

DAAS ANNUAL REPORT 2014



CONTENTS

	Page number
ADVICE	
<i>Relapse Prevention</i>	
SUPPORT	
<i>Recovery</i>	
<i>PEER SUPPORT</i>	
<i>Signposting</i>	
<i>Volunteering</i>	
<i>Employability</i>	
TRAINING	
<i>Counselling</i>	
GROUPS	
<i>Complimentary Therapy</i>	
Committee Members and DAAS Staff	1
DAAS Value Statement	2
Committee Meetings—Key issues discussed 2013/14	3
Chairman’s Report	4
Service Managers Report	6
Customer Satisfaction Questionnaire results	11
Comments from Clients	12
Report from the Training Team	13
Single Point of Contact—HUB report	15
DAAS contribution to the countywide Substance Misuse Recovery Agenda	16
Time Table of DAAS recovery support	16
DAAS SMART Group Development	18
Report from Finance Manager	19
Audited Accounts 2013/14	20

“Working in Partnership throughout Derbyshire to Promote Positive Change”



STAFF TEAM, VOLUNTEERS AND EXECUTIVE COMMITTEE 2013 – 2014

Executive Officers

CHAIR: Neil Swanwick **VICE CHAIR:** Vacant

SECRETARY: Gill Sullivan

TREASURER: Aaron Gillott

Committee Members

Gill Sullivan, Karl Routledge-Wilson, Trevor Rhead
Tom Davidson, Geoff Link, Flora Joyce and Alex Ward

Staff

Elaine Handley (Service Manager)

Alison Scott (Deputy Manager)

Sandra Orford (Business & Finance Manager)

Referral/Hub Team

Deanne Calladine – Admin Manager

Mary Cox, Katrina Cundy, Carita Shaw, Julie Holmes, Ann Birkumshaw

Karen Hemsall – General Administrator

Clinical Team

Tracey Croasdale – Clinical Service Co-ordinator,
Mary Kellary, Adrian Ward, David Bell, Colin Leonard,
Angiolina Leo, Kim Heappey, Kate Latham, Holly Crosby,
Kathryn Wood, Jenny Urruty, Debbie Turner, Jane Lawther

Volunteer Co-ordinators

Kim Heappey & Angiolina Leo

Volunteers

Carita Shaw, Ann Birkumshaw, Jane Lawther, Andria Smith

Training Team

Holly Crosby -Training Co-ordinator, Teresa Oxley

Kim Heappey, Carita Shaw

Jane Raynes (Admin)

DERBYSHIRE ALCOHOL ADVICE SERVICE IS FUNDED BY:

DERBYSHIRE COUNTY COUNCIL PUBLIC HEALTH

Charitable Objects: The Charity's Objects, as stated in the Constitution of DAAS are:

To promote the prevention and identification of alcohol misuse problems;

To assist those people in Derbyshire with alcohol and related problems;

To advance education and awareness relating to alcohol misuse.

Objectives: DAAS delivers its charitable aims through 6 key business objectives. These are:

- To reduce alcohol related harm throughout Derbyshire by providing open access to alcohol treatment services
- To improve the lives of children and families affected by alcohol misuse
- To reduce alcohol related crime and offending (to include domestic violence)
- To raise awareness and train health care professionals in alcohol knowledge and Brief Interventions
- To widely promote the safe drinking message
- To ensure a robust management function to support the service to achieve our key aims.

Mission Statement : DAAS mission statement is:

"To promote positive change and recovery throughout Derbyshire to anyone adversely affected by alcohol use, including the families, relatives and friends of problem drinkers"

Values: The Service subscribes to an ethos as outlined within the BACP Ethical framework for Good Practice in Counselling and Psychotherapy and uses this to influence clinical policy, client contact and to ensure that staff within the Service subscribe to the values contained within the framework. **DAAS values are:**

- We treat others at all times with dignity and respect and promote a non-judgmental attitude in the work we undertake and the relationships we form;
- We are inclusive in all areas of our service delivery and strive to promote equality in all areas of our service provision;
- We seek to ensure that we always place our clients at the heart of what we do and what we are trying to achieve and we ensure that their views are sought and taken into account;
- We believe that people are fundamentally good and do have the capacity for personal growth and development. We seek, therefore, to empower others as central to our ethos, through client work, training and within the professional contacts we make, and the meetings we attend;
- We strive to ensure that the services we provide for people meet their individual needs;
- We put measures in place to ensure that the services we provide for clients and other professionals are professional, of a high quality and yet are friendly and accessible;
- We promote an ethos of continuous learning and development and ensure that we are open to new ideas and ways to improve the services we provide;
- We ensure that we are an equal opportunity employer, invest in our work force and can demonstrate our appreciation of the contribution they make (IIP);
- We believe we can help to make a difference, we are proud of what we contribute, the outcomes we achieve and the ways in which we can evidence this.

Business ethos:

Our focus is not on growth or business acquisition but to consolidate our service delivery to best meet the needs of our client base and our funders. We will not compromise our charitable aims, our values and ethos for financial gain and will deliver our services with integrity, diligence and transparency.

Executive Committee meetings 2013/14 key issues

EXECUTIVE COMMITTEE 2013-2014

CHAIR: Neil Swanwick **VICE CHAIR:** vacant **TREASURER:** Aaron Gillott

SECRETARY : Gill Sullivan

Committee Members: Geoff Link, Karl Routledge-Wilson, Trevor Rhead, Flora Joyce and Tom Davidson

In addition to a Manager's Report and Financial Report the following key points were addressed :

10 April 2013

Present : Neil Swanwick, Gill Sullivan, Geoff Link, Aaron Gillott & Karl Routledge-Wilson

Key Points: Premises and maintenance issues
Prospective Trustees
Charity Incorporated Organisational Development
Statistics - clinical and training

26 June 2013

Present: Neil Swanwick, Gill Sullivan, Aaron Gillott, Tom Davidson and Trevor Rhead.

Key Points: John Chell co-option to the Committee
Organisational Values
Trustee job specification and description agreed
Code of Governance for the Voluntary Sector

12 September 2013

Present: Neil Swanwick, Gill Sullivan and Karl Routledge-Wilson

Key Points: Complimentary Therapy policy revised and approved
New government pension rules
Approval of Accounts

7 November 2013

Present: Neil Swanwick, Gill Sullivan, Geoff Link and Tom Davidson

Key Points: Briefing of trustees on the development of the tender submission from staff

29 January 2014 – Extra-ordinary committee meeting held

19 March 2014

Present: Neil Swanwick, Gill Sullivan, Flora Joyce, Tom Davidson and Trevor Rhead

Key Points: Provision of services to Glossop
Approval of two items of expenditure previously approved by Chair
Committee performance and future meetings.

I am pleased to present the Annual Report of the Derbyshire Alcohol Advice Service for the financial year ending 31 March 2014.

As usual, the report contains information about the activities of the service including:

- Key issues discussed and policy determined at Executive Committee meetings of the Trustees with senior managers;
- The Service Manager's Report including information on the activity and referrals to the service, reports on achievement of contract targets, clinical outcomes for clients, satisfaction surveys and examples of comments received;
- Reports from staff on key projects, including the development and support of "SMART" Recovery groups;
- Training, promotional, and networking activities;
- Financial report and the Annual Accounts.

We have also included the Charitable Objects, Key Objectives and the Values of the organisation. These describe not only what we are about and what we want to achieve but also how we work.

These reports are supplemental to the Report and Accounts which are required to be submitted to the Charities Commission and give some insight into the wide range of activities undertaken to support the aims of the organisation.

As previously reported, the organisation provides Tier 2 services to the whole of the County of Derbyshire, commissioned by the Derbyshire Drugs and Alcohol Action Team (DAAT) as well as the "hub" service and training. However, discussions with commissioners have resulted in recognition of the need for more flexibility in care provision and our ability to meet the needs of Tier 3 clients with lower risks.

The detailed report of the Service Manager demonstrates that we meet the targets set us by DAAT. Furthermore, we are able to show we provide rapid support for clients, responsive to their needs, of high quality and with good client satisfaction. Following the Customer Service Excellence award, further action has been undertaken to ensure we continue to respond to clients' needs.

I am as always indebted to the hard work, leadership and management provided by Elaine Handley and the advice she provides to the Executive Committee. This has been a particularly challenging year to prepare for re-tendering of the contract, further improve value for money and prepare to meet the Commissioners' revised specification.

On behalf of the Executive Committee I would wish to thank all of the staff and volunteers for their hard work and dedication. As indicated in the manager's report, this has enabled us to continue to respond quickly to meet clients' needs despite the ever-growing demands and referrals

The Annual Accounts demonstrate yet again that we are in a sound financial state with a healthy balance sheet and reserves to cover most contingencies. These reserves have appropriately increased to maintain the necessary working capital as our turnover has grown and we are well placed to manage the potential risks associated with the lease and re-tendering. We are in a period of significant constraint on public expenditure and need to manage our finances prudently and ensure we continue to offer value for money as well as high quality services with effective outcomes for clients. This is especially important as we move towards re-tendering of services in 2015.

I am pleased that the audit of accounts produced by Winter & Co has again provided a “clean bill of health” and an unqualified audit opinion.

My thanks are due to Treasurer, Aaron Gillott, Finance and Business Manager, Sandra Orford, ably supported by the administrative team for ensuring the production of the financial reports to the committee, effective budget management, sound financial systems and the production of the Annual Accounts. Sadly, Sandra has now retired and Aaron is not standing again as Treasurer. We wish them well for the future and they leave us in sound financial health.

The Executive Committee are the Trustees of the organisation and are ultimately responsible for controlling the administration and management of the Charity. As such, we need to ensure that it remains solvent and delivers the outcomes for the benefit of the people for which it was established. This includes:

- Ensuring compliance – with Charity Law, with the rules and purposes of the organisation, with other legislation (including employment law, and health and safety legislation) and ensuring we act with integrity, avoid conflicts of interest and misuse of charity funds;
- A duty of prudence – ensuring we remain solvent, use funds wisely to further the purpose of the charity, and avoid undue risks;
- A duty of care – using trustee’s personal knowledge and experience to ensure the charity is well run and efficient, seeking professional advice where needed.

The Chair and Trustees regularly receive reports on the activities of the organisation throughout the year as well as in this annual report and have regard to the Charity Commission guidance on public benefit. We remain satisfied that we continue to meet our Charitable aims and devote our resources entirely towards achieving them.

At the Annual General Meeting last year, a resolution was approved to seek registration as a Charitable Incorporated Organisation (CIO). This was deferred pending the outcome of retendering but registration is now being pursued again.

I would like to thank the members of the Executive Committee for their advice, support and hard work in meeting these responsibilities. This year has again been especially challenging and their unpaid commitment is invaluable. The Trustees collectively bring a range of experience and insight to support the organisation. We have lost the services of Karl Routledge-Wilson as a Trustee and I would like to thank him for his contribution. We will continue to strive to recruit new Trustees with a range of skills and experience to support our objectives.

Neil Swanwick
Chairman

Referrals into DAAS 2013/14

Over the year referrals into DAAS have remained consistent across all locality areas. We have begun to see an increase in referrals from Bolsover, one of our targeted hard to engage communities where we know a high incidence of alcohol problems exist but that uptake of support services is low. Our local drop in presence in the night light café, our links into the Eastern migrant communities in Shirebrook and Alcohol Awareness training we have provided with a key employer in the area have contributed to the increase in referrals. Further development work is planned within this and other identified hard to reach communities.

chart (i)

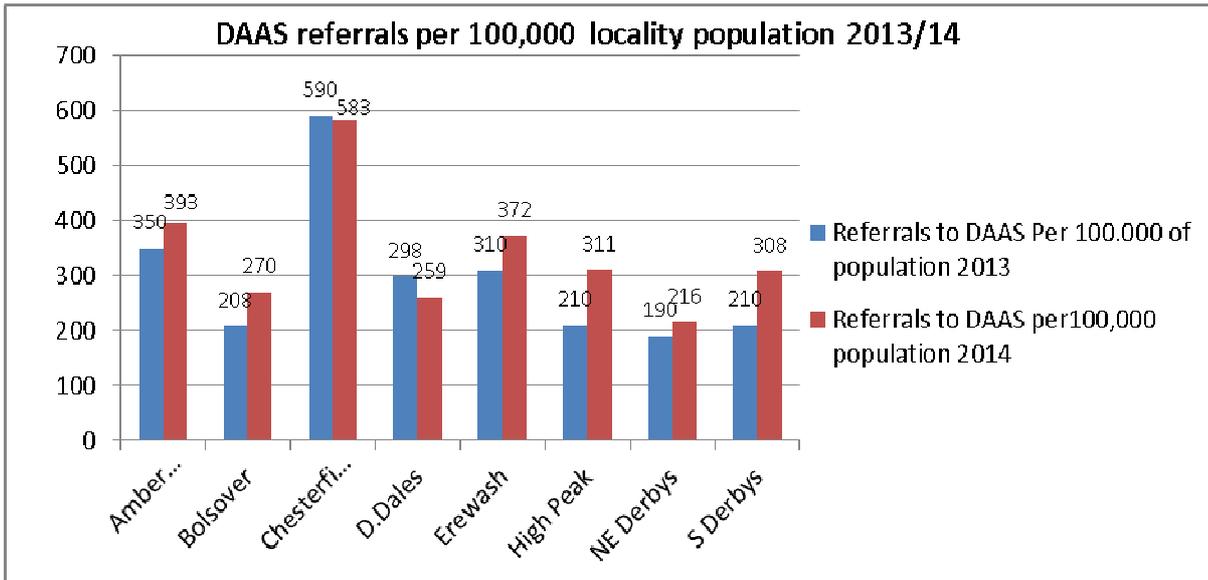
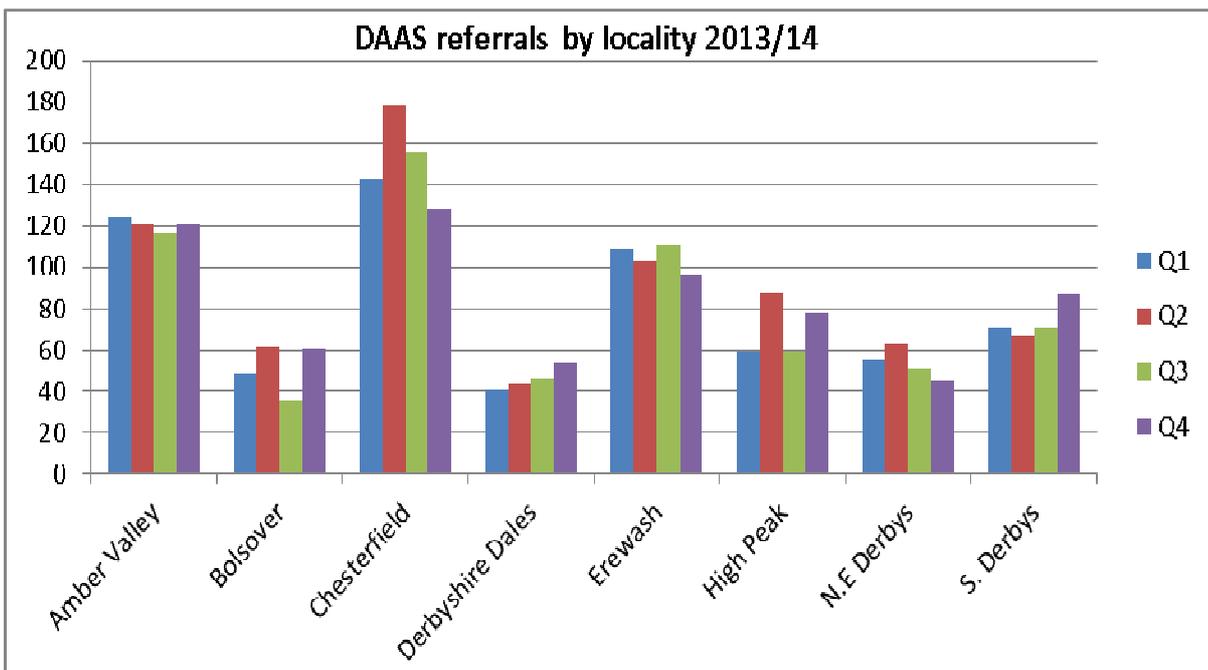


chart (ii)



DAAT SERVICE ACTIVITY TARGETS 2013/14

As chart (iii) below demonstrates, all DAAT targets for the year have been met and in most cases exceeded. The Q4 performance review meeting with the DAAT was very positive, with recognition expressed by commissioners of the wide ranging, high quality work undertaken by DAAS over the year. Of particular note was the contribution we have made to SMART recovery, BI/drop-in access facilities and other group support throughout the county.

Chart (iii)

2013/14 DAAT target chart	DAAT target Qtr.	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Total for year	DAAT target per annum
Total client contacts made (to include brief interventions, one-ones, advice and information, drop-ins and initial triage at HUB (excludes phone calls regarding appointments)	2,340	2,482	2,456	2634	3034	10,606	9,360
Number of ASAR (court ordered alcohol specified activity) clients referred	N/T	34	17	30	44	125	N/T
Number of in-reach sessions provided in Derbyshire Prisons by DAAS workers	N/T	71	52	63	57	243	N/T
Contacts with professionals seeking advice	NT	552	571	569	600	2292	NT
Numbers attending non evaluated talks/training	NT	22	56	59	50	187	NT
Numbers of tier one workers trained and evaluated	125	121	147	183	151	602	500
% Increased competency for evaluated learners	85%	89	91	85	89	88%	85%
Advice and information to relatives and carers: one-one, drop-in and phone	N/T	89	134	82	92	397	N/T
% of referrals triaged as tier 3 at HUB (SPOC)	N/T	48	48	45	43	46%	N/T
Number of family/couple sessions held	N/T	11	8	16	20	55	N/T
Structured clinical one-one alcohol worker sessions	N/T	1048	1074	1150	1211	4,483	N/T
No of attendances at DAAS SMART/relapse prevention support groups	N/T	180	540	240	220	1180	N/T

Units of alcohol consumed on entry and exit Q1-Q4

Table (iv)

Units consumed Between:	No clients at entry	No clients at exit	%
<0	0	0	0
0	49	90	35
1 to 29	28	109	43
30 to 49	24	32	14
50 to 99	85	16	6
100+	66	5	2

Table (v)

	Q1	Q2	Q3	Q4
Average units consumed at the beginning of treatment per Quarter	64	59	74	68
Average units consumed at the end of treatment per Quarter	18	12	19	24
Unit change between average units consumed at beginning and end of treatment per Quarter	46	47	55	44

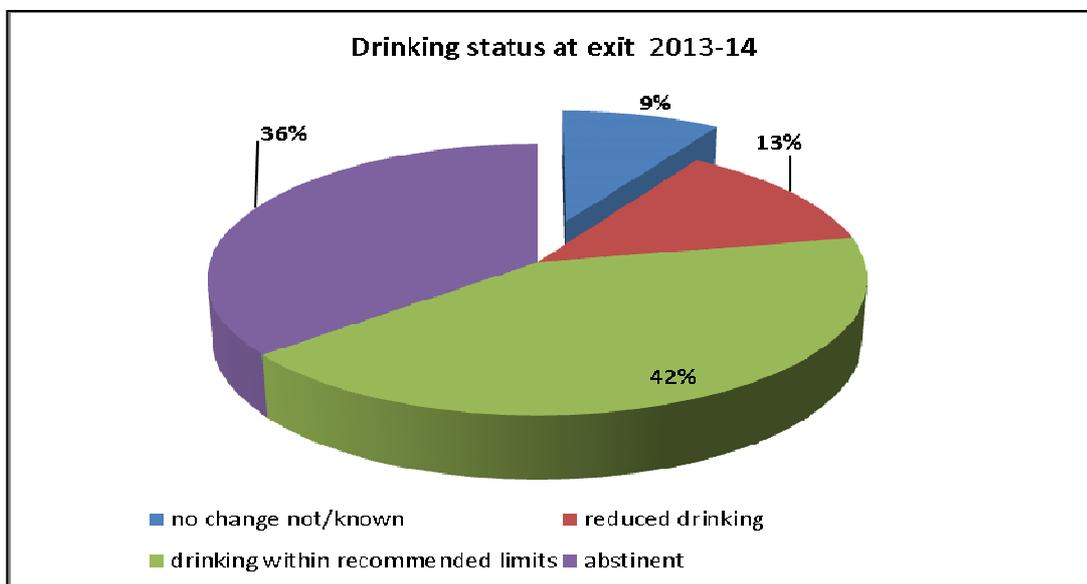


Chart (vi)

As can be seen from the above charts, of those clients discharged during the year, having completed DAAS extended brief interventions, 78% were either abstinent or drinking within recommended limits.

Glossop Development

We have made very positive in roads to developing services in Glossop. Meetings have been held with the current Glossop alcohol service providers; ADS – tier 2 and Pennine Care – tier 3, the prescribing GP’s in the area and with Addaction. The GP’s are very supportive and welcoming and are looking forward to seeing further development of alcohol service provision in the area. The well planned, flexible, dove tailed approach implemented by DAAS in partnership with Addaction has led to a seamless transfer of existing clients. Tracey our North clinical services co-ordinator has played a key role in ensuring that the process has been as smooth as

possible and that all clients have received support through three way hand over meetings. Additional funding for Glossop alcohol service development has been agreed and will be included in our 2014/15 budget. DAAS has appointed a new worker to the Glossop area, Tom and we look forward to working with him on developing his role recovery support links in the area.

Staffing

Alison Scott—Deputy Manager has returned to DAAS following her absence, and we are pleased to see her back, bringing her usual energy and enthusiasm, leading the single point of contact management and heading up the contribution made by DAAS in developing links into the countywide recovery agenda. Her work with a range of partner agencies and the substance misuse recovery network within Derbyshire has been key to DAAS developing and maintaining strong external links to aid the positive position of DAAS within Derbyshire substance misuse service provision. Her work to ensure that operational and clinical requirements resulting from this are embedded within DAAS and communicated effectively to all teams, can be very demanding. I thank her for her hard work and perseverance.

Our finance manager Sandra has sadly left DAAS this year. However Laura her replacement is now firmly established within the management team bringing a range of new skills. We look forward to continuing to work with her in the future. We have also been joined by Maddie our new worker in the South of the county and Angiolina Leo has become clinical co-ordinator for the South of the county.

Tier 2/3 care pathway issues

Ongoing discussions to ensure appropriate referrals are made between tier 2 and 3 alcohol services have taken place this year, with excellent partnership work taking place between Addaction, the Hospital Liaison Teams and DAAS. An audit of clients referred into tier 2 services has been undertaken which confirmed that a high percentage of DAAS clients have some very complex needs including; a range of mental health problems, domestic violence indicators, criminal justice risk concerns and social care child protection issues. It has been identified through the audit that in each monitoring period (using MoCam criteria) around 16% of clients active to DAAS met tier 3 criteria, 52% met higher level tier 2 criteria (clients needing longer term, CBT structured support) and that only 25% of active clients met tier 2 criteria as outlined by Mocam. The increasing impact upon services of high levels of complex drinkers is being addressed on an ongoing basis with commissioners. However in the meantime, it is important to acknowledge the flexible approach and client focussed response provided by DAAS workers who clearly carry some very complex caseloads.

Criminal Justice work.

DAAS continues to work in partnership with probation and prisons to support the countywide and National CJ agenda. We have provided in-reach alcohol counselling sessions throughout the year at two Derbyshire prisons, Foston Hall and Sudbury. We have worked closely with prison health care teams to ensure that prisoners facing release and on remand gain information about the community support that is available for them. We have continued to achieve a high number of successful outcomes within our Alcohol Specified Activity order work with 65% successful completions achieved, linking closely with probation staff across the county. We also work closely with community safety and safer neighbourhood teams.

Website

We are working hard to develop a new website, introducing social media to improve and uptake access to services. We are also improving on line booking and introducing a “click to donate” button.

In summary

The year has been a difficult one with some problems posed by the re-tendering and re-commissioning process. However, we continue to put the clients at the heart of our work and ensure that the response we provide to referring agents, commissioners, partner services, families and clients is consistently professional, empathetic and accommodating. We gained CSE (Customer Service Excellence) accreditation last year and have worked hard this year to successfully maintain the standard against some very difficult external issues. Our staff team have worked tirelessly to ensure that DAAS achieves all targets but that clients remain as far as possible unaffected by increasing requirements imposed on services to collect monitoring information. One of our key objectives this year has been to ensure that all clients are given the best possible chance of maintaining the changes they make, and to receive ongoing help to support their recovery. We have forged strong links with recovery networks in Derbyshire, established SMART recovery groups throughout the county and developed a peer mentoring scheme. Alison Scott our deputy manager has provided a full report and update on page 16.

I would like to thank the clinical staff team, our HUB team, training team, the management team, admin workers, volunteers and our Management Board for the invaluable contribution everyone has made to DAAS continuing to provide a vital role and addressing alcohol issues with such enthusiasm and commitment across the county.

Elaine Handley (Service Manager)

Improvement action points undertaken resulting from Customer

Survey Responses 2014



As a requirement of our retaining Customer Service Excellence Accreditation, DAAS developed a service improvement action plan. This ensures that any complaints or recommendations made by our customers which might enable us to improve services are carried forward and reviewed by the Management Team and Trustees of DAAS. Below are some key points of improvement resulting from customer survey forms completed during 2013/14. (see questions on page 11)

Questions s	Action Points relating to customer survey responses where negative/not sure responses equal + 10 and positive response less than 180.
4 and 5	Ensure through team briefings and management supervision that staff focus on setting care plans to help clients identify cues and triggers to relapse, and work on helping clients to identify times when they may be more likely to drink. Use of ABC care plan
7 and 8	Audit into outreach venues/reception staff to raise any issues regarding staff approach to calls/ in person and by phone. Additional CSE customer service excellence training and presentation to DAAS staff on value of Customer focussed approach.
10	Review information available for clients, and look at what clients feel they need in terms of leaf-lets and information. Seek views of service user focus or SMART group to ask what information they feel is useful or not useful.
11	Audit undertaken revealed that a number of clients whose goal was to achieve controlled or reduced drinking responded to this question as "not sure" therefore may need to make question more clear.
12	Work undertaken to look at needs for clients to have additional numbers of sessions, and the cost/resource implications of this. Discussions planned with commissioners
13	Through team briefing , clinical audit and one-one management supervision, ensure all staff develop recovery orientated care plans, using outcome star to help clients identify needs for on-going support and ensure workers have knowledge and awareness of recovery services available for their clients within their locality areas.

	Question/Statement	Agree	Not Sure	Disagree	N/A
1	Contact with DAAS improved understanding of units and dependency	186	2	6	0
2	Increased awareness of risks to physical/emotional health	186	5	4	0
3	Increased awareness of how alcohol affects daily life	187	4	4	0
4	Contact with DAAS Helped change drinking habits and patterns	177	11	7	0
5	Able to identify times when more likely to drink	179	12	4	0
6	Venue in which seen appropriate for your needs	189	2	3	0
7	Reception staff friendly and welcoming	179	9	5	3
8	Staff who spoke to you on the telephone were friendly & helpful	176	10	1	6
9	The support you received met your expectations	189	5	2	0
10	Information sheets, leaflets etc. helpful	173	13	8	0
11	Increased confidence to remain in control or maintain abstinence since contact with DAAS	178	13	4	0
12	You felt you had sufficient sessions	170	17	5	1
13	Also more aware of other support services since contact with DAAS	159	22	13	2
14	Feel able to return to DAAS and know how to access	192	4	1	0
15	Would recommend Service to others	190	7	0	0

Some comments from Service Users

"You have with your excellent counsellors, achieved a very high standard of understanding and invaluable insight into the problems of alcohol which is factually informative and never condescending in the way it is explained. An excellent service which is much needed and appreciated"

"I found sessions helpful and feel that I have gained more insight and tools with which to take proactive steps, to help me maintain a positive lifestyle"

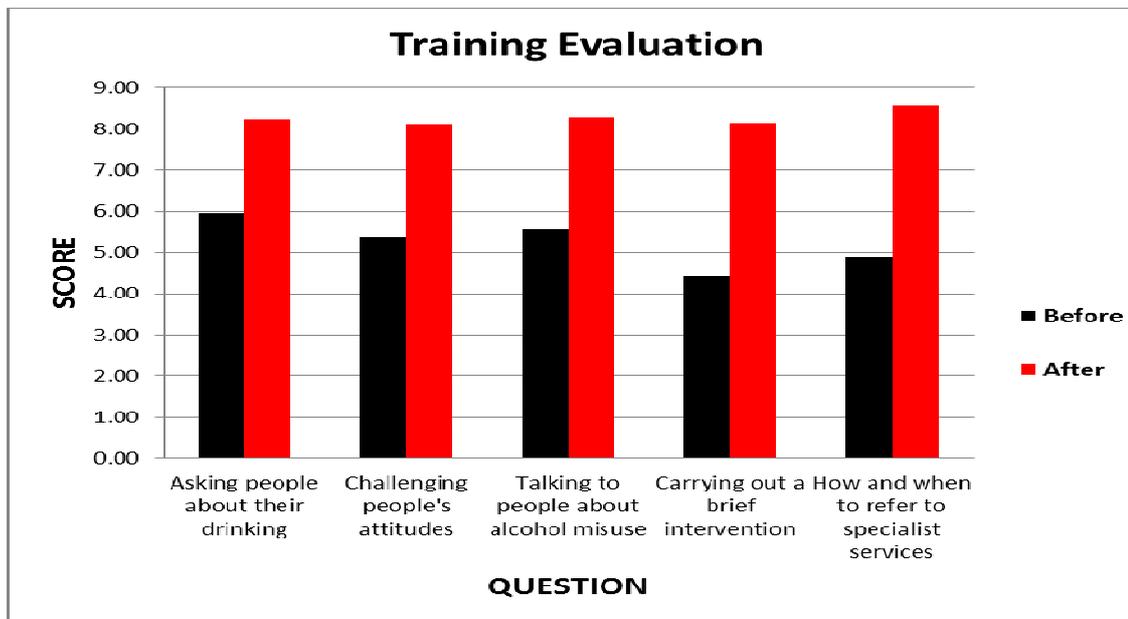
"Thanks for your amazing help. I've been cracking on with my house renovation. I have stuck to 30 units per week having 2-3 days a week without alcohol and I do prefer Fosters and Coke to wine nowadays. Our family is now blossoming and may it continue! Thanks once again."

"Stopping drinking is only part of the journey, the group support and follow up help you have continued to provide has been fantastic, more people should know it is available!"

"The information this service provides is extremely helpful to people across the board and non-judgemental DAAS has really helped me understand my drinking , THANK YOU SO MUCH!"

"I simply could not have achieved what I have without the support and professional expertise of my DAAS worker" Thankyou !

The Training Team have had another busy year exceeding targets and gaining another trainer! We welcomed Carita to the team in September to help deliver the many training sessions we had booked. We are pleased to report that we exceeded our training target yet again, with a total of 602 delegates trained throughout the year, with 565 completing evaluations, 95% of which reported an increased confidence of delivering alcohol brief interventions. At every training event we ask delegates to score themselves before and after the session on a series of questions so we can get a measure of their increased confidence. The chart below shows the average scores for all 565 attendees this year



Here are some comments from delegates who attended the training....

"The whole session was very informative and very relaxed, I learnt a lot"

"Realistic approach to tackling alcohol problems"

"This session has given me the knowledge and confidence to be able to talk to clients more informed"

"I will find it easier to bring up alcohol as a subject"

As well as our main training events, we have attended 26 promotion events, delivered 12 Service briefings, and delivered training at 11 GP Surgeries within the County. As you can see we have been very busy!

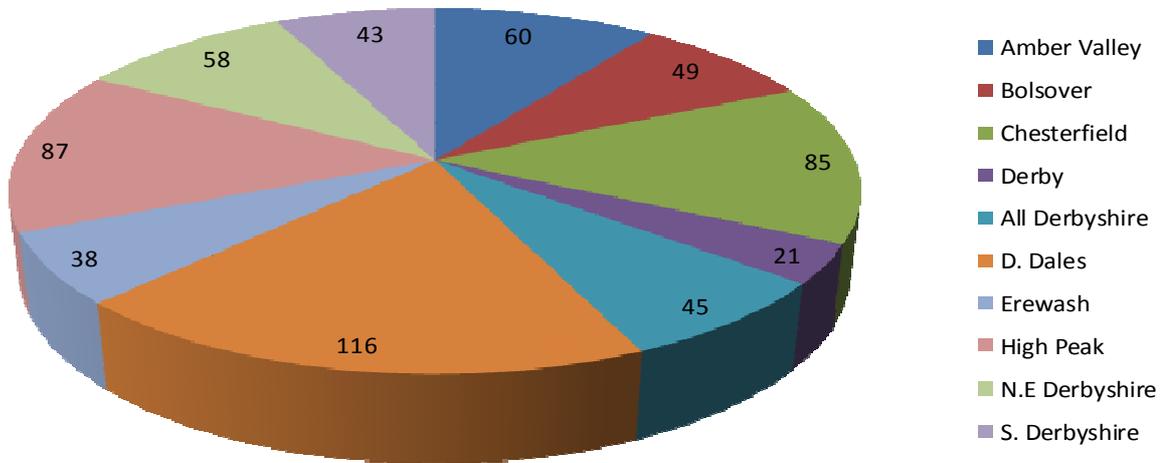
We also developed a new self help guide called 'Alcohol & You' for workers to use with clients in this year. This is a useful step by step guide to cutting down drinking and we have received very positive feedback from clients and professionals about its use.

If you would like to discuss our training or what we offer please do hesitate to contact **Holly Crosby** our Training Coordinator - holly@daas.uk.com or 01246 206514. DAAS Training Team 2013/14.



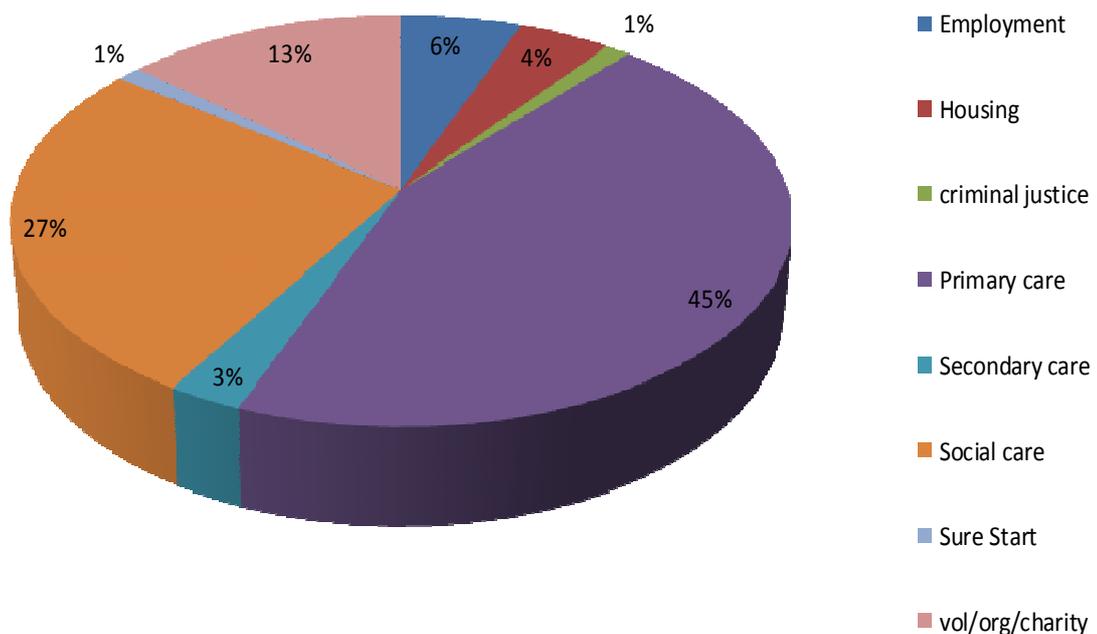
Holly Crosby— DAAS Training Co-ordinator

Training attendees 2013/14 by locality



The two charts demonstrate the take up of DAAS training across employment/Service type and locality. This information enables us to compare these statistics against the referrals into services by area and referring agent, thus ensuring that we have the appropriate information for our training team to target under represented worker types, services and locality areas with poor take up.

Training attendees 2013/14 by employment type



Report from the DAAS HUB team.

Another year has gone by and we are still very busy ensuring that the Derbyshire Alcohol Single point of contact (HUB) is accessible and responsive to the needs of referring agents and clients, at all times, through each working day and two late evenings per week.

We are the single point of contact for clients, relatives and friends and professionals into alcohol services. We receive referrals by telephone, in person, fax and e-mail. Most of our referrals are by the telephone which means if it is the drinker themselves who makes contact, we don't actually see the person face to face and have to gauge from the conversation how committed the caller is to change and which service is right for them at that moment.

We ask a range of motivational questions for example: "what has prompted you to ring today?" and "what do you think might improve if you were to change your drinking?" in order for us to get a clearer picture of the situation. The more information we receive, the better we can make decisions about the right pathway the client will receive within services.

This year, we have been asked to take on a greater responsibility in determining if a person is physically dependent on alcohol. We can usually establish this by asking about the amount they are reporting to be drinking, how they feel before they take their first drink of the day and when their last alcohol free day was. We also explore with clients the type and strength of alcohol they are drinking and accurately calculate the units consumed.

The clients who have found they are habitually drinking but not necessarily at dependent levels are offered a support at a tier 2 level where they can meet face to face with an alcohol worker. They will have an hour a week of up to six extended brief intervention sessions, where a CBT model will be used to help them identify drinking patterns, explore drinking cues and triggers and to develop improved life coping strategies. Most callers are not sure what kind of service they need and it is the role of our HUB team to help them identify their needs and explain the process as clearly as possible, to maintain motivation and to put them at ease.

We have strong links with the hospitals and prisons in Derbyshire. They inform us of people who have expressed a wish to access DAAS and we make contact with the individual to find out more about their needs and where appropriate, offer them an appointment with a DAAS worker or make an onward referral to tier 3 services. When we receive third party referrals from GP's or other services, we always make contact with the drinker to establish a link and to make a motivational intervention. Due to our central location in Chesterfield, more people in Chesterfield feel able to drop in and speak to one of the Hub team. We have found that people who do this and actually have a face-face meeting with one of our team, are more likely to follow up with engaging in ongoing one-to-one brief interventions with an alcohol worker.

All in all, being a hub worker, though very busy, is interesting and rewarding. We can never be sure what the day might bring!

Deanne Calladine - Admin Manager



Achieving abstinence or controlled drinking is just the start of the alcohol recovery journey. The work required to turn lives around often begins once changes to drinking are established. To support ongoing recovery, DAAS is linked into the Countywide Recovery Agenda, which includes signposting and referring clients on for further support within DAAS or to external organisations, further developing our group work, linking into mutual aid groups, and creating a stronger focus on peer to peer support and volunteering. An important part of recovery and rebuilding a life without alcohol, can for many be supported by spending time with peers who are on a similar path. DAAS has seen the value of this through group work for both the drinker and the friends and relatives of drinkers throughout the years. This group work continues to grow from strength to strength. DAAS continues to look at resourcing venues for setting up groups in different areas of the county. Some of our groups are SMART@ groups, the focus being to support service users who would like to develop their skills and confidence to become co-facilitators or facilitators of groups themselves. A number of our service users have progressed their own recovery through undertaking the SMART @ group facilitator training required. A key part of the peer to peer support work is the development of our volunteer programme and one of our major developments this year is the implementation of the Peer to Peer Hospital Project. Angiolina Leo and Service Manager Elaine Handley started this project with Richard Gratton from the Alcohol Liaison team at Chesterfield Royal Hospital. It has proved to be a very valuable and successful project. All the volunteers involved are in recovery themselves and as part of their ongoing recovery they provide encouragement and support to people in hospital who have identified they would like to speak to someone about their alcohol use. We have received positive feedback from patients, seen a positive impact on referrals into the DAAS Hub and this project has also impacted on our volunteers who feel inspired to continue on their journey and to help others. This project continues to grow with a further 5 new volunteers on board in the first few months of 2014. This will enable us to expand the service over more days of the week, thus increasing support for our hospital colleagues, reaching more patients and at the same time, supporting more people in the recovery process to further develop their skills. We have established strong links with mutual aid groups within Derbyshire and these links will continue to be developed in 2014/2015. DAAS signpost service users into AA groups, refers clients into the RIOT (Recovery Is Out There) group in Swadlincote and we also have strong links and refer DAAS clients to Hope Springs Recovery Centre in Chesterfield. In addition during this year David Bell one of our alcohol workers, provided 2 hours a week of DAAS time within Hope Springs to support those in recovery and their families. We are looking to develop more partnership working with Hope Springs moving forward.

Example of DAAS weekly time table of Recovery support, events and courses

MONDAYS	TUESDAYS	THURSDAYS	FRIDAYS
 SMART Recovery® SMART Recovery Group 1pm - 2pm The Croft, Ripley	 Acupuncture 4pm – 5.30pm DAAS, Chesterfield	Drop-In Support 12-2.00pm Christian Centre Shire brook Relatives & Friends Support Group (RAFT) 6.30-8.00PM 1st Thursday of the month DAAS, Chesterfield	 SMART Recovery® Smart Recovery group 2.-3.30 CMHT Corbar view Buxton
DROP IN SUPPORT Bank House Swadlincote 1st, 3rd Monday each month MANAGING STRESS AND ANXIETY 1pm - 3pm DAAS, Chesterfield	 SMART Recovery® SMART Recovery Group 6pm - 7pm DAAS, Chesterfield	Hypnotherapy Group Weekly Thursday 10-11.00am Dent Chambers Chesterfield Hypnotherapy Group 1st Thursday of the month 5.30-6.30 PM DAAS, Chesterfield	Acupuncture 3pm – 4pm Bankgate, Rinkway Industrial Estates Swadlincote 



“The group has quite literally changed my life”



“Every meeting improved my way of thinking and I hope it will last”

If you are interested in attending a group, or for more information please call 0845 308 40 10.

We have received some excellent feedback from DAAS clients who have attended the Women’s Group within Hope Springs. We also support Rhubarb Farm - an environmental Social Enterprise in Langwith which provides a service to people recovering from drug or alcohol misuse through a therapeutic organic horticulture model, supporting people to develop skills to improve their employability, confidence and well-being. Jane Lawther our out-reach Brief Intervention alcohol worker, provides a few hours each week working within the Nightlight Café, a Christian centre in Shirebrook, providing 1:1 and Drop In sessions within this hard to reach community. Her valuable presence here has led to some very positive connections and joint project referral pathways with a number of professionals and services which benefit clients within Derbyshire and it’s borders including; frame work rough sleepers Nottingham, Betel Of Britain Nottingham and Derby, Victory Outreach, Rehab, Lighthouse Homes Wath on Dearne –Women, and Rotherham Men, BDC Marion Cooper Housing, Action Housing, Polski Link– Magda Ulatowska and Mariola, Derbyshire Unemployed Workers Centre– Patchwork Row, Shirebrook Food bank, NED Women’s Aid, PDSA, Chesterfield Law centre –Section 21 Advice, NHS Midwifery and Child Protection, Shirebrook MAT, Call Derbyshire, Julie Cook– Celebrate Recovery, Re think—Mental Health Tenancy Support

As part of the ongoing recovery of our service users, DAAS have a very positive link with the Derbyshire Employability Project, linking to Job Centre Plus and Shaping Skills. Our alcohol workers signpost service users into local colleges and night school classes and support them to access training, confidence building and assertiveness courses. Our strong links to mental health services continue, with a couple of our SMART groups being run from CMHT premises. There are further developments afoot, with mental health links developing in 2014 through an exciting partnership project with Talking Mental Health. This will involve co-facilitating with Talking Mental Health, a stress and anxiety course, exclusively for DAAS clients and volunteers. We also work closely with Derbyshire Domestic Violence and Sexual Abuse Service and a range of other agencies within the county providing support for our service users.



Buxton SMART Group

This group has now been running for over 2 years. The membership has steadily grown and is now averaging 8 attendees per week, coming from as far as New Mills.

The group members state that it gives them a 'safe' place to come and discuss their problems and issues, and also to gain support from their peers, or 'family' as some of them describe each other. The support from the group has now moved to outside meetings, and some are regularly in contact with each other.

This year saw Buxton group members in conjunction with both Ripley and Chesterfield groups, organise and attend the DAAS Christmas party, which was a great success, and saw group members from all over Derbyshire coming together.

We constantly welcome new members, and while we encourage regular attendance, are happy for individuals to attend on an ad hoc basis.

For the coming year, it is hoped that they will be able to help raise funds to attend the United Kingdom Recovery Walk to be held in Manchester in September.

Colin Leonard—Group facilitator/advisor

Ripley SMART Group

We meet every Monday at 1pm at The Croft in Ripley. We have a core group of regular attendees, and then a number of other clients who attend on a semi-regular basis depending on their needs and availability.

We always welcome people to drop in to see how the group runs and most weeks we have somebody new attend. We average between 6-10 attendees each week.

The group have been raising money through charging for tea and coffee at the meetings. They have put this money towards art supplies which they used to create paintings to be hung at the office in Dents chambers. The group also received a grant from the Galaxy Hot Chocolate fund in 2013, which they put towards hiring a coach to attend the 2014 Manchester Recovery Walk. Money raised through tea and coffee sales have also been put towards this.

The group are aiming to become self-sufficient with their fundraising, to enable them to arrange their own activities and trips without relying on other services to support them. They are keen to become as independent as possible, and are making good progress with this.

The 2014 Manchester Recovery Walk was attended by 18 participants, and they all said they had a wonderful day. The Ripley SMART group provided wigs and fancy dress items for people to wear, and among those on the walk, they really did stand out!



Katheryn Wood—Group facilitator/ Advisor

Chesterfield SMART group

2013 - The Tuesday evening group, co-facilitated by Linda, a former client with our Service, averaged six to seven members throughout the year. A highlight of 2013 was the Christmas party held at Dents, in which the three Smart groups linked to our Service, came together for the afternoon after much planning. The party was mostly self funded by the groups running raffles. Donations of raffle prizes by members of staff was very much appreciated. The food was supplied and presented by both members and staff alike. The afternoon was a resounding success, I was personally gratified by the attendance at the party of one of my clients who was suffering from social phobia, and who really had to summon up his inner strength to reach the goal he had set to attend the party. Touching also was the comment made by one of the members, who said : **‘this is probably the only party I will feel safe enough to attend this xmas’** as he was in the early stages of abstinence and did not feel able to be part of this years Christmas celebrations.

2014 - Averaging six members in the first half of the year, this increased to an average of eight to nine as we left June behind. Noticeably there was a rise in numbers of women attending the group, at least three quarters of the group were, and remain, women. The majority of these women and at least one of the men also attend DAAS acupuncture which is held immediately before the support group. Several of the women members also attended the hypnotherapy group and some of these have become friends and have taken part in the ‘women’s group’ at **Hope Springs Recovery Centre** in Chesterfield. My view is that the holistic ‘mixture’ of support groups, plus one to one with a DAAS worker when required, plus the support for each other outside of the DAAS “umbrella” into recovery support has been very helpful for the vast majority of clients, who have achieved so very much within our Dents group. I feel privileged to be a member of, and a witness to, the growth of these group members.

RAFT- Relatives and Friends support

Originally, over **2012** and the beginning of **2013**, one of our **Volunteers** - Jan and myself offered **RAFT** group support both at **Hope Springs** and **DAAS**. Due to lack of attendance we have now moved to holding the group in the evening hoping to make this more accessible for parents with young children. It is early days we have a couple of regular attenders but we are hopeful that we can expand this in the months ahead and are optimistic for the future

David M Bell - DAAS Alcohol Worker

And from one of our Ripley SMART group members.....

I no longer go to the Ripley SMART group as I am too busy! I do a cooking course on a Monday, a Moving On course on a Tuesday, Independent Living Skills on a Wednesday, Psychology on a Thursday and work as a Support Worker supporting a lady on a Friday. I also attend another group every other Saturday, and sometimes do Support Work on a Sunday. I have recently applied for a voluntary position at a new residential complex for people over 50, and would be supporting them on days out, doctors appointments etc. There is a new complex also opening nearer to where I live, and the plan is to transfer there when it opens, and to then start applying for paid employment there. This position is with the Royal Voluntary Service and they will support me in the transition from voluntary to paid employment. Being busy helps me keep my drinking under control. I have cut my drinking down to make sure I am able to get up in a morning and keep to all my commitments. I have only been out about 3 times in the past 3 months, where previously I was out at least a couple of times a week. I have also cut my drinking down at home. By reducing my drinking I have saved around £300 already! I have used this to decorate my bedroom and have had new carpets fitted.

I have changed my priorities now. I used to look after everyone else first, before myself, and that lead to me drinking to cope. I now look after myself first and do what is best for me, and I feel a lot less stressed and am happier.”

Report from Finance Manager

Funding continued in 2013/14 at the same level as previous years. It was confirmed for 2014/15 for one more year. A new SLA will start in April 2015 following the tendering process and DAAS will be bidding for the new contract.

A move to the new client system was delayed and will now be in place in 2014/15 and this resulted with DAAS ending the year with a small surplus.

Running costs were lower than the previous year. Spending on office equipment was lower as new equipment had been purchased as part of the office move in the previous year. Costs are consistently reviewed to maintain the organisation's efficiency and competitiveness

However, one area of increase in spend has been room hire which was £332 in 2012/13 and £4,372 in 2013/14.

Included below is a pie chart to show the spend by DAAS in the financial year 2013/14. The auditor's report and full accounts are shown at the back of the Annual Report.

Laura Cain
Finance Manager

“The financial statement gives a true and fair view of the state of the Charity's affairs—as at 31st march 2014 and of it's incoming resources and application of its resources”

Auditor

