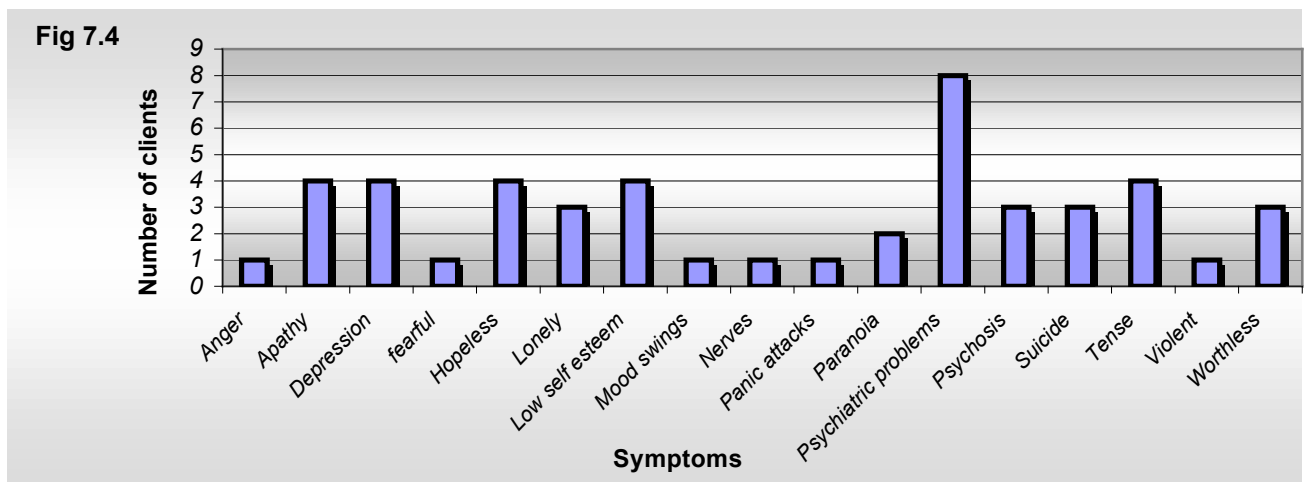


PSYCHOLOGICAL:

4) Suffered or presented with: panic attacks, thought about or attempted suicide, self harm, depression, paranoia or any other psychotic symptoms?

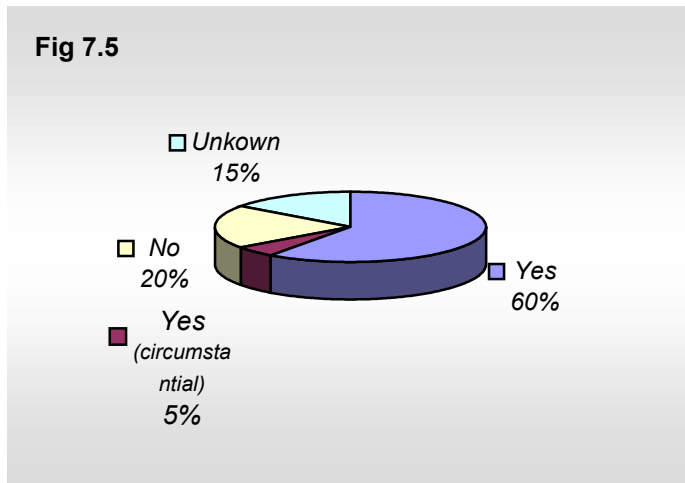


4b) Psychological symptoms clients suffered from or presented with:



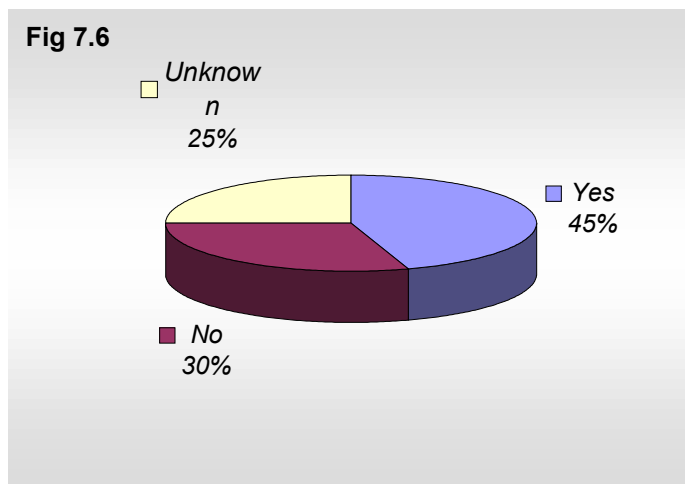
OCCUPATION:

5) Clients who accessed the service whilst being unemployed?

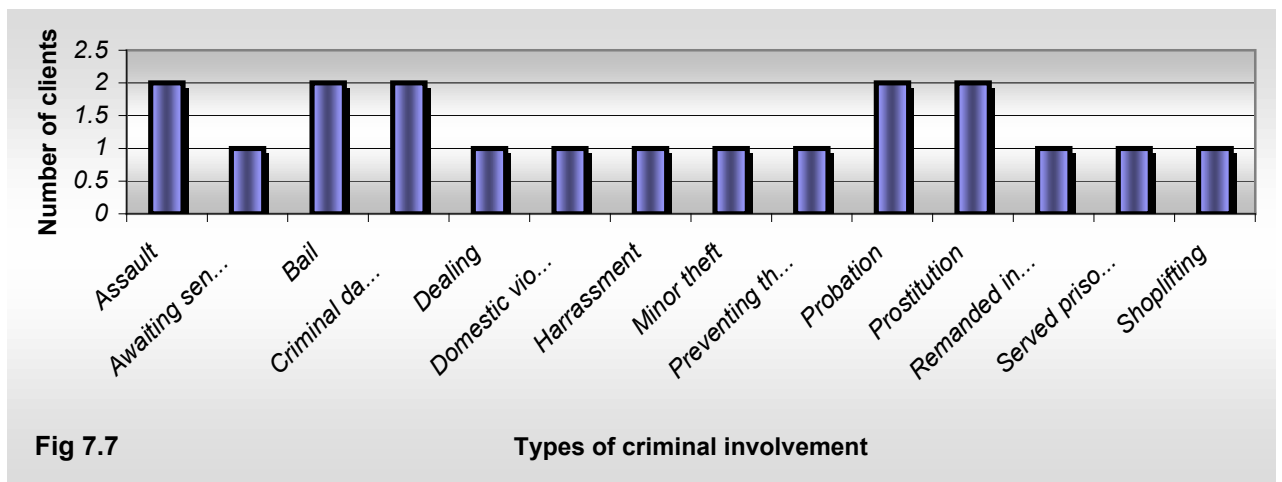


CRIMINAL INVOLVEMENT:

6) Clients who were or became involved or had previous criminal convictions?

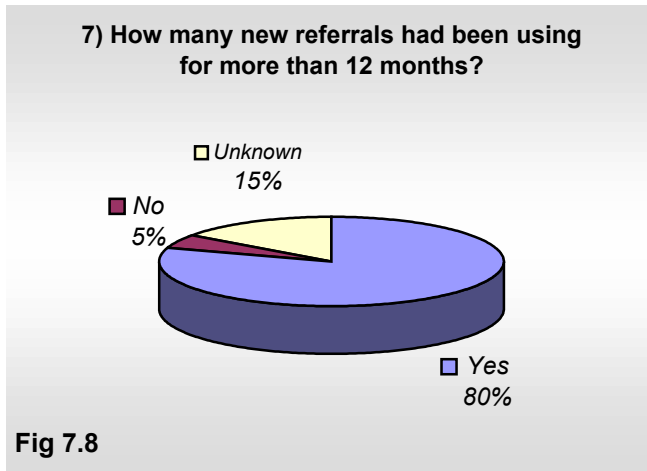


6b) (Criminal involvement) Client involvement in criminal activity?

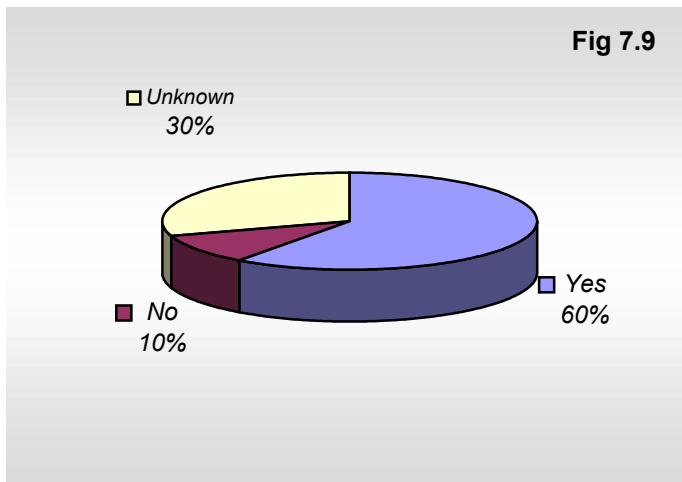


DRUG USE:

7) Were clients using £100 or more weekly for more than 12 months?



8) How many clients were spending £100 or more weekly?



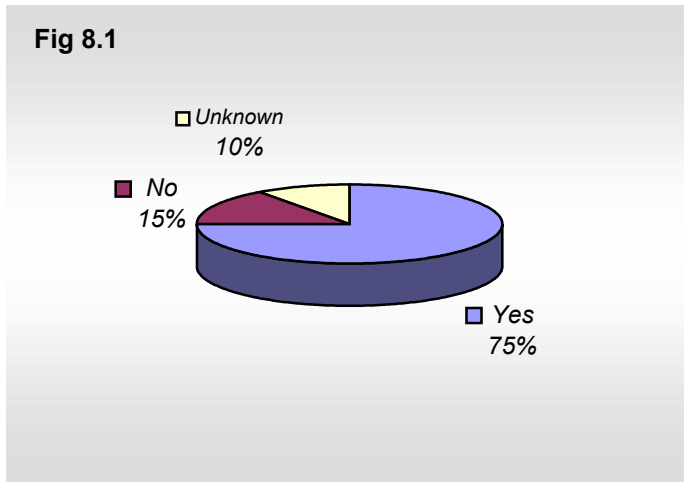
8b) Table showing how clients' money was spent:

Substance	Cost	No. of clients
Butane (Daily)	£5	1
Cannabis (Daily)	£5 - 10	2
Cocaine Powder (Weekly)	£150	1
Crack cocaine (Daily)	£0 - 20	2
	£21 - 30	3
	£31 - 40	3
	£41 - 50	2
	£51 - 60	12
	£61 - 70	2
	£71 - 80	1
	£100 - 200	1
Ecstasy (Weekly)	£15	1
Heroin	£0 -20	7

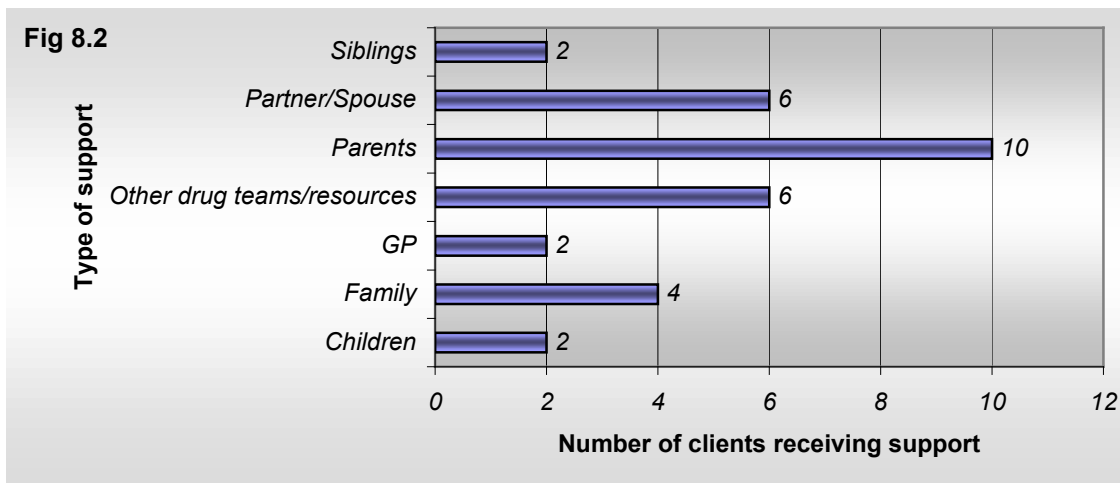
Fig 8.0

SUPPORT:

9) Clients who received any other form of drug support, structured or otherwise?

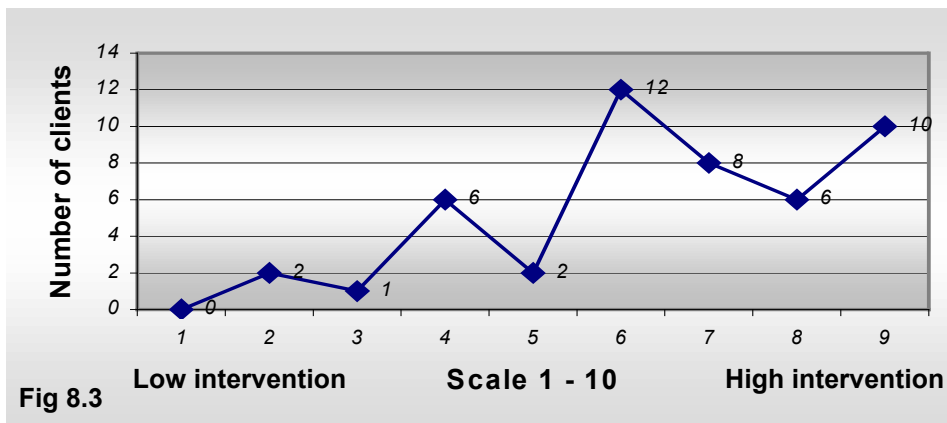


9b) Forms of support - structured and unstructured:



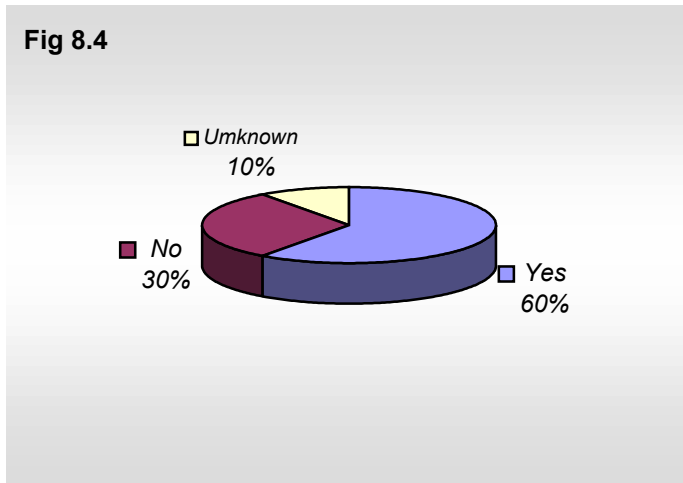
KEYWORKER WORKLOAD:

10) Rating by a scale of 1 - 10 in your opinion, did this client need a lot of time and help by the key worker?

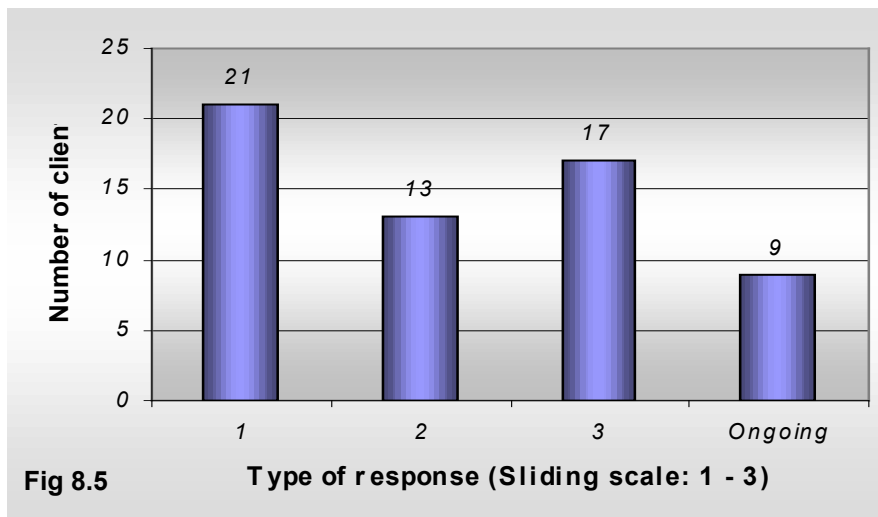


COMPLIANCE:

10) How many clients seemed to respond well to the method of intervention provided? (I.e.: did the client attend more than 6 times?)



12) What type of response did clients exhibit? (Sliding scale: 1 - 3)

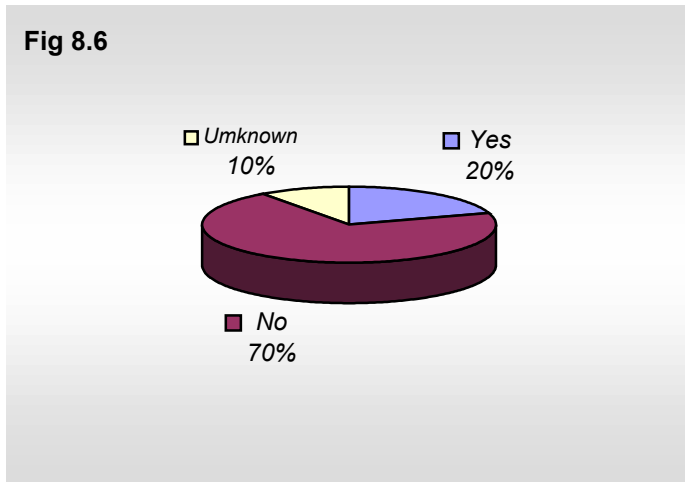


1. Positive Response	2. Mixed Response	3. Negative Response
<p>Positive change in appearance, attitude, and behaviour.</p> <p>Motivated and enthusiastic. Person is committed to treatment attending all appointments.</p> <p>Honest and communicates effectively with keyworker.</p>	<p>Some changes in appearance, attitude, and behaviour.</p> <p>Have sporadic moments of motivation and enthusiasm.</p> <p>Person is committed 50% of the time; may fail to attend some appointments.</p> <p>Keyworker may have 'isolated' breakthroughs</p>	<p>No change in appearance, attitude, and behaviour.</p> <p>Lacks motivation and is resisting treatment.</p> <p>Person lacks commitment and does not attend most appointments.</p> <p>Does not co-operate with keyworker.</p>

	with the client.	
--	------------------	--

SOCIAL SERVICES INTERVENTION:

**Did the client have any contact with the above in any way?
(Childcare and child protection issues?)**



Chapter 7

CONCLUSION

Since its initial launch in September 1998, Wheeler Street has emerged as the focal point of Crack Cocaine treatment and education in North Birmingham.

Using aspects of 'Rogerian' counselling, a variety of psychosocial approaches and complimentary holistic therapies; the team's aim of creating an effective outreach service for the local community has finally been realised. The varied abilities of the team is the foundation infrastructure and it is this, which ensures a dedicated and responsive service and is one of the essential key elements in building effective working relationships with both clients and other services.

An issue that was of paramount concern to Wheeler Street from the outset was the ability to publicise the service effectively, so as to keep with the unit's ethos of targeting marginalized, hard to reach groups. Apart from simply 'word of mouth'; a more structured approach to promoting the new service was needed in order for the unit to become a valuable resource for effective Crack Cocaine treatment.

The emergence of the 'blue leaflet'; outlining the services offered at Wheeler Street, was instrumental in the promotion of the service to Health and Social services, CDT's, GP's and the general community. The impact this has had on the service can be clearly seen (*Fig. 1.2*), as the overall enquiries to Wheeler Street has risen from 296 (*April 1998*) to 377 (*March 2003*). Furthermore, the breakdown of enquiries (*Fig 1.3*) indicates a steady flow of information sharing in collaboration with other relevant services; with the CDT's being our most common source of enquiry.

In conjunction with the above-mentioned promotional activities, it was decided that a 'physical' approach was also needed, in order to efficiently educate and enlighten other professionals about the service; thus, the 'Open Mornings' were introduced. An indication of how well the open mornings have been received can be seen in *Fig 1.7*. The graph shows a dramatic increase in persons attending these sessions from April 1998 to March 2003 (*a rise of 22%*). This can be interpreted as more people being willing to attend and learn about the services we offer and in turn, highlights the value and effectiveness of the promotional campaign in constant operation from Wheeler Street.

Whilst every effort is made to increase the productivity of the team (in relation to the number of clients receiving assessment and treatment), *Fig's 1.8 / 1.9* show a decline in the number of team responses from the initial figure of 341 (*April 1998*) to just 45 (*March 2003*). This downturn in team responses is almost certainly attributable to the decrease in average staffing levels in that particular year (*Fig 2.0*), thus creating a waiting list due to the maximum number of clients allowed to be allocated to any one worker (16 at present).

Wheeler Street's emphasis on an anti-discriminatory and person centred approach is highlighted in *Fig's 2.2 to 2.6*. The information presented shows a varied range of clients accessing the service. Although it can clearly be seen that improvements need to be made in order to facilitate a wider range of clients from all ethnic groups and particularly women (*only 27% of women accessed the service from 1998 - 2003; as opposed to 73% of male clients*).

Additionally, the report shows clients come into contact with the service from variable regions across Birmingham including South, East, West and a proportionately higher number from the North. From this, we can again point to the success of the numerous methods employed to promote the service in the Birmingham area (*Fig 2.7*).

Whilst it is important to 'reach out' to the whole community; the effectiveness of the treatment programs employed at Wheeler Street remain a paramount concern. Of particular significance, is the fact that 65% of clients stopped using Crack for a period of five days and 80% of clients managed to stabilise their overall consumption (*Fig's 3.2 & 3.3*). This we believe, highlights the commitment and strength of the team and in their ability to employ the varied techniques/treatment programs available at Wheeler Street. The given statistics add weight to the effectiveness of the programs and in particular, give prominence to the three methods of treatment which underpin treatment as well as various psycho social approaches: Person Centred Counselling, Auricular Acupuncture and Herbal teas (*Sleep, Lung and Detox teas*) (*Fig 3.9*).

The overall effectiveness of the treatment methods discussed can also be measured by analysing the data in relation to any significant positive changes in the clients' behaviour. From the data collected (*Fig's 3.4 & 3.5*), it is shown that 50 % of clients spent their time differently after treatment. This information has implications on the long-term affect on the clients' social behaviour; specifically in relation to crime and acts of violence. The proficiency of the treatment therefore, has a direct correlation pertaining to the reduction in crime for the individuals concerned (i.e.: *reducing a client's crack dependency negates the need for extensive funds that may be otherwise unobtainable by legal means*).

Crime is one of the numerous repercussions of Crack abuse, but here at Wheeler Street, we use a psychosocial approach to determine the symptoms that predispose the abuse. The motives for crack consumption can emerge from differing social conditions such as unemployment (*65% of our clients were unemployed*), 'broken' homes, crises in relationships with partners/family (*45% of clients live in 'unstable' conditions*) etc... It is these problems that the staff at Wheeler Street aims to combat, through means of counselling and other methodological approaches.

The physical and mental health of clients accessing Wheeler Street is a continuing concern. 55% of clients accessing Wheeler Street have shown physical symptoms of ill health (*Fig 4.3*) while 85% of clients displayed or disclosed psychological symptoms

(Fig 4.6). To address these issues effectively, several methods were implemented such as: Harm reduction, Crack/Cocaine education, counselling, cognitive behavioural therapy and health promotion programmes. All of which have made a significant positive impact upon the lives of the clients and have helped to either reduce or nullify the factors contributing to ill health.

Of course all of the above mentioned interventions take effect over differing periods of time and depend on the individual's response. By measuring the effectiveness of such treatments, using the data gathered from how well clients responded to differing methods (Fig 4.0); we can begin to depict a philosophy of care, which can be used as a template (*with sufficient room for flexibility and adaptation*) for current and future clients. Additionally, whilst not advocated a 'standard' package of care for a particular client group (*as each client is treated as an individual in their own right*), we believe that with the evidence provided in this report; it may be possible to offer a 'blueprint' to other services in relation to crack cocaine treatment.

Taking the 'client responses' into account and amalgamating those statistics with the 'Key-worker rating scale' (i.e.: length of time was needed on average with each client), it can be seen that most clients needed minimal time/work for their treatment to become effective. From this, we can formulate a strategy whereby the effectiveness of the treatment leads to more compliance (*60% overall attendance*) and additionally, leads on to less time needed per client leaving more availability for new referrals or clients with more extensive needs.

Overall then, we have taken an in-depth view and analysis of the strategies and performance of the Wheeler Street Crack Drug Team (1998 - 2003). With the evidence provided, we hope to provide a factual and conclusive report into the inner-workings of the team and its effect on crack/cocaine use in the Birmingham area.

By working in partnership with other relevant agencies, we continually strive to combat the causes and adverse effects that crack cocaine instils on the individual and the surrounding community. We believe that our methods of treatment are indeed effective and this, along with a dedicated strategy for continual reappraisal with personal and professional development, can and does serve to make our team a successful and integral service.

We have shown that with education, commitment, time and a 'person centred approach' to client involvement, we can be a realistic and truly effective strategy in the fight to combat crack/cocaine abuse. Furthermore, it is our goal to restore the lives of our clients to a point where they feel in control of themselves once again. By achieving this, we believe we are contributing not only to the individuals themselves, but also to the foundation and stability of this most modern of societies: The local community.

Acknowledgements

On behalf of the Wheeler Street team, I would like to thank the following people for their effort, time and continued support in the compilation and inaugural research and development of this evaluation report and its findings.

Grantley Haynes (Team Manager)

- **John Byrne**
- **Claire Goode**
- **Mike Quinn**
- **Jenna Wycherley**
- **Adrian Roach**