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# **Enhanced Local Alcohol Services – a window of opportunity?**

prepared for:

**Scottish Government**

by:

**Alcohol Focus Scotland**

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## 1.1 BACKGROUND AND OVERVIEW

The 2007 *Plan for action on alcohol problems: update*, refers to a remit for Alcohol Focus Scotland (AFS) to ‘undertake a consultation review that will aim to explore and identify how the contributions that local alcohol councils.<sup>1</sup> (LACs) make in supporting the service delivery agenda can be further enhanced’ (Section 6.18).

To this end, AFS undertook a consultation with all local alcohol councils within its membership.<sup>2</sup> during July to September 2007. There are currently 26 local alcohol councils in Scotland. There are 23 individual LAC profiles incorporated in this report which is due to the creation of Encompass Counselling and Support’ comprising Bute, Islay & Jura, Mid Argyll and Oban, which submitted one response.

LACs have changed over time since their inception against a background of changing need. Indeed some agencies have been in existence since 1965 offering counselling and they have subsequently undergone a metamorphosis based upon needs in local communities and also in responding to government policy.

Originally, LACs relied heavily on volunteers who were trained as counsellors and practice supervisors by AFS (originally SCA). However, over the years there has been a considerable change in this model due to both local and national developments.

The background to this report is the scale of alcohol problems in Scotland, and their financial and social impact on the Scottish economy and society. Further information on the scale of the problem and its impact has already been adequately covered by the Scottish Executive and information on this can be found at [www.alcoholinformation.isdscotland.org](http://www.alcoholinformation.isdscotland.org)

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<sup>1</sup> In accordance with the title used within the Plan for Action (6.18), we have consistently referred to these agencies as local alcohol councils, although many do not use the term ‘council’ in their title.

<sup>2</sup> Prior to becoming a membership based organisation in 2005, a network of local alcohol councils existed and was known as the AFS network of Local Councils on Alcohol.

## **2. METHODOLOGY**

### **2.1 Methodology**

This consultation was undertaken by the Policy and Communications section of AFS. It took place between June and September 2007 using the following methodology.

#### **2.1.1 Questionnaire**

A questionnaire (appendix 1) and explanatory letter was sent out to all LACs in Scotland. This questionnaire was sent out in both hard copy and email format.

#### **2.1.2 Website Search**

Information in relation to the services provided by each local alcohol agency was drawn from their website. It is noted that 13 of the 27 LACs do not have a dedicated website.

#### **2.1.3 Interviews**

In addition to the questionnaire and website search, interviews were conducted with two thirds of the agencies to enhance and develop the description of services available.

One third of the agencies undertook a 30 minute telephone interview. The interview focused on areas where responses in the questionnaire could be further developed. The additional information gleaned from the telephone interviews contributed to the content of this report.

In person interviews were also conducted with a third of all agencies. These fuller interviews gave an opportunity for a more in depth discussion on future developments within the agencies and allowed for clarification where necessary.

Interviews were allocated on a geographical basis which ensured that service provision in urban and rural areas was represented by means of telephone or interview in person, to ensure an equitable balance of information from both settings. Thus a cross section of both rural and urban LACs were given the opportunity to give a detailed explanation of their current services and what they would like to provide in the future.

#### **2.1.4 Interview Allocation**

- **Questionnaire only**

Cowal Council on Alcohol & Drugs	Lochaber Council on Alcohol
Edinburgh and Lothian Council on Alcohol	Shetland Alcohol Support Services
Fife Alcohol and Support Service	Tayside Council on Alcohol
Kintyre Alcohol and Drugs Advisory Service	

- **Questionnaire and Telephone Interview**

Encompass Counselling and Support ( Mid Argyll, Oban, Bute and Islay and Jura)	Orkney Alcohol Counselling and Advisory Service
Glasgow Council on Alcohol	Ross and Sutherland – Alcohol Counselling Service
Inverness – Alcohol Counselling	Skye and Lochalsh Council on Alcohol
Moray Council on Alcohol	

- **Questionnaire and Interview**

Ayrshire Council on Alcohol	Dumfries and Galloway – Alcohol and Drugs Support – South West Scotland
Aberdeen – Alcohol Support Ltd	Greater Easterhouse Alcohol Advisory Project
Central – A.S.C	RCA Trust
Dumbarton Area Council on Alcohol	South Lanarkshire – Liber8

### 2.1.5 Report Writing

On completion of the interview, or submission of the questionnaire if no interview was allocated, the first draft of each agency's responses was returned for verification. This allowed each agency further opportunity to develop and amend their responses and ensure that the content of the report was accurate.

All agencies were given a further opportunity to verify the content of the final draft of the report prior to its submission to the Scottish Government.

### 3. FINDINGS

#### 3.1 Current Service Provision

There are two aims of section 6 'Provision of Services' within the 2007 *Plan for action on alcohol problems: update*. These are:

- To provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems.
- To improve awareness of sources of help and support for those affected by alcohol problems

Section 6.18, remitted AFS to undertake a consultation that would aim to explore and identify how the contributions that LACs make in supporting the service delivery agenda can be further enhanced.

There may be an assumption that LACs only provide one-to-one free and confidential counselling to anyone affected by either their own drinking or someone close to them. The LAC profiles contained in this report demonstrate that this is no longer the case and that one-to-one counselling is only part of the work with clients through either abstinence, controlled drinking or harm reduction programmes.

In 2007 each agency provides a diverse and extensive range of help and support to people with alcohol related problems. Definitions of the type of services provided by each agency varied across the country, our analysis therefore has had to interpret and encapsulate the different descriptions and collate them under generic definitions.

Examples of the support and services available includes:

**All LACs have prevention and education as part of their core function**

- **Prevention and education in schools and the community** – through the development of teaching packs specifically for schools in their area.

**More than half of LACs provide the following service.**

- **Support groups** – providing mutual support improving client's self-confidence, sense of self-worth, increase knowledge and also in a range of topics: mental health, diet, general health, coping strategies etc.

**Over a third of LACs provide the following service.**

- **Young people's services** – referrals for one-to-one counselling or groupwork for young people who have come to the attention to the Police, Children's Reporter or Social Work, due to their own drinking.

**One third of LACs provide the following service.**

- **Training** – for GP's in line with SIGN guidelines<sup>3</sup> or with employers to establish or update alcohol policies in the workplace.

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<sup>3</sup> The management of harmful drinking and alcohol dependence in primary care. Sept 2003

**Almost one third of LACs provide the following types of service.**

- **Alcohol related offending projects** – referral can be directly from the courts and includes deferment schemes e.g. Justice of the Peace can defer sentencing for a set period of time if the offender seeks help for an alcohol problem.
- **Employer's referral scheme** – as a consequence of disciplinary cases employees can be referred under the employer's referral scheme which addresses the employee's alcohol problem with reports being provided to employers.
- **Supporting people projects** – home based help that assists people in the retention of their tenancy. This work can also assist people with an alcohol problem who are facing eviction since it works across agencies and can avoid homelessness.
- **Activities groups** – range of activities and groupwork sessions to develop self confidence and generally widen life experience.
- **Complementary therapies** - Working with people with an alcohol problem requires a holistic approach to the individual. The profiles within this report illustrate the many facets of support that are being delivered across the country.

Alternative therapies ranging from aromatherapy, acu-detox, reiki, to tai chi have through evaluation shown to be effective<sup>4</sup>. With one particular agency's evaluation it revealed that there was an increase in the number of days abstinence from 2.38 to 6.32 using these therapies.

Stress and anger management is also used in conjunction with the above therapies and in addition personal presentation (grooming), self confidence building and dietary advice is offered.

**Four LACs provide the following types of service.**

- **Back to work or employability projects** – assisting clients with returning to work
- **Child and family projects** – providing support to given when children who are affected by their familial drinking.

**One LAC states this as a specific targeted service.**

- **Older persons and carers services** – work with older people and those who care from them that can be delivered in the home.

LACs work directly in communities across Scotland providing approximately 6,000 counselling appointments every month. The average length of an appointment is 50 minutes. Referrals come through a variety of sources such as self referral, GPs, Social Work, Health Visitor, Criminal Justice etc.

The length of time of waiting lists, for assessment or first counselling appointments, ranges from 1 to 6 weeks. Dependent upon type of referral and urgency certain agencies are able to offer at least an initial assessment within 3 working days.

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<sup>4</sup> John McMahon, Paisley University, Evaluation of Complementary Therapies 1996/97 and 1998/99

It is clear that there is a real richness of imagination when creating services to meet local needs. Some examples of the more unique projects are:

- Sensing change – trains counsellors with visual or sensory impairment to provide services in their own communities
- Gambling – offering counselling for problem gamblers

Sustaining, expanding or developing services within an LAC is a constant pressure. In some areas sustaining an existing service can be more problematic than developing or expanding. Many agencies described it as regularly having to 'battle' to sustain their much needed existing services.

## **3.2 Staffing Levels**

**3.2.1 Staffing** There is no consistent model across the country in respect of the level of staffing required to run an alcohol service. At one end of the spectrum there are two agencies with no full time staff and at the other end there is a developed agency that has 50 full-time, part-time and sessional workers.

Historically, counselling was primarily provided by volunteers, trained by AFS for the majority of local services. Currently, the use of volunteers varies across the country; some agencies have one or two with the largest being up to 50 volunteers.

Over the past decade, there has been a change in the mixture of volunteers and paid staff within agencies – a decrease in the number of volunteers and an increase in the number of paid staff. This has been for several reasons:

1. There can be a difficulty in retaining volunteers after training, as commitment can sometimes be for a short-term period due to a variety of reasons; change in personal circumstances, family moving area or change in working arrangements
2. Some individuals use the training and experience gained by being a volunteer to progress into paid employment within the alcohol or caring fields.

Volunteers who progress into the workforce as a result of the counsellor training should be seen as a mark of personal achievement and natural progression. However, this creates significant operational and managerial strain in agencies because for every counsellor who moves on, another volunteer has to be recruited and trained to replace them.

3. The management of volunteers can be more problematic in comparison to paid staff who are contracted for a set number of hours per week. The time spent on supporting and managing volunteer counsellors can be higher than that of full time contracted staff.
4. Having paid staff allows a service to be able to provide a more constant and consistent service and has for some agencies become the preferred option.
5. Whilst the importance and value of volunteers cannot be underplayed, for some agencies, there has been a very deliberate change of focus from volunteers to paid staff to ensure that they can deliver a service when it is required. With service level

agreements in place, agencies must ensure that they are able to fulfill their contractual obligations.

Indeed, those agencies that manage to maintain a combination of volunteers and paid counsellors gain from having a rich mixture of counsellors from the wider community bringing a wealth of experience and skill set.

The changes over recent years from traditional grant funding to formal Service Level Agreements have had an impact on volunteer/paid staff ratio. In order to fulfill contractual obligations agencies have had to focus on service delivery which has led to change.

### **3.2.2 Staffing Challenges**

The many changes that LACs face have at different times resulted in shortages of both paid staff and volunteers. This either results in being unable to meet the demand for services or in increased waiting times. Despite these challenges LACs have continued to provide services for people with alcohol problems.

## **3.3 Future Enhancement**

In addition to ascertaining the current range of services by agencies this consultation also explored what further areas of work they would wish to provide in their localities. This was asked in order to identify how services could be further enhanced to meet the needs of their communities.

The responses from LACs on future development were varied and this report highlights the wide range of services. What some agencies see as a future development, other agencies have been running for quite some time. This diversity is based upon a combination of local need, local funding and the creativity of the management and staff of the different agencies.

### **3.3.1 Future Expansion**

The following summarises services/activities that LACs would wish to expand and develop in the future. These developments have been categorised into the following 10 thematic headings:

(A full list of developments can be found at appendix 2).

#### **3.3.1.1 Alternative therapies**

During recent years counselling has been enhanced through the use of alternative therapies.<sup>5</sup> The evidence indicates a more positive outcome when clients have the opportunity to participate in alternative therapies that range from aromatherapy, reiki, acu-detox, through to therapeutic arts, such as photography and rock music.

#### **3.3.1.2 Lifestyle**

Working with clients with alcohol problems should include information/discussion on other health and lifestyle issues. Agencies see the need to extend existing work on lifestyle to include smoking cessation, dietary advice, self-confidence building, advice on physical & mental health and the maintenance of controlled drinking. As an addiction, tackling gambling problems was another area identified as an area for development.

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<sup>5</sup> John McMahon, Paisley University, Evaluation of Complementary Therapies 1996/97 and 1998/99

### **3.3.1.3 Social Groups**

To support either abstinence based or controlled drinking lifestyle, many clients feel the benefits of informal support through services such as drop in centres and gender group support. Additional work in this area was highlighted by several agencies.

### **3.3.1.4 Employability**

Often clients can be unemployed or have difficulty in gaining employment because of alcohol related problems. However, once an alcohol problem is under control, many clients may wish to return or seek work and agencies have a perfect opportunity in assisting clients to make change in their lives.

### **3.3.1.5 Service User Groups**

The views of Service User Groups were often reported as being the very heart of agencies. However, demands on staff for core activity often results in this valuable resource not reaching its full potential. Help and guidance on the development of service user groups is needed to enable agencies to incorporate service user views. The service user guidance currently being produced under the Quality Standards will go some way in assisting agencies in this area.

### **3.3.1.6 Families and Carers**

Research has shown that many benefits can be gained through working with the families of a drinker. Many agencies would like to build upon current government policy that takes account of the need to engage families. Work with parents and carers through workshops, family support groups and one-to-one family therapy was identified as a key development area.

### **3.3.1.7 Young People**

Historically, LACs have worked with the adult population. Since 1990, there has been an increase in young people's drinking which has necessitated the inclusion of young people's services within LACs. More than a third currently work with young people by a diversionary activity or drop in. However, there is an issue of sustainability (due to funding cutbacks) of this type of service, yet the irony is that the positive results in working with young people, mean that services should actually be further enhanced.

### **3.3.1.8 Prevention and Education**

All agencies report that prevention and education is a fundamental part of their work plan and due to demand would wish to further extend this activity. This does not relate solely to work in schools but includes work within the community across the age spectrum and in many workplaces.

### **3.3.1.9 Expansion of services**

(i) Core Services - Throughout the country there is no blue print for core services for the 27 LACs. All report that different types of expansion are needed to cope with the local demands that are placed on them. This ranges from simple profile raising exercises to communication regarding services being provided to the development of advice and information.

However, guidelines that identify the core elements of a LAC would benefit all LACs in their funding.

(ii) Accessibility - Rural agencies can be constrained through low levels of staff that result in reduced opening times. There is a need for flexibility within rural services in order to meet the need of the community. Agencies that operate in rural settings often have a large

geographical area to cover, which impacts on staff costs and time. In addition there are issues of confidentiality which have to be addressed when working in these settings.

The solution to these problems is the further use of locations which the population already access i.e. satellite centres or the use of peripatetic workers.

(iii) Brief Intervention – The majority of agencies report that there is a clear need to take every opportunity for brief intervention when working with people with alcohol problems. These could be counsellors linked with hospitals, more primary care initiatives, street workers providing off street service, a rapid response worker for people who need immediate help and 24 hour advice line.

(iv) Befriending services – since the mid 90's, befriending services have developed in a plethora of different ways. This type of service is extremely useful in assisting the client in their social wellbeing – as a bolt-on service it is highly beneficial to people with alcohol problems. This type of service can be used for those who are not quite ready for counselling or to complement the counselling service.

(v) Specialist Partnerships – The level of tier four services that are linked to LACs varies across the country. Further work should be developed with statutory agencies to meet the need of clients who have specific needs such as dual diagnosis, community detox, or specialist cognitive behavioural therapy.

There has been much discussion at a national level on the provision of designated places/wet houses the view was expressed that further consideration be given to the provision of such services.

### **3.3.1.10 Criminal Justice**

It is known that helping offenders with alcohol related problems reduces the cycle/risk of re-offending. Agencies have reported that they would like to develop or enhance existing work further, for example by having dedicated workers who can link directly with the courts or social work.

## **3.3.2 Barriers to Development**

The exercise also identified some barriers to development.

### **3.3.2.1 Funding**

(i) Inconsistency of funding - The inconsistency and uncertainty of funding for agencies can place a huge burden on management:

- lengthy negotiations that lead to service level agreements;
- lack of certainty about sustainable funding;
- securing annual funding arrangements in sufficient time for service planning

At one end of the scale there are agencies who feel their funding is secure but inadequate to provide all the services they would like, whereas at the opposite end of the scale there are agencies whose premises are crumbling and woefully inadequate. Several agencies have to hand out redundancy notices to staff on a fairly regular basis due to a lack of secure long term funding.

(ii) Funding challenges - The funding challenges facing agencies are quite specific:

- New funding streams tend to focus on innovation and do not find it 'exciting' enough to fund existing services or core management.

- There is a failure to provide full cost recovery by funders despite this being national policy and this can obviously cause many difficulties in maintaining existing basic infrastructures without considering development
- Short-term funding - many new projects receive funding for less than three years – yet the national recommendation is for 3 year funding agreements. New services require a certain period for capacity building and it can take up to 2 years for some projects to be sufficiently developed to meet all its original objectives. Additional pressure is therefore placed on projects with short term funding to identify alternative generated income. Time that should be spent on management is diverted to securing funding to sustain the project/service.

(ii) Monitoring and evaluation - Volume of reporting – To ensure accountability, funders ask for information that demonstrates that their money is being appropriately spent. Problems arise when an agency operates with a cocktail of funding which results in a large number of evaluation reports having to be prepared, often seeking different information. This can generate a considerable time demand for the agency and is often not included in the costing of the project.

(iii) Staffing – Short term contracts can result in a high turnover of paid staff and poor retention of staff. This often results in difficulties in the delivery of consistent services that has ‘knock on’ consequences to the clients. This also has implications for cost effectiveness of services, with more time spent on recruitment and induction, as well as the loss of experience for the agency with every worker who leaves.

However, for other agencies the commitment from volunteers and staff in agencies cannot be overstated, and it is to their credit that their dedication has helped to sustain each agency’s invaluable service in their community.

One particular agency has won awards for its prevention and education work with young people, yet they barely receive enough funding to exist.

### **3.3.3 Final Thought**

When asked about future development for their agency, one Director very clearly put it “the focus of future development is the need to maintain and sustain existing services, whilst seeking to continue to develop to meet the changing needs of our clients”.

### 3.10 RECOMMENDATIONS

1. **Equitable, accessible and inclusive services** – The plan for action on alcohol problems calls for equity and fairness across the country. As can be seen from their profiles, there is a wide and diverse level of services provided by LACs, which have been created in response to identified need. It is now time to consolidate our understanding of the range and value of these services through a register.

Given the variety, diversity and the effectiveness of the approaches evidenced in this report, it is important to ensure information about them is disseminated across the country. This would enable service providers to develop services in their localities, which have a proven record of effectiveness and provide people with alcohol problems with a range of supports which they will be able to access within their locality.

A register of alcohol services would provide information, inform research into effectiveness of approaches and communicate information about good practice across the sector. This information should be provided on the AFS website with links to other national and local websites to highlight the range and diversity of services provided across Scotland.

2. **Baseline of service provision** – What is clear from this report is that there is no consistent definition of an acceptable minimum level of service provision for LACs.

The recently published Quality Standards for Substance Misuse Service<sup>6</sup> details minimum level of service that service user can expect. Therefore to ensure equitable and accessible and inclusive services throughout Scotland it is recommended that a base line level of service provision is established.

This would include an agreed minimum funding level for LACs.

3. **Guidelines for Commissioners** who contract services from LACs should be prepared to outline
  - what is expected from the voluntary agencies
  - a common standard for all services

This would ensure that services are able to plan properly and dedicate more time to deliver a service to people in need.

4. **Research** – The earliest LAC was established in 1965 and to date little research has been commissioned to assess the effectiveness of the services provided. Agencies spend all of their time either delivering services, or securing funding and consequently little time analyzing the evidence and demonstrate the success and value of their work. Given the importance of these agencies in delivering front line services, we would argue such research is long overdue.
5. **Future Development** – The report highlights the contributions that LACs make in supporting service delivery. To further enhance this work, the barriers detailed under section 3.3.2 require to be addressed.

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<sup>6</sup> National Quality Standards for substance misuse services. Scottish Executive, 2006.

## Section 4 to 25 - LOCAL AGENCY PROFILES

### 4. Alcohol Support Ltd (Aberdeen)

#### 4.1 Services

##### 4.1.1 Counselling

Alcohol Support Ltd (ASL) provides one to one counselling and support to individuals and their children. This service is provided from the home, at the ASL office or in one of the 50 venues across Aberdeen City and Aberdeenshire. These include GP surgeries, community education facilities, schools and voluntary organisations. Home visits are also available but are restricted. Counsellors use motivational interviewing techniques as well as cognitive behavioural therapy and evidence based practice.

Clients can either self refer or referrals are accepted from health professionals and the criminal justice system.

##### 4.1.2 Advice and Information

ASL provides an advice and information service for the general public by means of telephone, email or postal enquiries. ASL will provide presentations on alcohol awareness presentations to staff, community groups and professionals. ASL also attends health fairs, conferences and corporate events in order to give advice and information on their services.

##### 4.1.3 Child and Family Service

ASL provides one to one support for children affected by parental misuse in the Aberdeenshire area. This service is aimed at young people aged between 8 and 17 years. Often children are presented as significant others but then confide that they are using themselves.

A specialist Child and Family Service is available in the Aberdeen City area which provides one-to-one support for children affected by parental misuse. This service is based in primary and secondary schools and sometimes at the family home. Counsellors in this service also represent children or parents at case conferences, children's hearings and social work reviews. This service works alongside statutory and voluntary sector partners to improve the 'quality of life' for children and raise self esteem.

In addition, the Torry Post is a service where a Child and Family worker works in conjunction with Police, schools and community development. ASL has been actively involved in the 'Think B4U Drink' board game which is designed for secondary school age youngsters. It is an educational and fun way to promote responsible drinking and has been distributed throughout Aberdeen City and Aberdeenshire. Currently, a giant version of the game is being developed which will be beneficial at health fairs where large numbers of youngsters can take part.

##### 4.1.4 Deferment and Offenders' Services

- **Drink Drive Rehabilitation Scheme:** this service is aimed at those who have been charged with a drink driving offence. It allows participants to examine the circumstances that led to the drink-driving offence and acquire new skills to reduce the risk of reoffending.
- **Criminal Justice Addictions Service:** this service supports those who have already appeared in court on charges brought about by the misuse of alcohol.

- **Deferred Sentence Scheme:** this scheme assists those who are due to appear in court on charges brought about by misuse of alcohol. This service offers an integrated range of assessment, education and counselling services.

#### **4.1.5 Employer's Service**

ASL lends support to employers and employees experiencing alcohol related problems. Primarily, this service informs employers of the benefit of counselling over disciplinary measures. Employers are also given assistance in developing alcohol and substance misuse policies for their workforce.

#### **4.1.6 Domestic Abuse Project**

ASL has established a domestic abuse project at A&E hospital.

#### **4.1.7 GP Referral Service**

A specialist case worker helps patients registered with the Northfield/Mastrisk practice who have alcohol problems or are dependant on alcohol. Essentially, a dedicated and immediate counselling service is provided and medical intervention is available for these clients at the GP surgery.

#### **4.1.8 Support Groups**

- **Amethyst Women's Group:** This group is aimed at women who have experienced alcohol misuse. Self confidence and self esteem issues are addressed alongside group activities focussing on health and hobbies.
- **Health and Leisure Group:** this group provides its members with the opportunity to meet and socialise within a range of social settings that are based around activities which are in themselves healthy, educational and constructive.

#### **4.1.9 Service User Involvement Group**

ASL is currently developing a service user involvement group. It has already had its first meeting but is still at its early stages of development.

### **4.2 Availability**

Counselling appointments are available subject to demand during normal office hours or in the evenings.

### **4.3 Waiting Times**

Approximately 120 clients use ASL's services per week during winter and 75-80 clients per week during the summer period. This has led to an average waiting time of between 4 and 6 weeks for counselling appointments dependent on client numbers.

Clients are seen by the Child and Family Service within 2 weeks.

Employers must wait between 1 and 2 weeks to use the Employers' Service.

### **4.5 Staffing**

ASL employs 6 full time members of staff comprising operational managers, administration assistants and finance employees and 19 part time staff which includes administration

assistants, counsellors and case workers. A further 18 volunteers work as counsellors and supervisors in this agency.

ASL would benefit from more staff as its services can no longer supply the demand for its services. This demand is not purely in terms of volume of clients but also in the nature of problems that must be addressed. Each genre of problem requires a different level of care which could only be provided consistently by paid full time staff.

On average, 40% of volunteers move into the substance misuse and addictions field in a paid capacity.

## **4.6 Future Developments**

### **4.6.1 Brief Interventions Service**

ASL would like to further develop its Brief Interventions Service across Aberdeenshire. This service is already in its infancy in Aberdeen City. This service would encompass 3 or 4 20 minute appointments which would monitor outcomes to be developed. These appointments would be available *ad hoc* in GP surgeries whereby, after screening, clients would have immediate access to advice.

This brief intervention service could also be expanded to become an 'off the street' service whereby the general public can make enquiries and receive advice and information.

### **4.6.2 GP Service**

This service would be provided for heavy drinkers and a dedicated counsellor would work with such clients.

### **4.6.3 Development of the Child and Family Service**

Further development of the child and family service, to include group and residential facilities for family therapy provided by experts in this field, would be beneficial to this agency and would provide support for women drinkers. Consequently, women and children would become a priority group.

### **4.6.4 24 hour Advice Line**

Pilot a 24 hour advice line to examine its effects and demand for this service.

### **4.6.5 Access to Detox and Rehabilitation Services**

ASL would like improved access to detox and rehabilitation services which would include residential care. This service is provided for the community but due to difficulties in accessing detox facilities, partly due to funding and the passage through a statutory service, this process takes several weeks which is unacceptable when clients often require immediate help.

In terms of rehabilitation, a change of focus to therapeutic intervention which is structured rather than automatically placing clients in a hostel in order to achieve successful outcomes.

Website: [www.alcoholsupport.co.uk](http://www.alcoholsupport.co.uk)

## **5. Ayrshire Council on Alcohol**

The ethos of Ayrshire Council on Alcohol (ACA) is to provide a holistic approach to the needs of people with alcohol problems. Whilst the focus within the agency is on counselling the needs of each client is paramount. ACA works with the individual and different appropriate agencies to ensure that a holistic approach to the needs of the client is adopted.

### **5.1 Services**

#### **5.1.1 Counselling**

ACA provides one to one or telephone counselling to people who misuse alcohol, their families and others who are affected by their alcohol misuse. Clients must reside in the Ayrshire area and be at least 16 years of age.

The ACA prioritises pregnant women, women, older people, adults whose chaotic lifestyle affects their ability to parent which may put their children at risk, repeat offenders and people whose health risks are associated with their drinking.

ACA's work takes accounts of the following groups of drinkers:

- pre-contemplators, people whose drinking is/may be adversely affecting their life and where they may/ may not be aware of the problem - work with this group is prevention based,
- contemplators, people who have problems with the use and misuse of alcohol but are unsure how to address these problems - work with this group is working with the client in the counselling setting
- people who have been stabilised and are continuing to have their personal plan and goal setting implemented.

#### **5.1.2 Group Work**

The ACA has established social groups that help clients to socialise in a non-drinking environment e.g. ten pin bowling, excursions to the theatre and restaurants and day trips.

#### **5.1.3 Older Persons' and Carers Service**

ACA has one dedicated member of staff who works with older people who have an alcohol problem. This service is available only in South Ayrshire. The setting for this work requires engagement with older people in different settings e.g. elderly forums, lunch clubs, older peoples social work teams, home care and with community development workers (SAC). However, the majority of work is conducted through home visits.

ACA also have a family/carer worker in South Ayrshire.

#### **5.1.4 Alcohol Related Offending Project**

Referrals for this project come directly from the courts. The 16+ age group undergo a programme that focuses on lifestyle changes, alcohol education, behaviour, diversionary activities. This project also encourages young people to move on from the alcohol related offending. Reports are given back to the courts on the progress of the young person.

## **5.2 Availability**

The ACA office hours are:

- Monday and Thursday, 9am to 5pm
- Friday, 9am and 4pm
- Tuesday and Wednesday, 9am to 8pm.

Answer phone out of hours. Weekly appointments are available in Ayr, Girvan, Maybole, Kilmarnock, Saltcoats, Irvine and Cumnock and home and hospital appointments can be arranged.

## **5.3 Waiting Times**

On average, 259 clients use the services at the ACA each month and this and this has led to waiting periods of approximately 4 weeks in North Ayrshire, 1 to 2 weeks in East Ayrshire and 1 to 2 weeks in South Ayrshire.

## **5.4 Staffing**

ACA employs 5 full time staff and 5 part-time staff. These staff members are supported by 18 volunteers.

In addition, 3 volunteers have moved into paid employment in the substance misuse field in the past 5 years.

## **5.5 Future Developments**

### **5.5.1 Establishment of a Counsellor Link with Hospitals**

The ACA would like to establish a counsellor link with hospitals to ensure an early response to those who misuse alcohol and, consequently, this will encourage the take up of community support.

### **5.5.2 Appointment of a Dedicated Criminal Justice Counsellor**

Website: [www.e-ayrshire.co.uk/local/aca](http://www.e-ayrshire.co.uk/local/aca)

## **6. Encompass Counselling and Support (incorporating Bute, Islay & Jura, Mid Argyll and Oban)**

### **6.1 Services**

#### **6.1.1 Counselling**

Encompass Counselling Support (ECS) was formed in 2007 by the merger of the alcohol agencies in Bute, Islay & Jura, Mid Argyll and Oban. A one to one counselling service is available for individuals, over 16 years of age, with a substance misuse problem and their family and friends who are adversely affected by it.

ECS accept self referrals and also referrals from other agencies such as GPs, CPNs, Health Visitors, Social Work, Criminal Justice and Housing/Homeless Officers.

#### **6.1.2 Group Work**

Group work is provided in the Bute office. This group meets weekly with a structured discussion focussing on the issues surrounding alcohol and is carried out under the supervision of the practice supervisor. Clients also take part in social activities e.g. youth hostelling, outdoor pursuits and shopping trips to the mainland.

ECS would like to expand this service to other areas but it is constrained by available office space and its heavy dependence on volunteers.

#### **6.1.3 Housing Support**

(i) Housing support is available in Oban and Bute. This service gives practical support to clients in their own homes. Clients are encouraged to maintain secure tenancies and receive support to help with accessing other professional services, budget management, paper work organisation and practical household tasks.

(ii) ECS does not have a service user involvement group per se but it does receive feedback from the support group established by the Bute office.

#### **6.1.4 NHS Community Addiction Nurse GP Liaison**

Clients with drug problems have access to this service at ECS Bute office.

### **6.2 Availability**

Opening hours for the offices in Bute, Mid Argyll and Oban are 9am until 5pm, Monday to Friday but this is often restricted due to the lack of full time paid staff who are often required to attend meetings. Appointments are also available in the evening subject to demand.

As the Islay and Jura office is staffed by volunteers, opening hours are on an appointment basis only.

### **6.3 Waiting Times**

ECS aims to see any new client with 5 working days from initial contact. Currently 80 clients use the counselling and housing support services each month.

## **6.4 Staffing**

ECS employs 2 full time staff and 11 part time and sessional workers. These staff members work alongside 23 volunteers, some of which are the sole workers in the Islay & Jura office.

ECS relies heavily on its volunteers and would benefit from more paid employees. This would improve the services that ECS already provides, increase the number of counselling hours available and allow for sufficient cover for sickness or annual leave of the other employees.

## **6.5 Future Developments**

### **6.5.1 Advertising Counselling Services**

ECS would like to advertise its services across Islay & Jura, Mid Argyll, Bute and Oban. It feels that if its support services were more widely known, more people would realise the support that ECS could provide and facilitate communities' access to its services.

### **6.5.2 Increase Counselling Hours**

The promotion of ECS' services could result in an increased demand for counselling hours. Consequently, this demand would have to be addressed by additional ECS resources, which could ensure that clients are seen at an earlier stage and have greater access to support.

### **6.5.3 Extension of Support Services to Islay & Jura and Mid Argyll**

ECS would like to extend its housing support service to Islay & Jura and Mid Argyll but accepts that funding is not currently available for this development. Currently, the housing support service is only available for 83 hours per week in Oban and Bute.

### **6.5.4 Drop In Facilities**

ECS Bute currently offers a small service, Monday to Friday, but available to service users is limited due to staffing cover. ECS would like to develop this service on Bute and introduce to other localities.

### **6.5.5 Women's Group**

To encourage and engage more women with substance misuse issues to the service and provide them with a safe environment to discuss issues and share experiences whilst developing additional social and life skills.

### **6.5.6 Service User Involvement Group**

ECS would like to establish these groups in each locality where all service users would have the opportunity to express their own views on the services delivered.

## **7. Cowal Council on Alcohol & Drugs**

### **7.1 Services**

#### **7.1.1 Counselling**

Cowal Council on Alcohol & Drugs (CCAD) provides one to one counselling for anyone concerned about their own drinking or drug use or that of a relative, partner, or friend. This service is available to residents in Dunoon and the surrounding area.

Clients can self-refer and referrals are accepted from other agencies, for example, GPs, hospitals, social workers, the criminal justice service or employers.

#### **7.1.2 Community Rehabilitation**

This service is provided for drug users who are looking to make positive changes in their lives. It is a community based project and provides support across a wide range of issues.

#### **7.1.3 Supporting People**

CCAD provides home based help to those facing issues resulting from alcohol or drug use to help clients retain their tenancies and live independently in their homes and communities.

#### **7.1.4 Progress2Work**

This service is provided for drugs users and is a stepping stone through training, employment and essential needs of the client. Clients receive support through a Link Worker who liaises with other agencies to assist clients in reaching their goals.

### **7.2 Availability**

These services are available between 9am and 4:30pm on weekdays and counselling appointments are also available 2 evenings each week.

### **7.3 Waiting times**

Waiting times are minimal at the CCAD even though approximately 30 clients use the counselling service, 20 clients use the Progress2Work service, 12 clients are supported through the supporting people programme and 20 clients are in community rehabilitation each month.

### **7.4 Staffing**

CCAD's staff complement includes 4 full time staff and 6 part time support workers. In addition, 12 volunteer staff work at this agency as counsellors and support workers. CCAD has a good level of voluntary staff retention due to its selection processes, its situation, the ongoing training

for volunteer counsellors and cohesion between team members due to regular group supervision and training.

### **7.5 Future Developments**

CCAD is looking to expand the range of services available to its clients. Initiatives currently under consideration include the following:

### **7.5.1 Women's Group**

This service would provide a facilitated peer-support group for all female clients.

### **7.5.2 Activities Project**

CCAD would like to organise activities to help clients develop their self confidence and widen their life experience.

### **7.5.3 Service User Group**

CCAD would like to establish a service users group where all service users could express their view on the services delivered.

### **7.5.4 Gambling Counselling**

CCAD would like to implement Gamcare for problem gamblers.

### **7.5.5 Acu-detox**

This agency would like to include a therapeutic service into its range of service. This particular therapy is auricular acupuncture for drug users

### **7.5.6 Drop-in facility**

This service would provide a relaxed environment for service users to drop-in and socialise with each other in a safe environment

## **8. Dumbarton Area Council on Alcohol**

### **8.1 Services**

#### **8.1.1 Counselling**

Dumbarton Area Council on Alcohol (DACA) provides a one to one counselling service for clients, their families and friends. A telephone counselling and advice service is also available. DACA's services are available in Dumbarton, Clydebank and various community venues across West Dunbartonshire.

#### **8.1.2 Young People's Services (9 – 25 year olds)**

DACA provides a young person's counselling service where young people can receive one to one counselling or family counselling is available. Approximately 10 new young people are referred for counselling each month. The families' project has a dedicated worker who provides counselling, support, information and advice to families of young people where alcohol is an issue. In addition, DACA works with all secondary schools and some primary school through the "The Good, The Bad and The Dangerous" harm reduction teaching pack (developed by DACA).

Although the success of this project has exceeded expectations, problems have arisen concerning the provision of this service due to the change in funding streams. If this deficiency is not addressed, major problems will be created for the future.

#### **8.1.3 Group Work**

DACA has established a wide range of diversionary activities for its clients ranging from guitar classes to beauty treatments. Outings for each group are tailored to suit each group's individual needs e.g. outings to restaurants and walking the West Highland Way.

Groups include women only and men only groups and a social drop-in facility. Approximately 60 clients use the drop-in service each month.

#### **8.1.4 Court Deferment Scheme**

Run in conjunction with West Dunbartonshire District Court this deferment scheme was the Scottish Pilot of this type of provision. This gives Justice' of the peace the opportunity to defer sentencing for at least 6 months if they believe alcohol has had some influence on someone's criminal activity. DACA will provide reports initially and then after 6 months which the JP can use in determining sentence.

#### **8.1.5 Complementary Therapies**

These therapies aid stress management by means of massage and relaxation, aromatherapy treatments, beauty therapy and Tai Chi. These treatments are available to all clients and their families. Evidence suggests that coupled with counselling, complementary therapies reduce clients' alcohol consumption.

#### **8.1.6 Employer's Referral Service**

DACA has worked with a range of employers to develop alcohol in the workplace policies which are supported by the referral service. There are three levels of referral:

- 1) Self referral – where an employee approaches a welfare officer / supervisor and requests assistance.
- 2) Disciplinary – where some action has been taken and employee has mentioned alcohol use / misuse. Reports can be provided at employer’s request.
- 3) Dismissal – where dismissal has been the outcome of a disciplinary measure this can be suspended for 6 months if the employee at this stage reveals an alcohol problem. Employer will receive monthly reports. In last 10 years only 2 employees have failed to have dismissal reversed.

### **8.1.7 Community Alcohol Awareness**

DACA provide alcohol awareness and education across West Dunbartonshire to schools, youth groups, training groups, colleges and other community groups. We also offer awareness training to staff of voluntary and statutory agencies and employers. Sessions are tailored to the specific needs of each group.

### **8.1.8 Voluntary Work Experience**

A range of voluntary experiences are available at DACA. The largest group are those who counsel. To support counselling we run a varied group programme and all eight groups at this time have a voluntary group support worker alongside our full time group worker. At Dumbarton we have drop-in social provision 3 mornings and 3 evenings per week “welcome hosts” facilitate these random groups and at Clydebank we have voluntary receptionists on 2 evenings per week to answer phones, welcome clients etc for our evening counselling teams.

### **8.1.9 Intermediate Labour Market Pilot Project**

The ILM Pilot Project helps ex-substance misusers to gain their SVQ II in Health and Social Care. Currently, 5 ex-clients use this service who were chosen by means of a DACA selection procedure. Upon completion of the project, it is expected that they will obtain employment in the social care field.

### **8.1.10 User Involvement Group**

DACA’s user involvement group meets weekly and has always been at the heart of what the agency does, by regularly discussing the service’s future. The group also participates in one-off events or projects, such as producing the 30 years of DACA brochure.

## **8.2 Availability**

Services are available Monday to Friday from 9am to 4.30am and available 3 evenings per week between 6.30pm and 9.30pm.

## **8.3 Waiting Times**

Although DACA receives 40 new clients per month for counselling and over 160 clients attend various support groups, new referrals wait less than 7 days for an appointment.

## **8.4 Staffing**

DACA has 9 full time members of staff, 6 part-time employees and 4 sessional workers who work alongside 36 volunteers.

In addition, 10 volunteer staff have moved into the substance misuse field in a paid capacity. Receiving agencies include DACA, West Dunbartonshire Council Addiction Team, the RCA Trust and Addaction.

## **8.5 Future Developments**

### **8.5.1 Establishment of Parent/ Carers' Workshops**

DACA have already piloted a one-off event for parents and carers which proved to be very successful. Subsequently, DACA would like to expand its young person's service by including workshops for these individuals. This would facilitate the reduction of problems at home and would promote positive role models.

### **8.5.2 Research on Family Support in the Community**

DACA has seen a number of young people, some of whom have come through the care system, who have wide ranging problems from self harm to sexual abuse and homelessness. DACA would like to commission more research into supporting families in the community, the tuition of life and parenting skills and the provision of general support for these families.

## **9. Alcohol and Drugs Support – South West Scotland**

### **9.1 Services**

#### **9.1.1 Counselling**

Alcohol and Drugs Support – South West Scotland (ADS) provides one to one counselling for those affected by alcohol and drugs problems over the age of 18 years and live in Dumfries and Galloway. Its office bases are located in Castle Douglas (registered office), Dumfries and Stranraer.

Primary care practice based counselling is also available, based in GP Surgeries, as part of a four tier alcohol service. The four tier alcohol service is grounded in current policy and implements Sign Guideline 74 and HTBS Relapse Prevention.

#### **9.1.2 Support Services**

##### **Befriending and Peer Support Services**

ADS provide support services including a peer support service and a mentoring and befriending service. As from 1<sup>st</sup> September this service will become known as Transition Towards Tomorrow, and is funded by the Big Lottery Fund. Last year, 45% of befriending volunteers went on to gain paid employment within the social care sector.

##### **Home Support Services**

A home support service is also available to service users who are over 16 years of age. Home support helps clients to develop independent living skills e.g. managing finances, maintaining a healthy diet and house maintenance. Clients also develop an awareness of the possible impact of their behaviour on the wider community and the harm that alcohol or drugs are doing to themselves and those around them

##### **Integrated Drugs Services**

ADS also provide an integrated drugs service for Dumfries and Stewartry, in partnership with the local NHS specialist alcohol and drugs service.

### **9.2 Availability**

The business hours of the ADS are Monday to Friday, 9am to 1pm and 2pm to 5pm. Community based services such as Home Support and Befriending are available daily until 10pm and occasionally at the weekends.

### **9.3 Waiting Times**

Approximately 250 people, including primary care based clients, use the counselling service each month. This has led to a waiting list of one to two weeks, depending on the locality.

There is no waiting list for the home support service which has approximately 30 service users per month.

With 80 clients on average using the Befriending and Mentoring service each month, the waiting period can be up to 6 weeks depending on the locality and availability of volunteers.

50 clients use the integrated drugs service each month and a waiting period of one week is the norm for this service.

#### **9.4 Staffing**

ADS has 21 full time staff and 4 part time staff. In addition, 50 volunteers work across the three ADS offices; there are 10 volunteer counsellors, 30 befrienders and 2 Practice Supervisors.

#### **9.5 Training**

Alcohol and Drugs support is a SQA training provider for level 3 Health and Social Care.

#### **9.6 Future Developments**

The following services are areas for development:

- Access Fund – Scheme to help people gain access to courses and social leisure as part of social integration
- ADS would like to help clients who feel able to go back to work with an employability service.
- It is interested in developing alternative and complementary treatment that could include self esteem and confidence raising.
- Service user involvement – that would include a range of options – monthly peer support groups that could be developed into service user involvement – peer researchers.

## **10. Edinburgh and Lothian Council on Alcohol**

### **10.1 Services**

#### **10.1.1 Counselling**

Edinburgh and Lothian Council on Alcohol (ELCA) provides a one to one counselling for people with an alcohol problem. In addition, clients will be given advice on harm reduction, a controlled drinking or an abstinence programme.

Counselling services are available in Edinburgh City Centre, East Lothian (Musselburgh and Tranent), Midlothian (Dalkeith and Penicuik) and West Lothian (Bathgate) for people who are over 16 years of age and reside in the Edinburgh or Lothian area.

#### **10.1.2 'Drop-In Service'**

People from the Edinburgh area can receive advice and information by means of this drop-in service at ELCA's main office.

#### **10.1.3 Community Based Alcohol Service**

ELCA has community bases in North East, North West, South East and South West Edinburgh.

#### **10.1.4 Supported Accommodation Service**

ELCA provides this service in the West Lothian area for those who are homeless or at risk of homelessness due to their alcohol problem.

### **10.2 Availability**

Counselling services are available in the city centre office, Monday to Thursday between 9.30am and 8.45pm, Fridays from 9.30am to 3.45pm and Saturdays from 9.30am and 2pm.

The East Lothian office is open between 3pm and 6pm on Wednesdays and 10am and 1pm on Saturdays.

The West Lothian office is open between 1.30pm and 4.30pm.

The Midlothian office is open between 1.30pm and 4.30pm on Mondays and Thursdays and 2pm to 4.40pm on Fridays.

The 'Drop-in' service is available between 3pm and 6pm on Wednesdays and 10am to 1pm on Saturdays.

The supported accommodation service is open between 9am and 5pm, Monday to Thursday and 9am to 4pm on Fridays.

### **10.3 Waiting Times**

Approximately 50 clients use ELCA's services each month. The waiting list varies between 2 and 3 weeks for an initial assessment interview and 4 to 5 weeks for ongoing counselling depending on client numbers.

## **10.4 Staffing**

ELCA has 9 full time members of staff, 7 part-time workers, 6 sessional workers and 5 practice supervisors. In addition to this, over 20 volunteers offer their services to this agency.

## **10.5 Future Developments**

### **10.5.1 Development of a Specialist Criminal Justice Service**

### **10.5.2 Development of a Dual Diagnosis Service**

### **10.5.3 Development of the Advice and information Service**

Website (part of East Lothian Council directory):  
[www.eastlothian.gov.uk/content/0,1094,3538,00.html](http://www.eastlothian.gov.uk/content/0,1094,3538,00.html)

## **11. Fife Alcohol Support Service - FASS**

### **11.1 Services**

#### **11.1.1 Counselling**

Fife Alcohol Support Service (FASS) provides community based, confidential 1-1 counselling for individuals and families. Counselling is available in 26 Health Centres, Clinics and Hospitals throughout Fife and in outreach centres in Kirkcaldy, Dunfermline and Glenrothes. A home visiting service is also available. Drop-in support and telephone counselling is available through the general office in Kirkcaldy.

Some of this counselling is provided through the All Round Care Project. This project, funded through Dunfermline and West Fife Community Health Partnership, offers an innovative, holistic approach to helping people with alcohol problems and other needs. FASS provides help for alcohol-related problems. Partner agencies in the NHS and Voluntary sectors provide support for mental health, diet, sexual abuse and young families as well as opportunities for volunteering. The project aims to contribute towards the health and well-being of people in some of the most economically deprived areas of Dunfermline and West Fife.

In addition to the above, FASS provides tailored counselling and education programmes for client groups with specific needs:

- Offenders referred through Social Work / Criminal Justice services who are attending as a requirement of probation orders etc.
- Employees referred through Employer Referral Schemes / Alcohol Policies in the Workplace.
- Individuals experiencing problems with gambling.

#### **11.1.2 Support Groups**

FASS Alcohol Support groups are available in Kirkcaldy and Dunfermline. These provide mutual support, improve client's self-confidence, sense of self-worth, increase knowledge of where to get help and information about alcohol and its effects, reduce stress and anxiety.

#### **11.1.3 Counselling Techniques**

Counselling and support groups help clients clarify thoughts, emotions and behaviour and find personal solutions for problem drinking and related issues. These include regular or binge drinking, underlying causes including personal, family, social, employment and lifestyle issues and consequences of drinking including accident, mental health, relationship and financial issues.

FASS works to the principle that the quality of the therapeutic relationship is fundamental to success of any intervention in alcohol addictions, that is, how well the counsellor engages with the client through skilful use of active listening skills, an empathic approach and being non-judgmental and genuine.

Upon this person-centred foundation, FASS counsellors use a range of Cognitive-Behavioural methods such as behavioural self-control, coping skills and strategies and changing self-image/talk. Motivational Interviewing can help individuals who are ambivalent about the pros and cons of drinking and health behaviour change. These methods together with Family Support and Support Group Networks also provided by FASS are recommended

by NHS SIGN Guidelines for treatment of alcohol problems in primary care. Counsellors are trained to understand how people view their own problems and how alcohol fits in with them. FASS provides client led, goal focused counselling programmes that include:

- specialist alcohol assessment
- care planning with service user
- working with significant others/families
- arrangements for management of alcohol withdrawals
- exploration of deeper issues and problem solving.
- Abstinence, controlled drinking and harm reduction regimes
- relapse prevention
- alcohol education
- report and record keeping
- consultation with other professionals regarding client care

Full administrative and supervisory support is provided by FASS.

FASS' services are available to individuals and family members affected by alcohol related problems who are at least 16 years of age and are resident in the Fife Local Authority or NHS Fife geographical area. Primarily, this service focuses on those who drink to excess with harm and/or dependency of mild, moderate or severe degree.

#### **11.1.4 Case Recording and Evaluation**

FASS referral processing, alcohol assessments, counselling and support group interventions are integrated with systems of standardised practice and case recording using the Orion Management Information System. This system, specifically designed for substance misuse services, provides the agency with an ability to analyse activity and quality of practice and to feedback and inform service delivery. FASS currently uses two evaluation processes integrated with the system: Alcohol Focus Scotland Outcomes of Counselling and Christchurch Inventory of Substance Misuse Services.

### **11.2 Availability**

The general office hours of FASS Monday to Thursday 9.30am to 4pm and is closed between 12.30pm and 1.30pm for lunch each day. It is closed on Fridays.

Counselling appointments are available between 9am and 5pm in 26 Health Centres, Clinics and Hospitals throughout Fife. Evening Counselling is available from Monday to Wednesday in Outreach Centres in Glenrothes, Kirkcaldy and Dunfermline.

FASS' support groups run during the day on Tuesdays and Wednesdays in Dunfermline and Kirkcaldy.

### **11.3 Waiting Times**

The average number of service users receiving counselling or group work each month is 455. Waiting times can vary between different areas of Fife depending on local demand for the service and available counselling resources.

On average, service users wait between 2 and 3 weeks for a first counselling appointment or to join a group.

## **11.4 Staffing**

FASS employs 10 full time staff which includes 1 service manager, 1 counselling services co-coordinator, 1 administration and finance supervisor, 3 administrators, 4 alcohol and family support counsellors who are also practice supervisors. Further, one part-time development worker and 8 sessional staff contribute to this team.

In addition, 15 volunteer alcohol counsellors work in Outreach Centres in Glenrothes, Kirkcaldy and Dunfermline. In addition 10 further volunteers act as Trustees of the Charity and provide expert help with strategic development, financial management and IT consultancy.

## **11.5 Training**

FASS provides specialist training for medical professionals, employers and others in the statutory and non-statutory sectors covering:

- Screening and early detection of alcohol problems, brief interventions and referral pathways.
- Alcohol awareness and education.
- Development of Alcohol Policies in the Workplace.

## **11.6 Future Developments**

### **11.6.1 Parenting Skills and Family Therapy**

If funding were available, FASS would provide a community based, Fife-wide mentoring and therapy service for parents, their children and families affected by parental drinking.

Parental alcohol misuse has profound impact on the structure and functioning of families and the quality of life of family members. Problem drinkers can demonstrate erratic, inconsistent behaviour, experience mood swings and can be emotionally withdrawn. They can have difficulty in consistently providing for the physical, psychological and emotional needs of their children

Research indicates that consequently children can suffer a range of physical, psychological and behavioural problems These may manifest as:

- emotional problems (psychosomatic problems from asthma to bed wetting, negative attitudes to their parents and to themselves, with high levels of self-blame, withdrawal and depression)
- anti-social behaviour (children of problem drinking parents are at raised risk of aggressive behaviour, delinquency, hyperactivity and other forms of conduct disorder)
- school environment problems (including learning difficulties, reading retardation, loss of concentration, generally poor school performance and behavioural problems such as aggression and truancy).

Children also learn who they are in relation to others from their parents but messages are often ambiguous and confused. They often take on responsibilities that are inappropriate for their age i.e. acting as carers of parental drinkers or mediators between parents, are at risk of social isolation through keeping parental drinking a secret and can experience physical, verbal and sexual abuse and neglect.

Parenting style is recognised as the most important factor in raising children and this project would provide concerned parents with an opportunity to develop knowledge and skills within a supportive person-centred ethos to become 'good enough' parents by:

- Communicating with children and with high levels of warmth and praise
- Being active and positive in offering unconditional love, care and commitment
- Setting and enforcing reasonable and consistent standards of behaviour
- Coping with challenging adolescents
- Spending quality time with children on child focused activities
- Developing organisational, financial and house keeping skills.

Trained mentors would offer guidance and support that empowers a more skillful, emotionally available, consistent and predictable parenting style.

Systemic Family Therapists would be available to provide intensive, in-depth support for more deep-seated emotional / behavioural problems and resolution of conflict within the family dynamic.

Through this intervention, families would experience improved quality of life, better life opportunities and the incidence of inter-generational alcohol use would decrease in the community.

### **11.6.2 Alcohol Counselling Support Service**

FASS could provide a support service that addresses a range of inter-related issues and needs commonly identified in alcohol counselling.

- Dietary advice and advice for other lifestyle issues including exercise and tobacco use
- Advice regarding pregnancy, diabetes and other alcohol related health issues
- Home / community based detoxification

This service would integrate closely with alcohol counselling and would support the main thrust of counselling i.e. addressing drinking behaviour change and related lifestyle factors.

To do this, FASS would employ and line-manage nurses to work with alcohol counsellors to deliver a holistic, comprehensive service. Clinical governance for nurses would be arranged through local NHS Health Services. Nurses would provide anticipatory care health checks and advice, medical assessments for detoxification, liaison with GP's, provision of detoxification in the service user's home or local health centre – alcohol counsellors would continue to provide primary counselling support during these interventions.

Benefits to service users would include:

- A community based one-stop-shop approach for help with alcohol problems and related basic health and lifestyle advice.
- Detoxification that would integrate with counselling and be available precisely at time of need e.g. during initial management of alcohol withdrawals and at points of lapse / relapse during the clients journey towards stable abstinence / controlled drinking.

### **11.6.3 Cognitive Behavioural Therapy (CBT)**

FASS would develop a specialist CBT service for individuals concerned about their drinking who are identified through assessment as requiring a more intensive therapy than is available through general alcohol counselling. Making use of existing qualified staff and recruits, this new service could deliver solutions for a range of more deep-seated issues that adversely affect or underpin alcohol dependence. Alcohol-related issues that could be addressed include eating disorders, childhood sexual abuse and psychological trauma.

Therapists delivering this service would do so in close liaison / partnership with psychological services. A close working relationship already exists between FASS and NHS Psychology Services which provides practice supervision for FASS counsellors delivering alcohol counselling in health centres and hospitals. This new service would build on this strong working partnership.

### **11.5.4 Stress and Anxiety Management**

FASS would deliver a range of therapies attractive to service users that develop their ability to cope with and resolve mental and physical manifestation of stress and anxiety – factors common to people addressing alcohol problems. This service could be delivered by sessional therapists and suitable therapies may include Acu-detox, Reiki, Tai chi and physiotherapy relaxation techniques.

## **12. Forth Valley - Alcohol Support and Counselling (ASC)**

### **12.1 Services**

#### **12.1.1 Counselling**

Alcohol Counselling and Support (ASC) provides free alcohol and drugs support and counselling services for those with drug or alcohol problems and their families which is facilitated by 7 part time staff and 25 volunteers. This is accessible through self referral in the Stirling, Alloa and Falkirk offices but is open to all residents of the Clackmannanshire, Falkirk and Stirling areas.

#### **12.1.2 GP Referrals**

Service Users can either be referred to the Stirling or Falkirk offices or, alternatively, counselling is available in 30 GP practices across the Forth Valley on an appointment basis: Aberfoyle, Airth, Alloa, Alva, Balfroun, Bo'ness, Bonnybridge, Bridge of Allan, Callander, Camelon, Carron, Cowie, Denny, Dollar, Doune, Drymen, Dunblane, Fallin, Falkirk (2 practices), Grangemouth, Killearn, Killen, Mayfield (Stirling) Plean, Polmont, Stenhousemuir, Strathblane, Throsk and Tillicoultry.

#### **12.1.3 Criminal Justice Referrals**

ASC provides one to one support, counselling and group work to those referred through the criminal justice system. This service is provided by 3 part time counsellors. Currently developing a pilot of six sessions offering awareness raising for clients who are unable to engage in counselling.

Counselling is also provided in Social Work offices across the Forth Valley.

#### **12.1.4 Go Forth Rehabilitation Service**

ASC provides a structured programme of focused learning through group work that aims to support service users towards accessing educational, volunteering and employment opportunities. Literacy, numeracy, IT, health issues, assertiveness skills and confidence building are all included. This is a 16 week programme which is provided 4 days a week between 10am and 3.30pm. Service users receive one to one key working to support their individual learning experience. This service is staffed by 2 full time employees, 2 part-time staff, 1 sessional group worker and 2 part-time volunteers.

#### **12.1.5 Children and Families Service**

ASC provides one to one counselling and diversionary activities for children affected by alcohol or drugs misuse in their families. This service is provided by one part time counsellor, 14 hours per week. (At the time of the one-to-one interview the agency had just received word that their funding would cease for this particular service. However the agency is optimistic about securing alternative funding or linking with another agency to continue this service).

#### **12.1.6 Prevention and Education**

ASC offers training and presentations to schools and organisations which are provided by the service user development worker, service users and staff.

### **12.1.7 Service User Involvement**

The service user involvement group works on both a one to one and group work basis and provides active citizenship training. This group consults service users about service development, the recruitment process, training and the design of marketing and training resources. This group is facilitated and led by a full time dedicated Service User Development Worker between 9am and 5pm. ASC uses the work of this group to influence the development of the organisation.

### **12.2 Availability**

The offices are open between 9am and 5pm, Monday to Friday and evening appointments are available between 5pm and 8pm. Appointments are provided on a one to one basis and are either weekly or fortnightly depending on the client.

### **12.3 Waiting Times**

Varies depending on time of year and counsellor absence leave. 70 service users access the counselling and support services each month, 12 to 15 people work within service user involvement and 15 to 20 clients use the Go Forth Rehabilitation Service.

### **12.4 Staffing**

ASC employs 17 staff with 11.31 whole time equivalent who work along side 25 volunteers

### **12.5 Future Developments**

#### **12.5.1 Development of its Service User Involvement**

ASC would like to participate in standardised training for schools across the Forth Valley. This would involve presentations from members of the service user project as part of the package.

#### **12.5.2 Development of a Social Firm**

ASC would like to develop a social firm as part of its rehabilitation development. A social firm would help to make the link between the agency and the wider community e.g. through a community café.

#### **12.5.3 Smoking Cessation**

ASC would like to develop a smoking cessation programme.

At the time of writing Alcohol Support and Counselling has recruited a new Chief Executive and an organisational development plan is being produced that will introduce new changes. The organisation has changed its name to Addictions Support and Counselling (ASC) and it is reviewing all of its operations including its continuing membership of AFS.

## **13. Glasgow Council on Alcohol**

### **13.1 Services**

#### **13.1.1 Counselling**

Glasgow Council on Alcohol (GCA) provides one to one counselling at Newton House. An additional telephone counselling service is also available which acts as a helpline for the general public.

Community counselling is also available in Drumchapel, Yoker, Partick/Woodside, the East End, Rutherglen/Cambuslang and East Dunbartonshire. The Keep Well Projects, which are NHS projects in North and East Glasgow, also provides community counselling. (males aged 40-65 years)

Counselling services are available to problem drinkers and others who are affected by this person's drinking. Clients are accepted from self referrals, the criminal justice system, social work department, community addiction teams, GPs and employers.

#### **13.1.2 Young Person's Counselling Service**

GCA provides counselling for young people aged between 12 to 25 years old at the Head Office or anywhere that is convenient for the service user e.g. community centre. Approximately 12 new referrals occur each month and 29 clients on average use this service each month.

GCA is working to ensure that this service is focussed on the individual young person. Currently, clients are sent text messages to remind them of their appointments and they are being consulted on the re-design of a youth's counselling room at Newton House.

#### **13.1.3 Prevention and Education**

GCA provides community based alcohol education programmes. These projects include Safer Drinking in the East End (S.A.D.I.E.), Greater Pollock Alcohol Training and Education (G.A.T.E.), North Glasgow Alcohol Support Service and Drumchapel Alcohol Support Service. The aim of these projects is to reduce alcohol related harm and risk of harm, at an individual and community wide level to tackle availability of alcohol and changing attitudes, increase knowledge and enable service users to make safer choices.

#### **13.1.4 Alcohol, Crime and Education (A.C.E)**

GCA provides group work for offenders with alcohol related problems. Currently, GCA only has access to offenders after they have appeared before the Sheriff. It has been suggested that accessing offenders before this point would be more efficient and would enable GCA to identify offenders who would be suitable candidates for group work. Consequently, this would influence the Sheriff's decision and reduce the amount of court time.

GCA receives 36 referrals each month and the maximum capacity of each group is 12 clients with 2 groups meeting each week.

#### **13.1.5 Training**

GCA provides tailor made training for employers, community groups and other service providers. E.g. mental health projects, Housing Associations, Further Education Colleges.

COSCA certificate and skills courses are also available (Modules 1-4) as well as basic and advance alcohol awareness training courses.

### **13.1.6 Community Alcohol Support Service (C.A.S.S.)**

GCA provides this service in the East End of Glasgow. It provides homelessness and tenancy support in conjunction with support for alcohol related issues. Advice, support, information and counselling are also available to divert and prevent people from becoming homeless.

This service also aims to resettle people from homeless accommodation e.g. hostels to community living. Early interventions can prevent homelessness and maintain tenancies by helping clients deal with their alcohol related problems.

### **13.1.7 Service User Involvement Group**

GCA does not have an all encompassing service user involvement group. The service users of the young person's group are however heavily consulted on the development of this service as well as the service users of the Community Alcohol and Support Service. These groups meet quarterly.

## **13.2 Availability**

Counselling appointments and the helpline are available from Monday to Friday between 9am and 5pm and an evening service operates on Mondays and Tuesdays until 9pm.

C.A.S.S is available between Monday and Friday from 9am until 5pm.

A.C.E. is available from Monday to Friday between 9am and 5pm as an ongoing programme of one-to-one assessments and 2 groups meeting weekly.

Other services including Prevention and Education and Training are available on request from 9am to 5pm, Monday to Friday.

## **13.3 Waiting Times**

Approximately 104 new clients are referred monthly and 770 appointments are set up each month. Clients are contacted with their first appointment date within 10 days from initial referral.

C.A.S.S. receives 15 new referrals each month and the service itself is used by approximately 90 clients per month. Clients are contacted with an initial appointment time within 5 days.

## **13.4 Staffing**

GCA employs 36 full time staff who work alongside 16 volunteer counsellors and 5 volunteers who work in other GCA services. This agency would benefit from employing more staff particularly in the A.C.E. project and the Young Person's Service. This would allow for capacity building and further development of these services.

In addition, approximately 21 volunteer staff have moved into the substance misuse field in a paid capacity, some of whom remained employed by the GCA.

## **13.5 Future Developments**

### **13.5.1 Development of the Young Person's Service**

Since the funding for this service will cease in March 2008 attention is required to ensure the sustainability of this service.

### **13.5.2 Anger Management and Group Work**

GCA would also like to provide group work and anger management courses for these clients as well as providing such services for their families and significant others. Thus a more holistic approach would be adopted when helping these young people.

### **13.5.3 A.C.E. Development**

The provision of group work for offenders and, more specifically, re-offenders is an area that would benefit from further development. This would include anger management courses since there is currently no service which addresses anger management issues for offenders.

It is anticipated that criminal justice social workers would be very interested in this course and research will follow in the forthcoming months to establish the demand for this service.

### **13.5.4 Expansion of the Education and Prevention Project**

GCA would like to increase this alcohol awareness work and move into schools and increase its work with the local community across Glasgow.

### **13.5.5 Development of the existing Community Counselling Service**

GCA recognises that there is increased demand for its community counselling services. GCA would like to introduce counsellors into GP surgeries, hospitals and community addiction teams to ensure that counsellors are available on demand. This has already been piloted in East Dunbartonshire and the East End of Glasgow and has proved to be very successful.

## **14. Greater Easterhouse Alcohol Awareness Project (GEAAP)**

### **14.1 Services**

#### **14.1.1. Counselling**

The Greater Easterhouse Alcohol Awareness Project (GEAAP) provides counselling to anyone with concerns about their own or another's drinking and is provided at various locations throughout Greater Easterhouse.

#### **14.1.2 Prevention and Education**

GEAAP delivers four sessions of alcohol awareness to P6 pupils in 24 schools throughout the East of Glasgow. 4 follow-up sessions are then delivered to P7 pupils the following year. This programme is still developing and GEAAP is currently changing its articles and memorandum to include schools in the whole of the East of Glasgow. A recently received grant of £30,000 will allow this agency to recruit another part time worker for a 2 year period.

This work was recognised by Mentor UK when GEAAP won the national biannual award for school's based prevention and education. Part of the award money will help them to carry out a full evaluation of the work over the next 18 months, with schools that have been actively involved with the project and those who have not. This funding will also help GEAAP with the creation of an interactive web site for young people.

Alcohol related training is also offered to both statutory and voluntary organisations which utilise information stalls, talks and presentations. This service is accessed by approximately 378 individuals each month.

#### **14.1.3 Befriending Service**

GEAAP offers a befriending service to anyone with an alcohol related problem who needs support to leave the home to access services such as G.P., hospital or dental appointments. Befrienders will also accompany clients on trips to the shops, cinema, gym or simply walking the dog.

#### **14.1.4 North East Community Alcohol Support Service**

This service is available to anyone with alcohol and tenancy issues such as homelessness, the prospect of eviction or for those being settled in the north East of Glasgow. Appointments are available in either the GEAAP main office or at the client's home.

#### **14.1.5 Young Person's Service**

This service is available to youths aged between 12 and 18 years old who have alcohol issues themselves or need support due to another's alcohol use. Both one to one and group work are available at various locations throughout Easterhouse.

#### **14.1.6 Alternative Therapies**

GEAAP offers alternative therapies to existing clients which includes acupuncture, reflexology, reiki and Indian head massage.

### **14.1.7 Women's Group**

GEAAP provides a weekly women's group every Wednesday which focuses on the specific needs of women who are dealing with alcohol misuse either directly or indirectly.

### **14.1.8 Service User Involvement Group**

GEAAP is managed by a board of directors made up entirely of Ex service users. Many Ex service users go on to train as volunteers with the befriending service and some have found paid employment with the service.

To date GEAAP has placed two ex service users into full time employment within the project. We have also had nine volunteers move into employment in the addictions field after gaining experience here at the project.

## **14.2 Availability**

Counselling services are available from Monday to Friday between 9am and 4pm and Monday and Tuesday evenings between 5pm and 8pm.

The befriending service and prevention and education programmes are offered when required.

In addition, the north east community alcohol support service and the young person's service is available from Monday to Friday between 9am and 5pm.

Alternative therapies are also available five days per week.

## **14.3 Waiting List**

GEAAP receives approximately 16 new clients for counselling per month who are offered an appointment within 10 days.

The Befriending service brings in approximately 6 clients per month but a waiting period of around 8 weeks exists before they can make use of this service.

There is currently no waiting list for the North East Community Alcohol Support Service – approximately 8 new clients use this service per month.

The young persons' service, alternative therapies and women's group do not have waiting lists.

## **14.4 Staffing**

Currently, 12 full time and 7 part time staff work alongside 28 volunteers at GEAAP across all of its services.

## **14.5 Future Developments**

GEAAP is confident that it provides the right service for its area and does not think it necessary to expand its current services. It already has excellent existing relationships with other services in the area and it is able to provide any service necessary due to these links e.g. detox services are available via the community action team or clients who are facing homelessness have access to their CASS service in order for them to work on their alcohol and housing problems.

Nevertheless, sustainability of this well rounded service is always a concern due to the need to pursue the necessary stream of funding. GEAAP must establish itself as a 'stable' agency if it is to be successful in grant applications, yet this is not possible when the local authority does not secure funding in advance.

Website: [www.uk.geocities.com/geaap/](http://www.uk.geocities.com/geaap/)

## **15. Alcohol Counselling – Inverness**

### **15.1 Services**

#### **15.1.1 Counselling**

Alcohol Counselling – Inverness (ACI) provides one to one counselling with clients who experience alcohol or drug misuse issues, their family and carers. Services are not limited to alcohol and drugs but are also open to those who have an addiction that is linked to alcohol e.g. gambling or self harm.

#### **15.1.2 Prevention and Education**

ACI gives presentations to schools and colleges on alcohol and drug misuse and their long and short term effects. This work takes place during class time for 2<sup>nd</sup> & 4<sup>th</sup> years and at health days which target 5<sup>th</sup> and 6<sup>th</sup> years. Currently, this agency is working, in partnership with the police and local primary schools to roll out presentations for primary 7s.

#### **15.1.3 Employer's Referral Service**

A further service that is provided by ACI is an employer's referral service which assists employers' in adopting and maintaining work place alcohol policies. Within such policies, problem drinkers are encouraged to modify their drinking rather than being discouraged by disciplinary procedures or dismissal. ACI will provide the client with a planned programme which usually lasts between 3 and 6 months and feedback is given to the employer regarding the employee's attendance.

#### **15.1.4 Support Groups**

ACI, being a counselling service, does not provide support groups. Other agencies such as Osprey and Alcoholics Anonymous provide these services in the area.

ACI services are available to everyone who is resident in the Inverness, Nairn, Badenoch and Strathspey areas and no age restriction applies e.g. their youngest client is 11 years old. Counselling is also provided in any service point, community halls, GP surgery, hospital etc that is convenient to the client that can provide a confidential space for counselling.

#### **15.1.5 Training**

Alcohol Focus Scotland provides training for the counsellors at the ACI, but it is delivered by ACI staff. The review of AFS training may result in part funding for training in 2008. ACI has no plans as to how they will train new counsellors when this occurs. ACI has difficulty in sending its volunteer counsellors to attend training conferences that are organised by Alcohol Focus Scotland. As these are commonly held in the central belt, this agency cannot afford to send its counsellors to Glasgow or Edinburgh, particularly since it has had to halve its travel expenses to just 15 pence per mile. It is noted that this agency was £3000 over its travelling expenses budget due to the large area that it must serve, yet, its funding has remained the same for the past 4 years.

Ongoing training for counsellors is not such an issue as a large pool of resources are available to them in the Inverness area e.g. child protection and suicide awareness training are available. This agency also benefits from the active work that the STRADA (Scottish Training on Drugs and Alcohol) undertakes in the area.

ACI also provides training to social workers, teachers, prison staff, school and volunteer agency workers together with youth workers, back to work agencies and leisure centres. Topics covered are women and alcohol, child protection and self harm or tailored to a particular need of the service. This work generates capital for the agency.

## **15.2 Availability**

The ACI is available Monday to Friday between 10am and 2pm with an answer phone available out with these times. Appointments are available for clients anytime up until 9pm, Monday to Saturday. No counselling services are available on Sundays.

## **15.3 Waiting Times**

Approximately 80 people use this agency's counselling services each month and there is no waiting list. Clients do, however, wait 4 to 7 days for an appointment depending on client availability.

## **15.4 Staffing**

There are no full time staff at the ACI: the development officer works 25 hours per week and the administration assistant works 15 hours per week alongside 18 volunteer counsellors and 3 administration volunteers.

ACI depends heavily on volunteers, particularly in terms of administration, which could be carried out by another part time administration assistant (12-15 hours per week). However, it is noted that the number of volunteer counsellors has doubled in the past 2 years.

There are no opportunities for volunteer counsellors to work in the substance misuse area with the exception of those who are medically trained but one volunteer has moved on to community work with a focus on substance misuse. ACI has attracted medically trained people as volunteers in order for them to gain more experience. It seems that in this agency, many volunteer counsellors come from a medical or social work background rather than vice versa.

## **15.5 Future Developments**

### **15.5.1 Expansion of Alcohol Education Programme into Primary Schools**

ACI would like to become more accessible to young people by expanding its alcohol education programme into primary schools as a joint venture with the police. Primary schools are keen to implement this.

### **15.5.2 Drop-in Centres for Young People**

ACI would wish to establish drop-in centres for young people which would be based at either the agency itself or in schools which would require funding in order that counsellors could be trained in children's issues. This programme could develop into a 'rolling programme' which would benefit schools, youth groups and social work departments. This could be further developed through the use of paid sessional counsellors who would be present at different Secondary schools on different days.

### **15.5.3 Open House for Young People**

ACI would also like to establish an 'open house' which would be available to young people. This would be a late night service, which is often when young people need support most, and would be a place where these youths would be happy to go. There is currently no comparable service available to young people.

Website: [www.alcoholcounsellinginverness.org](http://www.alcoholcounsellinginverness.org).

## **16. The Council on Alcohol – North Lanarkshire**

### **16.1 Services**

#### **16.1.1 Counselling**

The Council on Alcohol – North Lanarkshire (COANL) provides counselling to residents in the North Lanarkshire area who are 16 years and over. Counselling appointments are available in Coatbridge, Motherwell and Cumbernauld. Counselling is primarily available to alcohol misusers but it is also available to anyone with substance misuse issues.

### **16.2 Availability**

Counselling appointments are available on a daily basis and clients are receive counselling appointments on a weekly basis.

### **16.3 Waiting Times**

COANL sees 63 active clients on a weekly basis which has contributed to the average waiting time of 2 weeks. The current caseload may result in a longer waiting period of approximately 4 weeks.

### **16.4 Staffing**

The current staff complement is 2 full time and 4 part time members of staff. In addition, 18 volunteers lend their time to this agency.

### **16.4 Future Developments**

#### **16.4.1 Counselling in Schools**

COANL would like to provide counselling in schools in the North Lanarkshire area.

#### **16.4.2 Pilot Scheme on Domestic Abuse and its Link to Alcohol**

COANL would like to establish a 6 month pilot scheme which would investigate the link between domestic abuse and alcohol.

#### **16.4.3 Women's Group Work**

COANL would like to undertake joint work with Women's Aid Groups and other similar mutual support bodies in order to tackle alcohol issues that are specific to women.

## **17. Liber8 (South Lanarkshire Alcohol Service)**

### **17.1 Services**

#### **17.1.1 Counselling**

Liber8 has only been in existence for 14 months and the official launch of the agency was on 2<sup>nd</sup> October. In addition to officially launching the service the event was used to highlight the merger of Liber8 and Street Base, a youth alcohol alternative and diversionary project. This agency is expanding rapidly which shows the need for alcohol services in the area which have been missing from the South Lanarkshire area for a significant period of time.

Liber8 provides one to one counselling for individuals who have an alcohol related problem. This can be for those who are concerned about their own drinking, but Liber8 also offer supportive counselling to the individual's family, friends, carers or colleagues, Home visits are available to individuals with health or mobility issues which prevent them from travelling.

Referrals are accepted from any health related agency including GP's Community Addition Teams and Social Work Depts. In addition Liber8 operate a self referral policy. Initially, clients are assessed to establish their suitability for counselling if it is felt that another service would best address the clients need, e.g. detox, then effective referral mechanisms are in place to support a smooth transition from Liber8 to the identified service provider, with the option of either counselling running parallel or the client returning to Liber8 once the other issues have been addressed. Liber8 has built strong relationships with other agencies in the area, including the ADAT, and feels that this benefits clients who have multiple problems. These same agencies and services eagerly welcomed the arrival of Liber8 to compliment existing service provision. This service is available for residents in the South Lanarkshire localities excluding Rutherglen and Cambuslang.

#### **17.1.2 Advice and Information**

Liber8 provides an advice and information service for the general public by means of telephone, email or postal enquiries. In addition, Liber8 provides presentations on alcohol awareness to staff, community groups and professionals. Liber8 also attends health fairs, conferences and corporate events in order to raise awareness of the service and give advice/information on alcohol and related services.

#### **17.1. Merger with Street Base**

The proposal to join the two projects together came about through their joint working and sharing of premises and an independent evaluation's recommendation. It was envisaged that the hosting would initially be for a one year period with the merger being undertaken at the end of that year period. Broadly this would see Street Base become the 'youth wing' of Liber8. Street Base at this time work with some of the most excluded and difficult young people within our communities of South Lanarkshire, who are involved with Alcohol Misuse and often Anti Social Behaviour. They are the **only** organisation of its type with the remit of alcohol alternative and diversions in South Lanarkshire.

The Street Base model is unique, it entails trained street workers proactively engaging and developing relationships with young people aged 10-18 years old, who are on the streets and are misusing alcohol or at risk of alcohol abuse. Upon engaging such young people, the initiative then encourages the uptake of alternative activities to misusing alcohol that enhances health and well-being, such as organised football competitions, fishing, gorge walking and quad biking. In addition the project raise awareness of and address the consequences of alcohol misuse through provision of advice and direction of young people to

the relevant social, health and community services. However funding is as such that Street Base is only funded to work within ROA area's data zone criteria.

#### **17.1.4 Men's Health (Pilot)**

A short Pilot Project has been possible due to an under spend within ROA. It funds two part time counsellors until March 2008, to work within Liber8 core service, the focus being on Men's Health and alcohol. This was in response to the ROA's focus on health problems in men. The concern is that the monies will end before the project has had time to effectively establish and evidence itself.

#### **17.1.5 Youth Engagement Workers (Pilot)**

Two 'Youth Engagement Workers' with counselling experience, have been employed part time to work within Street Base. These workers are available to schools/ youth facilities and venues; parents and most importantly to the young people themselves to access advice/information or just for someone to confide in. Part of their role is to offer training to parents, teachers and youth work staff; provide group work for those who suffer from or are involved in either direct or indirect alcohol misuse as well as the ability to take referrals for counselling. However it has to be acknowledged that at this time there are no supports in place for young people in the South Lanarkshire area under the age of 16yrs who suffer either directly or indirectly from alcohol misuse unless they are already in care or at the risk of being taken into care.

#### **17.1.6 Training/Development Post**

Through a successful one year funding application Liber8 have recently appointed a training and development officer. In addition to providing short courses to clients to move them further along the employability spectrum, the post holder will identify skills training for the 25+ volunteers. Still in order to sustain this project Liber8 must generate income from this training programme, therefore training will be offered to external agencies and businesses/ employers etc with reference to SHAW award scheme.

#### **17.2 Availability**

The business hours of Liber8 are 9am to 5pm, Monday to Friday. Additionally, appointments are available until 9pm from Monday to Thursday. In terms of the work of Street Base, they have the same working hours as Liber8 with the additional workers providing the 'street work' which being targeted at key times when young people commonly are on the streets consuming alcohol, thus Mon - Sat late evenings.

#### **17.3 Waiting Times**

Last month, 210 appointments were allocated by Liber8; these figures have led to an average waiting period of less than 14 days from referral to initial contact. The waiting period from first contact to assessment is 3 to 4 weeks and the average waiting period from assessment to 1<sup>st</sup> counselling session is less than 12 days. Street Base makes contact with approximately 1000 young people per month.

#### **17.4 Staffing**

Liber8 employs 4 full time staff, (Manager, Co coordinator Administrator and Training Officer) 1 sessional staff (10 hrs) and 4 part time sessional staff for a fixed contract ending in March 2008. In addition there are currently 14 volunteers lend their time to this agency and a further

8 volunteers are currently in training. The Street Base project has 2 FT staff, 1 PT and 14 sessional street staff

## **17.5 Future Developments**

As noted Liber8 has only been operational for 16mths and is rapidly developing based on need and demand in the South Lanarkshire area. The major concern for Liber8 is the over reliance on and retainment of volunteers. This model of recruiting and training volunteers as counsellors must be seen as an addition to the service and NOT as the service. It all too often leads to service vulnerability, Indeed 5 of our volunteers have already moved into employment within the alcohol/drugs field stating that their training at Liber8 was a major contributing factor. So whilst this is excellent movement and extremely encouraging for the volunteers and for the service, the negative outcome was that Liber8 lost 5 volunteers. Therefore future developments for Liber8 must include identification of core funding to enable staff to be employed.

### **17.5.1 Employment of More Staff**

Increasing the staff complement would allow expansion in the following areas:

- Counselling in rural areas – The large geographical spread and difficult transport arrangements often mean a client has to catch 2 buses and spend 2/3 hours to attend their counselling session. Funds to employ a ‘mobile’ counsellor are a must and potentially a telephone counselling helpline.
- Employment of a support worker/befriender to compliment the work of the counsellor- often the client’s lifestyle/social skills are depreciated or non existent. A support/befriending scheme would assist in this area.
- Drink driving referral work and other criminal justice service work- at present CJS referrals are accepted within the main core business. This often is not the best service for the client or indeed the best system for courts. CJS. A specific CJS project is being considered.
- Employment of a Youth/Street base worker attached to every school or youth venue to do both pro-active and reactive work. Currently, this is only available in re-generation areas but this is seen as ill-divided.- Recruitment of a prevention and education worker.

### **17.5.2 Premises**

Currently, Liber8 has two rooms in a shared community project floor of offices housing a total of 59 staff and volunteers. The logistics of which are increasingly difficult. Furthermore the sharing of counselling rooms proves to be problematic as demand for counselling services is high. This leads to stressful and frustrating situations however lack of capital funding prevents the move to a premise more suitable to Liber8’s need

### **17.5.3 Expansion of Liber8’s Youth Remit**

Due to the recent merger with Street Base Liber8 would like to branch into a wider youth remit. This would include the capacity to offer specialist youth counselling as well as preventative education.

Website: [www.liber8.org.uk](http://www.liber8.org.uk)

## **18. Lochaber Council on Alcohol**

### **18.1 Services**

#### **18.1.1 Counselling**

Lochaber Council on Alcohol (LCA) provides one to one alcohol and drugs counselling to residents in the Lochaber area and is based in Fort William. Self referrals, probation order referrals and industrial referrals are accepted by the agency. Further, counselling is available to the problem drinker's or substance misuser's relatives and children over the age of 16 years.

#### **18.2 Availability**

LCA does not have set office hours but counselling appointments are available during the day or in the evening, subject to demand.

#### **18.3 Waiting Times**

Approximately 12 clients use LCA's counselling service each month and clients must wait between 2 and 3 days for their first appointment.

#### **18.4 Staffing**

Currently, there are no paid staff and this service is completely dependant on the 6 volunteer counsellors. However, LCA is advertising for one full time member of staff to administer the service.

#### **18.5 Future Developments**

##### **18.5.1 Youth Service**

LCA would like to co-ordinate its counselling service to allow it to include those who are under 16 years. Specific training on counselling young people would also be necessary.

##### **18.5.2 Appointment of an Alcohol and Drug Officer**

LCA would like to appoint an alcohol and drug officer whose remit would include promotion of our services locally and in the rural areas. This officer would be responsible for developing LCA's services to include young people under 16 years and the tailoring of information to support this age group. A further responsibility would be to increase public awareness of the services provided by LCA.

##### **18.5.3 Training**

LCA would like to offer training, in conjunction with Alcohol Focus Scotland, for volunteer counsellors in the Lochaber area this coming autumn and winter. The recruitment of volunteer counsellors from rural areas will significantly improve the availability of counselling and allow for development.

##### **18.5.4 Counselling Support in Rural Areas**

There is an urgent need for counselling support in rural areas. Clients from outlying areas must travel considerable distances (up to 65 miles in some cases) to attend counselling sessions in Caol. Consequently, provision of more local centres, for example in GP surgeries, will encourage clients to attend centres and reduce travelling expenses. Thus, more people with alcohol or drug problems could access this service and receive help.

## **19. Moray Council on Addiction**

### **19.1 Services**

#### **19.1.1 Counselling**

Moray Council on Addiction (MCA) provides one to one counselling for those with an addiction and people caring for or looking after someone with an addiction in the Moray area. It also provides training for agencies who work with people who have substance use issues

#### **19.1.2 GP Service**

It also provides primary care counselling through a GP service. Clients are seen at their local health centre, which consequently increases confidentiality, as they could be attending their health centre for any number of reasons. Formerly, an evening outreach programme was in place but the location became unsuitable but it is anticipated that this programme may be re-introduced in the Cottage Hospital.

#### **19.1.3 'Guide to Services'**

A 'Guide to Services' presentation is also available to anyone who would like information regarding the services provided in Moray and how to access them. Typical service users are social workers, health visitors, mental health and community services workers and people from the Job Centre.

MCA does not have priority groups targeted as its counselling and its training services are free to all age groups. Any addiction services users, their significant others and primary care workers have access to MCA's services.

#### **19.1.4 Service User Involvement**

MCA does not have a user involvement group as yet but it is looking to develop one in the near future. At this point in time, however, a group of significant others are already meeting regularly in Buckie.

#### **19.1.5 Training**

Currently, MCA provides training for GPs, in line with S.I.G.N. requirements, on how to deal with someone who has an alcohol problem e.g. through the use of motivational interview techniques.

Although training services are available including the 'Guide to Services' above, insufficient funding curtails the frequency of training sessions. Ideally, MCA would like to provide more training which focuses on specific toolbox techniques for the use of therapeutic methods of counselling.

It is recognised that Studio 8 already has the service level agreement to provide group work services in Moray

### **19.2 Availability**

The business hours of MCA are 9am to 6pm, Monday through to Friday. Evening appointments can also be arranged when the counselling session frequency is agreed between the client and counsellor.

### **19.3 Waiting Times**

With approximately 60 clients using each service per month, the average waiting time for an appointment is 4 weeks.

### **19.4 Staffing**

Staffing is limited at the MCA: there are only 3.8 full time members of staff including the Director and administrator. This agency would benefit from another member of staff since the Director's role has numerous aspects: she is chair of the Forum; manages strategic planning; handles funding bids; manages the paid staff; is responsible for the volunteer staff (24); ensures ongoing training for the volunteer staff; has her own case load of counselling; provides support and supervision to counsellors. Another member of staff would improve the quality of services provided and they could further develop their services e.g. online counselling service.

In the past two years, 4 volunteer counsellors have gone directly into substance misuse services in this area, all of whom would say the AFS training helped with their application.

### **19.5 Future Developments**

#### **19.5.1 Young Person's Service**

MCA would like to develop a young person's service, which would replicate the GP service. Youth workers would be trained in counselling techniques in order to implement them in youth cafes and schools. The prospect of an online counselling service is also being investigated.

MCA has already received an indication that the lottery may fund this and it has been awarded £8,500 to carry out a needs analysis and write a business plan to support their application for £750,000. This will fit in with Moray CAP (2007/08) and their own development plan.

#### **19.6.1 Women's Service**

MCA would like to develop a women's service which would address the lack of women who use the agency. Ideally, it would provide a child care service and change the perception that mothers with an alcohol problem will not necessarily lose their children.

#### **19.6.2 Therapeutic Group Work**

MCA would like to introduce therapeutic group work sessions. This may not be feasible in such a rural area but this concept should be investigated.

## **20. Orkney Alcohol Counselling and Advisory Service**

### **20.1 Services**

#### **20.1.1 Counselling Services**

Orkney Alcohol Counselling and Advisory Service (OACAS) provides one to one counselling for people with alcohol and substance misuse problems, their family and friends. Counselling is also available to those with lifestyle issues such as anger, depression, eating disorders, gambling etc. – issues all closely linked with substance misuse, or likely to lead to it. We think of ourselves as a preventative service, just as much as a reactive one. Services are principally located at the Kirkwall office (2 Counselling rooms), GP surgeries in Sanday and Stronsay and, occasionally, the School Hostel in Kirkwall, for children who must travel from the islands to attend secondary school.

#### **20.1.2 Support Groups**

OACAS also occasionally provides a support group for those affected by someone else's drinking. This is available on demand. We are actively looking at facilitating group work with those who have passed through the Counselling process, but who would benefit from "maintenance" by way of less intense interactivity with others.

#### **20.1.3 Young Person's Alcohol Advisory Project**

The agency also provides a Young Person's Alcohol Advisory Project, which targets 8-25 year olds. Originally Young people, who were of concern to the Police, Children's Reporter or social workers, were referred to OACAS in order for them to receive support and education from this agency by means of regular weekly (group) meetings. However, numbers of referrals were insufficient to run such regular group meetings, and to ensure a rapid response to those who were referred we moved to one-to-one work with them. This more intense work soon exposed a raft of difficulties endured by the youngsters, involved with their drinking behaviour. Often these youths are 'disengaged,' in the sense that they may be excluded from the education system, unemployed, refusing to talk to their teachers, parents or peers or socialising with the 'wrong' group of people. Usually, clients are 15 years of age and over and require help with problems that are indirectly linked to alcohol or drugs. Referral pathways now include GPs, education and employment services, as well as word of mouth and self-referral

### **20.2 Availability**

Services are available from 9.30am to 8pm, Monday to Friday. There is also a drop-in service available to young people daily between 9.30am and 5pm.

### **20.3 Waiting Times**

On average 25 adults use the OACAS each week, which has led to a 6 week waiting period before services are available to the new client. A Counselling Practice Co-ordinator/ Intake Worker has just been appointed to carry out initial assessments of all new clients, within 5 working days of initial contact. It is recognised that this should reduce the adults' waiting period – and show quicker perceived commitment by the service. This will give clients quicker access to a qualified counsellor and will enable the screening of clients who may not be committed or are better suited to other services.

Approximately 8 young people use OACAS each week and the waiting period is one week.

## **20.4 Staffing**

OACAS has one full time paid staff member and 4 part time paid staff. A further 24 volunteers (10 Counsellors, 5 Practice Supervisors, 5 Board members and 4 receptionist/evening cover people) work at this agency.

It would be beneficial to the agency if another young person's worker was employed as well as a deputy part-time co-ordinator. This addresses the problems that would arise if those currently in these positions are unable to work for any reason or are on holiday.

In the past 4 years, 5 volunteer counsellors have moved into the substance misuse field in a paid capacity. Receiving agencies include OACAS, NHS, and Orkney Islands Council.

## **20.5 Future Developments**

### **20.5.1 Expansion of Counselling Services to Westray**

OACAS would like to expand its counselling services to the Isle of Westray. However, the provision of this service would require extra resources. The proposed fortnightly trip over to the Island would cost approximately £100 each time which includes an overnight stay and air fares.

### **20.5.2 Social Inclusion Rock Music Therapy**

OACAS is also considering the provision of a social inclusion rock music therapy group for young people, particularly boys. The young person's worker at OACAS already provides a further education course in composing music to adults, but it is believed that this could be a successful form of therapeutic counselling for young people. Yet, funding is of issue: a location is required to hold this group, instruments must be purchased and employees' time must be remunerated.

### **20.5.3 Group Work**

As stated above there is increasingly scope for some form of facilitated group work for some of those who have completed the Counselling process. This stretches from those who wish to maintain their new "alcohol controlled" life through companionship with others, to those who still need to work out ancillary issues through long term consideration, which might be better continued through structured group work than through one-to-one work (e.g. some adult survivors of childhood sexual abuse)

### **20.5.4 Space/Larger Offices**

Although the organisation has benefited hugely from moving to its own offices in 2004, (from offices shared with couple counselling, Samaritans, Cruse etc.) by offering enhanced confidentiality, a dedicated workforce, a more alcohol/substance misuse problems-oriented work place – we have found ourselves far too short of space.

We have only 2 counselling rooms, 1 (small) reception area which is also the kitchen, , one "large" office space which provides working space for the manager, youth counselling co-ordinator, and counselling practice co-ordinator – and holds all paper records, paper booklet storage, files etc. There is no waiting room, no large meeting room for Board Meetings, staff meetings, training or group work - all of which must take place elsewhere.

We have to find (and afford – the rental will be higher for more space) larger premises.

Website: [www.oacas.org.uk/](http://www.oacas.org.uk/)

## **21. RCA Trust (Incorporating Inverclyde Counselling Service)**

### **Location**

RCA Trust operates in East Renfrewshire, Inverclyde and Renfrewshire. Services offered in these areas are subject to identified local need and funding availability. The organisational headquarters are based in Paisley, Renfrewshire though there are additional centres in Barrhead (East Renfrewshire) and Greenock (Inverclyde).

### **21.1 Services**

#### **21.1.1 Counselling**

The RCA Trust (RCA) provides one to one counselling for individuals who have concerns relating to alcohol, substance misuse, bereavement, stress or any other life related problems. Clients receive advice, information and solutions to resolve their problems alongside continual support in order for clients to achieve their goals.

#### **21.1.2 Advice Centre**

RCA operates an 'open door' policy which allows the general public to access advice relating to alcohol, substance misuse, bereavement or other lifestyle problems. All advice is provided by fully trained counsellors. This service is available in Renfrewshire and Inverclyde.

#### **21.1.3 Offenders' Service**

RCA Trust offers a range of services for offenders with alcohol-related problems including short-term educational courses for those who do not demonstrate evidence of dependence and longer-term counselling for those who have significant alcohol problems or dependence. Clients can be referred by the supervising officer (social work) or directly by the court.

Clients range from low to high tariff. The majority of clients engage in long-term counselling. RCA Trust provides regular reports to the referring agent.

#### **21.1.4 Education and Training**

RCA provides short courses for the general public which focus on substance use or misuse. Tailor made courses are also available which suit the needs of a particular organisation or company. In addition, SQA approved courses are available.

#### **21.1.5 Company Services**

RCA provides assistance to employers who wish to establish or update their alcohol or substance misuse policies. Companies receive help with policy design and implementation. Consequently, RCA also provides staff training for management and unions with regards to the identification of substance misuse issues amongst colleagues.

Further, an employer's referral service is also in operation whereby employees can receive counselling under such policies.

### **21.1.6 Support, Rehabilitation and Accommodation Services**

RCA Trust offers two main rehabilitation services:

**Supported Accommodation;** RCA Trust supports clients in single-person flats scattered throughout East Renfrewshire and Renfrewshire. Clients are offered individually tailored programmes that may include general counselling, social skills training, budgeting, good neighbour skills and introduction to community resources. Clients are generally homeless and are referred from hostels etc. The aim of this service is to assist clients in developing skills to allow them to maintain their own tenancies. An aftercare service is available for clients after they leave a project flat.

**Floating support** is also available in the client's house. This service is offered to people who are already in their own accommodation but are at risk of becoming homeless because of a particular problem e.g. alcohol, drug, mental health (or combination). The primary aim of this service is to support people to maintain their tenancies (and to prevent their becoming homeless). Clients are referred by social services and generally have very complex problems.

### **21.1.7 Young People's Advisory Project**

This service is available in two areas

**Renfrewshire:** this service is aimed at under-age drinkers who are referred to the RCA by police or the children's panel in Renfrewshire. Counselling is available to these young people and they are also provided with education on alcohol and substance misuse and problems associated with this. A second aspect to this project is the provision of support for parents in identifying and responding to substance misuse issues in their children.

This service can take numerous forms: it can be provided one-to-one for youths with no alcohol or drugs problems, whereby general health information is provided with regard to alcohol or drugs; a group education programme operates for young people who have difficulties with substance misuse; individual intervention for those who have serious concerns regarding substance misuse or those with complex social or personal difficulties.

**East Renfrewshire:** the project links into the "Danish Model", which is an integrated approach to dealing with youthful conduct problems. Young people are referred through an inter-agency referral group and may present with any of a range of problems including alcohol, drug, stress, anger-management etc. Most of the work in this area involves individual counselling. A school-based counselling service has also been piloted successfully.

### **21.1.8 Gambling Counselling**

RCA Trust offers a dedicated counselling service for problem gamblers and supports similar services throughout Scotland.

### **21.1.9 Sensing Change Project**

This is a project that trains counsellors who with visual or sensory impairment to provide services in their own communities or to the general public. The project presents a number of interesting challenges to traditional service delivery.

### **21.1.10 Service User Involvement Group**

Currently, a gambling group meets in Inverclyde. This comprises a number of users who are active in promoting the service. The group successfully organised a four-day display at the Scottish Parliament during December 2006.

### **21.2 Availability**

The availability of RCA's service is unique to each service:

- Support, accommodation and rehabilitation service is available 24 hours a day, 7 days a week.
- The Paisley Alcohol Advice centre is open between 9am and 9pm from Monday to Thursday and 9am to 4pm on Fridays.
- Offending and Workplace Services Monday to Friday 9 am to 5 p.m.
- Inverclyde Service is available during the daytime and on 2 evenings per week.

### **21.3 Waiting Times**

RCA receives 40,000 phone calls per year and 1,000 new clients each year. With approximately 25,000 appointments per year, clients must wait 5-6 weeks for a counselling appointment while 50 – 60 people are regularly on the waiting list.

Clients on the Offenders' Programme must be assessed within 3 weeks of referral and employee referrals only wait between 1 and 2 days for an appointment.

### **21.4 Staffing**

This agency employs 50 full time, part time and sessional workers who work alongside 10 volunteer staff. A further 10 volunteers are currently being trained. It can be difficult to retain volunteers after they have been trained.

### **21.5 Volunteers Moving into Paid Employment**

The agency has noted that the profile of those who volunteer as counsellors has changed over since the early 1990s. At that time the majority of volunteers sought only to provide "something useful" in the community. Over the years increasing numbers of volunteers either already work within a caring environment elsewhere, or are seeking entry into employment within the addiction field. Every year the agency receives requests from individuals who wish to offer a short period of volunteering to increase their opportunity for employment; or who have completed counsellor training and are looking for (free) practice placements; and in some instances it is suspected that some potential candidates are in effect looking for free training to assist in their own place of work. A number of our volunteer workers have either moved into paid employment within the agency or elsewhere.

### **21.6 Future Developments**

#### **21.6.1 Maintenance of Existing Services**

Whilst RCA is always alert to the need for provision of new services and meeting any gaps it currently provides a very comprehensive number of services. However, like many other local agencies we face at least 5 major difficulties in relation to maintaining and developing services:

- **Focus on innovation instead of maintenance:** Inevitably new funding streams focus on innovation and do not wish to fund existing services or core management / administration
- **Failure to provide full cost recovery:** to our knowledge few if any funders permit full-cost recovery when calculating project costs. This can cause significant difficulties in developing and maintaining infrastructures
- **Restricted income funding streams:** most project funding comes on a restricted income basis. This means that the structure of the organisation can be dictated by income streams and is not necessarily conducive to effective business management.
- **Short-termism:** most new projects receive funding for less than three years. It can take up to 2 years or so before a project comes fully on-stream, meeting all its original objectives or adapting to prevailing needs. Thereafter considerable effort must be spent in seeking to identify new funding streams to ensure sustainability.
- **Evaluation over-kill:** funders rightly request information to demonstrate that their money is being used effectively. However, where an agency operates several projects this can lead to a large number of evaluation reports having to be prepared, often seeking different information. It is highly unusual that funders will include this in the costing of the project.

The focus of future development is the need to maintain and sustain existing services, whilst seeking to continue to develop to meet the changing needs of our clients (individual and institutional).

## **22. Alcohol Counselling Service – Ross-shire / Sutherland**

### **22.1 Services**

#### **22.1.1 Counselling**

The Alcohol Counselling Service (ACS) offers one to one counselling for people who have an alcohol or drug problem, their families and friends who are resident in the Ross and Sutherland area. Couples counselling is also available when appropriate.

#### **22.1.2 Group Work**

Group work is available for young people aged between 16 to 25 years old.

#### **22.1.3 Workshops**

ACS proposes to advertise its workshops, by means of free press, to the general public. These workshops inform the community of the services that ACS provides and leaflets are distributed to promote the agency.

#### **22.1.4 Prevention and Education - Health Promotion Programmes**

This programme is led by the ACS co-ordinator and the Community Psychiatric and Addictions Nurse. It is available in all schools in the Ross and Sutherland area and has become an annual event in Fortrose High School. Pupils from 3<sup>rd</sup> year to 6<sup>th</sup> year take part in this programme, which adapts and develops according to the needs of each age group. The content of this programme includes information on alcohol counselling and drugs delivered by means of interaction and interplay e.g. quizzes, bottle displays and debate.

ACS has received positive responses from all schools and pupils through the establishment of these programmes and would wish to further develop this activity.

### **22.2 Availability**

The business hours of the ACS are 9am to 4pm, Monday to Friday. If calls are received out with these office hours, they are transferred to a business mobile. More often than not, those seeking help tend to contact the office after they have finished work. ACS monitors calls received over the weekend period.

Counselling appointments are very flexible and dependent on the counsellor and client but may occur during the day, in evenings or at weekends.

### **22.3 Waiting Times**

Approximately 18 to 20 clients use the ACS each month. On first contact with the Agency, clients will be offered an appointment within the same week wherever possible.

### **22.4 Staffing**

To cut down on funding, the ACS has one member of staff working full time. 15 volunteer staff work closely with the Coordinator as part of a team. Extra funding would enable the Agency to employ a Development Officer which would benefit the agency as the Coordinator incorporates development work as part of her role at present.

To date, no volunteer staff have moved into the substance misuse field in a paid capacity.

## **22.5 Future Developments**

With the increasing demand of alcohol & drug misuse in young people, ACS would wish to hold support groups for alcohol & drug education.

### **22.5.1 Establishment of a Series of Workshops**

ACS would like to establish a more formal series of workshops each month. Ideally, open days and workshops would be advertised in various areas which would invite the community to attend. As the geographical area that the ACS covers is very large, a planned structure would have to be applied to these workshops if they are to be successful.

### **22.5.2 Advertising Campaign**

ACS currently has insufficient funding to advertise its services and rely on either pro bono work or the free press. Therefore, ACS would like to instigate an advertising campaign to promote the services it provides to the wider community.

### **22.5.3 Support Groups**

At present, there are no support groups at ACS. ACS advocates a holistic approach to counselling. It believes that tackling only one aspect of a client's problems is insufficient and family support is also necessary.

This is offered as part of the counselling scenario and indeed many families take advantage of this service. However, more funding would help ACSRS to develop and provide women's support groups, which would focus on women's specific needs and issues as well as for youth groups.

## **23. Shetland Alcohol Support Services**

### **23.1 Services**

#### **23.1.1 Counselling**

Shetland Alcohol Support Service (SASS) provides one to one counselling to those with alcohol misuse issues and relatives and friends who are affected by someone else's drinking. Counselling is available in the Shetland Isles area in the main offices in Lerwick and at various GP surgeries in rural areas. Home visits are undertaken as and when necessary.

#### **23.1.2 One to One Support**

#### **23.1.3 Group Work**

#### **23.1.4 Activities Programmes**

#### **23.1.5 Alternative Therapies**

Clients are offered acupuncture and aromatherapy treatments alongside counselling.

#### **23.1.6 Drop-in Facilities**

#### **23.1.7 Aftercare and Resettlement**

#### **23.1.8 Young People's Services**

Support is provided for young people who have alcohol misuse issues or are affected by someone else's alcohol misuse issue.

#### **23.1.9 Family Support**

#### **23.1.10 Information Resources**

#### **23.1.11 Alcohol Education**

This service is provided for community groups.

### **23.2 Availability**

SAAS' services are available during 9am to 5pm on weekdays.

### **23.3 Waiting Times**

After first contact with SASS, clients must wait 7 days until initial assessment. The volume of service users is, however, high on a monthly basis: 50 clients use the counselling facility; 65 clients use the one-to-one support service; 20 clients attend group sessions; 20 clients use the activities programme; 40 clients use the drop-in facilities; 55 clients use the aftercare and resettlement programme; 100 young people use the Young People's service (this figure includes informal drop in work at local youth projects); 12 clients use the outreach service; 20 clients receive family support; 250 people use SASS' information resources; 75 people attend alcohol education courses.

## **23.4 Staffing**

SASS' staffing complement includes 7 full time members of staff and 3 volunteers.

Website: [www.alcoholsupport.org.uk/library.html](http://www.alcoholsupport.org.uk/library.html)

## **24. Skye and Lochalsh Council on Alcohol**

### **24.1 Services**

#### **24.1.1 Counselling**

Skye and Lochalsh Council on Alcohol (SLCA) provides a one to one alcohol and drugs counselling service to anyone over 16 years of age. This service is available in Portree, Dunvegan, Broadford, Kyle of Lochalsh and Auchtertyre. Clients are referred from GPs, the Social Work Department, Health Visitors and the Criminal Justice Department.

Marriage counselling is also available to couples experiencing marriage problems.

#### **24.1.2 Group Work**

SLCA works closely with the Mental Health Association and provides group work for these individuals. Approximately 80% of the 200 Mental Health Association's clients have drug or alcohol problems. As stated below, this agency would like to develop this service further. Currently, the SLCA provides a form of 'loose' counselling signposting individuals to alternative agencies.

#### **24.1.3 Education and Alcohol Programme - Alcohol Awareness Schools Project**

This project targets 2 secondary schools, S1-S3 pupils, and p7s in 20 primary schools. It is available in Portree and Plockton High Schools and in the primary schools in Auchtertyre, Borrodale, Broadford, Carbost, Dunvegan, Edinbane, Elgol, Glenelg, Kilmuir, Knockbreck, Kyleakin, Kyle of Lochdich, MacDiarmid, Plockton, Portree, Raasay, Sleat, Staffin, Struan and Uig. Approximately 280 secondary school pupils and 220 primary school pupils have access to this service. There are usually 3-4 sessions in the Secondary Schools and 2 sessions in the Primary Schools, although some of the smaller schools only have one visit.

This education and awareness programme lasts approximately 90 minutes each session but the SLCA and primary schools would like to expand the frequency and duration of these sessions. This programme runs between August and January in secondary schools and between February and June in primary schools.

#### **24.1.4 Provision of Administration Services**

SLCA provides administration services for the Skye and Lochalsh Drug and Alcohol Forum.

SLCA does not have a service user involvement group. However, it works closely with the Mental Health Association and receives feedback from Service Users and other organisations in the area.

#### **24.1.5 ServeWise Training Courses**

SLCA provides ServeWise training courses for licensees and bar staff. They have also recently piloted training in three locations for occasional licensees in village halls and community groups. These courses are held throughout the year, subject to demand.

## **24.2 Availability**

The opening hours of SLCA office are 9am to 5pm, Monday through to Friday. Counselling appointments are available Monday to Saturday subject to demand which can be arranged for during the day or evenings.

## **24.3 Waiting Times**

On average, between 40 and 45 new clients use the service each year with a waiting time of 3 to 5 days for a counselling appointment. This may increase to 7 days if there are more than 2 counsellors on holiday or during very busy periods.

## **24.4 Staffing**

There is only one full time member of staff at this agency who works alongside 5 volunteer counsellors, 2 practice supervisors and 6 volunteer staff.

Currently, reliance is placed on the staff from 2 organisations who also share the building to take messages. It is probable that clients may have been lost either due to the lack of personnel in the office or because clients are unwilling to leave messages on the answering machine. Consequently, SLCA would benefit from another paid member of staff in order that the office is manned at all times.

No volunteers have gone into the substance misuse field in a paid capacity but one has set up a generic counselling agency in the area.

## **24.5 Future Developments**

### **24.5.1 Mental Health Association Counselling**

The SLCA works informally with the Mental Health Association at present but it would like to expand this service and have a counsellor available at the Mental Health Association's building to provide immediate assistance. As it stands, if someone misuses alcohol or drugs and becomes out of control, they will be imprisoned at the local police station until an ambulance arrives to take them to Inverness.

### **24.5.2 Designated Place**

Due to the situation outlined above, SLCA would like to establish a designated place where people with alcohol and mental health problems can go for assistance. This would, however, require more staff and a medically trained employee. Currently, no counselling services are provided to this sector of society but as the majority of service users have an alcohol or drugs problems, this deficiency should be addressed.

### **24.5.3 Women's Support Group**

The Project Worker for Women's Aid brought to SLCA's attention the fact that many women either have alcohol issues or are subject to abuse as a consequence of alcohol misuse. To remedy this, this agency would like to help establish and provide assistance to a women's support group for this area.

#### **24.5.4 Expansion of Work with Schools and Youth Groups**

The SLCA would like to increase the period of time that it spends in each school on the Alcohol Awareness Project. Due to the lack of personnel, it is not feasible to develop this youth project in this way at present, although demand is there for this to be future development.

#### **24.5.5 Development of the Agency's Counselling Services**

Ideally, the SLCA office would be manned at all times during office hours and a counsellor would be available to give clients immediate assistance. If staffing increased, then it would be possible to increase the opening hours of this agency which would increase its availability to those who are unable to attend appointments during the working day. Subsequently, the counselling service would reach and help more individuals with alcohol problems.

## **25. Tayside Council on Alcohol**

### **25.1 Services**

#### **25.1.1 Counselling**

Tayside Council on Alcohol (TCA) provides an adult counselling service for those with alcohol or substance misuse problems. This service is available to all adults resident in the Tayside area including the problem drinker or substance misuser and those affected by their alcohol or substance misuse. In addition, TCA provides counselling for those who are addicted to gambling.

Services are available in various council offices, health centres, citizen's advice bureaus and hospitals.

#### **25.1.2 Employer Service**

TCA accepts referrals from employers and social work departments as an alternative to disciplinary measures. TCA also works with employers in the development of workplace policies which incorporates counselling for alcohol or substance misuse.

#### **25.1.3 Criminal Justice Service**

TCA accepts counselling referrals from the Criminal Justice Service.

#### **25.1.4 Early Intervention Service**

#### **25.1.5 Diversionary Pilot Service**

#### **25.1.6 Mentoring Service**

#### **25.1.7 Training and Information Services**

#### **25.1.8 Schools Service**

#### **25.1.9 Restorative Justice Service**

#### **25.1.10 Children and Young Person's Service**

This service is available to young people who misuse alcohol or drugs, are affected by parental substance misuse and young people involved in the youth justice system.

#### **25.1.11 Group Work**

Children and young people  
Kinship Carer Support Group

### **25.2 Availability**

The opening hours of the TCA are from 9am to 5pm on Mondays, Tuesdays and Fridays. In addition, an evening service is available until 9pm on Wednesdays and Thursdays.

However, TCA services are very flexible as counselling appointments are available outwith these hours subject to demand. Home visits are also available when required or when mobility is of issue.

### **25.3 Waiting Times**

Approximately 130 adults use TCA's services each month which has led to an average waiting period of 17 days.

A waiting period of one week exists for children's services as client numbers average 72 per month.

### **25.4 Staffing**

TCA employs 8 full time and 15 part time workers. Further, 65 volunteers lend their time to the adult, child and administration sectors of the agency.

### **25.5 Future Developments**

#### **25.5.1 Gender Specific Services**

#### **25.5.2 Additional Community Outreach Services**

#### **25.5.3 Further Development of the Mentoring Service and Therapeutic Service**

## **LATE SUBMISSION**

### **26. Kintyre Alcohol & Drugs Advisory Service (KADAS)**

We provide counselling for people who are concerned about their own or another's alcohol or drug use. The area covered is South Kintyre which runs from the Mull of Kintyre to Tarbert.

Services are provided at KADAS premises, Campbeltown Hospital, Campbeltown Surgery, Tarbert Surgery, Campbeltown Grammar School, Clients own homes (housing support).

#### **26.1 Services**

##### **26.1.1**

##### **Counselling**

Counselling can be the individual or family members or friends who may be concerned about the drug use or drinking of someone. We also offer a range of alcohol and drug related information.

Referrals are self referrals, GP, hospital, Criminal Justice, Court, Children and Families, Housing, Homeless Nurse, Health Visitor, family members and friends. We offer a drop in facility subject to counsellor availability.

##### **26.1.2. Complimentary Therapies**

We have a complementary therapy service which offers individual and group Acu-Detox sessions, Reiki, Indian Head Massage, Thai Hand and Foot Massage, Emotional Freedom Technique, Bio-Detox and Reflexology as well as information and advice on stress reducing techniques and activities. This service has been developed to provide an outreach service to the local secondary school as a result of a request from the guidance staff after taster sessions were delivered at the school for pupils and teachers. The therapist also works in conjunction with the smoking cessation worker from NHS and provides a group acu-detox for this.

##### **26.1.3 Employability / Progress2work**

We provide a progress2work service which is for people who find that their drug use has been a barrier to them moving into work. The Link Worker supports them to access training, further education and employment and provides information on a range of employability issues. The employability service has been extended for a period to support people with mental health problems into training or back into work.

##### **26.1.4 Housing Support Service**

The housing support service aims to support people to independent living. This support is provided within the service users own home and is designed to support the individual to reintegrate into the community and maintain their tenancy.

##### **26.1.5 Self-Help Tool Kit**

The Overcoming Depression self help tool kit is for people suffering mild to moderate depression and is delivered through the medium of cd rom.

### **26.1.6 Testing Orders**

We host the Drug Treatment and Testing Order facilities for the area .

### **26.2 Availability**

Monday – Friday 9.00 am – 4.00pm and by appointment.

### **26.3 Waiting Times**

On average 36 clients are seen for counselling each month resulting in a waiting time of approximately three weeks.

Where the referral comes from Children and Families for example where there is clear child protection issues identified, these cases take priority and are allocated within 7 days.

Complementary therapy waiting times are averaging around two weeks.

Progress2work averages two weeks.

Housing support is dependent on hours available, we have at present unmet housing support needs identified for 4 clients.

### **26.4 Staffing**

KADAS employs: 1 part time Co-ordinator, 1 part time progress2work Link Worker, 1 part time complementary therapist and 4 sessional housing support workers.

In addition KADAS has: 5 volunteer counsellors, 2 volunteer supervisors, 6 volunteer management committee and 2 volunteer receptionists.

### **26.5 Future Developments**

26.5.1 GP Service - It has been identified by Campbeltown Surgery the increasing numbers of people presenting with anxiety and mild to moderate depression. We would like to expand our complementary therapy service to allow more people to access this as feedback from clients referred by GP's indicate this service helps them cope better with life circumstances. Bereavement and grief counselling training and stress management training is being undertaken to meet another identified gap.

26.5.2 Employability Support Service - We would like to expand our employability support service to allow a greater number of people to have access to it as well as looking at employability for the NEET group who are experiencing substance misuse issues.

26.5.3. Young People's Counselling Service - We would like to develop a young persons counselling service

26.5.4 Couple Counselling – Currently anyone wishing to access couple counselling have to travel 90miles to reach the nearest counsellor who deals with partnership issues, we would like to offer a similar service locally.



**APPENDIX 1**

**QUESTIONNAIRE**

**Name of Agency** .....

Q1 Please list the service/s that you currently provide in your area

Description of service/s e.g. counselling, group work.

Who is the service for? e.g. priority groups, prevention advocacy

Times when available e.g. daily, weekly, monthly or subject to demand

Staffing –number of full time staff

Staffing – number of volunteers

Average number of clients using each service over monthly period

Locations where the services are provided

Average waiting times

Q2. Please tell us about any areas of work or service that you would wish to offer in your area?

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## **APPENDIX 2 –**

### **FULL LIST OF FUTURE DEVELOPMENTS**

#### **Alternative Therapies & Social Groups**

Therapeutic group work

Alternative therapies including Acu-detox

Dietary advice and advice for other lifestyle issues

Activities project – develop self confidence and widen life experience

Group work to maintain new ‘alcohol controlled’ lifestyle

Anger management group work

Social inclusion rock music therapy

Open House for young people

Open House for young people

#### **Prevention and Education**

Extend existing education and prevention work due to demand

#### **Expansion of Core Service**

Provision of a holistic service - befrienders to assist the client in their social wellbeing

Develop existing community counselling service

Development of the Advice and Information Service

Have a counsellor available at all times to offer immediate assistance

Increase staffing to extend opening times

General expansion of counselling services – particular problems for islands and rural areas covering large geographical spreads

#### **Specific Services**

Brief Interventions Service – within GP surgeries initially, then extended to an ‘off the street’ service

Young person’s service (for one agency just securing funding to continue with a service is a problem)

Extend work with offenders/criminal justice

Women’s service/group

Development of a Specialist Criminal Justice Service

Development of a Dual Diagnosis Service

Family Support & Parent/Carers workshops

Research on family support in community

Employability service

GP Service

24 hour advice line – pilot initially

Access to detox and rehabilitation plus home/community

Specialist cognitive behavioural therapy service

Counsellor link with hospitals

Designated Place

Service user group

Gambling counselling

### **Funding and Premises**

Maintenance of existing services (funding)

Larger or better maintained premises