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# Pilot Online Alcohol Support Service

Final Pilot Evaluation Report

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Prepared for

**Alcohol Focus Scotland**

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## 1. Overview

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### 1.1 Acknowledgements

MP Consultancy would like to thank the agencies involved including Alcohol Support Limited and Alcohol Focus Scotland including Laura McFadzen at AFS and Mary Mallan at Addaction in Glasgow for assistance in gaining the views of alcohol service users. Of course thanks goes to the small group of users who took time and effort in assisting with the testing of this site.

### 1.2 Executive Summary

- In a 6 month pilot period 97 individuals registered as users to an online alcohol support service located within a specialist alcohol services website
- Individuals had to register to a sub site to receive access to a resource room that contained alcohol information across a range of topics and links to other alcohol resources. They could also send, via a message box, a query to a trained counsellor and expect a response within 48 hours.
- 40 individuals were considered genuine users of the messaging system (slightly more females than males)
- In total 137 messages were sent to counsellors with 65 responses. Two messages was the average length of contact between counsellor and user.
- No registered users visited the site on 6 or more occasions therefore no feedback was gained from this group regarding use of system and changes in behaviour.
- Due to the low level of contact with registered users no outcome data was available from the 40 direct contact users.
- 85% of those users sending messages were indicating heavy sustained drinking patterns within their message.
- In general training of staff was well received but the operational start was rushed with staff feeling that they did not fully understand a number of the technological aspects within the messaging system.
- Staff members responding to queries had little expectation or experience of online provision and some staff had limited IT skills.
- Staff felt there was little opportunity to test the system and its processes prior to operational start up.
- Staff were frustrated by technological hurdles and barriers – some were addressed some were not.
- Messages to the system via the message box tended to be alcohol focused and serious in nature.

- Due to the nature of the topics staff tended to take considered time responding to the queries which has altered their practice and their approach.
- Issues concerning defined problem / hazardous drinkers felt to be the main topics within the messages, but no sense of whether or not those individuals have contacted services before.
- Queries were not focused on brief minimal intervention enquiries, but on significant drinking problems or related concerns (domestic violence, alcohol related violence etc). However they have been brief in their level of contact and have not developed into a more defined counselling relationship.
- Promotion of the site and service is seen as vital in the future if increase levels of engagement with a wider general public population are to be realised.
- The process of responding to a query within a 48 hour turnaround has to be resolved, as allocation of users to workers is confusing at present especially with access rights for the manager to the dataset at the time limited.
- The ability for an overview of staff and service provision by the manager has been hampered by the system set up – this needs to be resolved.
- A group of alcohol users (n=16) and the general public (n=10) were selected to user test the site. Alcohol users found access to the site, basic IT skills and concepts difficult.
- Both alcohol users and the general public found information resources useful when finally getting over access problems. Often felt too much text on site but no problems re navigation.
- General public group frustrated by technological problems loading with non Internet Explorer browsers.
- Queries from both groups regarding location of site within a specialised alcohol treatment service.
- Concerns over perceived confidentiality of information being stored via registration process and the requirement to log in – often individuals not prepared to send test messages.
- Overall summary points:
  - Automatic monitoring of site must be built in to future developments
  - Query the requirement to log in and register to access all aspects of site
  - Programme of promotion required with confirmed allocation of funds to develop look and style of site
  - Change of location for site into non specialised arena
  - Allow period of proper testing and scoping of target audiences
  - Potentially move away from question-respond type messaging system to a more flexible forum based user generated access.

## 2. Background

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### 2.1 Introduction

The Scottish Government (2009) within its new alcohol framework has made a commitment to invest in building capacity in prevention and treatment services, stating that alcohol services should be accessible and inclusive to fully address the needs of those with alcohol problems and support those affected by other's alcohol problems.

In 2007 the Scottish Government commissioned Alcohol Focus Scotland to undertake a consultation review of Local Community Alcohol Services (LCAs) and one of the recommendations of the report was the development of equitable, accessible and inclusive services across Scotland. This has recently been confirmed by an Audit Scotland report on access to drug and alcohol services in Scotland (2009).

Within the good practice guide Models of Care for Alcohol Misuse (MoCAM Dept of Health 2006) it is recommended that for groups who do not show significant evidence of alcohol dependence, advice and brief interventions are often suitable to meet their needs. Over the next 3 years there will be a considerable cash injection into alcohol treatment services in Scotland. The NHS in Scotland has been given clear direction from the Scottish Government to focus on enhancing brief and minimal intervention options to address alcohol concerns with individuals who are drinking over recommended levels.

A number of target groups of the population may experience or perceive barriers to (or not have equal access to) alcohol counselling services through the 'traditional' models of face to face counselling, i.e.:-

- young people at risk of developing harmful drinking behaviours who may feel more in control or find it more discreet to go online.
- those living in remote rural communities where traditional service models may not be cost effective or readily available
- individuals with alcohol problems seeking help who are concerned about anonymity and the stigma associated with alcohol problems
- those with special needs who may be less able to access or engage in counselling through the traditional service model e.g. in Strathclyde a small survey of caseloads of social workers for deaf people identified 39% of women and 54% of men having an alcohol problem Crawford (1998). These numbers were double the figures for general social work cases in the West of Scotland.

There is a growing band of research that suggests the internet presents an opportunity for broad dissemination and improved access to interventions, as well as a potential demand for internet based interventions (Cunningham et al 2005, Cloud and Peacock 2001, Saitz et al 2004).

Yet there is limited information on the feasibility, utility, and effectiveness of web based interventions (Evers et al 2005). In one of the first systematic reviews of web based interventions designed to decrease alcohol related harm Bewick et al (2008) showed inconsistent results across a limited range of studies (n=10). Process outcomes from the studies found the interventions generally well received, however there required considerable more work to investigate potential effectiveness in showing change in drinking behaviour. This review also stressed that studies often focused on student populations and the need for web based interventions to determine what aspects worked with different groups of drinkers needed to be addressed (for example are different elements needed to engage low risk drinkers vs. high risk drinkers). One of the only pieces of work available for a community group shows (in Riper H et al (2008) work on web based self help for problem drinkers) a brief intervention was effective in reducing problem drinking in a community based group.

## **2.2 The development of an online support service**

In mid 2008 Alcohol Focus Scotland (AFS) obtained funding to pilot a new online alcohol support service that would provide online access to prevention and education information, support and counselling with the potential to:

- (i) increase awareness of alcohol issues and contribute to self recovery
- (ii) improve access to treatment services for those aged 18 years plus in Aberdeen City and Aberdeenshire
- (iii) offer additional choice and flexibility to those who seek help for themselves or another in relation to alcohol problems and
- (iv) contribute to addressing current capacity issues within support, treatment and recovery services

## **2.3 The Alcohol Support Online Service**

Orion Practice Management systems developed the website for the project and Alcohol Support Ltd (ASL) in Aberdeen provided the delivery of the support service.

The service offered a discreet access to three interventions:-

### ***Information & support***

- A knowledge resource within the specific online support sub site accessed via the ASL web portal.
- Users access the site and exchange written messages with a professionally trained counsellor to obtain basic information and/or advice about their drinking or someone else's drinking. These exchanges occur within a 48 hr. turnaround time. Where appropriate, the Counsellor recommends moving to a structured counselling process through a set of online interactions.

### ***A minimal 'counselling' intervention***

- The Counsellor and user can make arrangements to enter the secure message box facility, specially designed for this pilot, through which to engage in a counselling process. The duration of the relationship is not pre-determined and is dependent on the nature of the issues arising on a case by case basis. As with traditional counselling practice the relationship is reviewed after 6 sessions.
- Users are invited to engage in this component having given consent and followed normal procedures adopted by the counselling agency delivering the service.

These methods of exchange were selected during this initial phase of development, as they were seen as potentially the easiest and least expensive of the options given consideration by AFS.

It was anticipated that some individuals may also access the site whose needs will not be best met through these online services (e.g. those in crisis, those who require longer-term support). Therefore the service would sign post individuals to other services as appropriate.

## 3. Methodology

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### 3.1 Introduction

The aim of the pilot evaluation was to focus on two elements:

- Getting an indication of the process
- Attempt to measure outcomes from the service

Within the 6 month delivery period (November 2008 - April 2009) of the pilot project MP Consultancy put in place a number of different data collection tools to attempt get the best indication of how the service was progressing regarding its processes and outcomes:

- To obtain a monitoring profile of use and users of the website from Orion
- User online evaluation form
- Users completing a brief on-line pro-forma including standardised screening tool /outcome measurement tool
- Staff and Management interviews
- Analysis, reporting and dissemination of data

### 3.2 Data Collection tools

#### Online user evaluation questions

When users of the site had logged on and visited the site on 6 or more occasions they would be routed to a 'pop up' box with the option to complete evaluation questions. For those who sent messages to counsellors they also received the evaluation questions at the end of the contact.

The evaluation questions focused upon:

- Concept of service
- Why contacted
- Reach of marketing
- Understanding of initial information on web and access issues

#### User outcome tool

For those users of the service who sent messages to the counsellors the intention was for individuals to fill in an AUDIT screening tool at the beginning of their engagement and once again following 'intervention'.

MP Consultancy also developed a specific outcome tool for the pilot that focused on drinking outcomes and other well being indicators that users would fill in as part of their contact.

- **Interviews with staff and management**

Interviews with both staff and managers were conducted by MP Consultancy. Interviews with the practice manager and director of ASL were conducted at the start of operation, and follow up interviews were conducted with the practice manager and the staff group at the 6 month point.

### **3.3 Monitoring of Site**

The website was developed by Orion in conjunction with Alcohol Focus Scotland and the expectation was that there would be a full monitoring profile of the users of the site.

### **3.4 User testing**

To gain a better understanding of the use of the system from the user's perspective at the end of the 6 month pilot MP Consultancy also developed user testing of the site. Two groups were sought:

- Alcohol service users
- General public

With support from AFS and Addaction in Glasgow a group of alcohol service users were selected and sampled for user testing, the small general public group was selected at random from an available adult community group on Glasgow. Both groups were fully briefed on the purpose of the research and requested to work through a pro forma on the testing of the site; this also involved two separate focus group interviews.

### **3.5 Confidentiality of Users**

At all stages of the user feedback and user testing of the website informed consent was provided from those involved.

Information leaflets and explanations of the aims of the pilot project were provided both to alcohol service users and the general public group.

## 4. Use of Service / Site

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### 4.1 Introduction

At the beginning of the evaluation individuals accessing the site were made aware that they would be requested to give information. This would be obtained directly from two methods:

- Feedback questions automatically generated once a registered individual had accessed the service on 6 or more occasions
- An outcome monitoring tool provided to an individual via e-mail at the start of a defined 'counselling' contact and once again once the individual ended their contact

### 4.2 Numbers visiting site

From very early in the operation of the system it was apparent that the numbers of visitors to the site was fairly slow expected.

In the monitoring profile provided by Orion for a 6 - 7 month period of the pilot there were 97 registered users of the site.

The age profile of this group was:

18 – 24 yrs	13.4% (13)
25 – 24 yrs	19.6% (19)
35 – 44 yrs	23.7% (23)
55 – 64 yrs	3.1% (3)
65+ yrs	4.1% (4)
Total	100% (97)

Over 43% (42) were aged between 25 and 44 years with overall 64% (62) of registered users female and 33% (32) male (3.1%, 3 no gender indicated). The majority of the registered users had indicated that their postcodes were for Aberdeen (72%). Other postcodes from Scotland were Glasgow, Edinburgh, Dundee and Inverness. However, if the postcode information is to be believed, others had registered from Belfast, Bristol, Birmingham and Cardiff, of course these might be correct but they may also just be input errors.

According to the monitoring profile provided in total the site had received 137 messages of which 65 had been replied to. However these figures must be treated with great caution, and also represent the build up time with testing of the system still going on.

### **4.3 Numbers in direct counselling contact**

From the start of the service in November 2008 to end of February 2009 there had been approximately **40 users** of the site who had contacted directly the counsellors leaving messages posted and responses being given.

The maximum exchanges with an individual client was 7 with the mean average contact being 2 queries and responses. 62% (25) of individuals contacting via e-mail were female, with 38% (15) male.

The age profile of contacts was:

- 35% 35-44 years ,
- 25% 45-54 years ,
- 25% 25-34 years
- 12% 18-24 years
- 3% + 55 years

The majority of clients (over 75%) had made enquires regarding their own drinking with the remaining contacts focusing on enquiries from significant others of problem drinkers. Around 25% of clients mention “binges “in their messages.

In a review of the messages posted, the majority of contacts would be classed as ‘hazardous drinkers / harmful / dependent drinking’. Some form of unit familiarity was shown by approximately 25% of contacts / clients. A small number of messages included mention of depression and suicide. There was difficulty in ascertaining what, if any, services had been accessed prior to this contact.

### **Results of Monitoring:**

There was an expectation that users of the site would be completing both evaluation forms and if in contact with counsellors an outcome measure tool.

Unfortunately no data from these two measures was available as there is no record of individuals visiting the site or sending messages on 6 or more occasions. The average number of sent

messages / contacts for any individual was 2, though we have no indication of the overall number of visits to the site by registered individuals.

In light of the lack of information it was agreed to seek out a separate group of users to 'test' the site.

It is important to recognise that for future developments of the service that the site must:

- Have an indication of all site visitors
- Can differentiate between visitors and registered users
- Can indicate use of registered users in terms of access to resource room and messaging service

The lack of detail within the monitoring information is a concern for the future development of the service. With such low numbers the site and service has been unable to provide any measure or indication of effectiveness in the interventions being provided.

## 5. Training of ASL Manager and Staff

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### Staff Feedback on Training

Five members of staff received training in two sessions - one focusing on the contact with individuals and counselling aspects and another session focusing on the website.

The evaluation sheets from the training on alcohol counselling show that it was well received with all members of staff commenting that:

- The training was the right length of time,
- It met their expectations
- The subjects covered were useful
- It had increased their confidence
- They would recommend the training course.

Comments from the evaluation sheets included:

*“needed the reassurance as to how to transfer skills”*

*“It feels real!”*

*“Really made it real. Very excited now”*

*“Looking forward to putting information and knowledge into use”*

*“Would have been good to practice process but very good and enjoyed”*

The session on the website and associated technology was well received, but concerns were made that at the time the site was not ready so could not properly be tested by staff.

Overall perception was that the training covered the correct subjects, however at the time there was a level of the unknown with regards to how in reality the system was going to work when going live.

## 6. Interviews with Staff

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### 6.1 Initial Practice Manager and Director Interviews (n=2)

#### **Introduction:**

Interviews were conducted with the ASL Practice Manager and Director at the start of the operational phase of the online support service focusing on topics regarding expectations, development of the service, type of provision, training and set up. An interview was then conducted at the end of the initial 6 month pilot period with the Practice Manager.

#### **Alcohol Support Limited**

It is important to provide a context to the background of the organisation that was staffing the initial pilot.

In November 2008 ASL was a newly merged agency which was combining a statutory rehabilitation provision within a community based counselling service that provided both face to face walk in services as well as a telephone helpline. The counselling arm of the organisation had been running for over 30 years and provides services for the City of Aberdeen and wider Aberdeenshire.

It traditionally has a volunteer staffing base for its counselling; however over last 5 – 6 years as the services had expanded there was now a mix of both volunteer and professional counsellors. The main pathway was self referral (60%) but that had also changed over the past 12 months with local NHS clinical services referring a range of clients for community counselling provision. At the end of November 2008 there was a tendency for the service's client group to be problem /hazardous drinkers who had chronic alcohol concerns.

It is important to provide this brief context behind ASL as an agency at the time as it also points towards how the online service was shaped and where it sat within a specialised arena of alcohol treatment services. Interestingly the Practice Manager at the initial interview was very clear that the online service was looking at a very different target group:

*“online support is looking at different a target group yet from the small amount of messages at the start if you look at them the issues are about chaotic long term drinking its not about general alcohol information, they clearly have significant concerns.”*

### **Expectations and Previous Knowledge of Similar Online Provision**

Both the Practice Manager and Director of ASL had limited knowledge initially of online resources. Although they did not know what to expect, once the system was up and running they did have expectations of what the service could provide and who it was aimed at.

The director in discussion with AFS had mulled over possible e-counselling routes but none of the ASL staff or management had any experience of such a service.

The practice manager indicated that there was initial enthusiasm and expectations that the service would provide a range of options for people who had not accessed services previously.

The expectation was also that it would have been slightly better in terms of allowing staff and the manager more time to practice techniques and get used to the system, however that had not been the case and that was a regret:

*“to be honest it was a whirlwind - it has happened very quickly, now rationally this has happened way too fast, but then another part of me thinks I have never been involved in a project that has been put together so quickly by so many people taking a leap of faith.....in one way it terrifies me but in another I am proud of the staff who have made it happen”*

### **Training and initial interest of staff**

There was initial discussion with a range of staff in terms of how they would be involved but a lot of volunteers and counselling staff were not interested in getting involved as they saw it as another service to add to the stress of dealing with an increased workload.

*“it was a bit about moral but it is also about them having a life – they are not getting anything for this”*

In due course, four volunteer members of staff agreed to be involved and along with the Practice Manager they received two different training sessions.

The first training session was with Orion the website developers. The practice manager felt that it was interesting and well presented, however it was too short and clearly the system was not up and running. The staff were left feeling that there were too many areas of the system that they did not understand.

The second session raised a huge amount of questions, with a realisation that the system was going to go operational quickly and this concerned a number of the staff:

*“This was very scary for a couple of the volunteers and they were very nervous of the system”*

*“Made live just like that and then there was panic.... not enough experience and still doing practice questions.... not as simple as it looks, counsellors were not ready for the start in November.”*

*“That should never have happened we just didn’t get enough practice to move forward with confidence”*

It is important point to note that the staff who agreed to pilot the system were committed and initially enthusiastic, but they also had considerable gaps in their technological knowledge and the basic IT concepts – some were very unused to dealing with e-mail and engaging within a web focus.

### **Operational start up of system**

Both manager and director within the initial interviews felt that the system at its core was very simple from the clients/user point of view.

It was mentioned by both interviewees that due to resources it was felt the system was fairly limited:

*“the resource room is fairly simple with a few documents and then a person can send a message but that is about it...”*

Even at this early stage there was concern over the lack of queries and messages to counsellors:

*“hopefully it will pick up but it has been slow, about a query a day, two at the most...”*

Though this was a concern it was felt as lucky as the operational roll out had been so sudden:

*“at the very beginning I was panicking because I thought we were just not ready and then suddenly it was live and we were in the middle of practice tests with real ones coming in...it was not good”*

### **Technological Frustrations**

There had been teething problems with the working of the site and the practice manager had found the access to messages and the ability to follow messages through very difficult:

*“We have had to in some cases print off messages to follow the thread and for confidential record keeping that is not good”*

*“I thought it would be a bit more singing and dancing but it comes down to resources - but from my limited knowledge some of it has been sloppy”*

The practice manager felt there were, had been, and continued to be frustrations with the technology and the way the system was set up, they were very much feeling their way. At the first interview it was clear that staff were struggling to come to terms with:

- Access to messages from users
- Responding consistently to people within the 48 hr target
- Juggling the concepts of a shift rota matched against the 48 hour target, but also allocating users to specific counsellors

In these first stages the counselling team had to work through a number of concerns that came to light. These included the way the system in reality worked in terms of the person contacting who may have contacted before, but the present counsellor would not have access to all the messages - however with an allocation to a counsellor they could see all their messages, but other members of staff could not. The practice manager was also, for a considerable amount of time, unable to access all the threads to messages across the staff. This led to a danger of inconsistent approaches both in dealing with responses and the supervision of staff.

### **Responding to Messages / Queries**

Both the director and the practice manager felt that they had not realised how the online approach would change the counsellor practice but also challenge the role of the staff in providing consistent information.

It was felt that written queries had changed practice in light of staff taking considerable time to respond correctly to written queries:

*“we are spending a heck of a long time going over and over the responses because we are not trusting where they have come from... we have to be very careful”*

There was also the wish for the response still to be personalised with a consistent approach:

*“Whatever the manner of query we still want to be personal in our methods”*

However that provided considerable challenges:

- in enabling counsellors to continue a dialogue but also respond within a 48 hour deadline.
- It also showed up stumbling blocks with the technology for example with staff taking so long to construct responses the dialogue box would time out. This was altered but the problem still persists.
- The belief that a person sending a query expects a response from one person.

### **Targeting and Promotion of Service**

Both practice manager and director felt that there had been some promotion of the service but within the budget available it had been limited. This had undoubtedly had an affect on the use of the service and the type of user coming to it:

*“I am not sure if the distribution of information and promotion of the system has been consistent”*

The practice manager believed at the early stages of the system there had been a great deal of testing out the system by users but from the genuine messages they had received a lot of people were dipping their toes into the water.

*“There is a bit toe dipping with the majority about alcohol”*

*“There has seemed to be a fair amount of testing.....and to a certain extent I think professionals have been testing the system from GP’s to other workers but we just don’t know”*

Even at this early stage of the process there was a feeling that the location of the site and the promotion of the service were crucial:

*“If you advertise differently then get different groups then get different requests – and site and service takes a whole new look”*

The lack of messages was a concern but there was a range of queries for example from a person wanting to check their level of drinking or a neighbour phoning up about a friends drinking. However both the practice manager and director were clear that the messages were nearly all about individuals at hazardous drinking levels:

*“Not a lot of brief minimal intervention requests, they are tending to get ready formed heavy end queries not really light end”*

*“if it was not on ASL website then would get more generalised queries”*

*“A small number of them are quite specific about their considerable drinking patterns – there are good ones that show individuals making change but they are limited in their queries”*

### **Type of Query and responding to the challenges – change in practice**

The practice manager at this early stage in the operations of the system was concerned about the nature of the queries but also how the team were responding to the serious nature of the messages. There was a limited number of general simple queries, the majority of the small number of queries were from both problem drinkers and significant others and the queries were dealing with subjects that could involve alcohol but also the consequences of alcohol related violence:

*“We have got concerns regarding some of the online queries as a small number have been domestic violence or child protection oriented but as an online service we have no control over the actions of the person behind the message - that is very different to what we would do if they came to the service and talked to them directly”*

*“there is a huge learning curve in terms of how to respond - concerns that once you put something in writing you can't pull it back - not thinking on your feet but carefully going over every step in terms of our practice”*

There was also the realisation that the limited number of individuals utilising the system wanted more clinical orientated information:

*“It seems that the group who are utilising the system are wanting intervention – not for generic information, but more concentrated clinical health information*

*“it’s not getting people who just want simple straight forward info and little else, but no they are more heavy end “*

## **6.2 Interview with Practice Manager 6 months on (n=1)**

Following 6 months operation of the online support service the practice manager was interviewed once more to follow up progress.

There was a feeling that the system had bedded down, but there was still a lack of numbers utilising the system and the system was still affected by technological hurdles:

*“Numbers have not changed...still in dribs and drabs”*

*“Admin rights are still all over the shop very difficult for anyone to oversee the site I have to have everyone’s password to have oversight”*

*“We’ve had to chop and change our processes we now assign users if they have more than one contact....but that has affected how we control the overview of the system...I am still having problems regarding access”*

*“one of the other big things still is the time it takes to write a response to a message – time out period was extended but we have had a couple of clients where the messages have been shut down”*

The manager felt that with the way the system had been set up there was a conflict between the needs of the counsellor and the type of queries and the limits of the system. For example staff were still taking a considerable amount of time to respond to messages, but then were being timed out of the response and then would lose the work and still have to trace back the process.

*“There is definitely a conflict between IT and the counselling topic that we are dealing with....the system is cumbersome and this is down to cost...”*

There was the overall feeling that the resourcing of the project had not been enough to provide a flexible and good looking product:

*"I don't think it is that attractive, very stilted...why we don't have an easy button click to get individual representation of their drinking...not very visual"*

The hitches to the system had affected staff enthusiasm to the system:

*"There is a degree of doubt which spoils what they are doing...because of resources we can't be more immediate ....we can't get into a more msn workable system but I can't see that working".*

### **Type of User**

The type of user getting in touch with the counsellors was still the confirmed drinker or those concerned about serious drinking issues:

*"well and truly hazardous drinkers and over the 15 score in an audit scale well down the road and that's the nature of the clients and people who have tried a lot of avenues"*

*"they are all contemplators and dipping their toes into the water but a lot of them they are trying a range of options and this is a long term thing and long term problems"*

*"All of them have been leaving clear indicators of the problems and consequences of heavy drinkers and that is the same for significant others"*

With the nature of these contacts from the manager's point of view that also meant the related issues were of a serious nature. The level of contact was brief but concentrated with the issues being serious but individuals only being in touch for on average 2 contacts:

*"Domestic abuse is a real issue.....harrowing often .....but of course you do not have control over that relationship; it is not the focus of the alcohol related work that we do"*

*"A very small proportion of messages have mentioned harming themselves"*

For the future development of the service if the nature of the contacts is to stay the same then the safety of individuals and staff have to be properly thought through in terms of protecting the individual and the agency.

### **Future development of the online service**

There was a real wish for the marketing and position of the service to be clear with proper resources being allocated to the development of the system in relation to deciding who the real target groups of the service were:

*“Marketing - we have to have access beyond the ASL logo - we really are not getting the general public”*

*“One of the other things I have been thinking about is a message board that maybe clients can write to each other for the future...they can then learn together with a moderator, more of a forum, I can see that being more controllable”*

*“Non health places....don't market it with an addiction sign above the door”*

*“we just didn't anticipate this, it has to be useful to all people and for a majority they just don't think about ASL”*

*“Maybe we just promote the site as an education prevention tool get broader info delivered “*

*“before we move into a phase 2 we really have to decide what we are offering and then putting into place a closure process if it does not continue”*

### **6.3 Staff Interviews (n=3)**

A telephone interview was conducted with 3 ASL staff members towards the end of the initial 6 month operational period. All three had received training prior to the start of the pilot and were experienced telephone alcohol counsellors. A range of topics were included within the interview schedule including perceptions on:

- Expectations of system
- Training received
- Operational process of system

#### ***Expectations:***

Each of the counsellors were experienced telephone and face to face counsellors within ASL. However none of the counsellors interviewed had any previous experience of online work or use within this medium.

There seemed to be limited expectations on how the system would develop, one member of staff thought that initial discussions were very different to what was eventually put in place. To a certain extent there was a “suck it and see approach”.

**Training:**

Staff received two aspects of training - a session on the website itself and training focusing on counselling, and were asked about their perception of the training in light of the system having operationally run for 6 months since the original sessions.

All staff felt that the training was adequate at the time; however the IT training was slightly patchy due to the website still being developed at the time of the training sessions. The real wish was for a time period to test the system out and complete practice sessions:

*“Thought we were going to get test cases and that would have been great, but it snowballed too quickly so didn’t get that, which was a pity”*

*“Test cases came in with genuine clients, it was a little bit of a messy start, wasn’t really a problem”*

*“at the beginning I was worried about how we were dealing with responses I only got feedback from my manager 3 months down the line ...”*

**Development of Site and Service:**

Staff felt that as a team they developed the pilot service in their own image and put in place a number of procedures that worked for them; however they would have appreciated more input into the overall development of the website:

*“felt we were going to have an opportunity to feed into the website but we didn’t get a chance to – it just happened”*

The staff felt that it would have been good to have a forum via the website for staff to talk about the developments in the service, but due to budget restraints this was not possible:

*“we were told that you could have a staff room (online) where you could talk amongst yourselves, but that wasn’t possible which was a shame because at the beginning we needed a little group support, though our line manager was great....”*

### **Beginning of Operations**

The staff all felt that the beginning of the operational system was rushed and they had not had time to properly engage with all aspects of the process. There were frustrations at the start of the service and staff were pleased that there was not a rush of responses to the system as they had a number of technical issues to sort out:

*“at first it took some getting used to ....you don’t have the thread, can’t see what you said before – it’s not like face to face or telephone there is no chance for previous notes / records after each session, so you needed at the start to sort of trace some of what you said but often don’t have what is in front of you”*

### **Operational Frustrations**

Through the course of the initial 6 month pilot staff had had to deal with a number of frustrations in working with messaging and responses. A number of these had been solved but there was still confusion regarding why it was so difficult to provide the manager with access and admin rights to the system:

*“before we start getting heaps of clients and further developed we need to get the system where somebody local gets admin rights to monitor practice - should be able to access site easily – not rocket science to do that”*

Staff were frustrated to a certain extent by what they considered the unwieldy nature of the system....

*“we have to go through a lot of buttons and can’t imagine that a person then wants to register, log in and then send an e-mail that is going to be responded to 48 hours time and by somebody else”*  
*“ still have concerns regarding what a previous counsellor has responded to/has said - can’t see that initial contact, manager comes in and checks cause I won’t be in for a week ...little messy...re cover to responses”*

*“real frustrations, initially things didn’t work like indication that messages were new, very worrying ...you couldn’t see the trail, you have to trawl through.”*

### **Level of Enquiries**

All 3 staff had been disappointed at the level of enquiries:

*“Thought there would be more enquiries – look twice a week and there have been weeks when there has been no contact “*

Again they all agreed that one of the reasons for why they felt there had been a lack of enquiries was the location of the site within the ASL overall site and the lack of publicity:

*“it has to be more widely publicised, just having it within ASL has not really got the wider public in place*

*“well I have been a bit disappointed in enquiries – advertising more broadly and getting a bigger base of responses would be good”*

*“difficult to say but it’s about promotion”*

*“don’t think perhaps a lot of people look to our type of service as first point of call”*

The point was also made by a couple of members of staff that perhaps the lack of enquiries was based more on the design and set up of the service. They felt that individuals had to try quite hard to find the site, then register, then log in, then send a query, which you then have to wait 48 hours for a response:

*“in this day and age people are looking for instance response, you go to a site and send a query even send in a message and you get an almost instance response...with this you don’t”*

*“it is a bit of a struggle ...you really have to want to get information from the site....people are used to typing in a question then getting an answer....not waiting 48 hours....*

*“Lots of websites you put in a request and you quickly get an answer, but with this you don’t....it may well be that we are putting people off that really don’t want a password they just want to query ...to dip the toe in the water...its as if we want to treat them like the clients we already have....online should be quicker....then if its needed then move to passwords, its turned into a security hurdle”*

*“the access to the site and queries seems a little cumbersome sometimes...”*

### **Type of Contact**

Staff felt that although there had not been a lot of contact the type of contact and range of queries had been varied, but often focusing on problem drinking:

*“I think majority are drinkers – slightly more .....queries are varied...”*

*“surprised of range of clients – lot of focus on problem / defined drinkers but sometimes that has been from significant others.....”*

### **Type of Relationship with Contact**

All staff agreed that the number of contacts on average were minimal and at no stage did they feel that they were getting into counselling type relationships:

*“quite surprising at level of engagement.....sometimes put a lot of effort on aspects that don’t have reaction but then will pick up on very small detail and open the heart...but again this is only for a couple of responses.”*

*“don’t feel that got into counselling type scenarios – no contact more than twice - very much dipping in toe - contemplation or even pre contemplation...”*

With the lack of continued interaction with individuals two staff members felt that measurement of change, or even getting an indication of levels of drinking was difficult:

*“we just have not got into the level of interaction that I would see as a counselling relationship so I have found it impossible to then request them to fill out a form or get a clear indication of drinking..”*

*“I think that if we were to move into counselling relationships with individuals then you would be able to monitor change, but in this instance the relationships have not been available - at present that is just not the case....sometimes the changes are nothing to do with the drinking....”*

### **Changes to Counselling Practice**

All staff agreed that responding to individuals was very different to previous experience with face to face/ telephone services:

*“Different responding to someone who you cannot see, my practice is very different online, very aware that when writing something down have to check it half a dozen times before they receive a very considered response”*

*“my responses are more factual and not as empathic as I have tended to stick to facts....not because its necessarily safer for me but wasn't as easy to take a leap with that person - you can't challenge as easily on line as you can face to face”*

*“Different medium....I use the web a lot and aware of the fact that I am talking to someone who I don't know, very measured in responses“*

*“Lot could be riding on those responses, trying not to leave us open to different interpretation”*

There was a certain wariness of the uncontrollable aspects of the service in terms of not knowing who the person was and whether the issues described were in fact correct:

*“There are hidden aspects that you don't have control over, you are more in control on the phone or face to face – with this medium it is only written down”*

*“change in practice, not normal counselling relationships – taking a lot of time over responses, taking heck of amount of time for response - lot of it is factual, but trying a human aspect ...”*

*“don't know if someone is testing the system etc but you have to take care...hope that there is consistency “*

There was again concern that because of the 48 hour response rule people's expectations were not being met, as well as the system not helping staff address issues as they had to work to a shift pattern but the clients did not:

*“assigned to clients - kind of ok.....but signed up to do a shift, once you get into counselling relationship – that is not the case – you have that client not based on a shift”*

*“practice changed....obviously there is a time issue., people expect instant response....might be a problem, people we see face to face we don’t see that often but there is an expectation that things move faster online and they want deadlines straight away .”*

*“Its getting the balance correct between providing continuity and then making sure that there is the ability to be flexible – often people expect you to be the same person but you can’t be cause we are all on different shifts”*

*“Everyone is getting a response within 48 hours but shifts get in the way of this ....might be that we have a chat space instead...set up time to be there to respond to a client - don’t have time to check yourself...it would be more real and it would get sense of the person who you are corresponding with”.*

**Overall comments:**

There was a general level of disappointment that there had not been more queries to the system, but in some ways there was also relief that there had not been a rush as there was the worry that some of the system processes had still not been ironed out and if there had been a rush of queries then perhaps practice would have suffered:

*“we pride ourselves in providing an excellent service and with the slight change in practices and the frustrations a lot of people getting in touch would have been hard to handle”*

There was a frustration that the potential for a system of this nature had not been realised:

*“Think it is a really useful tool, but it has to be handled correctly and developed properly with the correct resources with a handle on who your main target groups and provision were going to be”*

Staff were unsure if there was a ‘correct’ or ‘right’ group of people that the service should target but the promotion and publicity had to be correct:

*“I don’t think there is a right sort of client, even with face to face you come with all sorts of issues, people of all ages and stages, there were not enough clients and that is unfortunate – if it was more widely publicised then I think you would have a better response...but that has to be targeted correctly”*

### **Future Developments:**

Staff felt that there was real potential in the system but with the numbers so low at present that this potential had not been realised.

*“as it is coming to end then really sorry that didn’t have an opportunity to show the potential”*

They felt that some of the access rights and technology hurdles would need to be ironed out but also with an increase in numbers the safety of those workers involved would have to be monitored:

*“Internet is a different medium –we have been very sensitive to our practice but also to our needs as workers and being protected from the system being abused...”*

*“I think there would need to be changes in terms of the way site works, but need more people to be trained for site if increase of numbers with real support systems for counsellors....”*

*“Got to be safe for client and safe for agency ....we are not aware of the stuff of things that we cant control ...one of the things we did not have to face was counsellor safety - if getting aggression then would not know what they look like. Boundaries have changed but difficult in building relationships and development of trust...”*

*“there are real benefits. if developed properly.....but it needs to be worked through...there is a real internet community who would not go to services, but we really haven’t got hold of that group and to needs to be addressed....”*

*“lot of thought goes behind what is provided but its getting that level right, there are a number of unknowns that we have gone over and over but we cannot control them”*

## 7. User Testing

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### 7.1 Introduction

Following the lack of feedback from users of the online resource that had directly contacted ASL, in agreement with Alcohol Focus Scotland MP Consultancy gathered information from 2 further groups:

- A small group of alcohol service users (n=16)
- A small group of the general public (n=10)

With assistance from Addaction in Springburn Glasgow a group of alcohol service users were accessed to assist with this part of the pilot evaluation. A random sample of the general public was accessed from adults over the age of 18.

The aim was to test out the website and gain a perception of content, format and usability. Participants were provided with an initial introduction to the site and focus groups with initial feedback sessions were conducted.

They were then asked to visit independently in their own time the site on 5 separate occasions. On each occasion they were asked to note:

- time and date,
- type of internet browser,
- use of search engine to access site.

Then for each visit they were asked to indicate their perceptions on:

1<sup>st</sup> visit:

- First impression of ASL site and comment
- Ease of access to Online support
- Impression of home page re style content look ease of navigation
- Comment on available links re style, content, look, navigation

2<sup>nd</sup> visit:

- Follow through on registration process
- Perception of process - instructions, ease of process

3<sup>rd</sup> visit:

- Accessing resource room - style, content, look, navigation

- Commenting on available pdf information
- Accessing 2 pdf examples - thoughts on content, style look and ease of navigation
- Overall impression of resource room, aspects that could improve

4<sup>th</sup> visit:

- Sending a test e-mail and receiving response
- Access resource room links – comment on content, style, look, and ease of navigation

5<sup>th</sup> visit:

- Change password to registration
- Overall impression of links and resources
- Final comments

There was recognition that these individuals were not coming to the resource voluntarily and would not attempt to access the counselling aspect of the online support except for sending a test e-mail.

Each group was given basic information regarding the project and the purpose of the site and informed consent was obtained from all those involved.

## **7.2 Alcohol Service User Groups**

A group of 16 alcohol service users were split into 2 groups and taken through the aims of the evaluation and testing of the online website and provided with packs to note comments and perceptions.

Seven of the alcohol service users were men and 9 were women. The average age was 40 years (men 43 years women 37 years) with the youngest 26 years and the oldest 59 years. All were resident in Glasgow and in current contact with a community alcohol service.

### **Users Focus Group 1<sup>st</sup> sessions:**

Due to the nature of those who had been accessing the ASL online resource service users who had recently accessed basic computer skills knowledge had been selected to test the site.

The first task was an introduction to the site as a group and the researcher gathered initial perceptions of the site, and took the group across the 5 topic sessions including:

- Access to the ASL website
- Access to the online support service
- Entering registration process logging in

- Accessing the resource room
- Accessing documents and information
- Sending a test e-mail
- Testing out available links

Within these first feedback sessions it was clear that once the alcohol service users were given a run through of the website and the routes to access the website that many of the individuals had limited knowledge of the internet and use of websites.

Key indications:

- Only 4 members of the groups were at ease with accessing the internet and the web – the majority had limited knowledge of basic terms
- The majority of users struggled with concepts such as a mouse, log in, registering, passwords, opening windows to website, downloading documents, how to send messages etc

### 7.3 Themes from 1<sup>st</sup> Group Feedback Sessions (n=16)

When taken very carefully through the site and its different aspects there were a number of consensus themes that emerged.

- The entire group (n=16) could find the access point for the service on the main ASL website, however this was only possible when directed by the researcher. Only 4 individuals completed this task without assistance.
- There was considerable confusion over whether or not individuals had gained access to the online support page after initially clicking on the link from the ASL home page. The individual is then directed to a explanation page and the groups found this confusing.
- On the whole the group felt that this needed to be simplified by gaining access to the online site page one step earlier.
- There was frustration that even at that point individuals were then not accessing the main information. The majority of the group could not understand why they had to go through a further log in process, and still no alcohol information was available.

*“why can’t you just get to the information about alcohol and then you want us to log in register whatever that is ...who’s going to see that .....but I dinnae get any info before I register”*

*“cannae remember ma own name let alone a password”*

- The majority of the group (n=13) failed to register by themselves. This was a mix of lack of skills and knowledge regarding the internet but also 6 individuals got fed up trying to log in, because of technological problems or they could not accept that you could not just click on a page and access the information that they required.

When registration was complete the entire group agreed that the information resources were good with an interesting range of topics:

*“once we got there its ok, a fair few things I would have a look at, funny ma da would be interested in some of that stuff”*

Three members of the group remarkably were open enough to admit that they found the text too much in a number of the pdf’s that were opened up and had difficulty reading. They wanted a lot less text with broader more general statements.

Five of the group said without prompts that they would pass on information from the site to friends and family.

Only 4 of the group indicated that they would or potentially could contact the counselling services with a test message. The simple lack of skills prevented the majority of the group from doing this. There was also concern regarding:

- Where information was going and who was responding
- The length of time it took to gain a response

*“wait a minute you’re saying that I post a comment on that box and then I wait two days before someone gets back to me....ma daughter is on the bloody thing all night to her pals and sends messages all the time and she never seems to have to wait for a response from anyone.”*

Overall the majority of the 16 users had positive feedback regarding the amount level and range of information available, and would be interested in using the resource room again. However it was very clear that this same majority would find it very difficult to access easily the information or be happy contacting the e counselling aspect of the service. It is interesting to note that for a number of the group they remarked that they liked asking someone a simple question face to face:

*“seems a bit false to me, sitting and writing out a question, when you’re pissed you’re pissed and when you want info you really want it there and then...for me I also want to see their face...”*

## **2<sup>nd</sup> group feedback session:**

A second group feedback session was conducted two weeks later to see if the group of 16 had made any progress regarding the access to the website and completion of the test pro formas.

Only three of the individuals had completed the pro formas – the majority of respondents had failed to access the site and found great difficulty accessing the different aspects of the site.

### **Key perceptions:**

- Difficulty accessing computers
- Could not understand logging in process
- Took a long time to load up onto computers

It must be noted that the individual's frustrations were not directly towards the online support service, but on their inability to quickly access and negotiate the skills needed to use the internet and associated websites.

## **Follow Up interviews with Alcohol Service Users**

Six weeks on from the original feedback sessions only 3 alcohol service users were available for follow up interview out of the original 16. In brief face to face interviews each was asked their overall impression of the site and how they had managed with testing the different aspects of the site.

### **Key perceptions for pro formas and interview:**

#### **Initial visit:**

All three who responded to the pro formas found access to the site ok after initial struggles – all were using internet explorer as a web browser:

*"I thought the content was easy to understand if a bit long..."*

All of the respondents were able to navigate around the site:

*"got back to where I needed to be from the links pages"*

Comments were then made on the links to the side of the main page:

**How It works**

*“well laid out easy to understand if you wade through it...”*

*“bit too much about young people not accessing it, but to be honest if they find it then so what...they can make up a name and register”*

**FAQ**

*“thought the questions were what people would ask”*

**Counsellors link:**

*“didn’t think there was much info but style and layout less crowded than other pages”*

**Emergency Contacts link:**

*“I would make the numbers stand out more so they are easier to see”*

**Security and Disclaimer link:**

*“this is ok not as long as other disclaimers, thought some people would find it difficult to understand, its confidential but sometimes not...”*

**Registration Process:**

*“when computer loaded up ok then process was simple”*

**Resource Room:**

*“bright, easy to follow, really thought the documents were good once I had worked out what a pdf was...”*

*“pdfs wouldn’t load...”*

*“downloading ok but I think you need to explain what pdf is for some people...info was good especially like problem drinking affects your family ...”*

**Changing Password:**

All three found the process of changing password details straightforward with no problems in creating new a password and gaining access.

**Overall style and content of site:**

All users in this group felt that the information was good but sometimes too wordy:

*“information is good but I could see how some folk might struggle”*

*“I think it’s a shame cause the info in the leaflets and stuff is good, I found it ok but the rest of the group would not have a clue about getting into it and downloading ....it might be worth explaining on the site where the document can be saved? ...”*

**7.4 Overall Impressions from Alcohol Service Users**

The attempt to obtain information from alcohol service users regarding the testing of the ASL online support service at one level failed. Out of the initial group of 16 users only 3 finally provided the research with pro forma test data.

The 3 individuals who provided pro forma data and a follow up interview had internet skills and knowledge and were able to navigate around the site easily. They all indicated that they thought the site provided a good range of information and felt that for their family members it would be a good resource to allow them to get further knowledge about alcohol.

However the 2 feedback sessions, follow up interviews and pro forma data informed the evaluation in a number of key aspects:

- In setting up this type of service there has to be a clear understanding of the potential target group that providers are trying to obtain with this type of provision and the realisation that there is still a fair proportion of people within the community who have very limited knowledge of the internet, use of the internet and ability to access its services at home.
- This type of service is in danger of assuming that people come with ready made knowledge and know where to look with regards to obtaining information and support.
- The majority of alcohol service users within this small group had limited knowledge of very basic internet and computer concepts – however the site was located within an existing service users website.

**7.5 User Group of General Public (n=10)**

To gain a different perception and potential viewpoints from a group who had more internet experience a total of 10 members of the public conducted 5 sessions testing the website and recorded their perceptions of the resources available on the website.

Six male and 4 females made up the group with an average age of 37 years with the youngest being 24 years and the oldest being 41 years (all white Scottish).

Once again after an initial introduction a group feedback session was conducted to gain overall first impressions of the site and the logical navigation.

The consensus themes across the entire group were:

- Overall location of site, not a real understanding of why the site was in the place where it was:

*“is this site just for alcoholics.....I wouldnae think of going to a service like this.....”*

- General first impressions of site was that gaining access to online portion of site was ok but you had to concentrate - it was not as simple as seeing the one button and clicking.
- Information on ASL home page easy to understand - straightforward
- Often too much text and on different screens problems loading up

*“when you read it all makes sense no problems, but I think if I needed this service the style and look of the text would put me off”*

## **2<sup>nd</sup> General Public User group feedback session:**

A second group feedback session was conducted two weeks later to see if the group had made any progress regarding the access to the website and completion of the test pro formas.

All 10 of the individuals had completed the pro formas - all 10 had accessed the site on 5 occasions.

## **Key perceptions from pro formas:**

### **Initial visit:**

For a number of the group there were real frustrations regarding how the pages loaded:

*I use Firefox and a wee netbook – pages were not loading up, the screen was bunching up....couldn't see some of the text....”*

*“had problems with my mac and Safari....didn't seem to like it....”*

The entire group eventually got through to the online service site, and all felt that it was reasonably clear to which pages to navigate:

*“yeh pretty easy seeing which button, but you have to put your mouse over it or the keyboard could be a little more prominent”*

The big issue noted at this stage was realisation that this site was where it was:

*“not sure if it is the right place to put a resource like this....I mean you have to have a booze problem to access this site.....”*

*“I am sure that people who don't think that they have a problem are not going to go to the Aberdeen team to access this site...”*

There was a real concern that those individuals who just wanted information would not necessarily feel happy logging in and registering to access a perceived problem drinking service. Comments were then made on the links to the side of the main page:

#### **How It works**

*“Simple straightforward information....little bit striking that young people not to use service in first two lines.....that's really going to make them feel supported”*

#### **FAQ**

*“there is lot about **what it is not for** before **what it is for**”*

*“I think the section that why you should use the service should be at the top....its not really selling itself....all about what it isn't at first”*

#### **Counsellors link:**

*“Simple straightforward....”*

*“good to see that they are professional and come from professional counselling background...”*

#### **Emergency Contacts link:**

*“interesting that the emergency contacts are nothing to do with ASL – are they not providing a service”*

*“is childline the only option for young people and drinking, are there not other services that could be suggested”*

**Security and Disclaimer link:**

*“this is ok but thought that maybe could say a little here about how information kept and stored by advice service”*

*“thought that they want you to feel that it is secure but then in the disclaimer they say no hang on its not and it is the world wide web so be careful...doesn’t make sense...oh and by the way some of the info you download you might get a virus....”*

**Registration Process:**

*“simple straightforward if you have Internet Explorer no problem”*

**Resource Room:**

*“Liked the resource room lots of good information - don’t understand why that can’t be available earlier in the process”*

*“covered a lot of subjects and information really useful...”*

*“downloading pretty straightforward and the info came up on your screen...”*

**Changing Password:**

The entire group found the process of changing password details straightforward with no problems in creating new password and gaining access.

**Overall style and content of site:**

All users in this group felt that the information was good but often too wordy and overly long:

*“information is good but sometimes just too much”*

*“there is a lot of text. I don’t think people will wade through a lot of it but in some sections obviously it is needed....if it could be cut down a little...”*

Again the group felt that the style of the information was one dimensional with little use of pictures, and some felt that a lot of the information could be disregarded and then you could have much more available to download:

*"I'm sure it's down to resources, but some pictures here and there to break up text would make a big improvement"*

*"some of the text could go – just have links to other sites or pages or even documents that tell you who it's for..."*

### **Sending a Test Message:**

All of the group failed or refused to send a test message to the counselling service. There were two fundamental reasons for this:

- 4 individuals used a browser that covered information that made it difficult to send a test message
- More importantly 4 individuals did not send messages as the registration process had requested post code – they did not want to be seen as problem drinkers and did not know where that information was going. There was a general suspicion on what details were being held on an individual especially when accessing a site for problem drinkers.

*"I'm not being funny but this is supposed to be confidential but in the registration you ask for postcode then under confidentiality it says that in certain circumstances the information will be passed on....I am sending a message that is not instant messaging and expect to wait around for 48 hours"*

*"wasn't happy with sending message to counsellor - I haven't got a problem why do I want a counsellor"*

### **Overall Navigation Through Site:**

The group as a whole found navigation around the site easy with no dead links or alleyways. Only one respondent found the route back to the home page confusing:

*"Home when logged in is still online site home and not ASL....bit confusing"*

*"got to where I wanted to pretty easily, easy well directed, good size buttons"*

It was apparent that the majority of the group found access to the online sub site easy but a number of respondents considered the route to that point a little cumbersome:

*“worst bit is first access to online section....not that simple but once there it is fine can get back and forth....”*

### **Overall impressions of Online Support site:**

Users from this group found that:

- The website was problematic when utilising a browser that is not Internet Explorer – 3 members of the group tried with great difficulty trying to load information properly onto a Safari Mac browser or Firefox browser.
- All of the group once on the site found the location of the online service a strange place for the resource to be placed.
- All of the group saw themselves as not problem drinkers and would not access a service like ASL to gain information and support for alcohol in the first place. There was confusion to why it could not be place somewhere else:

*“I’d really like some of the information in a website that I can get hold of via my gp’s or what about links from sites like nhs direct?”*

- When reviewing and testing the site the information available was seen as favourable - too much text at some points but overall level of information acceptable.
- Navigation around site seen as ok if you are in Internet Explorer but definitely not if utilising other browser.

## 8. Discussion & Recommendations

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### 8.1 Use of the Pilot Alcohol Online Support Service

It is clear from the limited number of people who seemed that have utilised the website and the messaging service over the first 6 months of the pilot that the service needs to engage with a wider population of individuals. Though this type of service is new and there were no real expectations of how many people would engage with the site and services, it is agreed that the numbers have been somewhat disappointing.

However as has been previously mentioned the monitoring of the site and its services needs to improve to provide a detailed picture of who is using the service across its different aspects. For this initial period there just was not the detail of information available - for example an indication of numbers visiting the site who had not registered was not possible, or an indication of the most popular pages visited.

Due to the lack of contacts back to the site there was no feedback information available from users on the site or how they reached the site. The level of use was brief, but that may have a lot to do with the location of the site, its promotion, and the requirement to log in to gain access to the basic information.

From the small numbers who did register the user group was in the main from Aberdeen and surrounding areas with a slightly larger female group than male, with a focus on mid to older adults. The users who engaged with the messaging service were very clearly accessing the service with either significant alcohol issues or wanting to 'dip into the water' with regards to significant alcohol concerns of others. This service at present has not accessed a general public group that just wants very simple straightforward basic information. The messaging service for a considerable amount of the time was dealing with concentrated significant queries – though not developing into any sort of counselling relationship type correspondence. Again it is very hard to gain an indication of whether or not those individuals had accessed any sort of services previously.

Due to this there was no opportunity to gather any sort of information on the effectiveness of that engagement or outcomes relating to change in drinking behaviour. The service is at such an embryonic stage there has to be the realisation by the project that staff just do not feel at this stage that individuals are prepared to engage in a type of relationship with others online whereby they would provide detailed information regarding their drinking. However it must also be recognised

that with proper resourcing the site could gain that information automatically from individuals accessing the site.

## **8.2 Perception of Staff and changes in practice**

What is very apparent from the pilot process is that the start up of operation was rushed both in the development of the service, and the staff fully understanding and engaging with the process. Though the training was well received staff felt that certain aspects were just unknown before start up.

They have worked hard to provide a professional messaging service but have been burdened by some technological hurdles that with proper resourcing should not be difficult to put right. However it must also be recognised that for staff engaging with this type of contact practice has changed matched also with challenges regarding the use of the technology. The contacts have been limited but even those have seemed to have formed into a recreation of a traditional counselling type engagement with problem drinkers or significant others.

If the service is to continue with a messaging type provision or dealing with e-mail queries of the nature that are currently coming through, the system needs to provide better overall admin access and overview for the manager to promote a confidence in the staff that they are responding appropriately.

These on the whole have not been easy contacts however brief – they have been serious concerns – as a result the responses have been considered, detailed and almost clinical in nature. If the service is to develop, and more flexible methods of response are put in place, then safe guards for the staff managing that process need to be put in place. A messaging input or a regulated forum would potentially work better with a wider group of the generic public but there needs to be consideration of being careful not to label individuals - if you segregate a forum or messaging system it could then be seen as the place where ‘the drunks go’.

## **8.3 User Testing**

Gaining any sort of feedback from users of the service has been impossible, but we have been able get some sort of information via a user testing process. The one agreed point from both the alcohol user group and the general public group is the actual information within the resource room, once they had accessed it, was useful and that they felt the topics it addressed were informative. So the overall perception of the information available is positive and the need for that level of information is there.

However considering the lack of people utilising the services at this stage the user testing was crucial for indicating some key issues that need to be addressed before the online support is further developed:

- The website has to deal with a variety of web browsers and viewing options to allow people to use the technology that they want to use – whether it is safari, Firefox, chrome on a mobile, net book, pda or home computer
- For those with limited IT knowledge and skills very very simple straightforward guidelines are required
- The location of the site is affecting the type of person accessing the site – you are gaining access via a specialised alcohol services this is viewed as you having a problem.
- Promotion of the site is key to encouraging a wider range of individuals accessing the services
- Registering with a login to a confidential site automatically raises the levels of expectations regarding the sort of site this is – this is not an easy site to just pick up and run with.

#### **8.4 Access to the service**

It must be pointed out that for this service to progress considerable understanding of the groups potentially accessing a service of this nature must be done. The format of the site was set up in such a way that individuals who wanted information had to log in and register with the site.

In previous work of e interventions others have requested logging in, but in Bewick's et al (2008) work it is also clear that their student population were logging in after being involved in a wider drinking survey, and then they were given an incentive of credits for library services to fill in information.

The individuals who accessed the ASL service really wanted to access the service – they had to first of all:

- Find the site with little promotion within a specialised community alcohol service
- Then access the sub site
- Then register for the site
- Then log in
- And finally they were then able to gain access to a resource room that was essentially pdf documents
- If they wanted to access information from a 'real person' this was available, but response would not be provided 48 hours on from posting the message.

It can be argued that the service was hampered by how it was set up, in this digital age response to queries is immediate – individuals access sites, post messages and receive information there and then.

Again due to resources a different type of service may not at this stage have been possible, but it is clear that different opportunities have to be thought through as the target audience is not being currently met.

## **8.5 Target Groups**

Previous research (Neuhauser and Kreps 2003) has highlighted the on going problem of access to the internet particularly for those in socially or linguistically dis-advantaged groups who do not have the resources or ability to access the interventions. Neuhauser and Kreps (2003) refer to these issues as the 'broadband divide' which may restrict many people from accessing features of e-health communication.

Even within the small group of users who were able to test the online support site the users who were in contact with an alcohol treatment service within Glasgow came up against a number of barriers:

- Access and availability to computers to enter the site
- Basic lack of skills and knowledge of computers and the internet

There was a significant difference in the two user groups in terms of ability to access at home or other routes to computers, but overall the difference was in the utilisation and ability to grasp basic technology concepts. There was also a significant proportion of the alcohol user group who had no realisation of the opportunity that home computers could be utilised to access the sort of information that was available - not just about alcohol, but a considerable amount of other health and social care topics – GP surgery info, dentist info chemist info etc.

If the online service is to progress the promotion and delivery of the service must take into account this difference and who they are trying to achieve access to.

## 8.6 Continued delivery of Online Support

- It is clear that the pilot for this online support service has failed to engage with the wider public in terms of access to the service.
- The position of the site within a traditional alcohol treatment service has to change – the wider general population will not and have not accessed this site in great numbers. However it must be pointed out that tracking of those numbers has not been possible.
- Location of the site and promotion of services is key and this has not been done in any significant manner – the opportunity to provide a different style of forum, information or delivery of information needs to be tested in a more rigorous manner.
- Fundamental questions need to be asked in terms of what the service wants to deliver and who the service wants to deliver to. It is clear from the very limited information obtained from brief user testing that the basic information was well received.
- At a minimal brief intervention level allowing better access to alcohol information seems a solid start. However there is very little information available to suggest that the ‘counselling’ ‘brief intervention’ delivered by the staff was effective. This is not to suggest that the intervention was in any way harmful or the intervention/information delivered was not professionally provided. It is just that there is no information available from users of the service to evidence behaviour change.
- The resourcing of a web intervention and resource of this nature has to be funded properly. Simple provision for other web browsers, access for staff to admin rights, publicity of site etc if not available under current budget headings have to be resourced sufficiently.
- Staff felt rushed into the operational delivery of the service, there was not a bedding in period. The training was adequate, but there is a perception that getting used to the new style of practice and the technology clashed. There were frustrations at the perceived limitations, but also concerns over the nature of responses and the nature of interaction with those who contacted the service.
- In whatever shape the new service/provision continues there has to be an automatic monitoring process built into the delivery of the system.

## 9. Appendices

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