Evie -

Bridging the gap between professional support and self management

An evaluation of a dedicated digital peer to peer alcohol support platform on relapse prevention, reduction of referrals and an increase in recovery oriented thoughts and behaviours

Cabinet Office

CRi

Nesta

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1. Executive Summary

Following an effective pilot of an alcohol relapse prevention programme (Shine) in which d2 digital were the lead technology provider, Nesta were looking for innovations that use digital technology based around 'people helping people' with the intention of ultimately being able to scale up and offer a significant roll-out programme following their initial funding. The Shine technology was then adapted for the Peer to Peer element of the project and rebranded Evie.

The service provider involved in the project (CRI – now renamed to CGL) certainly has the scope to scale the interventions should the project be successful; one of the reasons they were invited by Nesta and d2 digital to be a partner in this project. The funding was used to develop the Shine technology, provide the system and support CRI to implement, roll out and deliver the intervention. Although this project involved service users whose ultimate aim was to be alcohol free or have controlled alcohol use, the technology can be applied to a variety of domains where motivation to change is the key aim for the recipients of the intervention.

The purpose of the evaluation report is to;

- Assess and demonstrate that a SMS Digital Behaviour Change System (Evie) can remotely support an individual's potential for achieving longer term change and support reduced re-referrals to structured services, and
- Examine the learning from implementation to provide commissioners and service providers a guide on successful implementation of any digital intervention.

In addition, a fall out of the evaluation was to

- Examine if and how scalability within CRI is possible, embedding Evie as a digital intervention.

Overall aims and ultimate goals of the project:

- Service users have self-confidence/awareness to remain alcohol free (relapse prevention)
- The (SMS) system is cost effective, supporting reduced re-referrals within 6 months of discharge

Main findings
Successful results

Throughout the project, a total of 241 service users registered onto Evie; 169 in East Lancs and 72 in West Kent. For East Lancs, this equated to approximately 75% of total suitable service users engaged with Evie and in West Kent approximately 37% of suitable service users engaged with Evie. Of the service users who registered on Evie in East Lancs (169 service users), there was no (zero) representations to structured treatment. Of the service users who registered in West Kent (72 service users) only 3 service users (4%) represented to structured treatment. Overall for the whole project this equates to a 1% representation rate of Evie service users (3/241).

The qualitative data captured through a series of focus groups throughout the project with a range of people, from service users, peer mentors, volunteers, recovery workers and senior practitioners, suggests that when the technology has been used to its full potential, it is valuable and effective as a motivational tool.

"For me it's (Evie) something that actually makes me stop and think 'where am I?' cos sometimes you carry on and not sit back and actually think what am I feeling like today – gives you that chance to do that and self-assess"

- Service user comment.

Service users felt that being engaged with the Evie system gave them more support once discharged from structured treatment providing reassurances they were being supported especially at the potential point of lapse/relapse.

"Evie was just there, no prompting, no mothering, just a few choice words and it made a difference"

- Service user comment

Implementation challenges

Despite the positive results, there were a number of implementation difficulties encountered throughout the project, which are explored in detail throughout the report. However, on reflection these challenges form a very good basis for lessons learnt for any future roll out of the technology.

Recommendations and lessons learnt

Although the lessons learnt from this project were identified through the technology being used with alcohol treatment service users, they can easily be applied to other forms of new technology implementation and organisational change.

- It is vital a strategic stakeholder mapping exercise and cost/benefit analysis takes place prior to the embedding of any new technology/intervention – identification of everyone who has a stake in the outcome of any new initiative and the impact on them to give an opportunity to identify any potential barriers and how to overcome them.

- Robust management procedures need to be in place within the organisation, aligned to the cost benefit exercise and staff development, to manage the process from implementation through to established daily delivery.

- Establish a steering group with members from all parties involved, including the technology provider as a partner, at the beginning of the process which meets on a regular basis for a minimum of 6 months to guide implementation and embedding of the technology.

- Use the Theory of Change to progressively monitor and evaluate the process in order for any changes to be made which best suit the service the technology is being rolled out in.

2.1 Background of Project

Following an effective pilot of a very successful relapse prevention programme, there was an application for funding from d2 digital to Nesta under their Centre for Social Action Innovation Fund: Digital Social Action.

Nesta (www.nesta.org) describe themselves as an innovation charity with a mission to help people and organisations bring great ideas to life. They do this through a number of specific projects. Nesta were looking for innovations that use digital technology to do a number of things including;

- foster peer-to-peer or volunteer-led support in one of our existing priority fields (long term conditions, ageing, jobs, young people, impact volunteering;
- this could include platforms that bring together communities of interest and foster mutual support, or;
- the innovative use of technology to broker and sustain mentoring or support relationships.

Further information can be found here (http://www.nesta.org.uk/centre-social-action-innovation-fund-digital-social-action).

The bid was successful with a requirement for d2 digital to adapt the technology to suit a peer led delivery approach, and to work with a national partner who could offer a significant roll-out programme following the initial Nesta funding. A contract was agreed and signed with CRI (Crime Reduction Initiatives), now CGL (Change, Live, Grow) as the national partner.

Alcohol use and misuse in the UK is a growing problem. There is increasing awareness of the wider impact of alcohol use and misuse on health, social functioning and criminal behaviour. Recent statistics demonstrate the affect alcohol is having on the UK population:

- The UK has also seen a gradual rise in alcohol related mortality, especially liver disease, with those from the most disadvantaged social classes experiencing the greatest rise.
- The alcohol-related mortality rate of men in the most disadvantaged socio-economic class is 3.5 times higher than for men in the least disadvantaged class, while for women the figure is 5.7 times higher.
- In England, in 2012 there were 6,490 alcohol-related deaths, a 19 percent increase compared to 2001.
-Alcohol related hospital admissions have risen by 135% since 2002/3

(all the above statistics are cited in Alcohol Concern Statistics on Alcohol however they need to be read with caution that these are reported figures and therefore may be an underrepresentation of the actual figures http://www.alcoholconcern.org.uk/campaign/statistics-on-alcohol)

Alcohol use and misuse is a multifaceted, cross cutting issue, which requires an integrated and individualised long term approach from health and social care services in order to support individuals to address the complexity of health, social and psychological need. Although different models of service provision operate nationally, alcohol use and misuse is typically managed within a structured treatment service provision. Structured treatment interventions include care management supervised and medically assisted detoxification and intense psychosocial interventions. Engagement with service providers would typically be for 6 – 12 months.

Relapse prevention is a common concept in the treatment of all addictions, not least in alcohol addiction. There is a wealth of evidence that illustrates the high rates of relapse amongst those in recovery from alcohol addiction. Within the first year after detoxification, rates for relapse can be as high as 80-90% (Spada et al 2008)1. Aguiar et al (2012)2 reviewed a range of studies and estimated

that 6 out of every 10 individuals with alcohol dependence will relapse in the first six months following detoxification. From this, it is evident there is a need for additional support and tools to be offered post detoxification to enable individuals to maintain being alcohol free and to prevent relapse.

The role of digital technology in health and social care delivery is growing. Innovative ways in which to work with people which ultimately cost less in terms of time, effort and money can potentially be offered more and more through the use of digital technologies.

Furthermore, in recent years and no doubt moving into future budgets, it is apparent that treatment providers are facing more and more financial cuts with no sign of a reduction in service users. Hence there is a gap to be filled in terms of what a service can offer to a service user which reduces worker's time and service provider's costs but keeps service users engaged and therefore less likely to represent to treatment services.

The intention of this project was to demonstrate that a SMS Digital Behaviour Change System can remotely support an individual's potential for achieving longer term change and prevent re-presentations for treatment. It will serve to provide an additional recovery tool, with minimal yet appropriate support from treatment providers.

The original SMS System was adapted to incorporate a Peer to Peer element solely for this project. Nesta are interested in the element of 'people helping people' and therefore this was the reason for this expansion. This was to not only enrich the role of a peer mentor but because peer mentors are suitable for less-complex individuals in treatment who require shorter and less complex levels of interventions. They can reach a higher number of clients, help to address the potential for relapse at an earlier stage and help reduce the caseload burden presented to keyworkers.

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1 Spada, M,M. Nuamch, F. Lucy, J & Nikcevic, A (2008) Changes in Alcohol Expectancies before and after inpatient chemical detoxification for alcohol dependence. Addictive Disorders and their Treatment. Vol 7. Issue 3. PP157 - 161

2 Aguiar, D. Neto, R. Lambaz, J. Chick, P & Ferrinho (2012) Prognosis Factors during outpatient treatment for alcohol dependence: cohort study with 6 months of treatment follow up. Alcohol and Alcoholism. Vol 47. Issue 6. PP 702 - 710

2.2 Project aims and objectives

2.2.1 Theory of Change

As a requirement for all Nesta funded projects, all grantees are expected at the beginning of the project to develop a Theory of Change. The Theory of Change should:

- underpin the project's aims and objectives,
- provide a clear and concise explanation of what the project is going to do,
- examine what impact the project aims to have on its beneficiaries,
- identify the ultimate, overall goal of the project.

The Theory of Change was initially developed by representatives from d2 Digital and Nesta within a workshop setting facilitated by representatives from TSIP (The Social Innovation Partnership). Following on from the workshop, it was further developed by d2 Digital with input from Nesta and TSIP (Appendix 1). However, it is important to note that at this stage the third party in the project, namely CRI who were delivering the intervention, were not involved in development – something that is required in the Theory of Change process. The impact of this will be later discussed in this report.

The Theory of Change should underpin the project and therefore be followed, monitored and revised as necessary as the project gets underway. This is to ensure that the identified activities, intermediate outcomes and ultimate goals, as well as the assumptions made are all fit for purpose. It is inevitable that these will change throughout the lifetime of any project, as was the case with this project, and as such having a built in review mechanism is essential for the Theory of Change to be effective. Unfortunately, for this project this was not carried out. This will be discussed in detail, and the impact of this on the project, later in this report.

2.2.2 Aims (as identified in the Theory of Change)

- Service users have self-confidence/awareness to remain alcohol free (relapse prevention)
- The (SMS) system is cost effective and supports reduced re-referrals within 6 months of discharge

2.2.3 Objectives

- Enhance existing service provision for alcohol misuse by offering digital interventions that enable service users to engage with service providers, including peer mentors, make changes to their behaviour and sustain those behaviours longer term
- Increase service user engagement and therefore sustainability by using mobile technology to extend the provision of psychological support to service users
- Achieve remote monitoring of service users, using the SMS technology, self-reported level of need and
  responding accordingly
- Improve service user safety, the timeliness of interventions service users receive and service provider resource management

2.2.4 Intermediate outcomes - engage

- Service users adopt recovery-oriented thoughts and behaviour
- Service users feel increasingly confident to maintain changes to drinking patterns
- Service users feel adequately supported at times when they need it

2.2.5 Intermediate outcomes – use

- Service users receive regular motivational questions (evidence based on Rational Emotive Behavioural Therapy) and choose from 3 responses indicating level of support required:

o Receive affirmation message (press ‘1’)
o Receive personalised motivational response (press ‘2’)
o Request service provider response (press ‘3’)

- Text message reminders in advance of their next appointment with the service to increase the likelihood of attendance and reduce service level DNAs

2.3 Set up, implementation and roll out

2.3.1. Set up

Once the funding was agreed with Nesta, d2 digital embarked on a partnership (and contract) with CRI in order to implement the technologies within treatment service delivery. As part of securing the bid, Nesta required d2 to partner with a large national substance misuse treatment provider; CRI is one of the largest within England. Nesta are principally interested in the larger roll out of this technology and hypothesised if one of the larger national organisations were involved and the project was successful, the road to roll out would be smoother and speedier. This is to be further explored later in the report.

CRI currently:

- run over 160 projects throughout England and Wales
- support people to overcome different forms of substance use and misuse
- work with a large number of people misusing alcohol (in July 2014, 6,000 people misusing alcohol and a further 2,400 people who were misusing alcohol with non-opiate drugs)
- is accredited to Approved Provider Standard with the Mentoring and Befriending Foundation
- have two volunteering teams (north and south) which recruit and oversee hundreds of volunteers each year (in July 2014 alone, 205 peer mentors helped service users across the southern region, offering a total of 1,245 hours of support).

The decision was taken that two of its established substance misuse services were going to be part of the project; Inspire in East Lancashire and West Kent Recovery Service (WKRS). The decision to use these two services was based on two things; willingness from the services and the perception there was sufficient peer mentor infrastructure in place within these services. However, in retrospect it does not appear as though the latter point was entirely correct and prompted some organisational changes with regards to the peer mentor scheme, explored later in the report.

Both services offer a range of intensive community based support, treatment and rehabilitation services that are designed to meet individual needs and support the family and friends of service users. During 2013/14, Inspire and WKRS worked with 992 and 549 alcohol misusing service users respectively.

CRI were contracted to oversee the day to day operation of the software within the context of the two identified substance misuse services. Supported by CRI's then Director of Business Development & Innovation and the Online Technologies Development Manager (OTDM), CRI agreed to;

- Co-ordinate the implementation of Evie system within the agreed services;
- Ensure that staff were sufficiently trained to use the system, and
- Work closely with Service Managers to assist them in meeting agreed targets.

It is important to note here that even though there were two sites where the project was implemented, the two sites had a number of delivery hubs; five in East Lancs and three in West Kent. This is an important point to note as not only was the project delivered differently in the two geographical areas, there were marked differences between how it was delivered in every hub. Even though the project was set up exactly the same at the beginning, differences in staffing structures, roles within a service, service user cohorts and service delivery resulted in certain elements of the project being delivered in slightly different ways.

2.3.2 Implementation

In terms of implementing the project on the ground, it was agreed at the initial steering group meeting that Service Managers in each area would lead on implementing the software locally. Overseen by the Regional Directors, the Service Managers had the task of implementing the project and intervention within each service area as best fit for that area. In addition to this, the Service Managers would monitor and manage the implementation of the project by nominating operational members of staff to ensure the roll out and implementation in day to day delivery.

These key CRI personnel, along with representation from d2 digital, Nesta and The RSA (an independent organisation appointed to conduct part of the evaluation of the project), formed a steering group with the responsibility of monitoring the project and making modifications to the

project as appropriate. At the outset of the project, as part of the milestones agreed between d2 digital, Nesta and CRI, a planned number of steering group meetings were set up, along with conference calls, a training schedule for CRI staff members and the evaluation. (Appendix 2)

A number of targets (as part of set milestones) were agreed between all parties, which were monitored and reviewed on a regular basis. At the outset of the project it was agreed that the following would be achieved across the two sites;

- 500 service users recruited onto the Evie system
- 70 peer mentors trained
- 448 service users matched with a peer mentor

2.3.3 Training

Prior to the project going live, a robust number of half day training sessions (13 in total) were held for CRI members of staff between 28th January 2015 and 3rd February 2015, which was two months before 'go live' date in East Lancs and five months before 'go live' in West Kent. The training was delivered by d2 members of staff, at different locations; central Manchester, Inspire East Lancashire and West Kent Recovery Services. The main objective of the training was how to use and manage the Evie system (Appendix 3). There was an excellent turnout, with a total of 82 CRI members of staff attending (36 from East Lancashire and 46 from West Kent).

An online evaluation via 'your thoughts count.org' was conducted after the training event which resulted in a 59% return rate (49 responses out of 82 attendees). The fact that the evaluation was conducted after the training events may have impacted on the completion rate.

The feedback was generally positive however it was commented that a wider range of staff members should have been invited to the training to understand the project/software even if they were not directly involved with the project. This may have given more clarity to the rest of the organisation. The evaluation of the training is explored further in section 4.1.3. To see a copy of the training evaluation please see Appendix 4.

Planned into the project aims was an ongoing training plan for Peer Mentors around the Evie system and this project, facilitated by staff from within the services, incorporated into the existing training package. It was anticipated that Peer Mentors would be trained at regular intervals throughout the project to keep them up to date with the project and any developments within it. However, this did not happen in reality as there were no Peer Mentors involved with the project to be trained.

2.3.4 Roll out

It was initially decided that the responsibility for programming service users' personal responses and managing text exchanges lay with the Recovery Workers and possibly Recovery Champions (the traditional keyworker role). Once the initial set up was complete, Peer Mentors will begin to steward relationships with the service users via the Evie software. To do so, it was anticipated that Peer Mentors will have been mentoring for at least one month and will have completed 15 days of OCN accredited training (the exact training schemes differ in each area). They were also to receive bespoke training by the Online Technologies Development Manager (OTDM) and supervision from local Peer Mentor Coordinators. Please see appendix 12 for the CRI Peer Mentor recruitment and training process.

However, as the project progressed it became clear the role of the Peer Mentor became less and less and the Volunteer role within CRI had an increased part to play in certain sites. As discussed

further in the report, Volunteers are members of the CRI teams who have slightly more responsibility than a Peer Mentor in terms of access to CRIIS (CRI's service user database and client information) but a similar role in terms of their face to face interaction with Service Users. It became evident that a couple of Volunteers were pivotal in the way in which the project was delivered in East Lancs.

Please see below for the original anticipated flow of service user engagement with regards to the Evie System within CRI:

One month prior to discharge from structured treatment Service User signs up to Evie, to be managed whilst they are in CRI Recovery Support (following achievement of treatment goals, i.e. abstinence or controlled drinking)

Service user, in conjunction with Recovery Worker/Peer Mentor, develops mind maps and motivational text responses and agree review periods

Service user 'matched' with a Peer Mentor – assigned Peer Mentor monitors and reviews service user engagement with Evie and adjusts delivery accordingly (under supervision from CRI managers)

Frequency of motivational questions and personalised responses is led by the service user and managed by the Peer Mentor; it is anticipated the frequency of messages will reduce as their confidence and skills improve, and ultimately engagement with Evie will naturally phase out

2.3.5 Changes to roll out, implementation and milestone targets

The anticipated delivery of the project did not happen as initially planned for a few reasons;

- low number of Peer Mentors

- high turnover of Peer Mentors

- mixed messages given to all staff around roles and responsibilities

Prior to the system going live, a Peer Mentor Co-ordinator was identified in each area (East Lancs and West Kent) and allocated the responsibility of not only supervising the Peer Mentors within the project but also managing the project as a whole. As will be discussed later in the section on project learning, the level of authority that the Peer Mentor Co-ordinator had to co-ordinate the project/ intervention should have been established at the outset. The impact this lack of clarity had on the project will also be reviewed.

Additionally, the Peer Mentor Coordinator for East Lancs was vacant from their position for a number of months during the project which stalled the recruitment of service users. It wasn't until a Senior Practitioner picked up responsibility that the project got going again; thus demonstrating a need for a lead member of staff to run the project on the ground.

It is also important to mention here that in addition to the above, within the lifetime of the project there was a change of staff within d2 digital who were involved in the project; this obviously brings its own risks and issues to manage.

2.3.5.1 Number of service users recruited

As the project got underway it become evident that the initial target, agreed at the first steering group by Nesta and CRI, of service users to be recruited onto Evie was unrealistic and unachievable. The original target of 500 (split between East Lancashire (300) and West Kent (200)) was not able to be reached, therefore following discussions between d2 digital, CRI and Nesta, a new target was set at 350.

However, as the project progressed further there was concern that this target was also unachievable in the time left on the project. Following discussions with representatives from CRI East Lancs and West Kent at the steering group meeting in December 2015, another amended target was agreed and written into the milestone variance; the final target for service user recruitment was a total of between 210 – 250 service user between East Lancs and West Kent with no specific split in the target given. This target was met and a total of 239 service users were registered on the Evie system by mid-February 2016.

On reflection, a more detailed and realistic view should have been taken at the outset of the project with regards to the targets. This may have been made easier if more input from CRI operational staff at both sites had been sought. Qualitative evidence from the focus groups and steering groups from staff members at both sites have backed this up:

> "In hindsight, West Kent shouldn't have agreed to the original targets, as they were unrealistic and added too much pressure on Peer Mentors, so staff/management had to take over. There were many changes at West Kent that impacted the project, such as staff leaving and not being replaced. The service was ready to take on EVIE, but not to the targets"

- West Kent CRI staff

Should the above have been taken into account at the beginning a more realistic, jointly agreed target may have been set from the outset with the consequence that operational staff within CRI would not have felt pressurised to get a large number of recruits through the project.

There was some tension between Nesta and CRI in terms of the targets; Nesta requiring a larger number of recruits to evidence the innovation has scalability and CRI Directors being more interested in the impact of the technology, the value for CRI and the benefit to the service users rather than large numbers. It is important to reiterate that the funding from Nesta was about scaling innovations, therefore the focus on numbers and impact at scale was paramount to the project; something that was maybe not a driver for CRI.

2.3.5.2 Peer Mentors trained

As reflected in section 2.3.2 the initial aim of the project was for the Evie system to be managed, monitored and led by Peer Mentors; hence the target of 70 Peer Mentors to be trained on the system.

Through regular tracking of the number of Peer Mentors trained and usage of the system, and from conversations with CRI staff at several points within the project, it became evident that the number

of Peer Mentors within both services was significantly lower than anticipated, the turnover of Peer Mentors is high and the process of training new Peer Mentors is fairly long and replacement is not a quick process. The CRI Peer Mentor course is 8 weeks, coupled with the additional factor that the training course is only run 1 or 2 times per year; replacing peer mentors can be a time consuming process.

This target was subsequently taken out of the milestone due to it being unachievable.

2.3.5.3 Peer Mentors matched with service users

It was envisaged that each client registered on Evie would be 'matched' on the system to a Peer Mentor, who would then theoretically manage that clients activity using Evie and respond to any requests for support. A target was set at the beginning of the project that by the end of the project 448 clients would be matched with a Peer Mentor.

Taking into consideration the above points, it was evident this target was not going to be achieved. In practice services monitored the Evie system very differently to how it was foreseen;

- rather than a large pool of Peer Mentors, a small key number of CRI staff members (including volunteers and Peer Mentors) took responsibility for monitoring the Evie system and contacted service users as appropriate.
- In East Lancs, two of the five hubs adopted a delivery model whereby a Volunteer took responsibility for the whole intervention; from creating the mind maps, developing the personalised and motivational responses, monitoring the responses to contacting service users following a red response.
- From interviews conducted with team leaders, the volunteers and service users this model of delivered appeared to work successfully; this will be further discussed in the results section.

" I don't actually think it would be a good thing for peer mentors anyway – I've had a few red responses where I have struggled responding but as I have got access to CRIIS I can check with whats going on with that client and get the keyworker involved if I need to (NB – peer mentors don't have access to CRIIS) and pass it back to the keyworker if I need to"

- Volunteer comment

" I work with them before. I do case management. I identify them and put them in the women's group. This lad here (volunteer) has been great, his organisational skills, and that's made it a lot easier for us. I've no negative feedback and I personally think it's a good thing for the clients to have. After abstinence it can be hard and they can think where do I go? What do I do? And it (Evie) keeps them connected to us. It's security, a bit of a bridge"

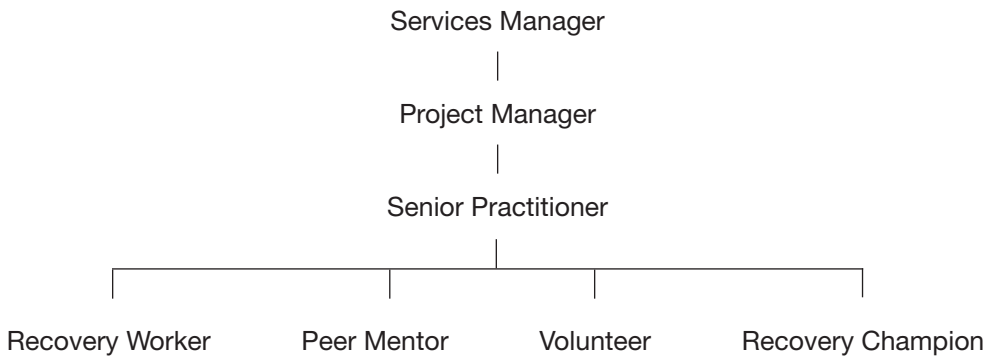
- Recovery Worker comment

" From a management point of view, our service users have had a quality experience with this (Evie). Mainly because one staff members has embraced it and done it on behalf of us … and the rest of the staff. The staff refer to one person. My preference would be to have one designated person, or even a central team. This would be the best way of it working"

- Senior Practitioner comment

It became apparent whilst the project was ongoing, as well as being divulged at the steering group meetings in December 2015 and March 2016, that there is no national structure within CRI for how services are delivered, in particular the role which Peer Mentors and Volunteers play. This is down to local level need and decision makers. The staffing structures within East Lancs and West Kent are very different, peer mentors in East Lancs are very much still in recovery support, whereas peer mentors in West Kent are more stable and towards the very end of their support. Therefore, the original intention of implementing a peer led project from Nesta's perspective could not have worked; something which potentially could have been picked up at the beginning of the project.

It is difficult to map out the structure of the teams within CRI; they work differently at different services and some of the roles can be quite interchangeable. Please see below an attempt at mapping out the structure; however how a service works is different in each service, therefore there is a need for more than one implementation plan which matched the local service delivery.



Subsequent feedback from one of the CRI Directors who was involved at the outset and throughout the project, highlighted the difficulties with making the delivery model of this project purely around Peer Mentors:

"Through the pilot it became apparent that having a delivery model that was exclusively for peer mentors had some weaknesses. Training, policy and procedure has been changed so that peer mentors are part of the overall volunteer cohort, the accredited courses have been changed and pilots have been started to allow peer mentors access to CGL databases"

- Feedback from CRI Director post project

It appears as though some of the difficulties described above were part of a decision which prompted CRI to change its national policies and procedures around the recruitment, training and use of peer mentors within the organisation.

"I can give you a specific time. The policy was finally ratified last week. It had to go through our central policy committee twice as well as hearings at the National Service User Council and the Integrated Governance Board. Overall it has taken about 4 to 5 months. It is a significant change for some parts of the organisation (the differences tend to be geographical). The training is already being delivered and the guidance manual that supports the policy is now being signed off"

- CRI Director email

This demonstrates that some of the issues with the implementation may have been less had the peer mentor scheme operated as expected.

Therefore, this target was subsequently taken out of the milestone due to it being unachievable.

3.1 Evaluation aims

The overall purpose of this project and evaluation is to identify whether the SMS system (Evie) helps peer mentors support services users to;

- put learnt relapse prevention strategies into practice;
- increase their recovery capital;
- remain out of treatment and
- remain alcohol free / continue controlled alcohol use.

The new feature of the Evie system was the peer to peer delivery. With regards to this, the evaluation aims to;

- identify whether service users can be managed through the peer mentor system rather than the service provider's keyworkers;
- explore whether peer mentors can be responsible for monitoring responses, responding to those service users who have indicated they need extra help and support as well as reviewing the responses within the system, and
- gauge the impact of this new feature on service delivery.

This evaluation also aims to;

- identify potential barriers to engagement with the system, from service user, peer mentor, recovery worker through to senior management, alongside any barriers to implementation of the project/ intervention.

It became clear that an additional, and very important, element of the evaluation was to identify the requirements from a service provider and technology company's perspective in terms of implementation of any digital intervention. It is a new way of working with service users and as such requires careful planning and implementation and certain things need to be in place for the intervention to be successful. This evaluation will seek to review this to ultimately make suggestions as to best practice implementation.

By who?

As part of their contract with d2 digital, CRI's National Data Quality Manager was tasked with monitoring the ongoing impact of the project and should have had a vital role to play in the independent evaluation of the project, collating and preparing data for the evaluators. However, in practice this was not to be the case, partly due to a change in personnel.

In addition to this, a third party organisation, The RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) Action Research Centre was identified and contracted to support the project. The RSA's scope for the evaluation included the following:

- Provide critique, support and guidance for the evaluation part of the project
- Provide advice and supervision to develop quantitative and qualitative evaluation tools
- Provide contribution and advice on data collection methodology
- Provide external, independent analysis of both quantitative and qualitative data as well contribution and oversight of interim and final reports
- Attend a maximum of 4 meetings across both sites and 3 conference calls

In terms of equating their input as a percentage of the total budget allocated to the project, it amounted to approximately 10% of the whole project and approximately 20% of the allocated evaluation budget.

The RSA were involved in the project from the beginning, taking part in some initial steering group meetings as well as assisting with the development of the evaluation tools (see 2.3.1). The RSA offered some sound advice as to what the tools needed to include as well as the structure they needed to form.

The RSA were planning on providing an interim report 6 months into the project (October/November 2015) to provide some external independent analysis of the quantitative and qualitative data so far; however this was deemed not possible as the bulk of the quantitative data could not be provided to The RSA due to the questionnaires and recovery capital assessments not being completed by services. Following a steering group meeting in December 2015, it was agreed the interim report could not be completed by the RSA.

Subsequently, in February 2016, it was agreed that due to the lack of quantitative data collected overall in the project, and due to the fact that the qualitative data could be adequately analysed by d2 digital, the contract with The RSA was to be paused.

3.2 Evaluation tools

As part of the evaluation process, a data set was identified to enable the outcomes to be evaluated and from this a set of evaluation tools were developed between d2 digital, Nesta and The RSA. The following highlights where the data set is to be extracted from and by what means in order to evaluate the outcomes:

- Service User feedback
o Semi structured interviews (Appendix 5)
o Focus groups (at the start, mid and end point of the project) (Appendix 6)
o Questionnaires (at the beginning of the intervention and at the end of the intervention) (Appendix 7)
- Staff member feedback
- Recovery capital assessment (before structured treatment discharge) - allowing for a pre-project comparison of responses between Evie and non-Evie service users
- Treatment Outcome Profiles (TOPs) data – services currently use TOPs throughout structured treatment, 3 months post discharge and 6 months post discharge and aim to measure change and progress in a number of domains – comparison on Evie and non-Evie service users outcomes
- System data – visual representation of number of service users engaged on the system (as a penetration rate), the type and frequency of messages both sent and received and number of personal messages and appointment reminders sent to service users
- System data – peer mentor engagement with the project and numbers of peer mentors trained to use the system and engage with the project

It is important to note at this point that there were a number of the above that were not carried out for a variety of reasons that will be discussed in more detail in the next section.

3.3 Changes to evaluation design

The original evaluation plan changed somewhat throughout the project. Following a number of steering group conference calls and culminating at the steering group meeting in December 2015, it became apparent that a number of the evaluation measures could not be carried out due to the evaluation tools not being used within the services to the required level.

The following quantitative analysis measures had to be taken out from the original evaluation plan for the following reasons:

Measure	Reason for removal
Measuring the impact of the Evie system on successful outcome rates	Questionnaires were not completed by all clients and those that were completed were not completed at the beginning of treatment therefore the baseline was never established. Additionally, it is difficult to evaluate success rates – this was never defined in the beginning therefore what is deemed a success was never agreed.
Analysis of recovery capital measurement pre, mid and post project from recovery capital measures, and data recorded by the text messaging service. Analysis of participants' self-reported abstinence and relapse rates/ reasons during the project timeframe. Reported through postal/weblink questionnaires	Recovery capital measurements were never used with the clients. Questionnaires were not completed by all clients engaged with Evie – only 59 were completed and inputted onto yourthoughtscount; an online survey tool. Additionally, clients were not given the questionnaires at the beginning of treatment to enable comparisons to be made at the mid and end of treatment.
Analysis of trends regarding participants who self-report relapse or re-present to treatment services. Reported through postal/web link questionnaires	As above re questionnaires however this is being covered in the above plan as qualitative analysis rather than quantitative
Semi structured interviews – further analyse self-reported relapses or re-presentations and changes to self-confidence and/or recovery oriented beliefs	The semi structured interviews did not take place due to a lack of agreement as to who should carry these out with regards to time constraints and any potential bias the interviewer may have towards the service users.

The changes to the evaluation plan meant that the evaluation of this project was based mainly on qualitative analysis through the interviews with service users and staff members via the focus groups conducted in August 2015, November 2015 and March 2016.

However, a proportion of quantitative analysis conducted, using the system data, to analysis the quantity of the response messages sent to and received from service users remained. Furthermore, there will be an attempt to analyse re-presentation rates of those service users who registered to Evie, compared to the general re-presentation rates of CRI service users. However, this is completely

reliant on CRI gathering and providing the data.

As discussed earlier, due to the changes in the original evaluation plan the decision was taken that the contract d2 had with The RSA would be put on pause and reconsidered at a later date. On reflection, it was felt by The RSA that the evaluation of the project was too ambitious in terms of what could be delivered within a narrow timeline, with a limited budget and with limited capacity to carry out the evaluation. On reviewing the evaluation process, The RSA deemed the degree of robustness expected for the quantitative evaluation in particular was a little unrealistic; for example getting a statistically significant sample size and evaluating their outcomes after six months needed a longer timeframe particularly given the challenges around implementation and recruitment of service users. There were also several elements to the evaluation, including a mix of quantitative and qualitative evaluation processes, which perhaps were a little ambitious (though certainly reasonable from an evaluation perspective) in the absence of stronger support from CRI; the resourcing challenges around the SSIs and focus groups highlighted this.

Owing to all the above changes to the original evaluation plan, a revised evaluation plan was submitted to Nesta and following amendments between Nesta and d2 the revised plan was agreed on 28th January 2016. For a copy of the revised evaluation plan, please see appendix 10.

3.4 Participant recruitment

3.4.1 How participants were recruited

Service Managers were ultimately responsible for ensuring that the client facing workers (i.e. Recovery Workers and Recovery Champions) approached suitable service users as to whether or not they were happy to participate in the project.

It was envisioned that one month prior to discharge from structured treatment, whilst agreeing their discharge plan, service users who primarily use alcohol would be asked and encouraged to sign up to the Evie system as part of their recovery support plan.

Throughout the project there was a total of 241 service users registered on Evie; 169 in East Lancs and 72 in West Kent. This number was a rolling total as the total number of service users active on Evie at any one time would change dependant on service user need.

It is difficult to assess the total number recruited onto the project as a proportion of the total alcohol service users in treatment (recovery support) due to the changes in Government reporting and recording for the National Drug Treatment Monitoring System (NDTMS) and the National Alcohol Treatment Monitoring System (NATMS). A service user can be recorded in several ‘modalities’ of treatment (or be double counted) which are reported to NDTMS/NATMS which makes it difficult to accurately know how many individual service users are in treatment from the NTDMS/NATMS reporting mechanisms.

We are able to get a flavour of the penetration rate from a snapshot of data provided by the local area data leads. For East Lancashire this is approximately 75% of total suitable service users and approximately 37% for West Kent of total suitable users; this figure must be taken with caution. It is interesting to note quite a difference for the two sites and some of the reasons for this will be explored in future sections of this report.

3.4.2 Characteristics of participants

There was no formal criteria in terms of the participant recruitment. Guidance was given at the training sessions as to the most suitable service users;

1. Those service users who had completed detox and/or,

2. Those service users who were stable in their recovery journey.

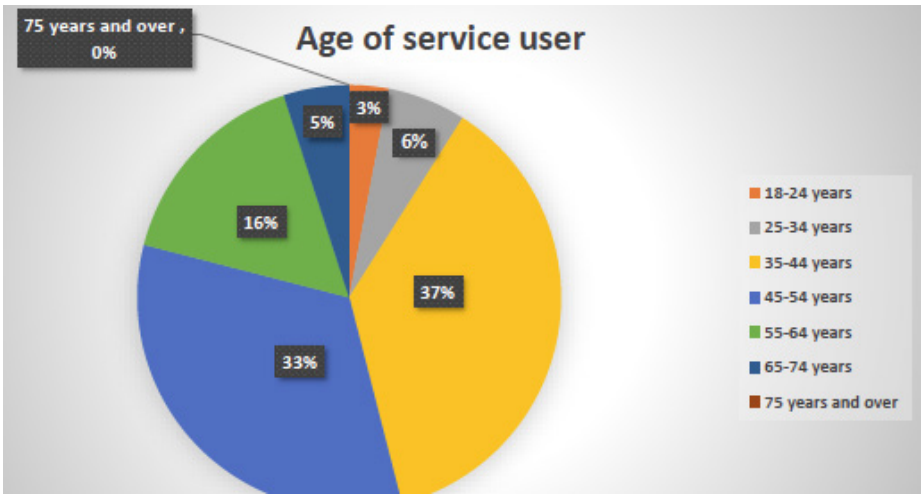
Recruitment of service users was decided at a local level. This unfortunately resulted in a few problems during implementation as staff members delivering the intervention were unclear as to who would be suitable for Evie and at points they felt the pressure to recruit anyone who would register.

"we've had to make it work and learn as we've gone along……we were confused as to what clients you'd have on it – confused about whether they had to be abstinent, discharged clients….then we were told get all your alcohol clients on it"

- Recovery Worker comment

CRI staff responsible for recruiting service users were not tasked with recording demographic information about the service user, therefore it is not possible to get an overall picture of characteristics of those registered on the Evie system.

However, out of a total 241 service users 63 service users completed a questionnaire at some point during their time on Evie and although this is a relatively low percentage completion rate (26%) it does give a flavour of the demographics. Those who completed the questionnaire were a mixture of service users from East Lancs (21%) and West Kent (79%). Of the 63 completed questionnaires, 54% (34) were male and 46% (29) were female. The following chart demonstrates of the 63 service users who completed the questionnaire, which age bracket they fell into:



It is important to bear in mind with the above charts and figures that this is only a snapshot of the Evie population and only gives a flavour of the demographics of the Evie service users.

3.4.3 Informed consent and confidentiality

Once a service user agreed to take part in the project and register with the Evie system, they were given a consent form to read and sign prior to beginning the intervention (Appendix 11).

The consent form explained what the project was about, what taking part meant for them and what they could expect from the project. It further clarified confidentiality around the text messages and their data, together with some information about the evaluation process. All clients registered on the project completed a consent form.

4.1 Process evaluation

The aim of this section of the report is to critically appraise the process of the project to establish the impact, if any, of the way in which the project was set up and implemented on the results of the intervention.

4.1.1 Theory of Change Process

As this report explained in section 2.2.1, a Theory of Change was developed at the beginning of the project outlining the aims and overall goals of the project, including activities to be completed throughout the project, however unfortunately this process did not happen.

As stated in The Social Innovation Partnership (TSIP) 'Guidance for Developing a Theory of Change for Your Programme' document, establishing a robust Theory of Change can have many benefits for the project you are implementing. In particular, it can help refine and enhance the effectiveness of the project by not only clearly communicating to others the purpose of the project but also by using the Theory of Change to regularly monitor how the project is progressing potential changes can be readily identified and changed as and when appropriate.

The key activities from the Theory of Change were used to create the milestones for the project which in turn meant they were regularly monitored by Nesta and d2 digital, and the wider steering group. However, even though the milestones were created from the Theory of Change, the milestones may have been taken out of context, focussing on the numbers to be achieved rather than the process being followed to reach the aims and objectives.

On further consideration the intermediate outcomes within 'use and engage' should have been part of process rather than impact as they focus on activities rather than outcomes. However, this stems from them being labelled as outcomes on their original Theory of Change, therefore it was not feasible to alter this at a further stage of the project.

The Theory of Change should have been embedded into steering group meetings right at the outset of the project as a standing agenda item with regular reviews of the processes within it. If this had happened, it is more likely that certain aspects of the project may have been different;

- The issue around the lack of peer mentors/non matching of peer mentors to service users would have been identified earlier,
- Had CRI been involved in the development and processes, the overall targets being unachievable and unrealistic may have been addressed earlier,
- The intermediate aims within the Theory of Change could have altered, giving the steering group a more realistic view of project progression.

Using the Theory of Change as a template/guide for implementation may also have given staff members (including CRI management) a clear understanding around implementation and therefore creating a more standardised roll out across all eight CRI projects (five in East Lancs and three in West Kent). Feedback from a member of the delivery arm of The RSA (part of service delivery in West Kent) suggested:

"The implementation of this project was completely top down from CRI. This meant that the teams on the ground had a challenge in getting their heads around it…..and it has meant that it's been quite a difficult project to engage people into"

- The RSA delivery lead (West Kent) email

"There has been a general lack of broader awareness on the ground about what everyone was trying to achieve with this project. I don't think this has helped in terms of getting people engaged"

- The RSA delivery lead (West Kent) email

If the Theory of Change had been utilised more effectively within the delivery teams, they may have had more of an understanding of the processes needed to be followed as well as the ultimate aims and objectives.

4.1.2. Implementation

4.1.2.1 What worked and didn't work with regards to implementation?

It became apparent from East Lancs staff member feedback within a couple of the services that this project had not been implemented as well as it could have been in terms of the day to day operation of the Evie system;

"My personal opinion is that someone needs to get hold of it by the horns – I think it's been badly presented to us, not because of yourselves (d2), just sort of been passed form pillar to post when it's got here… in other words it was gonna be recovery workers, then it went to the engagement team, now it's come to the recovery champions – we being the recovery champions got the impression that's cos they couldn't do it and weren't interested in it, it has been dumped on us …..for that reason, I've not have the opportunity to do much with it – as I say it needs someone to get hold of it, take responsibility for it and smash it through the roof"

Recovery Champion feedback

It was positive to hear enthusiasm for the project and the technology; this was evident from the majority of the staff members who contributed to the focus groups, however this added to the frustration that they were not able to implement it as they would like;

"I've signed people up for it – in other words I'm all for it, why would I not be? Course they (service users) would be interested, why would they not be interested? What have they got to lose? You are not selling anything, you are giving it to them. I like the idea that it is personalized but with it being personalized you've got to keep on top of it….it needs tightening up. Like I say, one specific person, incorporated into their role….bingo! there's no reason why it shouldn't"

Recovery Champion Feedback

The above sentiments were echoed by more senior members of staff too;

"I think from the beginning it didn't have the structure to implement it that it should have. The way it was set up and rolled out – Evie came out of nowhere, the ethos behind it was to be driven by peer mentors and volunteers but we have such a high turnover of these that there was no chance for consistency. Then it was tried to be picked up by staff who also had a caseload and other responsibilities….we were also piloting other things at the same time – this additional thing that they were asked to do, even though they wanted to do it, got pushed to one side….the concept and the philosophy is brilliant. I think it needs to be rolled out in such a way that someone need to get it by the balls and lead on it and implement it in a way that it meaningful…..we were piloting a lot of other stuff at the same time too"

Senior practitioner feedback

As mentioned in a previous section, 4.1.3, there are some possible enhancements to the training offered to the staff at the beginning of the project;

"You (d2) could have delivered it to us better – 2 hours in Piccadilly Manchester coming out bewildered, you are not gonna grasp it. You learn by doing don't you….yeah that's the only training" Recovery Champion Feedback

Further to this it was suggested on a number of occasions that there needed to be increased interaction between staff at d2digital and the delivery teams in CRI; regular meetings and updates with d2digital's involvement may have increased the engagement from the CRI delivery teams as well as keep them focussed on what the aim of the project was, rather than just focussing on the recruitment numbers. This would have required service management approval and involvement in a true partnership approach to implementation. This is reflected in other research where technically successful projects proved challenging to implement due to internal organisational resistance[3]

4.1.2.2 What is needed for successful implementation?

General

During this project, both East Lancashire and West Kent services came up for tender; this meant a prolonged period of instability for managers, staff members and service users within the treatment services. Undoubtedly this will have affected the way in which Evie was implemented; operational managers had other things to focus on, staff members may have been worried about their own job and future and service users may have been anxious of their familiar service being taken away from them. In future, where a service is in terms of their contract needs to be taken into account.

East Lancashire

Although the success rate of Evie was relatively good in terms of the numbers recruited onto Evie and the feedback received from staff and service users, there is room for improvement in terms of the implementation.

In the interviews of Senior Practitioners, it was felt that having one Volunteer manage the whole Evie system, from doing the assessments/mind maps, creating messages, managing responses to chasing non responders, has made for a successful implementation; however it was also recognised that there may be a need for a pool of peer mentors/volunteers if the service was a large one. Following on from this, it was felt that there was a potential need for, in addition to the above, a coordinator role to manage the day to day running of the intervention at a management level.

Staff members felt that during implementation, attendance from d2 digital at CRI management meetings for a short and defined period of time would have made an impact in terms of successful implementation – it was felt that this may have broken some barriers and created a more unified message to all members of staff at whatever level they were involved with the project.

Although there was a named member of staff identified at the beginning of the project to manage East Lancs, this member of staff unfortunately was absent from work within a couple of months of the project being live. The need for a coordinator was not picked up until November 2015 (7 months into the project) where a new (more senior) member of staff took over the coordination. The impact of this on the project was evident as demonstrated by the rise in recruitment of service users and a general overview of the project in East Lancs, including visiting the five hubs, liaising with staff

3 Eason, K (2016) The Bayswater Institute: SHINE Alcohol Recovery Project

members, arranging and coordinating the focus groups and generally taking charge of the project. Had this been in place from the beginning there would have been a far more robust management system in place to support implementation.

It was suggested that monthly team meetings within the treatment service should have included Evie; a space to discuss updates on the project, issues around the system/project, ideas for development, giving all members of staff the opportunity to increase their knowledge. In addition, having regular meetings where the Evie project members of staff meet may have encouraged more of a team feel rather than isolated areas of delivery.

Had the Evie system been aligned to the services' already established processes and protocols i.e. discharge, reengagement, detox, aftercare, and therefore been an integral part of delivery rather than the perception of an add on, it may have been more readily accepted by staff members. Perceptions from some staff members of it being seen as too much extra work therefore may have been different.

West Kent

West Kent recruited a total of 72 service users, and had approximately 50 active service users utilising the Evie system at any one time. Given the number of service users in treatment in West Kent this is a relatively low number. There may be a number of reasons as to why this occurred, of which some will be explored in this section.

Something that could have been highlighted and easily resolved at the beginning of the project was around the process service users in West Kent followed. As CRI (West Kent) discharges a service user from structured treatment they are transferred to another provider for the last part of their recovery support (The RSA delivery arm). However, in terms of the Evie service users, CRI were still managing them whether they were receiving support from CRI or The RSA. Technically there is nothing stopping both services having access to the Evie system for this situation; the system is set up to follow the service user and not the service. However, this did not happen and it was only CRI who had access to the Evie system. This was a huge aspect of implementation in terms of the management of the service users and who took responsibility for the delivery of the Evie intervention. Additionally, the project team were not aware of this until two thirds into the project at the December 2015 steering group meeting. For successful implementation it is important that the service provider who manages the Evie system manages the service users too.

It was felt that there was a need for a more senior member of staff to push the project forward from the beginning. This may have enabled members of staff to realise the weight of the project - the identified member of staff chosen to coordinate the project felt they did not have the appropriate weight to push the project forward.

At implementation, it was felt that it took too long for the Evie project to become a standard agenda item within morning meetings – again this took the emphasis off the importance of the project.

Alongside this one member of staff suspected that there was too much "panic" from d2 digital and Nesta around getting the numbers recruited rather than focussing on the intervention being successful - this may have made the staff on the ground more resistant to making the intervention work. As already discussed in earlier sections of this report, it was felt the original targets were too high and, maybe more importantly, there was not enough consultation with the staff on the ground as to whether they would be achievable.

Finally, It was felt that Evie was implemented at the wrong time in West Kent as they were under PBR (Payment By Results) for successful completions/representation rates from another angle of delivery

and the focus from managers, and therefore keyworkers, was on that rather than implementing the Evie system. However, had this been considered at the beginning of the project, Evie should have been merged into the PBR objectives; clearly Evie's objectives mirror that of the PBR ones. This should have been managed by a senior member of staff within West Kent at the beginning of the project; had it have been 'sold' as an extra way in which to achieve their PBR ultimately some of the pressure could have been reduced and staff members may have bought into this project a little more.

4.1.2.3 Training plan – how could this have been done differently?

As discussed in the section 3.1.4, there was a robust training plan developed and conducted with CRI members of staff at the very beginning of the project, which reached 82 members of staff. However, upon reflection there are changes that could be made to this plan which may have increased the successful implementation of this project.

- A train the trainers programme – having more than one person trained from the start of the process with the intention that those individuals within CRI could train others – especially as the turnover of peer mentors is high.
- The training content to expand the information on the system and include more about the ethos of the intervention and the aims of the project.
- Increased training around how to transfer face to face motivational skills into digital motivational messages - members of staff appeared to struggle with this in practice and having this within the training plan may have increased acceptance of the intervention.
- Increased awareness of how to implement the software into their everyday practice - more time in the training to put the theory into practice.
- More rounded to included information around the project as a whole – this may have increased engagement from all staff, not just those directly involved in delivering it.

The feedback was generally positive around the timing, pace and content of the training and attendees felt they gained a good understanding of the different aspects of the software and had a general enthusiasm for the software and its applicability to service users.

"Enjoyed the training"

"I think the training was good"

"…was fun and easy to understand"

"The training was well presented and accessible – would not recommend any specific improvements"

"….good training and software – very impressed"

"….good training and software – very impressed"

"I think what we have been shown looks like it should work really well"

"I think what we have been shown looks like it should work really well"

Comments from training feedback

4.1.2.4 Change management

As discussed in greater detail above and throughout the report, there are a number of things that could have been different in terms of change management. Please see a summary of this below:

- Sponsorship = the project needed someone with the right level of authority within each service to guide and steer the delivery. Targets should have been co-produced with staff members delivering the project on the ground.

- Resistance management = developing a cost/benefit analysis per site and sharing this with all staff may have alleviated some of the resistance which occurred, particularly if staff saw the benefits of the using system.
- Communications plan = the project would have benefitted from having plans to communicate the project to the wider workforce within each service and potentially a wider service user audience, including regular staff updates, agenda items at meetings as well as public-facing communications and marketing.

Having some of the above in place right at the beginning of the project may have lifted some of the barriers faced when implementing and rolling out the new initiative.

4.2 Impact evaluation

4.2.1 Intermediate outcomes from Theory of Change – use and engage

Overall usage data

From 01/04/15 to 31/03/2016	East Lancs	West Kent	Total
Total Clients	167	72	239
Surveys Sent	14470	5254	19724
Total responses	6468 (45%)	2408 (46%)	8876 (45%)
Green responses	4933 (76.27%)	1967 (81.69%)	6900 (77.74%)
Amber responses	1421 (21.97%)	398 (16.53%)	1819 (20.29%)
Red responses	114 (1.76%)	43 (1.79%)	157 (1.77%)

Please note the term ‘survey’ refers to the automatic text message that is sent from the Evie system and the response rate looks at the number of responses sent from a service users phone (1, 2 or 3) following an automated (yet personalised) message from the Evie system.
The overall response rates were better than expected, comparing the response rates achieved in previous projects. An overall response rate of 46% is extremely positive. This, in reality, equates to 92% because for every service user response, two surveys are sent out; therefore the maximum response rate, if every survey was responded to, could only be 50%. Therefore, the above results suggest that for the majority of surveys sent out, there was a response from the service user.

West Kent usage data

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total	Monthly Average
Surveys Sent	**212**	**659**	**581**	**528**	**657**	**615**	**640**	**691**	**671**	**5254**	**583.78**
Green	102	315	228	179	173	194	272	280	224	**1967**	**218.56**
Amber	20	86	56	42	39	26	43	38	48	**398**	**44.22**
Red	1	3	5	4	7	2	6	6	9	**43**	**4.78**
Total Responses	**123**	**404**	**289**	**225**	**219**	**222**	**321**	**324**	**281**	**2408**	**267.56**
Avg Client Number	8	27	37	39	35	37	43	46	43	-	**35.00**
Surveys Sent Per Client	26.50	24.41	15.70	13.54	18.77	16.62	14.88	15.02	15.60	-	**17.89**
Responses per client	15.38	14.96	7.81	5.77	6.26	6.00	7.47	7.04	6.53	-	**8.58**
Green Response %	82.93	77.97	78.89	79.56	79.00	87.39	84.74	86.42	79.72	-	**81.84**
Amber Response %	16.26	21.29	19.38	18.67	17.81	11.71	13.40	11.73	17.08	-	**16.37**
Red Response %	0.81	0.74	1.73	1.78	3.20	0.90	1.87	1.85	3.20	-	**1.79**

East Lancashire usage data

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Total	Monthly Average
Surveys Sent	**35**	**207**	**471**	**743**	**810**	**1008**	**1715**	**1982**	**2066**	**2009**	**1923**	**1501**	**14470**	**1205.83**
Green	15	124	239	296	323	394	605	589	644	625	552	527	**4933**	**411.08**
Amber	13	30	92	106	64	90	173	157	177	153	172	194	**1421**	**118.42**
Red	0	1	10	3	8	10	5	11	14	18	15	19	**114**	**9.50**
Total Responses	**28**	**155**	**341**	**405**	**395**	**494**	**783**	**757**	**835**	**796**	**739**	**740**	**6468**	**539.00**
Avg Client Number	6	20	32	45	49	59	87	98	102	95	100	95	-	**65.67**
Surveys Sent Per Client	5.83	10.35	14.72	16.51	16.53	17.08	19.71	20.22	20.25	21.15	19.23	15.80	-	**16.45**
Responses per client	4.67	7.75	10.66	9.00	8.06	8.37	9.00	7.72	8.19	8.38	7.39	7.79	-	**8.08**
Green Response %	53.57	80.00	70.09	73.09	81.77	79.76	77.27	77.81	77.13	78.52	74.70	71.22	-	**74.50**
Amber Response %	46.43	19.35	26.98	26.17	16.20	18.22	22.09	20.74	21.20	19.22	23.27	26.22	-	**24.15**
Red Response %	0.00	0.65	2.93	0.74	2.03	2.02	0.64	1.45	1.68	2.26	2.03	2.57	-	**1.35**

Inferences from usage data

- As the project went live in West Kent there appeared to be a surge in service users engaging with Evie with the number of service user responses peaking in the first two months of the project, decreasing in month three and four and then remaining at a consistent number for the last five months. This may reflect an initial enthusiasm from staff members and service users when the project went live which tailed off after a few months. The project management/leadership was unable to provide the required impetus to run the project to its full potential.
- Comparatively the level of engagement/responses for East Lancs service users increased gradually in the first three months of implementation and then remained a constant number of average response per service user per month for the remaining nine months of the project. This reflects what would normally be expected with any new initiative; a few service users at the beginning of the project, which gradually increases through word of mouth and/or the project becoming more familiar with members of staff/service users. Additionally, the service in East Lancs had more of a supervision structure in place which reflects what happened in the Bolton pilot,

and may suggest why the number of recruited service users remained at a constant throughout the project.
- The amber response was used less in West Kent compared to East Lancs although the red response was used slightly more in West Kent than East Lancs. This could be down to the way in which the system was explained to service users before they registered on the Evie system.
- Overall, the percentage of red responses was significantly lower for both sites than staff anticipated at the beginning of the project. The average red responses for both sites was 1.77% (total of 157 red responses) over a 12 month period; there was no difference between the sites in terms of the number/percentage of red responses. This may suggest that service users used the Evie system appropriately in terms of only using the red response when needed.

Overall, it appeared that the Evie system in both sites, East Lancs and West Kent, was utilised appropriately and service users registered on Evie used the text messaging system to their advantage.

Appointment reminders sent to SU

The functionality to send service users appointment reminders was developed into the Evie system prior to this project beginning. This facility enables the keyworker to send the service user a reminder through the Evie system, whereby the service user confirms their attendance at their next appointment in service. This aims to reduce the providers DNA (Did Not Attend) rates as well as reducing staffing resources on those clients who fail to attend their appointment and reallocate resource onto service users who do attend.

Over the length of the project, a total of 136 appointment reminders were sent; 127 in East Lancs and 9 in West Kent. Please see below a month by month breakdown of the number of appointment reminders sent to service users:

East Lancashire		West Kent	
Month	**No of reminders sent**	**Month**	**No of reminders sent**
March 2015	1	March 2015	0
April 2015	10	April 2015	0
May 2015	10	May 2015	0
June 2015	10	June 2015	0
July 2015	1	July 2015	0
August 2015	0	August 2015	5
September 2015	8	September 2015	1
October 2015	20	October 2015	1
November 2015	25	November 2015	2
December 2015	8	December 2015	0
January 2016	2	January 2016	0
February 2016	5	February 2016	0
March 2016	27	March 2016	0
Total	**127**	**Total**	**9**

It is evident from the above data, this functionality was not utilised to its full potential within this project. The reasons for this are unknown. This part of the system was not included in the focus group questions; on reflection it would have been useful to ask staff members (and service users) their views and opinions on this part of the Evie system. An assumption taken from feedback of a previous pilot may suggest that because a member of staff would have to put the appointment into two separate databases, they may have been reluctant to 'double enter' the appointment information into the Evie system if it had already been entered onto the CRIIS database.

However, subsequent feedback from a CRI Director reiterated the benefit of having such technology and the interest from the organisation of utilising this further in the future:

"The pilot has reinforced the value of texting as a means of delivery and crucially how this needs to be directly connected to CRIIS. The Data team (led by Jeff Crouch) is now taking submissions from services on what people need developing first. Given the statistical correlation between missed appointments and increased mortality this is likely to be first point of focus"

CRI Director feedback

Engagement with the system

The following observations and reflections are based on qualitative analysis due to the reasons outlined in section 2.3.2. All of the comments and quotes used within this section are from East Lancashire site only as it has proved difficult to engage service users for focus groups within West Kent; initial focus groups were arranged for service users to take place in West Kent in August 2015 however there was no attendance by service users. Following this, despite attempts from d2digital and members of staff within West Kent, further focus groups were not arranged.

Qualitative analysis has shown that the impact on service users has been really positive against all intermediate outcomes.

Throughout the project, approximately 25 service users and approximately 50 staff members in total took part in focus groups and the majority of the feedback given has been positive. There was some mixed feedback from service users around some of the texts being slightly repetitive and when a service user felt comfortable/confident to respond with a 3, however the issue with pressing a 3 appeared to be down to the individual service user and the way in which they coped with a difficult situation. The majority of service users interviewed could not see any negative aspects of having this technology as part of their recovery journey.

"If I thought there was anything negative I'd tell you. I can't say there is. As the texts come at different times of the day in my point of view that's beneficial. There's no pressure at all, and that's the good thing…that I take away more than anything; it's just that safety net. Somebody now and again seeing if you're alright. A bonus to how I've received treatment thus far. Helped me when I missed the meetings especially when I went back on my own. Can't see how any would see they are a nuisance or a negative"

Service user comment

"it feels quite good. I think it's sometimes because somebody out there, every bodies been through it and they understand"

Service user comment

"the volunteer has been the key here in Rawtenstall. And the right people at the right time have been put on Evie. Evie has been a big part of them staying abstinent. It's been a really powerful tool"

Senior practitioner comment

"it was like a virtual friend I think - it was nice - and now it's kind of the norm" Service user comment

Service users adopt recovery oriented thoughts and behaviours

Service users felt the text messages were a personal, motivational way in which to keep positive about their own recovery, especially if everyone around them had stopped telling them how well they were doing.

"I find it quite helpful because I am proud of my achievement and its really nice when someone says to you, you are doing really well and of course my partner has got used to it now that I'm sober and he doesn't say it all the time…so I get it from there (Evie)"

Service user comment

"I used to look forward to getting my texts - massively helped me especially in the early days of my recovery, even though I was engaging in alot of stuff some days it was just nice to get the tailored text messages"

Service user comment

It appeared with many of the service users interviewed that they viewed Evie as a motivational tool for their recovery and the messages they received acted as a prompt for them to remain focussed on what they set out to achieve;

"in my situation I've relapsed I a lot, I've been in service a lot, learnt a lot about addiction, now I have other issues to deal with, such as the mental health side….I need something to keep me abstinent and what I like about Evie is it keeps me motivated to do it"

Service user comment

"It's just that gentle reminder that if you need it, it's there. Somebodies there. I found it really helpful, and still find it helpful"

Service user comment

Service users feel adequately supported, at times when they need it

Service users who have used the Evie technology state that it is an additional tool in their recovery tool box – they felt it probably could not be used in isolation however as part of the other recovery tools they are offered, it certainly helps prevent relapse.

"it (Evie) was like a virtual friend I think - it was nice - and now it's kind of the norm"

Service user comment

"Evie was just there, no prompting, no mothering, just a few choice words and it made a difference"

Service user comment

Many service users enjoyed having the additional support from the services (via Evie) without having to go into service or contact the service themselves; this was particularly pertinent as the majority of the service users interviewed did not want "full on" support as they were at the end of their recovery journey with CRI, however having the 'light touch' of Evie worked perfectly for them;

"when you are struggling all you want is a little bit of care, attention and encouragement – you don't want full on 'come on sort this out' and a text message is that little bit of care and a little bit of attention, it's just nice to know that people are thinking about you and you start…impersonal and personal. It's crossing that line and little bit of a shakeup. You don't want everyone bounding on you"

Service user comment

"I definitely, definitely think it's (Evie) useful. Especially when people are getting busier and busier and busier and less likely to come to a service, you can then take it (the service) to them"

Recovery Worker comment

"it's good to know that there is someone there at the end of the day – I've put 3 down a couple of times in the early stages and I have had someone ring me to make sure I was alright so it's good to know that that's there, you have that extra safety net if you need it….someone that you know as well, someone that you have worked with before"

Service user comment

What was also interesting from the focus groups was feedback from a current staff member (Recovery Worker) who had previously been in treatment and could see the benefit of having Evie when they were in treatment;

"it's an extra bit of support outside of here and they (service users) get the knowledge that its (Evie) there – they are safe in knowing that there is something there for them even though they might not want or need to use it. Going back to me being a previous service user, the amount of detoxes I went through and then the door got shut if you will and that was just how it was then and I was just left isolated and alone. To think if I had a phone that I could attach myself to someone and say I'm not feeling so good, press a number 2, can you please ring me or a red 'I'm gonna drink and someone rang me back and said……(interviewer – so for your clients do you think it fills that gap?) yeah, for the majority of everybody it would"

Recovery Champion feedback

Some of the feedback given at the focus groups demonstrates how treatment services can enhance their capacity for providing longer term reactive support to people at high risk relapse points using the text messaging system. The system allows services to manage a caseload of clients at the right time and give the support to service users when appropriate; ultimately saving time, effort and money.

Service users feel increasingly confident to maintain changes to drinking patterns

Service users felt confident knowing they have something/someone at the end of the phone if they needed it – this increased the confidence to remain alcohol free. During the focus groups conducted at the end of the project it emerged that service users and staff members felt that the text messaging system does enhance active awareness of and participation in relapse prevention techniques by service users.

"(Evie) gives you a bit more confidence, it's like when I hear it, and then I feel it, I smile. It's like oh, and I see Jason's (volunteer) face, and he's like that to me. It's very positive"

Service user comment

"For me it's (Evie) something that actually makes me stop and think 'where am I?' cos sometimes you carry on and not sit back and actually think what am I feeling like today – gives you that chance to do that and self-assess"

Service user comment

Service users felt if they were struggling and the potential to relapse occurred, having the text messages stopped negative thoughts and helped them refocus on more positive ones. Service users also felt Evie was a safety net and a connection to the service after discharge from structured treatment.

"for me it's still good that when I send a 1, it's like a confirmation to myself that 'yes I am doing well' so I still like to have it – although I don't have major problems. There is the odd night where I think I could do with a glass of wine now but no I feel able to deal with that"

Service user comment

Unintended positive outcome

Additional to the intended outcomes there was an unintended positive impact on the Volunteers in East Lancashire who had taken on board the management of Evie. The volunteers' managers felt their confidence, skills and ability to work with service users increased dramatically since being part of this project and they felt it had definitely been a positive experience for the volunteers' self-development. This has been excellent to discover and something that if the project continued to include within the outcomes.

"it sounds [name] like it's been a positive experience for you too and I don't think that was thought of as a part of the project at the beginning, how much you've enjoyed it. In terms of the responsibility and ownership you've got from it?"

Question to volunteer

"Yeah, totally. It's given me loads; managing people, managing my time, seeing a result. It's been great and I've loved it. I've learned loads. It's been great for me as a person and my role as a volunteer"

Volunteer comment

"I've loved it (Evie)! I've loved every minute of it. It's given me something to do that's live and I love helping people as they're going through and the procedures we've got in place now are working"

Volunteer comment

It has been difficult to assess the true impact in West Kent as there has been a lack of opportunity to communicate directly with service users, however feedback at the most recent steering group meeting commented that even though it has had its issues being embedded within service delivery, those service users who have used Evie have found it very useful.

"Clients found it really valuable and were really happy with the service. Men seemed to prefer it, as they didn't see it as going to the service asking for a chat, instead once the service receives a '3', it felt like the service was contacting them, making it easier for them to talk" Peer mentor coordinator comment

4.2.2 Ultimate goals form Theory of Change

- Relapse Prevention - Service Users have self-confidence/ awareness to remain alcohol free
- The system is cost effective and supports reduced re referrals within 6 months of discharge

Following the PHE (Public Health England) re-presentation rates reporting methodology, the Evie service user data was analysed to determine the representation rate for those service users engaged with this project. In short, the methodology looks at all service users registered on Evie who had a planned discharge between 6 to 12 months ago and how many re-presented to structured treatment in the following 6 months from their discharge.

From data analysis of the service users who registered in East Lancs (169), there had been zero (0) representations to structured treatment. Of the service users who registered in West Kent (72) only 3 service users represented to structured treatment or 4% for West Kent. Overall for the whole project this equates to a 1% representation rate of Evie service users (3/241). This is extremely positive to report.

In terms of comparison data for non-Evie service users; CRI provided some representation data, however upon inspection it is not suitable to use within this report. It is very difficult to extract the Evie service users from the non-Evie service users due to the multiple modalities they may be recorded in, as well it being not known how Evie service users were recorded in terms of their substance choice (whether they were alcohol only or non-opiate and alcohol). Had there been a pure comparison group identified at the beginning of the project, some of these issues may have been overcome. This further echoes previous comments from The RSA about the project being too ambitious with regards to the evaluation, in terms of the limited capacity, budget and resources.

By way of comparison, a previous pilot study conducted in 2011 using the same technology evidences some extremely positive results[4]. This pilot was validated at Level 2 from TSIP but did not include social action. This project (at least the impact bit of it) is looking at how things have changed since the addition of social action. This cannot be a formal comparison however it is an important reference for this project.

Within the 2011 pilot there were two cohorts of participants; 89 service users who engaged with the technology and 84 service users who opted out of engaging with the technology. The results were really positive.

- Representation rates – 2% of all those that engaged with the technology represented (2/89) compared to 9% of all those who did not engage with the technology represented (8/84) – (this was a statistically significant result using chi square test $p<0.05$)

4 d2 digital by design (2013) The Bolton Alcohol Relapse Prevention Project : 20 month analysis report

- Engagement rates – 72% clients who engaged with the technology complied with treatment and completed their aftercare compared to 42% who didn't engage with the technology complied with treatment and completed their aftercare (this was statistically significant using chi square test $p<0.05$)

It is important to note here that the '6 month' period of assessing relapse rate was selected as it is used in Payment By Results (PBR) schemes and was simply copied (by Government) for alcohol services, from the longer standing 6 month period used for opiate service users.

The significant difference between these cohorts of service users was not taken into account (i.e. an opiate service user has a solid reason to return to services if they lapse in order to receive a prescription for methadone whereas a medical prescription is not offered routinely to alcohol service users). The experience of the clinician who ran the original pilot in Bolton (with many years' experience of running alcohol services) was that alcohol service users tend to re-present to services after a much longer gap of 9 to 18 months. This is why the original pilot in Bolton used 12 then 18 months as it's timeframe for demonstrating a significant reduction in re-presentations.

This point was picked up in early steering group meetings but was left as 6 months to fit in with a) PBR and TOPS data and also b) to fit within the timeframe of the Nesta funding period.

However, matched with some of the aforementioned qualitative data, the representation data does go some way however to demonstrate how the text messaging system could increase an individual's capacity for sustainable recovery; or at least be one of the tools an individual can use to aid their recovery.

The overall aim of this project was to demonstrate that a SMS Digital Behaviour Change System can remotely support an individual's potential for achieving longer term change.. In addition, the project sought to discover whether a peer to peer element of system delivery gave added value to the treatment service in supporting service users.

Despite some excellent results in terms of the feedback from service users who engaged with the project and a very low percentage of the service users represented to structured treatment, there was a general feeling from an objective evaluator, The RSA, that the project was too ambitious.

"The project was too ambitious in terms of what could be delivered within a narrow timeline with a limited budget and capacity…..this was referring mostly to the degree of robustness expected for the quantitative evaluation - for example getting a statistically significant sample size and evaluating their outcomes after six months needed a longer timeframe, given the challenges around recruitment etc. There were also several elements to the evaluation, including a mix of quant and qual evaluation processes, which perhaps was a little ambitious (though certainly reasonable from an evaluation perspective) in the absence of stronger support from CSR. The resourcing challenges around the SSIs and focus groups highlighted this"

Researcher, The RSA, email

Having consistent and defined leadership and management roles and responsibilities throughout across all parties for this project may have improved the overall results and the evaluation process.

Throughout the project there were a number of lessons that can be used for future learning and these fell into two separate areas; the impact of the digital intervention on an individual's recovery and the implementation of a new initiative/intervention within a treatment service provider.

5.1 The impact of a SMS digital behaviour change system

As there was a lack of quantitative data for analysis, the conclusions have had to be made on the qualitative data gathered throughout the project. The qualitative data suggested that being involved with the project and engaged with the SMS system had a positive impact on the majority of the service users. They were more likely to remain motivated to achieve their goals and found the system a very useful way to remind them of their recovery journey.

The qualitative data also reinforced that the Evie system was valued as an important communication aid between them and the service provider (keyworker/peer mentor/volunteer). Service users felt a continued support from the treatment provider even though they understood it was automated, they appreciated the continued communication and safety net if they needed extra support and help.

Some slightly negative feedback regarding the Evie system, from service users, was that the messages could become a little repetitive. However, when this point was explored with them and they were asked if they knew they could change what messages come to them, a great deal of service users were unaware of this. Had all service users had the knowledge that they had greater control over what messages they received and they should be continually managed and updated, this feedback may have been different.

Additionally, it was felt by a peer mentor in West Kent that the way in which the initial text message was phrased could have produced red responses when they were not needed. For example, if a text said "how are you sleeping?" most people would respond with an average or poor even if they were feeling ok. Therefore if the text was phrased "is your sleep negatively affecting your recovery?" the response may be more reflective of the person's state of mind.

There were suggestions around improvements to the technology offered by both service users and staff members; for example service users having the ability to update their own messages via a 'log-in' area, where they can also view historical messages to see how far they have come in their own recovery. In addition to the appointment reminders, service users felt that an online diary function which fitted alongside Evie would be a good idea to aid them in their treatment journey.

As the system is automated, once a service user has been set up on the system the level of input from the service provider is minimal; therefore freeing up workers to work with the individuals who need the most support. However, due to the implementation problems discussed throughout the report, the staff did not feel this benefit as they felt registering service users onto the system and managing the system took up more of their time, and was additional to their 'normal' workload.

However, it was still felt by some staff using the system there is still a need for human interpretation of the system to use it effectively; knowing a service user and their pattern of recovery helps to interpret the responses given from an individual.

An unintended positive impact of the project emerged with regards to the personal development of the two of the volunteers who took on the responsibility of managing the project within two of the hubs within East Lancs. This demonstrates the potential for personal development of individual team members around implementing and managing a new intervention.

Although the quantitative data was not fully available for this evaluation report, it is important to conclude that out of the 241 service users who registered with the Evie system, only three service users represented to treatment; all of which were in the West Kent service – none represented within the East Lancashire service. Although we cannot demonstrate statistical significance and there is a lack of relevant comparison data, these results speak for themselves. This is not denying there will be other factors in an individual's recovery and it is not all down to the Evie system, however there is strong qualitative evidence that having the SMS motivational system definitely increases the confidence of an individual to remain alcohol free or achieve their controlled drinking targets.

5.2 Implementation of a project/new initiative

As discussed throughout this report, there were many hurdles to overcome with the implementation; some of which could have been prevented and some of which could not have been predicted.

With any new initiative a service provider is going to undertake, it is important that there is 'buy in' from a number of levels within the organisation. This begins with the senior management responsible for the decision making and funding, through to operational management with responsibility of the day to day management of the service, right through to keyworkers and volunteers who will ultimately be using the intervention with the service users. If any level is missed, there is an opportunity for communications to fail and the individuals responsible on the ground to lose sight of what the main objectives are.

It is also vital that any new intervention is not sold as an 'add-on' but rather integrated into everyday practice. This is as important for staff members as it is for the service users on the receiving end of the intervention. If it is viewed as an additional entity the likelihood of it being 'accepted' will remain low and the enthusiasm for implementing and selling it to service users will decrease. To integrate it within already established procedures and protocols does not have to include technically integrating it into data systems (however this would be the ultimate integration), it may just need a little bit of thinking about at the outset of the project and the already existing service procedures and protocols mapping out and seeing where the new intervention fits.

In terms of a digital way of working, this is a new concept for a number of staff members; there may be a great deal of preconceptions about the pros and cons of working in this way. These need exploring and any myths around it being challenged. On reflection, it would have been useful to include in the training, not only information about the Evie system and how it works but more detail around what it means to the service and the staff within the service, skills in which to turn their already established motivational face to face skills into digital ones as well as exploring with the staff members ways in which they would find it useful to implement a new way of working to make their job easier.

Terminology used within a treatment service can make a huge difference to implementation too. It only came to light at the very last steering group meeting that two separate services in the same organisation, geographically spread out, use the term 'peer mentor' very differently. This potentially had a massive impact on the results of the projects peer to peer aims. It was clear in East Lancs that the ability to use peer mentors within this project was relatively low; due to availability of peer mentors, high turnover of peer mentors and the point the peer mentors are in their own recovery journey. In West Kent however, peer mentors appeared to be at a much more stable point in their recovery, therefore making them more stable within the organisation and potentially in a better position to be a part of this project. Therefore the original project aims of using peer mentors to manage the intervention was not able to be achieved; had this been realised at the beginning of the project, again the results may have been slightly different. This was further compounded by later comment from a CRI Director, regarding the Peer Mentor scheme:

"Through the pilot it became apparent that having a delivery model that was exclusively for peer mentors had some weaknesses. Training, policy and procedure has been changed so that peer mentors are part of the overall volunteer cohort, the accredited courses have been changed and pilots have been started to allow peer mentors access to CGL databases"

CRI Director statement

The implementation of this project may have also been helped by having a more robust Theory of Change. A Theory of Change that all parties involved in the project fully understood and used as guide for the project. This applies to full stakeholder development and to the use of the Theory of Change throughout implementation. Using this as template may have given a benchmark to follow and adjust accordingly as the project went on. The Theory of Change could quite easily have been the basis of every steering group and discussed and updated on a very regular basis, giving the project a clear structure and guidance.

This would have certainly highlighted some of the aforementioned implementation issues earlier, for example the differences between the peer mentor roles and the difficulties East Lancashire encountered using Peer Mentors as intended in the original plan.

5.3 Future roll out

One of the main aims and objectives of the project was to pilot the technology within a couple of delivery areas of CRI for scalability and future roll out within other areas of CRI, should the project be successful. To date, there has been no interest in rolling out this technology within other areas of CRI and a confirmation email from the Service Manager at CRI East Lancs confirmed this within East Lancs:

"Hi Kate

[name] and [name} are leading on our digital strategy with support nationally and I think we are looking at other systems in line with CGL nationally……If its ok I will hand over to [name] and [name] who can give you an update following their meeting regarding our digital strategy.

Thanks

[name]

(Services Manager) Inspire East Lancashire Integrated Substance Misuse Service"

However, as mentioned previously in this report, one of the CRI Director's highlighted the organisations attitude towards this technology aiding service delivery and their initial plans for the future:

"The pilot has reinforced the value of texting as a means of delivery and crucially how this needs to be directly connected to CRIIS. The Data team (led by [name]) is now taking submissions from services on what people need developing first. Given the statistical correlation between missed appointments and increased mortality this is likely to be first point of focus. This will result in a specification being developed for further commissioned work"

CRI Director feedback

The missed appointments focus seems at odds with the appointment reminder function within Evie not being fully utilised during this project.

We, at d2digital are in the process of compiling a report which pulls together all the pilots that we have conducted with this particular technology, including the original Health Foundation Shine pilot in Bolton, the five sites in the Greater Manchester Public Health Network pilot and the Public Health England funded project in Bradford and Darlington. There were very similar findings in these project with regards to implementation and the positive feedback from the service users who engaged with the technology.

Once the literature has been produced we will begin a campaign to a variety of organisations and commissioners with regards to hopefully working with organisations to roll out the technology further.

Feedback from The RSA discussed this in a little more detail, recommending ongoing public-facing communications to build momentum to ensure that learning along the way is captured and shared – all of which we are preparing to do within the next few months. However, The RSA felt that this should have been ongoing whilst the project was happening to help get the word out a little more and could have potentially raised the profile for the project and what it was trying to achieve. They felt that the learning from the project as it progressed could have been disseminated through engagement with policy and community events, conferences and blogs, which could have increased take up for this specific project. This, they felt, could have also laid the groundwork for potential future work. It was highlighted at the end of the project that The RSA (the think tank side, not the West Kent delivery side) could have potentially played a role in this given their networks.

A significant outcome of the project and evaluation was an exploration and examination of issues around the implementation of a specific new form of technology; primarily this encompassed the impact on the individuals in receipt of the intervention but in practice highlighted issues around organisational adoption of any new intervention/technology and the required change management within an organisation for a successful implementation.

The main lessons learnt were not around the technical system; where individuals and staff members used the system they reported that they received a valuable service and enhancement to their overall experience. The most valuable lesson learnt was around how change management needs to happen across all stakeholders, from commissioners, to service managers, keyworkers, to volunteers. In addition to this, the provision of a steering committee to help guide the implementation and roll out is vital. This must be extremely tight at the beginning of the adoption process, highlymonitored with a gradual tapering off once the systems and strategies are firmly in place.

Recommendations for Commissioners and policy maker

- Assess the service (s) where the potential lies to use the technology, taking into consideration any other major changes ongoing at the time, e.g. tender processes ongoing/service changes
- For at least the first 6 months, ensure that the technology provider works alongside the service provider as a partner to overcome some of the potential barriers – the technology provider is the one constant and not only have the technical knowledge but a deep understanding of all that is required at every stage of implementation.
- In planning for any change a stakeholder mapping exercise may be useful to identify everyone who has a 'stake' in the outcome of the change, including a cost/benefit assessment on all affected stakeholders.
- Be clear of the cost/benefit evaluation of adoption of new technology/way of working – not only for the individuals in receipt of the intervention but at all levels of the organisation implementing it. This process will assess how all stakeholders will view potential change and will help plan how to respond to any impact stakeholders may experience. This cost/benefit may also increase the 'buy in' required from all levels involved in any changes that are made.

Recommendations for service delivery/operational implementation

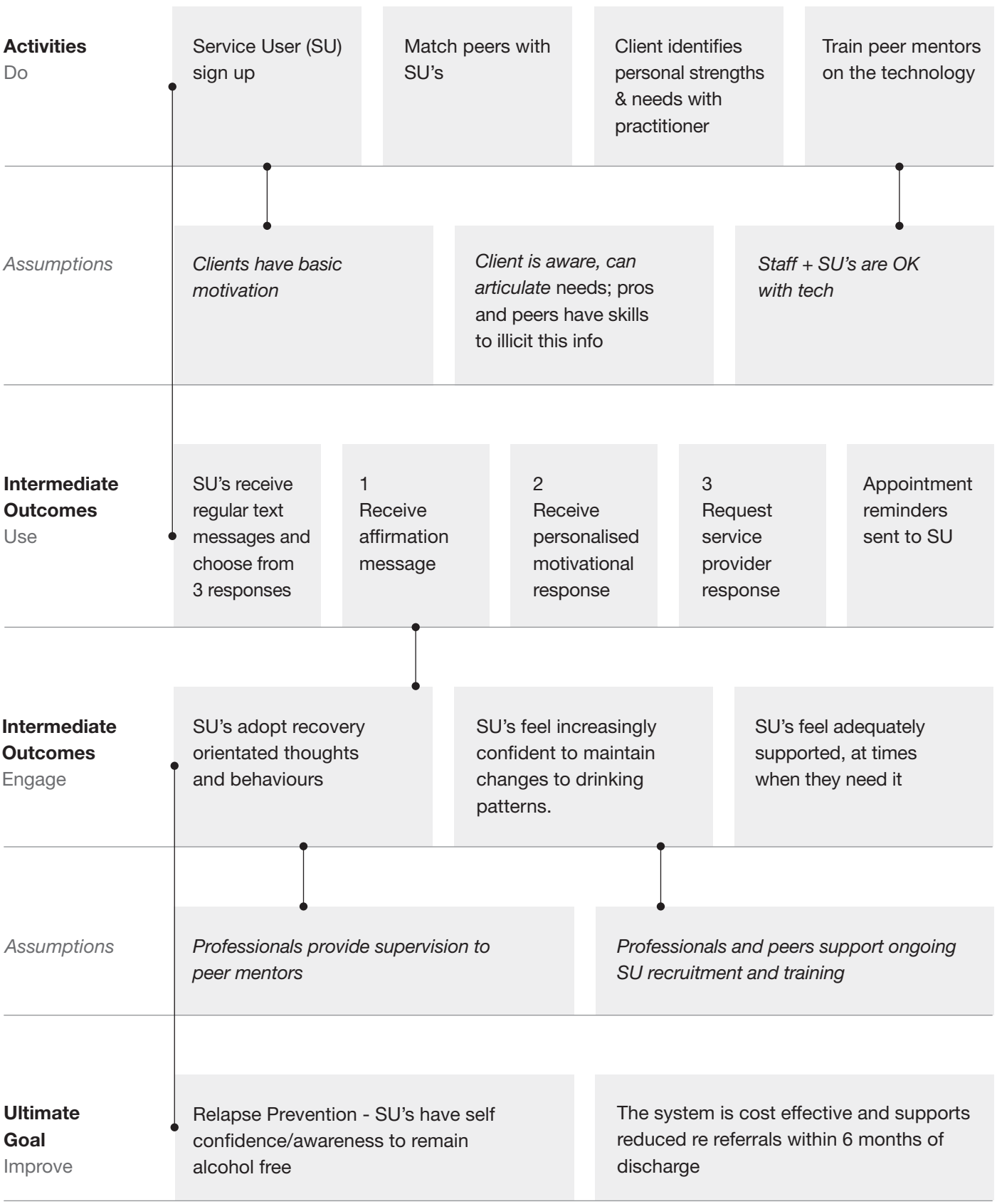
- Prior to beginning implementation, it is fundamental that Service Managers assess whether a service will have the resources and momentum to put the required level of work necessary to adopt and implement any new digital technology.
- A clear plan for staff training to include;

o how and when it is appropriate to use the technology with service users
o how to transfer existing face to face motivational skills into digital skills
o how to energise staff about the new technology and the benefits to them and service users.

- The development of a robust structure of roles and responsibilities within the organisation around the new initiative, to not only implement the new technology but once implemented, a clear arrangement of who does what to keep the intervention going.
- Develop a rigorous supervision/management plan for staff involved with the intervention to continually monitor the interventions progress as well improving staff development.

7. Appendix 1: Theory of Change

Final version agreed 14th January 2015



7. Appendix 2: Project Steering Group Meetings

1 of 2

Date of Meeting	Venue of Meeting	Attendance at Meeting
8th January 2015	**CRI East Lancs Head Office** Manchester	**Nesta** *Jullie Tran Graham* **d2 Digital** *Julie Aulton, Renate Kalnina & Carl Worthington* **CRI East Lancashire** *Chris Hill, Cameron O'Connor, Mark Spedding & Neil Capstick* **CRI West Kent** *Michael Cronin & Claire Begent* **CRI Senior Management** *David Bamford*
25th March 2015	**CRI West Kent Office** Gravesend	**Nesta** *Jullie Tran Graham & John Loder* **d2 Digital** *Julie Aulton & Carl Worthington* **CRI East Lancashire** *Cameron O'Conner & Neil Capstick* **CRI West Kent** *Michael Cronin, Susie Pascoe & Sarah Thomas* **CRI Senior Management** *David Bamford*
30th June 2015	**Nesta Office** London	**d2 Digital** *Graham Mallinson* **CRI East Lancashire** *Chris Hill & Neil Capstick* **CRI West Kent** *Helen Elmore, Claire Begeant* **RSA** *Jack Robson*

7. Appendix 2: Project Steering Group Meetings

2 of 2

Date of Meeting	Venue of Meeting	Attendance at Meeting
21st September 2015	**d2 Digital Office** Manchester	**Nesta** *Jullie Tran Graham* **d2 Digital** *Graham Mallinson, Amber Stevens & Carl Worthington* **CRI East Lancashire** *Racheal Taylor & Neil Capstick* **CRI Senior Management** *David Bamford*
10th December 2015	**Nesta Office** London	**Nesta** *Jullie Tran Graham* **d2 Digital** *Graham Mallinson, Kate Evans & Andrew Jackson* **CRI East Lancashire** *Ed Stropek* **CRI West Kent** *Michael Cronin* **CRI Senior Management** *David Bamford* **RSA** *Atif Shafique*
17th March 2016	**d2 Digital Office** Manchester	**Nesta** *Jullie Tran Graham* **d2 Digital** *Graham Mallinson, Kate Evans & Andrew Jackson* **CRI East Lancashire** *Ed Stropek & Chris Hill* **CRI West Kent** *Michael Cronin*

EVIE Systems Training. CRI.

This 2.5 hour training course is aimed at substance misuse practitioners, peer mentors and administrative staff.

Aims

For staff, service users and peer mentors to have a full understanding of the EVIE software, be able to engage service users and create an automated text messaging system that reflects the service user's ongoing recovery needs.

Objectives

Participants will:

- Understand the principles of the software; i.e automated recovery focussed text messaging system and a remote monitoring of service user needs.
- Have an overview of how the project works and its implementation locally.
- Understand the website and the different functions.
- Experience the system from both a service provider service user and peer mentor perspective.
- Be able to identify service user strengths and weaknesses in relation to personal relapse prevention strategies, using mind maps.
- Be able to craft personalised motivational text messages based on information in mind maps.

Methodology

The course will use:

- Powerpoint presentation.
- Demonstrations of training site.
- Working at individual computers, logging onto the website, setting up sending and receiving messages.

Course Programme

Time	What is Happening
9.00 - 9.30	Registration and Coffee.
9.30 - 9.45	Introductions and Background. PowerPoint, outlining existing evidence base to EVIE and projects in other areas. Current project objectives and client eligibility. Overview of system. Q&A.
9.45 - 10.10	System Demonstration. Overview of the internet based dashboard and specific functions of the software, using fictitious clients as a demonstration. Q&A.
10.10 -10.30	Completing Mind Maps and Developing Personalised Responses. How to complete mind maps and then develop personalised (amber) responses for text messaging system. Using fictitious examples and theories of Rational Emotive Behavioural Therapy and Mind Mapping identify service user's particular strengths and weaknesses in relapse avoidance. Demonstration how mind mapping skills can be used to create personalised reminder text messages. Q&A.
10.30 -11.00	Participant experience of setting up service user, sending and receiving text messages. Participants will use computers to access the internet based training software, sign in using a generic password, set up a client and set up the system so participants can receive and respond to text messages as if they were a recipient of the service. Participants will also experience the ability to escalate responses to reflect increasing level of service user need. Q&A.
11.00 -11.20	Participant practice at completing mind maps and personalised responses. Participants will have the opportunity to complete the mind maps based on their experience of working with substance misusers; they will have the opportunity to see how the information in the maps can be translated into personalised text messages. Participants will also have the opportunity to practice developing personalised/ amber responses based on the information in the mind maps. Q&A.
11.20 -11.30	Superadmin level training – Feedback and Evaluations. Demonstration to Superadmin staff on how to add keyworkers and peer mentors, extract reports and set service availability times. All other staff – evaluation and feedback. Final Q&A.

7. Appendix 3: Evie Training Programme and Evaluation

3 of 3

Training Evaluation

Course Title: EVIE System Training **Training Date:**

Level of User: *(i.e.superadmin, keyworker or peer mentor)*

Section 1. Course Objectives

Please rate how well you feel the training equipped you to carry out the following:

1. Understand the remote monitoring and text messaging aspects of the software.

Please circle a number: 1 -10 where 1 is LOW and 10 is HIGH.

Low 1 2 3 4 5 6 7 8 9 10 High

2. Understand how the software will be used in your area and client eligibility criteria.
3. Understand how to set up a service user on the system and set up the automated text messaging system.
4. Complete mind maps in order to understand service user's strengths and weakness in relation to relapse avoidance.
5. Understand how to develop and input personalised text message responses.

Section 2

How satisfied were you with the following aspects of the course:

1. The pace and timing of the course was appropriate.
2. The trainer/s communicated clearly throughout
3. There was sufficient opportunity to ask questions and /or explore areas that you may have not completely understood.
4. The training equipped you with the skills to offer the software to service users at the appropriate stage of treatment.
5. You were given clear guidelines about how to implement this digital project into your daily work with service users.
6. What specific improvements would you recommend for the training.
7. Any other comment

7. Appendix 4: Evie System Training Evaluation Report

1 of 4

1. Understand the remote monitoring and text messaging aspects of the software.

Question Option	Percentage	Total
1 (Low)	0	0
2	0	0
3	5	2
4	51	25
5 (High)	45	22
Total		**49**

2. Understand how the software will be used in your area and client eligibility criteria.

Question Option	Percentage	Total
1 (Low)	0	0
2	4	2
3	10	5
4	51	25
5 (High)	35	17
Total		**49**

3. Understand how to set up a service user on the system and set up the automated text messaging system.

Question Option	Percentage	Total
1 (Low)	0	0
2	2	1
3	14	7
4	45	22
5 (High)	39	19
Total		**49**

4. Complete mind maps in order to understand service user's strengths and weakness in relation to relapse avoidance.

Question Option	Percentage	Total
1 (Low)	0	0
2	0	0
3	16	8
4	51	25
5 (High)	33	16
Total		**49**

5. Understand how to develop and input personalised text message responses.

Question Option	Percentage	Total
1 (Low)	0	0
2	0	0
3	8	4
4	41	20
5 (High)	51	25
Total		**49**

6. The pace and timing of the course was appropriate

Question Option	Percentage	Total
1 (Low)	0	0
2	2	1
3	6	3
4	37	18
5 (High)	55	27
Total		**49**

7. The trainer(s) communicated clearly throughout.

Question Option	Percentage	Total
1 (Low)	0	0
2	0	0
3	2	1
4	29	14
5 (High)	69	34
Total		**49**

8. There was sufficient opportunity to ask questions and /or explore areas that you may have not completely understood.

Question Option	Percentage	Total
1 (Low)	0	0
2	2	1
3	4	2
4	29	14
5 (High)	65	32
Total		**49**

9. The training equipped you with the skills to offer the software to service users at the appropriate stage of treatment.

Question Option	Percentage	Total
1 (Low)	0	0
2	2	1
3	16	8
4	47	23
5 (High)	35	17
Total		**49**

10. You were given clear guidelines about how to implement this digital project into your daily work with service users.

Question Option	Percentage	Total
1 (Low)	2	1
2	6	3
3	27	13
4	39	19
5 (High)	27	13
Total		**49**

11. What specific improvements would you recommend for the training?

Free text answers:

To make it more adaptable for service users with drug proplems

As well as alcohol problems.

Have it for drug users as well

Aim to non-keyworkers as well.

The training was delievered brilliantly.

Nothing to add

... good training

And good software

The training was great

I think until i am using this system on a regular basis my understanding is going to be basic but I can't wait to get started and use this with Service users!

None

I would like to have had more time to see the maps and links of other information which is attached to the system as it appears interesting. Unfortunately my mobile didn't work for the in this instance

So I was not able to test it myself completely

But I check my neighbour.

I feel that a head peer needs to be identified and offered the staff training sessions

None

None

I would have suggested that more practioners were invited inview of them having to complete the mind maps in advance of the peer mentors/volunteers taking on the responsibility of engaging with the client post treatment.

More time and depth

None

More time. Involvement of our supervisors to help us be able to use the system.

Two

Shorter traning sessions with those being trained taking time before each session to discuss How and by whom the scheme will be implemented.

None

A bit longer so more time to practice using it

Found the training very informatiive and cannot think of any constructive improvement

recomendations.

Nearer to the locality of the service as travel time was quite long

Perhpas more communication/planning with CRI re the implementation of the software

Very good no improvements required

Maybe a full day

None

iIt was set at the right level

Training was well presented and accessible would not recommend any specific improvements

None

Predicting and dealing with difficulties for implementation ie resources

None

Training was too close to the start of the pilot

So it was hard to digest everything and then set up the system ready for use.

Perhaps a step by step example (with screenshots) guide to take away would be a useful resource?

More time for use of software ? to navigate around (trial and error)?

None

Actually setting up a dummy client with maps and personalised texts on system from start More time to explore mind maps etc

On site training

None

I think what we have been shown it looks like it should work really well.

N/A

Possibly more time to put together a more comprehensive fake client to get more of a feel to It working in practice possible role play.

None

None

None

In my view I think the training should be more simplified for some people as a number on my course found it difficult at times to understand.

The course was delivered well by knowledgable tutors. I look forward to using this piece software.

None

Hardware availability

12) Any other comments?

Free text answers:

Was a good training session
N/A
No
I love the idea of this
Just wish we could use it for our drug using clients too...
I personally think this scheme will be very effective
No
Was fun and easy to understand
No
None
None
No
No comments.
No
None
Not at present
Enjoyed the traning
I think the training was good
But there could perhaps be more thought into how the system will be implemented in practise.
No
No
No
Feel the system could be used for all service users both drug and alcohol. Feel the system could be used for service users in treatment also to support. I think that the software has got some way to go before it can be rolled out across the organisation. To me there seem to be a few security issues that need ironing out. But in whole it maybe a useful piece of software.
N/A

13) Which training session did you attend?

Question Option	Percentage	Total
Wednesday 28th January 2015 9.30 am session	8	4
Wednesday 28th January 2015 12.00 am session	8	4
Wednesday 28th January 2015 2.30pm session	12	6
Thursday 29th January 2015 9.30am session	8	4
Thursday 29th January 2015 12.00am session	2	1
Thursday 29th January 2015 2.30pm session	6	3
Friday 30th January 2015 9.30 am session	6	3
Friday 30th January 2015 12.00 am session	6	3
Friday 30th January 2015 2.30pm session	6	3
Monday 2nd February 9.30am session	6	3
Monday 2nd February 1.30 pm session	12	6
Tuesday 3rd February 9.30am session	10	5
Tuesday 3rd February 1.30pm session	8	4
Total		**49**

7. Appendix 5: Service User Semi Structured Interview

1 of 3

Semi Structured Interview - Service

Hello my name is .....

I am meeting with you today to find out your opinions on EVIE the relapse prevention project that sends text messages to your mobile phone to help you in your recovery.
I have a list of areas that I would like to discuss with you but the format of this meeting is based around gaining your thoughts and opinions. So please feel free to make any comments you wish, in relation to this project. (This interview will be between 30-60 minutes depending on how much feedback you would like to give).

The project team is trying to understand what is working well and what could work differently. Your opinions and comments will help us understand better. The evaluation will not report your name or any other personal details; furthermore any comments you make will not be anonymous to everyone else who reads them.

Interviewer should obtain service user consent and demographics

Demographics
please tick most appropriate answer

Gender

o Male
o Female

Age brackets

o 18-24 years old
o 25-34 years old
o 35-44 years old
o 45-54 years old
o 55-64 years old
o 65-74 years old
o 75 years or older

Are you still in structured treatment with CRI (recovery worker or peer mentor/volunteer)?

o Yes o No

Are you still receiving support and care from a recovery worker at CRI?

o Yes o No

How long have you been receiving and sending the text messages via EVIE system.

o Less than 1 month
o More than 1 month
o More than 3 months
o More than 6 months
o Never

7. Appendix 5: Service User Semi Structured Interview

2 of 3

Main Questions	Clarifying Questions	Measurement of
How confident are you that you can stay off alcohol (or maintain controlled drinking)?	SU's feel increasingly confident to maintain changes to drinking patterns.	You could rate confidence on a scale of 0 -10 if you wish ...0 being no confidence and 10 being extremely confident.
What would you say are the different influences on your confidence to sustain the changes to your drinking behaviour?	Some areas to consider are: family, physical health, psychological health, employment, service support, Evie project, friends, etc.	SU's feel increasingly confident to maintain changes to drinking patterns.
What things in your life have you had to change in order to make changes to your drinking.	Have you had to do things differently or even to think differently to make changes to your drinking.	SU's adopt recovery orientated thoughts and behaviours.
People in recovery often need to start to rebuild their personal life. Are you spending some of your time on activities and things you enjoy.	Are you getting enjoyment out of some of the aspects in your life?	SU's adopt recovery orientated thoughts and behaviours.
Everyone experiences problems in their daily life. Are you coping and dealing with any problems you may be having.	Are there problems in your life that you don't feel you are dealing with?	SU's adopt recovery orientated thoughts and behaviours.
Recovery often involves gaining support from family and friends and support groups. Do you have support available to you if you feel you need it?	Have you got support from either family friends or an organised meeting for instance to support your recovery?	SU's feel adequately supported at times when they need it.
How did you find out about EVIE?		Process
Tell me a little about how the EVIE was explained to you?	Were you informed for instance that peer mentors would be monitoring the system and responding to you if you needed help?	Process
Was there anything in particular about EVIE that made you want to try it?	Was there anything about EVIE that put you off trying it?	Process

7. Appendix 5: Service User Semi Structured Interview

3 of 3

Main Questions	Clarifying Questions	Measurement of
When you were set up on the system, how did you find completing the mind maps?	Did the maps make you think or act any differently?	ASSUMPTION: Client is aware and can articulate needs. Pros and peers have the skills to illicit this info.
How did the responses from the system make you feel?		SU's feel adequately supported at times when they need it
Thinking about the responses if you replied with a "2" ... did you feel that the response was personal to you.	Do you think the messages you received (after pressing 2) reflected your recovery plans or the information that you put into the mind maps.	SU's feel adequately supported at times when they need it
If you responded with a "3", did the response you received help you?		SU's feel adequately supported at times when they need it
How has Evie influenced your recovery?	Is there anything in particular that the system has helped with?	
Do you feel EVIE has helped you stay off alcohol (or maintain controlled drinking)?		
Is there anything else you wish to say either about EVIE or your recovery experience that we have not covered that you think might be useful?	What worked particularly well? What can be improved?	Closing question.

Please thank the person for taking part in the interview. Offer reminders that the information they have provided will be used to inform the evaluation but will be anonymous. Also, suggest that person is able to withdraw from the study at any time by contacting d2 Digital by Design on **0161 247 7932** *or* **andrew.jackson@d2digital.co.uk**

7. Appendix 6: Service User Focus Group – v2

1 of 3

Guidelines for delivering Focus Groups – EVIE, project evaluation.

Aim for 8-10 participants per group. Peer Mentor focus groups should be run at the start, mid-point and end of the project. The aim should be to over recruit by approx 20%, this allows for non attendances.

Peer Mentor Co-ordinators will be instrumental in promoting and encouraging peer mentor attendance.

It may be worth considering calling each individual to confirm their attendance and secure verbal confirmation, also calling or text messaging, 1 or 2 days before the planned meeting to again confirm their attendance.

Participants should be informed that the focus group should take no more than 45 mins to 1 hour but it would be wise to invite people to attend approximately 15 minutes before the anticipated start time to allow for refreshments, snacks and registration.

Gain peer mentor consent to participate.

Conducting the Focus Group

The focus group should be facilitated by two people; a facilitator and assistant facilitator, with the former facilitating the discussion and the latter taking notes and running a recorder.

The moderator should use the prepared script (below) to welcome participants, to remind them of the purpose of the group and to set the ground rules.

The moderator should aim to funnel the focus group i.e. allow for an open discussion at the beginning but a more controlled set of questions towards the end.

The aim of the focus group is to help evaluate the project using the indicators “confidence and skill to remain alcohol free” and “adoption of recovery orientated thoughts and behaviours.” It also aims to explore the processes which have supported the outcomes, while allowing space to discuss ‘unintended’ consequences.

Welcome

Thank you for coming along today we appreciate your willingness to participate and offer your thoughts and opinions.

Introductions

Facilitator and assistant facilitator – explain roles.

Purpose of the focus group

You have been asked to participate in this focus group to get your thoughts about EVIE, the Relapse Prevention Software. This is the automated system that sends questions and personalised messages to your mobile phone.

7. Appendix 6: Service User Focus Group – v2

2 of 3

The session of the group is to try and understand your thoughts on what impact this system has on helping people's recovery from alcohol problems and to understand your experiences using EVIE during the pilot.

We need your input and want you to share your honest and open thoughts with us.

Ground Rules

1. We would like you to do most of the talking

a. We would like everyone to participate

b. I may ask your opinion on something if I haven't heard from you in a while

2. There are no right or wrong answers

a. Every person's experiences and opinions are important – please feel free to speak up whether you agree or disagree with a point someone is making

b. We would encourage a wide range of opinions – even if sensitive issues come up

HOWEVER

3. We will be recording the group as part of the analysis of the feedback

a. We want to capture everything you have to say

b. No one will be identified personally in our report, you will remain anonymous

c. The only people who will know who has said what will be those people in the room today.

Engagement Questions

We are here to talk about EVIE the recovery text messaging system.

- What were your thoughts about the project when you first heard about it?

- How did you think the project might help you in your recovery?

- How have your thoughts changed about Evie over the time you have been using it? If so, how and why?

Exploration questions

1. How confident do you feel about staying alcohol free (or keeping your drinking under control)?

a. What has made your confidence increase or decline over recent months?

b. How much of a role do you think Evie has had in terms of increasing that confidence?

c. Why do you feel confident in staying alcohol free/controlled use?

2. What has been the role of:

a. ……the key workers in supporting your greater confidence?

b. ……the peer mentors in supporting your greater confidence?

c. ……the role of the EVIE system in supporting your greater confidence?

3. What things in your life have changed which have made your recovery easier or more difficult?

a. Which things have you deliberately changed yourself?

b. How has the use of Evie helped or not?

4. What additional support would you like for your recovery, that you are currently not able to access?

a. What are your key workers, peer mentors and EVIE, not able to help with?

5. Thinking about these different kinds of support, which bits should continue just as they are, which should stay subject to some tweaks and changes, and which should be ditched altogether?

6. What is EVIE most helpful for?

7. What has worked well while you have been using Evie?

8. What has not worked so well when you have been using Evie?

Exit Question

Is there anything else you would like to say about the project that we have not already discussed?

Thank you for your time and contribution….your feedback has been extremely useful in supporting the evaluation of the project.

7. Appendix 7: EVIE Systems Questionnaire

1 of 4

Introduction

This questionnaire has been developed to support the evaluation of EVIE, a relapse prevention project that uses a system of text messaging to support people during their recovery.

The questions below, aim to gather your thoughts and opinions about your recovery. There are no right and wrong answers and any information you provide will be helpful.

All the information you provide will remain confidential. Your answers will not affect any treatment or support you are receiving now, nor will it impact on any treatment and support you may need in the future.

What will happen with the information I share?

CRI and d2 Digital by Design and the organisation analysing the information, RSA will keep your anonymised answers on a computer.

If you wish to see the interim and final reports which are due to be published in July 2015 and July 2016 respectively, then please discuss this with your recovery worker.

To make sure that independent project evaluators can review the feedback and match respondent answers without disclosing your identity, please state your last 5 digits of your mobile number as your unique identifier. If you have changed the mobile number during the project, please use the last 5 digits of the mobile number that was used first.

Last 5 digits of your mobile number:

Gender

o Male

o Female

Age brackets

o 18-24 years old

o 25-34 years old

o 35-44 years old

o 45-54 years old

o 55-64 years old

o 65-74 years old

o 75 years or older

Are you still in structured treatment with CRI?

o Yes o No

How long have you been receiving and sending the text messages via EVIE system.

o Less than 1 month

o More than 1 month

o More than 3 months

o More than 6 months

o Never

Are you still receiving support and care from a recovery worker at CRI?

o Yes o No

7. Appendix 7: EVIE Systems Questionnaire

2 of 4

Please read the following statements and tick the box that mostly describes your answer.

**if your goal has been to maintain control over your drinking then please read alcohol free/staying off alcohol as "maintain control over alcohol."*

1. Having a sense of purpose in life is important to my recovery journey.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

2. I take my responsibilities seriously.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

3. I have family and / or friends who I can rely on for help if needed.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

4. I have activities that I find enjoyable and fulfilling.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

5. I am able to concentrate on things when I need to.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

6. I am coping with any psychological problems I may have.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

7. I do not look after my health and wellbeing.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

8. When I think of the future I do not feel optimistic about my recovery.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

9. I feel confident that I can remain alcohol free* in the long term.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

10. I have difficulties sleeping.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

11. I have physical health problems that I am not addressing.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

12. I do not have access to the right kinds of support at the times when I need it.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

13. I am able to recognise changes in my mood.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

14. I am able to identify when I am risk of a lapse and/or relapse.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

15. I am able to avoid potential lapse or relapse.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

16. I am able to recognise potential risky personal behaviours.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

17. I engage in activities and events that support my recovery.

o Strongly Disagree o Strongly agree o Not Sure
o Disagree o Agree
o Somewhat disagree o Agree somewhat

Guidelines for delivering Focus Groups – EVIE, project evaluation.

Aim for 8-10 participants per group. Peer Mentor focus groups should be run at the start, mid-point and end of the project. The aim should be to over recruit by approx 20%, this allows for non attendances.

Peer Mentor Co-ordinators will be instrumental in promoting and encouraging peer mentor attendance.

It may be worth considering calling each individual to confirm their attendance and secure verbal confirmation, also calling or text messaging, 1 or 2 days before the planned meeting to again confirm their attendance.

Participants should be informed that the focus group should take no more than 45 mins to 1 hour but it would be wise to invite people to attend approximately 15 minutes before the anticipated start time to allow for refreshments, snacks and registration.

Gain peer mentor consent to participate.

Conducting the Focus Group

The focus group should be facilitated by two people; a facilitator and assistant facilitator, with the former facilitating the discussion and the latter taking notes and running a recorder.

The moderator should use the prepared script (below) to welcome participants, to remind them of the purpose of the group and to set the ground rules.

The moderator should aim to funnel the focus group i.e. allow for an open discussion at the beginning but a more controlled set of questions towards the end.

The aim of the focus group is to help evaluate the project using the indicators “confidence and skill to remain alcohol free” and “adoption of recovery orientated thoughts and behaviours.” It also aims to explore the processes which have supported the outcomes, while allowing space to discuss ‘unintended’ consequences.

Welcome

Thank you for coming along today we appreciate your willingness to participate and offer your thoughts and opinions.

Introductions

Facilitator and assistant facilitator – explain roles.

Purpose of the focus group

You have been asked to participate in this focus group to get your thoughts about EVIE, the Relapse Prevention Software. This is the automated system that sends questions and personalised messages to your mobile phone.

7. Appendix 8: Staff Focus Group – v2

2 of 3

The session of the group is to try and understand your thoughts on what impact this system has on helping people's recovery from alcohol problems and to understand your experiences using EVIE during the pilot.

We need your input and want you to share your honest and open thoughts with us.

Ground Rules

1. We would like you to do most of the talking

a. We would like everyone to participate

b. I may ask your opinion on something if I haven't heard from you in a while

2. There are no right or wrong answers

a. Every person's experiences and opinions are important – please feel free to speak up whether you agree or disagree with a point someone is making

b. We would encourage a wide range of opinions – even if sensitive issues come up

HOWEVER

3. We will be recording the group as part of the analysis of the feedback

a. We want to capture everything you have to say

b. No one will be identified personally in our report, you will remain anonymous

c. The only people who will know who has said what will be those people in the room today.

Engagement Questions

We are here to talk about EVIE the recovery text messaging system.

- What were your thoughts about the project when you first heard about it?

- How did you think the project might help you in your recovery?

- How have your thoughts changed about Evie over the time you have been using it? If so, how and why?

Exploration questions

1. How confident do you feel about staying alcohol free (or keeping your drinking under control)?

a. What has made your confidence increase or decline over recent months?

b. How much of a role do you think Evie has had in terms of increasing that confidence?

c. Why do you feel confident in staying alcohol free/controlled use?

2. What has been the role of:

a. ……the key workers in supporting your greater confidence?

b. ……the peer mentors in supporting your greater confidence?

c. ……the role of the EVIE system in supporting your greater confidence?

3. What things in your life have changed which have made your recovery easier or more difficult?

a. Which things have you deliberately changed yourself?

b. How has the use of Evie helped or not?

4. What additional support would you like for your recovery, that you are currently not able to access?

a. What are your key workers, peer mentors and EVIE, not able to help with?

5. Thinking about these different kinds of support, which bits should continue just as they are, which should stay subject to some tweaks and changes, and which should be ditched altogether?

6. What is EVIE most helpful for?

7. What has worked well while you have been using Evie?

8. What has not worked so well when you have been using Evie?

Exit Question

Is there anything else you would like to say about the project that we have not already discussed?

Thank you for your time and contribution….your feedback has been extremely useful in supporting the evaluation of the project.

Guidelines for delivering Focus Groups – EVIE, project evaluation.

Aim for 8-10 participants per group. Peer Mentor focus groups should be run at the start, mid-point and end of the project. The aim should be to over recruit by approx 20%, this allows for non attendances.

Peer Mentor Co-ordinators will be instrumental in promoting and encouraging peer mentor attendance.

It may be worth considering calling each individual to confirm their attendance and secure verbal confirmation, also calling or text messaging, 1 or 2 days before the planned meeting to again confirm their attendance.

Participants should be informed that the focus group should take no more than 45 mins to 1 hour but it would be wise to invite people to attend approximately 15 minutes before the anticipated start time to allow for refreshments, snacks and registration.

Gain peer mentor consent to participate.

Conducting the Focus Group

The focus group should be facilitated by two people; a facilitator and assistant facilitator, with the former facilitating the discussion and the latter taking notes and running a recorder.

The moderator should use the prepared script (below) to welcome participants, to remind them of the purpose of the group and to set the ground rules.

The moderator should aim to funnel the focus group i.e. allow for an open discussion at the beginning but a more controlled set of questions towards the end.

The aim of the focus group is to help evaluate the project using the indicators “confidence and skill to remain alcohol free” and “adoption of recovery orientated thoughts and behaviours.” It also aims to explore the processes which have supported the outcomes, while allowing space to discuss ‘unintended’ consequences.

Welcome

Thank you for coming along today we appreciate your willingness to participate and offer your thoughts and opinions.

Introductions

Facilitator and assistant facilitator – explain roles.

Purpose of the focus group

You have been asked to participate in this focus group to get your thoughts about EVIE, the Relapse Prevention Software. This is the automated system that sends questions and personalised messages to your mobile phone.

7. Appendix 9: Peer Mentors Focus Group – v2

2 of 3

The session of the group is to try and understand your thoughts on what impact this system has on helping people's recovery from alcohol problems and to understand your experiences using EVIE during the pilot.

We need your input and want you to share your honest and open thoughts with us.

Ground Rules

1. We would like you to do most of the talking

a. We would like everyone to participate

b. I may ask your opinion on something if I haven't heard from you in a while

2. There are no right or wrong answers

a. Every person's experiences and opinions are important – please feel free to speak up whether you agree or disagree with a point someone is making

b. We would encourage a wide range of opinions – even if sensitive issues come up

HOWEVER

3. We will be recording the group as part of the analysis of the feedback

a. We want to capture everything you have to say

b. No one will be identified personally in our report, you will remain anonymous

c. The only people who will know who has said what will be those people in the room today.

Engagement Questions

We are here to talk about EVIE the recovery text messaging system.

- What were your thoughts about the project when you first heard about it?

- How did you think the project might help you in your recovery?

- How have your thoughts changed about Evie over the time you have been using it? If so, how and why?

Exploration questions

1. How confident do you feel about staying alcohol free (or keeping your drinking under control)?

a. What has made your confidence increase or decline over recent months?

b. How much of a role do you think Evie has had in terms of increasing that confidence?

c. Why do you feel confident in staying alcohol free/controlled use?

2. What has been the role of:

a. ……the key workers in supporting your greater confidence?

b. ……the peer mentors in supporting your greater confidence?

c. ……the role of the EVIE system in supporting your greater confidence?

3. What things in your life have changed which have made your recovery easier or more difficult?

a. Which things have you deliberately changed yourself?

b. How has the use of Evie helped or not?

4. What additional support would you like for your recovery, that you are currently not able to access?

a. What are your key workers, peer mentors and EVIE, not able to help with?

5. Thinking about these different kinds of support, which bits should continue just as they are, which should stay subject to some tweaks and changes, and which should be ditched altogether?

6. What is EVIE most helpful for?

7. What has worked well while you have been using Evie?

8. What has not worked so well when you have been using Evie?

Exit Question

Is there anything else you would like to say about the project that we have not already discussed?

Thank you for your time and contribution….your feedback has been extremely useful in supporting the evaluation of the project.

7. Appendix 10: Revised Evaluation Plan

1 of 3

Objective

How the text messaging system enhances active awareness of and participation in relapse prevention techniques by service users.

Evidence Gathered	Mapped to Theory of Change:
(Consider amendments to the focus group questions to ensure the right questions are asked to glean this information – pre and post Evie contact). *d2 Digital | 19th Feb 2016*	Intermediate outcomes 'use' and 'engage' Ultimate goals 1 and 2
Ad-hoc and informal feedback from clients and staff members gathered whilst at services throughout the project lifespan. *d2 Digital | 18th March 2016*	Ultimate goal 2
Recording/presentation of representation rates – has the system reduced the number of re-presentation to structured treatment – data from CRI together with qualitative data from service managers – compared potentially with non-Evie service data (not a comparison group but average representation rates). *d2 Digital | 18th March 2016*	Ultimate goals 1 and 2
Analysis of focus groups *d2 Digital | 15th April 2016*	Ultimate goals 1 and 2

Objective

How the text messaging system enhances active awareness of and participation in relapse prevention techniques by service users.

Evidence Gathered	Mapped to Theory of Change:
Analysis of the motivational responses sent back to client. *d2 Digital | 15th April 2016*	Intermediate outcomes 'use' and 'engage'
Analysis of the motivational questions asked to client. *d2 Digital & CRI | 15th April 2016*	Intermediate 'use' outcomes
Analysis of how much the system has been used by clients – response rate/number of green responses/ number of amber responses/number of red responses. *d2 Digital | 15th April 2016*	Intermediate 'use' outcomes
Analysis of what client found useful and didn't find useful about the messages sent - focus groups. *d2 Digital | 15th April 2016*	Intermediate 'use' outcomes

7. Appendix 10: Revised Evaluation Plan

2 of 3

Objective

How treatment services can enhance their capacity for providing longer term reactive support to people at high risk relapse points using the text messaging system.

Evidence Gathered	Mapped to Theory of Change:
Analysis of focus groups – specific questions added to focus groups around the use of 2 and 3 responses in terms of managing those at high risk of relapse – impact of using Evie to do this on workload and time. *d2 Digital & CRI | 15th April 2016*	Ultimate goal 2
Analysis and monitoring of system use - 3 responses - time it took a service to respond to them – how did this impact on risk of relapse – from staff and clients perspectives – how does Evie system increase the capacity to manage these clients – insight gathered through focus groups. *d2 Digital | 15th April 2016*	Ultimate goal 2
Analysis and monitoring of system use - 2 response *d2 Digital | 15th April 2016*	Ultimate goal 2

Objective

Initial evaluation of implementation package.

Evidence Gathered	Mapped to Theory of Change:
Feedback from those that receive the package of information (i.e. CRI regional/area directors) as to its perceived value and usefulness regarding the implementation of a digital intervention. *d2 Digital and CRI | Mid May 2016*	Intermediate outcomes 'use' and 'engage'

Evaluation also to include

- Report on implementation (form the short report on learning required in the milestones).
- What worked and what didn't work.
- How is success demonstrated.
- Who is needed from a service and d2 perspective in terms of a successful roll out.
- Penetration rates v's engagement rates.
- Comparison of East Lancs to West Kent – what made the difference in East Lancs in terms of penetration rate.
- Any changes from original project ambitions and why they changed i.e. how peer mentors are actually embedded within the service and the impact this had on the project.
- Initial training plan – what could have been done differently and the potential impact of this.
- Information gathered throughout the project's lifespan
- Some of which has already been gathered and documented from phone calls/steering group meetings/project team calls/meetings.

Discontinuation of quantitative analysis

The following quantitative analysis measures have been taken out from the original evaluation plan for the following reasons:

Measure	Reason for Removal
Measuring cost effectiveness through analysis of re-referral rates provided by CRI/D2Digital. Draw conclusions about the economic impact of the pilot project, based on comparison of re-presentation/self-reported relapse rates between experimental group, control group and national averages (with support of Nesta Health Economist).	A control group was never identified therefore comparisons cannot be made to the experimental group (i.e. those recruited to Evie). Additionally, Nesta were no longer in a position to supply a health economist, therefore it is not be possible to include economic impact in the evaluation (taken from an email from Susie Pascoe at RSA on 21/05/15.
Measuring impact on successful outcome rates - based on the above quantitative data and referencing the qualitative data that will be explained under the next heading.	Questionnaires were not completed by clients at the beginning of treatment therefore the baseline was never achieved. Additionally, it is difficult to evaluate success rates – this was never defined in the beginning therefore what is deemed a success was never agreed.
Analysis of recovery capital measurement (details to be provided by the RSA) pre, mid and post project from recovery capital measures taken pre and post treatment, and data recorded by the text messaging service. Analysis of participants' self-reported abstinence and relapse rates/reasons during the project timeframe. Reported through postal/weblink questionnaires.	Questionnaires were not completed by all clients engaged with Evie – only 59 were completed and inputted onto yourthoughtscount. Additionally, clients were not given the questionnaires at the beginning of treatment to enable comparisons to be made at the mid and end of treatment.
Analysis of trends regarding participants who self-report relapse or re-present to treatment services. Reported through postal/weblink questionnaires.	As above re questionnaires however this is being covered in the above plan as qualitative analysis rather.

Please note we will endeavour to capture some of the above in the revised evaluation plan submitted.

Peer to Peer Relapse Prevention Project

Introduction

Agreement between [.....] and CRI.

This is an agreement between you and CRI, and relates to a digital Relapse Prevention project (EVIE) that you have been invited to participate in. The main aim of the project is to help you maintain the changes you have made to your alcohol consumption and to reduce the risk of a lapse or relapse. The system will be operated by CRI Recovery Workers and CRI Peer Mentors.

EVIE is currently being operated as a pilot therefore having your experience and involvement as a client of the project will be invaluable to the evaluation of the service. By attending you will have the opportunity to contribute and to offer your opinions at any focus groups, interviews or questionnaires.

By engaging with this project you will be committing and agreeing to receive and respond to text messages designed to support you during your continued recovery. There are 2 numbers that you will receive messages from:

- Appointment reminders will be sent from +44 7860 005098

- Text messages will be sent from +44 7860 005097

Please could you save these numbers into your mobile phone – the project name is EVIE. If you feel you would rather put this under a different name that is up to you.

The following provides you with further Information as to how this pilot works and what it means if you decide to take part.

How the Project Works

There are 3 aspects of the system designed and set up to enable the project to support you effectively:

1. Appointment reminder system

If you choose to receive appointment reminders the system will send you a text message the day before your planned appointment. You are asked to respond to say whether you plan to attend or not.

CRI Recovery Workers and CRI Peer Mentors may also use this facility if they need to cancel and rearrange an appointment for any reason, although they will make every attempt to speak to you directly in the first instance.

2. Text Messages

You will be sent daily (the frequency can be varied to suit your needs) text messages asking how you are doing in relation to one area of your recovery. You are required to respond "1" If you are OK, "2" if you are struggling and "3" if you need help. Your response of 1, 2 or 3 should indicate your level of need.

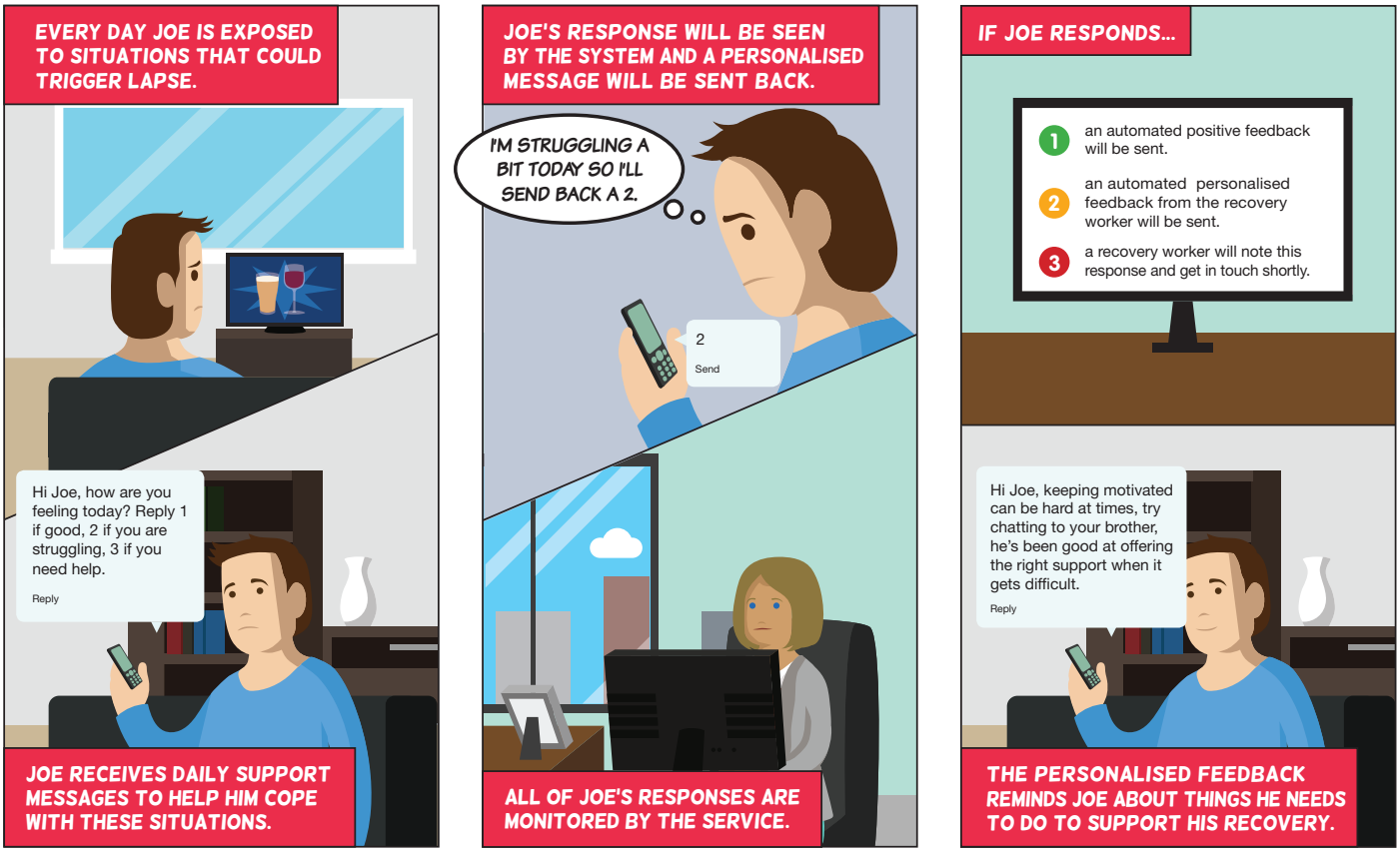
- If you reply "1" – you will get an affirmation message in response eg. Keep up the great work!

- If you reply "2" – you will get a personalised response that relates directly to your recovery plans.

- If you reply "3" – you will receive a response that states "The services have noted your response and will be in touch as soon as possible."

We suggest that when you respond to the questions, you accurately reflect as much as possible how you are feeling at that time, as this will trigger the most appropriate response from the service.

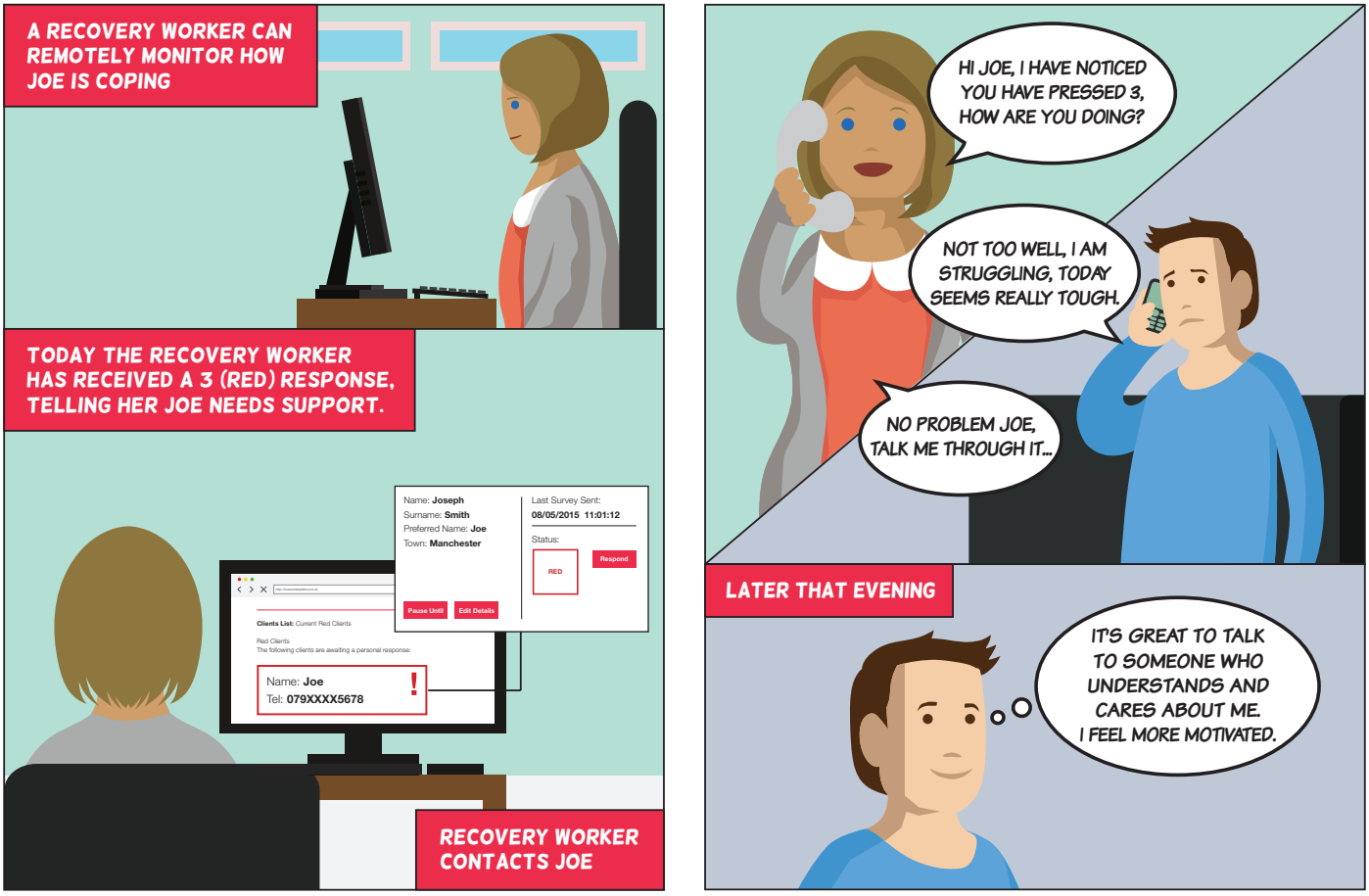
If your feelings deteriorate throughout the day you can respond differently to the same message and your response will be noted. So for instance if you reply "1" in the morning to say you are OK but find yourself having great difficulty at a later stage in the day you can respond "3" to the same message and the services will be alerted to your need by seeing a "red" response.



CRI Recovery Workers and CRI Peer Mentors will be monitoring an internet based dashboard which displays your response in a Red (3), Amber (2), Green (1) or RAG system.

3. Remote Monitoring

CRI Recovery Workers and CRI Peer Mentors will be alerted to those clients who have responded "3" and will be prompted to contact them by telephone to discuss any concerning issues in more depth and offer any further necessary support.



Please Note:

CRI Recovery Workers and CRI Peer Mentors will receive automatic notification if you fail to respond to the text messages on 3 consecutive occasions (this does not include appointment reminders).

If you are going away on holiday or know that you will be in a situation where you are unable to respond to the messages, please let your Recovery Worker or Peer Mentor know and they can suspend the messages until such time when you are able to respond.

If you fail to respond on 3 consecutive occasions, your case will be discussed the next working day and the Recovery Workers may make further attempts to contact you and check your welfare.

Failing to respond in this way will alert the service to the potential that you may have lapsed or relapsed, and they will make every effort to get in touch with you. This may be wasted effort for already stretched services, and so if you are okay and you no longer wish to respond to the text messages, please ensure you let either a Recovery Worker or Peer Mentor know.

If you respond “3” outside of service hours, you will receive a text message that provides contact details for Alcoholics Anonymous and the Samaritans. The services will still receive a “red “response and will get in touch at the earliest opportunity.

If you call Alcoholics Anonymous or Samaritans from your mobile you will be charged considerably more than if you call from a landline.

Your Information

The software we will be using for this pilot requires a minimum of data in order to support your continued recovery; however the information you provide will be available for CRI Recovery Workers and allocated CRI Peer Mentors to see.

CRI Peer Mentors will have a restricted view of the information held within the system with only your full name and mobile phone number being available for them to access/view.

CRI Peer mentors will also be helping to develop the personalised responses in the system, in partnership with you. As such, they may be aware of personal details in relation to your recovery. You will be informed by your Recovery Worker which Peer Mentors will be offering you support using this software.

All CRI Peer Mentors have undergone a comprehensive training programme and have been cleared by Disclosure and Barring Service before being allowed to operate this system and take part in this pilot.

It is important you are therefore aware how your personal data will be processed and managed, as by signing this contract you are agreeing to share this information with allocated CRI Peer Mentors.

The company that operates this software is d2 Digital by Design. d2 Digital by Design as a data processor, is committed to ensuring that any information they have about individuals is used solely for the purpose it is intended, that individuals can find out about their personal data, be given access to it and have the right to correct factual information if it is inaccurate. d2 Digital by Design processes only the limited data, which is supplied by your substance misuse service provider, to operate this system.

The Data Protection Act 1998 provides you with a right of access to information that organisations hold about you. This is called “Subject Access Request” in the Act, and entitles you (with certain restrictions) to access information CRI holds on you. By submitting a Subject Access Request in writing, provides you with the right to see the information contained in personal data.

Project Evaluation

We would like to invite you to feedback on this project. This might include questionnaire surveys, focus groups and semi structured-interviews throughout the project.

To make sure that independent project evaluators can review the feedback and match respondent answers without disclosing your identity, you will be asked to state last 5 digits of your mobile number as your unique identifier.

If you have changed the mobile number during the project, please use the last 5 digits of the mobile number that was used first.

7. Appendix 11: Client Consent Form

6 of 6

For the time this pilot is running, please see below the main contacts to use should you have any further queries, questions or concerns before deciding to get involved in this project:

Service (Manager or Recovery Worker)

Name, Surname:

Signature_____

Date:

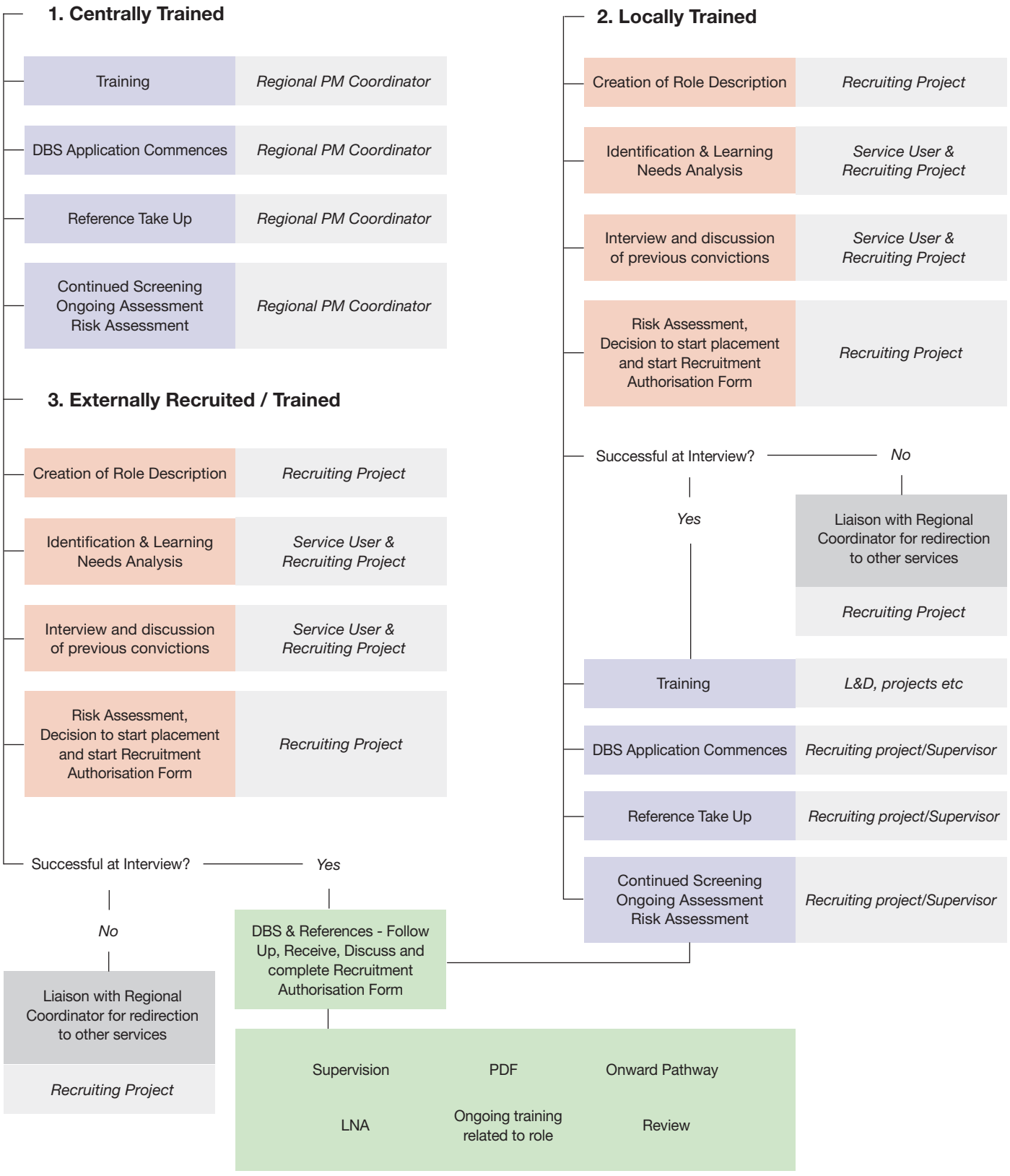
Client

Name, Surname:

Signature_____

Date:

7. Appendix 12: CRI Peer Mentor Recruitment and Training Process



Training Recruitment Placement Person Responsible