

Dunlewey Addiction Services Ltd Annual Review 01 April 2023 - 31 March 2024.

Objects of the Company

Dunlewey Addiction Services provides counselling, training, aftercare, support and advice services in the field of addictions. We offer free and confidential counselling, training and mentoring for those experiencing difficulties with their own, or other people's substance misuse or gambling issues. Our services are delivered across a number of Health & Social Care Trusts areas in Northern Ireland. The Problem Gambling service is provided Ireland wide.

The organisation's objects are for the relief of persons suffering from alcohol, solvents, drug or gambling dependency, the advancement of education and the protection of health and, in particular, to provide counselling for people who are concerned about chemical dependency and to provide education and training on substance use.

Public Benefits

The direct benefits flowing from Dunlewey Addiction Service include:

Improve mental health and well-being of people with addictions.

Provide individualised support to enhance the recovery journey for service users.

Support and empower service users to build positive routines, structure, and goals into their daily lives.

Promote a self-care approach to recovery.

For families, we develop a greater understanding of addiction issues being faced by their family member. Improve relationships between people with addictions and their families.

These benefits will be evidenced through feedback from service users and regular internal and external monitoring and evaluation of all our services. An annual report is produced each year which collates the benefits identified.

There is no harm arising from the organisation purposes.

The beneficiaries are all individuals who are affected directly or indirectly by substance use and problem gambling issues.

There is no private benefit flowing from the organisation's purposes.

Adult Services Belfast in HSCT area

In the year 1st April 2023 – 31st March 2024, 254 service users availed of Dunlewey Counselling Services. In the year 1st April 2023 – 31st March 2024, 1754, sessions were offered. A total of 1193 sessions were completed through this service, with an additional 180 fail to attends (1373 in total). Averaging 6 sessions per client.

There were 170 Male and 84 Females engaging in counselling for this period. The highest age range was 25-44 with 141 out of the 254 service users in this category 102 male and 39 females.

Figures are similar year on year for most age groups with the exception of 18-24 yr olds having a 100% increase.

Out of the 254 service users the highest number originated from North Belfast, this has been identified as an ongoing trend from analysing previous years referrals. The location of our main office in North Belfast provides reasoning.

108 service users originated from North Belfast, 57 from West Belfast (200% increase on previous year), 7 from South Belfast (100% decrease on last year) and 9 from East Belfast.

Substance use figures identified that 79 service users presented with Alcohol dependency. 63 service users identified cocaine as primary substance. These figures can on occasion overlap as service users often present with one substance issue which through exploration and assessment can often translate to multiple substances. This is most common with Cocaine and Alcohol, as alcohol is a depressant substance which can lower inhibitions leading to the use of the stimulant drug Cocaine. (75% of cocaine users stated alcohol as a secondary substance)

In comparison to last year Cocaine use has slightly decreased as the main named substance, with Crack cocaine and pink cocaine (for women) as a main substance emerging.

The introduction of THC and Gas had been identified in 2023-2024 specifically with in the 18-24 bracket with females presenting with THC dependency and Males identifying Gas usage, these figures have stayed similar to 2022-2023.

Opiates has stayed the same, however this may be due to the streamlining of referrals and appropriate referrals. The overlap between polydrug use and opiate use has increased with opiates not being disclosed as primary substance.

10 service users identified as concerned relatives which has been a decrease on last year, also due to referral pathway, this service enables the service to provide support to not only the user but to those affected by the substance in the wider family circle, providing psychoeducation and a supportive listening ear. A counsellor with extensive experience in working with concerned family members has been brought on board to ensure we keep the service users' agenda at the forefront of our service.

Of the 405 referrals 47 declined the service, 3 were duplicate referrals and 57 did not respond to contact. Leaving 298 live referrals (405-47-3-57=298).

The highest referral source was CAT (34%), followed by self-referrals (26%).

Evaluations of the service were overall very positive.

- 84%- very positive.
- 9% - very helpful.
- 7% - stating more time would be beneficial.

Over 45% of clients requested an extension on top of 6 sessions initially offered.

"This is the first time I felt ok to be me" Sept 23

" I love that I'm learning the dynamics of addiction" Feb 24

"Without your help I think my son would be dead, you have saved his life"
March 24

HUB

Within the Community Addiction Team referrals, a separate HUB section has been in use. This is to ensure that service users receive the

appropriate level of treatment to suit their individual needs at the time of referral. Dunlewey aim to offer an assessment within a timeline of 3-6 weeks, however at times depending on waiting lists this can move to 6-9 weeks.

6 HUB clients have been stepped back for further specialised support. This service allows the client's needs and agenda to be at the forefront of our care and works with in the ethical principles of beneficence and non-maleficence as laid out by the BACP framework.

Of the 139 referrals made by CAT in the year 31st of March 2023 and 1st of April 2024, 89 originated from the HUB. All these service users have been offered counselling and commenced with one of our counsellors. 4 are on hold due to personal issues.

STEP 2 Early Intervention Service South Eastern HSCT

During 2023 - 2024 the Step 2 Early Intervention Service supported 376 clients, providing a total of 4350 sessions to individuals and families affected directly or indirectly by substance misuse.

REFERRALS, STATISTICS AND TRENDS

During the 2023-2024 period the service received a total of 674 referrals. Family members affected by substance misuse accounted for 11% of referrals. This is a slight decrease on 2022/2023 (15%) however is still an increase compared to previous years. This can be attributed to promotional work and networking, particularly with Carers support services.

Males continue to be the primary cohort representing 59% of adult treatment referrals however there has been a slight increase of 3% in the number of females referring to the service. In comparison to last

year, there have been slight shifts in age profile. Of note, we recorded a 3% increase in referrals for 60 years old and over, and alcohol was registered as the substance of choice for 68% of these cohorts.

25-44-year-olds accounted for 57% of referrals, Like last year, 25– 44-year-olds, represented the highest percentage. 56% of all referrals, and 41% of these referrers cited alcohol as their primary substance, cannabis was the 2nd drug of choice at 26% Alcohol consistently continues to be the preferred drug of choice, accounting for 58% of adult treatment referrals, however it should be noted that alcohol pairs with drug use for 47% of service users.

53% of this cohort reported using alcohol with no other substance. The number of clients reporting cocaine use stands at 21%, with 64% of these reporting using cocaine only, and 36% reported using cocaine in addition to another substance. 44% of these referrals were for males aged 18–30yrs old.

Self-referrals continue to be the primary source of referrals, representing 48% of referrals. Almost 6% of referrals were re-referrals from clients who had previously used the service. Referrals from CAT remained static at approximately 32%. While consistent with the previous year, it is still significantly lower than previous years. This has started to increase due to networking and partnership working.

FAMILIES There has been a slight decrease (4%) in the number of referrals received for family members. 3% of these were for more than one family member, primarily parents, accessing the service in relation to an adult child. 81% of referrals for family support were for female. Like previous years, females are the primary cohort accounting for 87.5% of referrals, a slight increase from last year. The oldest person who referred for family support was a 77-year-old female. The majority of family members were self-referrals and referred in relation to an adult child. Overall, IMT outcomes report positive changes from beginning to end of treatment including increased coping skills, improved physical symptoms and an increased support network.

The Step 2 Service provides a hybrid service to accommodate the needs of service users. We continue to offer face-to-face appointments across all our bases and have re-established a presence in most of our outreach

clinics. 2023/2024 has evidenced a shift in client preference opting for Face-to-Face counselling as opposed to Tel/online since the First Quarter.

However, we continue to offer a more inclusive service, supporting clients who prefer to engage remotely by offering telephone and video calls. This allows clients who are working, disabled or live rurally, the opportunity avail of Dunlewey services. We are also offering evening sessions and have availability for weekend sessions.

Our service provision has been greatly enhanced by the Support Worker role, focusing on communication with those on waiting lists, triaging for appointments and brief interventions.

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We continue to develop partnerships and networking with other service providers.

The team successfully completed the Applied Suicide Intervention Skills Training along with Mental Health First Aid, Motivational interviewing, Child Protection Training with Children in Northern Ireland and Trauma informed care.

The team provides regular electronic reports to the Community Addiction Team (CAT) on waiting lists and liaise with the Probation Board for Northern Ireland (PBNI) and other professionals on an ongoing basis. We continue to network and promote the service to ensure referral agencies and clients are aware of referral processes and waiting times.

We have established a positive and effective working relationship with The Community Addiction Teams (CAT). We continue to liaise with CAT and provide monthly referral updates.

Dunlewey Addiction Services (DAS) continue to work in the Lisburn, Lagan Valley Hospital Primary and Community Care Centre with the CAT Team.

DAS continue to attend CAT meetings at Lough House, Newtownards, Bernagh House, Downpatrick re referral updates.

DAS continues to have an effective working relationship with PBNI and liaise collaboratively with re client referrals and updates.

In addition, counsellors continue to engage with individual Probation Officers on an ongoing basis. This is extremely beneficial for updating and addressing any concerns.

We recognise the challenges clients experience in identifying and engaging in safe social and recreational activities and maintaining their recovery. Our New Activity, Recovery, Coaching, Help (New ARCH) programme is promoted to Dunlewey Addiction Services (DAS) clients and to the wider community. The program has been a valuable resource for our clients, particularly those who are in the maintenance stage of their recovery. We have online and face to face groups operating four sessions per week, covering topics such as cooking, personal development, walking groups and mindfulness.

We actively promote our Expert Through Experience Groups to service users within the Southeast. This programme is for adults in recovery to help them get back to a life without addiction by promoting socialization, confidence and esteem building and group activities.

STEP 2 Partnership Early Intervention Service **Southern HSCT**

This service is provided in partnership with Addiction NI, Ascertainment and Extern. Dunlewey addiction services are lead partner.

The Step 2 Partnership has continued to grow and develop over this past year and has become a valuable addition to addiction services in the Southern Trust area. Weekly triage meetings offer an opportunity for partners to meet to discuss referrals and provide an excellent forum to discuss client issues and receive support from other partners. One of the strengths of the partnership is the trust and cohesion developed within the team as we work together to ensure the best outcomes for clients.

The Step 2 Partnership received a total of 542 referrals during the period 2023-2024, an increase of 20% compared to the previous year. The

partnership has been proactive in promoting the service across the Southern Trust area, availing of opportunities to attend health fairs, workshops and other events to raise the profile of the service within the local community and ensure other services and professionals are aware of the service and have been provided with S2P referral forms and pathway guidance. We continue to hold weekly triage meetings and regularly invite other professionals to attend to facilitate the sharing of information on respective services and referral pathways. We continue to develop our relationship with CAT and welcome their attendance at weekly triage meetings. This has been invaluable in providing a direct referral pathway for stepping up and down between our respective services. During this year we have updated our referral forms to include consent to share information and referrals with CAT and attended CAT team meetings to discuss the service with their staff. We have worked alongside CAT to promote the service to GP's with the aim of increasing their awareness of the S2P, highlighting the differences between Step 2 and Step 3 services, and a better understanding of referral pathways. To facilitate this, we have attended meetings with the GP federation and send regular updates on the service. Referrals from GP's and Mental Health Practitioners accounted for 21% of referrals.

The partnership was fortunate to receive a donation from the PSNI which was used to fund printing new literature to promote the service. A total of 7500 leaflets and 200 posters have been distributed across the trust area and added to online sites. As a result, we are receiving referrals from new sources and notably are being contacted by SU directly to enquire about and refer into the service. The partnership has forged strong links with PBNi during this year and seen a 50% increase in referrals, when combined with the PSNI referrals, this accounts for 21% of all referrals received. The majority of referrals, 24%, were self-referrals.

In the period 2023/24, DAS directly supported 82 SU and provided over 1000 hrs of support to individuals affected directly or indirectly by substance misuse.

REFERRALS, STATISTICS AND TRENDS

The Step 2 Service aims to **reduce harm** caused by substance misuse and supports clients to make lifestyle changes that will improve their quality of life and reduce the risk of relapse. and work with clients in a

collaborative way to agree a treatment plan that is uniquely appropriate to their needs and considers continued support post treatment to help maintain the changes they have made.

DAS received 141 referrals and 58% went on to engage in treatment. Like last year, approx. 9% of referrals were for family members. Overall referrals and presentations were:

- 68% Male
- Mean age 25-44
- 44% - alcohol as main substance
- 57% Single

Following on from Covid, we have continued to offer a hybrid service, which is informed by client choice and on average 45% of clients opt for remote support. Feedback from clients highlights the ease of accessibility in terms of location and time, as the main benefits.

Like previous years, alcohol is the primary substance, with alcohol only, and alcohol & drug use, accounting for 65% of SU. The partnership received its first referral for Spice, a 20yr old male also using cannabis.

FAMILIES

Families accounted for approx. 9% of our referrals this past year. All but one SU who engaged with the service were female and the average age of family members was 60-70 yr old, accessing support in relation to a child. We have supported family members in a range of ways, offering counselling, the 5 Step Method, supplying information and resources for eg: 'Taking the lid off' and information on services available to support them, and their loved ones. We have also been signposting to Inspire who offer a zoom family support group and find this has been a good resource and support for some family members. The service has also accommodated joint sessions with parents and worked with supported

members of the same family by linking them in with different counsellors to ensure their individual needs are being met.

Step 2 Young People Services — (11-25 year olds) **Southern HSCT**

One to one Support:

Service users (SU's) described as a 11 to 25-year-old with substance mild to moderate substance use/misuse concerns.

To date there have been 2283.75 hours provided to 295 SUs, each SU receiving an average of 7.7 hours of support. This includes 160 referrals received 23-24 (plus 55 who did not register with the service and provided no details) in addition to the provision of continued support to 80 service users referred 22-23.

The total of one-to-one hours provided to service users include follow up for assessment, appointments, check ins, social service support, step up/step down handovers and supervision support.

The options for in-person, remote, or hybrid support—which blends in-person and remote support—remain available to service users to best meet their needs. Families are typically using online support, with approximately 90–95% of young people choosing a face-to-face or hybrid method. All DA-FACTS staff members have received comprehensive training and hold a diploma in online and telephone counselling. It is crucial, therefore, that young people and families feel heard, appreciated, and able to relate to their online counsellor.

Vaping among young people had been identified as an issue of concern by DA-FACTS staff in Q1 and data began to be collected to ascertain the prevalence of vaping among service users. In reporting year 2023-2024, 81% of young people presenting to the service stated that they used

vapes. Half of the young people who did vape disclosed that they were vaping THC/Spice. Worryingly a large proportion of the young people were aged 13-16 years and allege that they have access to substances in or around school premises. Young people also state they use various apps (Telegraph, snapchat) to purchase online. It is noted by DA-FACTS staff that there has been a definite intensification of young people reported to be vaping THC/Spice in Q3 and Q4.

Findings from American Heart association (2023) study of more than 2500 people aged 13-24 years found that nicotine only vapers, THC only vapers and dual vapers (of nicotine and THC) were more likely to report anxiety symptoms, depressive symptoms and suicidal thoughts when compared with peers who did not use electronic cigarettes or vape THC. Coincidentally staff note a 12% increase on previous year, with 45% of referrals reporting mental health concerns.

When service users do participate, they do so at a medium to high level, making use of resources such as reduction plans, harm reduction, and staff interactions to change their relationship with substances. They also function as role models for their younger siblings and classmates. Several service users have either resumed their study or found work, expressing that the DA-FACTS intervention allowed them to reach their full potential.

Positive feedback has come from parents and caregivers who report seeing improvements in their young person's behaviour and mood, which has in turn improved relationships at home and lessened parental stress.

At multidisciplinary meetings, it is consistently observed that Dunlewey personnel are acknowledged as one of the primary and most enduring sources of assistance in the lives of young people. Many young people have self-referred to Dunlewey, saying they feel respected, accepted, and listened to by the staff. Young people benefit from this constant approach.

Group work:

This year has saw reduced uptake in groupwork with 6 group workshops completed- 55 young people were provided with groupwork, 10 of which did not register with the service for additional 1-1 support. Q2 saw no group work taking place however numbers steadily increased in Q3 and Q4

The groups that did take place were existing community/youth groups where a need had been defined. Young people are more likely than any other age group to use illicit substances because they have a great propensity for experimentation, are curious, are vulnerable to peer pressure, rebel against authority and have lower self-esteem.

DA-FACTS group sessions focused on substance use and mental wellbeing- (reasons for use, substance as a coping strategy, self-esteem, self-worth, healthy coping strategies, breathing exercises and mindfulness) Promoting self-worth, building resilience and fostering healthy coping mechanisms are essential in preventing substance misuse among young individuals.

Given that discussing emotions, experiences, and coping mechanisms in a group setting might be frightening, the work has been interactive and creatively oriented. Using resources like games and therapy dice facilitated conversations with peers about coping mechanisms, defining emotions, and recognizing triggers. The positive impact of peer support within the groups on the mental health of the participants was demonstrated by their comments and evaluations, wherein they expressed a sense of self-worth and realized they were not alone in their experiences or coping mechanisms.

Family Support:

Family support has been provided to engaged, families with a young person attending the service and non-engaged, families that do not have a young person attending for support.

Undoubtedly, as families try to adjust to a member who is misusing substance, they face greater stress, distress, and conflict. To preserve each person's wellbeing as much as possible, it is essential that all family members seek treatment and support at such times.

Staff have sought to actively promote the service educating family members at point of contact about the impact of substance use on the family unit. As a result, families (parents, carers and siblings) availing themselves of support have increased significantly.

128 engaged families provided with support; with a total of 675.75 hours delivered to families equating to 5.2 hours of support per family. A family can be defined as having more than one person, a total of 157 family members have received support.

Non-engaged family support was provided to 75 families, with a total of 367 hours for support equating to 4.8 hours of support for each family. It is reported by staff that families are consistently requesting additional sessions as they feel 5 is “just not enough”.

It is noted that 51% of family support has been provided to anonymous service users/ families who did not register with the service. Some of this support has been one off interventions, sign posting, awareness raising and providing a safe space to offload.

Family members often hesitate to seek support around substance use due to stigma-shame, guilt or blame. Addressing stigma and promoting understanding, hope and kindness are crucial steps towards encouraging family members to seek support. To help alleviate stigma and judgemental attitude, staff have designed and produced an information leaflet specifically for family members explaining the impact of substance use on the family members.

The support provided has been face to face, via telephone and text along with hours provided for in person appointments or other work that supports a service user's / family recovery care plan. The blended approach offers flexibility to suit the needs of working parents/grandparents. The ratio for face to face/ online support is 70/30.

Support to families has included attendance at case conferencing, leaving & aftercare reviews, Criminal Justice / Social Services reports and step up / down handovers, peer support / supervision meetings and clinical supervision.

Other Work:

There has been attendance at several team meetings, networking events, and presentations made to secondary schools, colleges of higher education, and community-based organizations to promote the service to primary target groups. Stepped care services have also been provided to families affected as well as to young people identified as having substance misuse concerns.

To guarantee that the service is available to the hardest-to-reach populations, with a focus on rural regions in particular, networking and connection with important community leaders is necessary. Obstacles such as physical and/or mental impairment, diversity concerns like religion, ethnicity, and sexual orientation, and other obstacles beyond the

potential service user's control that could lead to low involvement with the service have been minimized.

Attendance at SDACT meetings and Service Providers Network.

Attendance and participation at PHA Stakeholder Engagement Zoom Meetings for adult and youth services.

Participation in PHA led research into the needs of family members impacted by young person's substance misuse.

Service promo with schools, youth groups, health services both face to face and via mail shot with referral form

Regular updates on the website and online platforms- Facebook, twitter etc.

There have been regular updates of Substance Misuse Database, referral database and Impact Measurement Tool. all new referral reaching assessment, completion of all relevant paperwork, care plans and reviews etc.

Provision of telephone / online working when requested to strengthen support to clients / families and ascertain appropriate support required for target groups.

Throughout the last year, overall themes presented to staff have centered on mental health, substance misuse, self-esteem building resilience, peer pressure and anxiety.

Staff continually provide follow-up support to clients for non-attendance, this can be to Social Services, PBNI. Youth Justice, Family Support Hubs etc.

Problem Gambling Service- Nationwide

Problem Gambling Service- Nationwide Since 2008 Dunlewey Addiction Services have been providing services to individuals experiencing issues with problem gambling across the island of Ireland.

We have also provided an ARCH programme for service users during the year 2023 to 2024. These service users have completed their counselling with Dunlewey gambling service. The programme was provided Ireland wide through Zoom. Feedback from the programmes was very positive with external evaluation obtained. In July 2023 we established the first Ladies only support group for problem gambling in Northern Ireland. This group was created to meet the needs of our female service users who felt uncomfortable in other support groups as the ratio to males was much higher. The group continues to run.

From 1st April 2023 – 30th April 2024 there were 3860 calls made to the problem gambling helpline.

The calls were made up as follows: -

70% Brief interventions & Health & wellbeing

20 % Referred 1 to 1 counselling.

10 % Other

30% of calls were made by a family member+

Dunlewey Addiction Problem Gambling Service offered 1906 counselling sessions to 258 service users.

Most service users were self-referral (64%).

The majority of service users attending the counselling service were:

- male (73%) compared to females at (27%).
- 25-44 years old was the highest age category representing (56%) of all service users.
- The highest presenting gambling activity was Online Betting (31%) followed by (24%) betting on sports at the bookies.
- The remaining of our referrals were for inhouse play at Casino's/Arcades, Scratch card/lottery, and other,
- 16% concerned relatives calling for support.
- Over 94% found the counselling service to be very helpful.

New ARCH Programme

The New ARCH programme is funded by the National Lottery to support clients in recovery from substance misuse. The aim of the programme is to provide tailored support to individual's needs to enhance their recovery journey. Support includes weekly well-being activities, one to one mentoring and coaching, group-based sessions and family and peer support. It is targeted at people who have experienced significant problems as a result of their addiction and requires additional support to ensure that they remain in the recovery process.

The funding of the New ARCH programme ended in September 2023. This report is divided into two sections. Section one is an overview of referrals to the New ARCH programme during 2023 to 2024 and section two is an overview of engagement of New ARCH participants over the course of the programme.

Since April 2023, 85 referrals have been received for the New ARCH programme. The low referral rate compared to last year was due to the end of the funding and referrals were placed on hold awaiting the outcome of the funding. Of the referrals received 65% (55) were from Belfast Trust, 28% (24) were from the South-Eastern trust and 7 % (6) were from the Southern Trust.

The gender of referrals to the New ARCH programme was 54% (46) for males of the overall referrals and 46% (39) were female. This highlights that males were more likely to ask for further support in their recovery. Compared with the previous year there has been a decrease in males being referred by 3% and an increase in females being referred to the New ARCH by 4%.

The age range of referrals was the highest for the 25 to 34 age group at 28%. Referrals for the 18 to 24 age group was 4% (3), for the 25 to 34 age group the referrals were 28% (24), 19% (6) of all referrals were between 35 to 44 age group, the 45 to 54 age group was 16% (14), the 55 to 64 age group was 22% (19) and 65 + 4% (3) and age unknown 7% (6). These results show that the 25-34 years old are more likely to want further support in their recovery. There has also been an increase in 8% from last year for referrals of those aged between 55-64.

Alcohol continues to be the preferred drug of choice for New ARCH referrals with 62% (53), followed by cocaine at 14% (12), prescription medication 7% (6), not known 6% (5), cannabis 5% (4), poly substance misuse 4% (3) gambling 1% (1), alcohol and cannabis 1% (1). This highlights that people with alcohol misuse are seeking more help in their recovery journey than other substances. Compared to last year there were no referrals for heroin, crack cocaine and alcohol + cocaine. There was an increase in alcohol referrals of 5% and cocaine by 4%.

Referrals to the New ARCH programme were received by several different organizations. Dunlewey Addictions Counselling Service and self-referrals were the highest referrers with 26%. CAT referred 20% (17), Mental health referred 8% (7), Leonard Cheshire referred 6% and Carlisle house and Extern referred 5% (4). Other referrers include Simon community 2%, PBNi 1% (1) and social services 1% (1). The results show that when clients have completed counselling support, they are more likely to ask for further support in their recovery. It is also interesting that self-referrals accounted for a quarter of all referrals highlighting the need for more support for people trying to stay in the recovery process. This was the first year that referrals from Leonard Cheshire were received.

Engagement of participants in the New ARCH programme

The New ARCH programme covers a large area and groups were delivered depending on the areas with the highest referrals received. The Belfast face-face group has been running throughout 2023 to 2024 along with the evening zoom group for those who are working or find it difficult to attend a face-to-face group. Face-to-face groups have also been delivered in Lisburn and Newcastle areas.

During 2023 and 2024 there were a total of seven New ARCH groups delivered. Seventy-three participants were assessed and booked onto the group and fifty-two attended one or more sessions. Reasons why participants did not engage was that they wanted be placed on hold for future programmes and some declined the service.

A number of activity sessions were developed for the participants to complete in order to support their emotional, social, physical and intellectual development while in recovery. These sessions included the cycle of change, identifying and managing boundaries, relapse prevention, identifying and managing emotions, managing stress, healthy eating, exercise, improving self-esteem, challenging the inner critic and suicide awareness. The participants also engaged in practical sessions including mindfulness, cooking, photography, music and walking, singing and guitar sessions.

During 2023 to 2024 one-hundred and thirteen New ARCH session were delivered. The sessions that had the highest attendance included the introduction/ cycle of change, relapse prevention, identifying and managing emotions, healthy eating, improving self-esteem and managing stress. It is difficult to compare the sessions as each group completed different sessions depending on what they needed. At the beginning of each group there was a discussion about what sessions they would like to participate in while on the programme. The facilitator worked with the group to plan activities for the programme. This was an empowering experience for participants given that they will have the

opportunity to collectively design a programme of support at a time when they may feel little control over elements of their lives as a result of their addiction.

In relation to the New ARCH activity sessions that were delivered, 62% (53) of participants engaged in one or more sessions and 38% (20) did not engage in any sessions. The reasons for lack of engagement included participants wanting to be placed on hold, others had difficulty attending due to a high number of appointments with other service providers, others had taken ill and missed the first couple of sessions and felt they had missed too many sessions, others went to rehab and others did not respond to contact. Of those who engaged in New ARCH 17% (9) attended between one and four sessions, 13% (7) attended between five and eight sessions, 32% (17) attended between nine and twelve sessions and 38% (20) attended thirteen plus sessions. The results show that attendance of 13 + sessions had the highest percentage of engaged participants highlighting the importance of attending all the sessions where possible to enhance recovery during the New ARCH programme.

Focus Groups

The New ARCH focus group meets every two months to discuss the development of the New ARCH programme. During the programme six focus group meetings were held. There are seven members who attend the group that previously attended the New ARCH groups. The aim of the focus group is to look at the effectiveness of the New ARCH programme, the delivery of programmes and the realistic development of New ARCH. This group has been instrumental in developing the current New ARCH groups. They discussed the need for peer educator training so they can support the delivery of the programme. As a result of funding the seven members completed the OCN Level 1 and 2 peer educator training in April.

Monthly groups

During 2023 and 2024 the New ARCH monthly groups were set up and thirty-five monthly groups were delivered. There is one face-to-face group in Belfast with eleven previous New ARCH participants that have engaged this year. The second group is a face-to-face group in Lisburn with seven members. The third monthly group is in Newcastle with four participants attending. The fourth monthly group is an evening zoom group with eight previous New ARCH participants attending. Previous participants that have not initially engaged in the support can also

assess monthly on-going support in their recovery at any stage if they feel that they need it.

Bespoke New ARCH programmes

Since the funding for the New ARCH programme ended in September the New ARCH programme has been delivered to outside organisations. A New ARCH group is currently being delivered in Catherine House to support women living in a homeless shelter in recovery. The group runs once a week for eight weeks. Eight sessions have been completed including cycle of change, boundaries, relapse prevention, managing stress, improving self-esteem, mindfulness and managing money. Ten women were referred to the group with four to six attending each session. The reasons for non-attendance included not wanting to attend, participants moving out of the house and others were not interested. This was difficult as attendance was compulsory for the Catherine House residents.

Communications

A range of communication platforms including website, social media, local newspapers enabled us to circulate key information regarding our services.

We also attend networking opportunities to enable staff to circulate key information about our services.

We actively promoted, participated in and contributed to a range of public consultations, events and workshops and actively engaged with stakeholders from key statutory agencies.

Financial review Principle Funding Sources.

Dunlewey addiction Services secured funding from a number of sources during this period covered by this report including: BHSCT, PHA, PCSP, Gambling Awareness Trust, Big Lottery, Homeless Prevention Fund, Clear, Belfast City Council.

Partnership Working.

Despite the restrictions of lockdown, we have maintained excellent working relationships with our partner agencies.

Reserves Policy

Dunlewey Addiction Services have a detailed reserve policy in place which is subject to annual review. The policy aims to have E400,00 of unrestricted cash reserves which approximates to six months of outgoings including potential redundancy costs.

Plans for Future funding.

As an organisation we are working closely with the SBNI to embed an in-depth understanding of Trauma.

All staff have completed level 1& 2 Trauma focus training and all counsellors have completed advanced training.

We are a Trauma informed organisation and strive to provide the best level of service to our service users. To achieve a high standard we aim to have an external evaluation of our Trauma embedding.

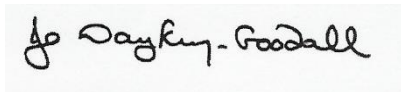
Three areas are at the centre,

- Trauma informed approaches
- Trauma informed care
- Trauma informed practice.

In addition to this we have recently become a member of the BACP and are in the process of becoming a accredited BACP organisation. This will ensure ethical practice and keep the safety and needs of our service users at the forefront.

Declaration

This report was approved by the Board on 24th January 2025
and thereafter signed on its behalf by:

A handwritten signature in black ink, reading "Jo Daykin-Goodall", is displayed within a light gray rectangular box.

Jo Daykin-Goodall

Chairperson Dunlewey Addition Services

Date: 24th January 2025