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* Further reports available

Title	Cost
1. Standard Information Pack (12 leaflets covering all aspects of AACS Services)	Nil
2. Evaluation Of Counselling Services by Dr John Love, Robert Gordon University	£2
3. Business Plan 2004/05	Nil
4. Specialist Services Reports (2003/04)	Nil

Review of 2005/06

2005/06 appears to represent a stabilisation of referrals received; this is inevitable given the development of new services particularly in Aberdeenshire. It has provided a period of reflection on operational matters and inadvertently allowed us a glimpse at the possibility of how a service might be run at its optimum. By this I mean pressure on waiting lists. For a short period earlier in the year we were able to respond immediately to referrals in crisis. This made a significant impact on the individuals concerned. Capturing people when they most needed the support was helpful in terms of attendance and compliance. The situation in the City has remained stable at approximately 35-40 clients waiting at any time. Waiting time to be seen appears to be crucial in keeping people engaged and is an area for constant improvement. Recruitment of volunteer counsellors will provide some relief but experience suggests that this is symptomatic of all treatment services.

There have been gradual but all the same significant changes to case management in the last year. This is predominately due to Scottish Executives initiative "Getting Our Priorities Right" which, focuses on the welfare of all children who may be at risk of their parents problem drinking or drug taking. This has had enormous implications in terms of Caseworkers practice. It has necessitated a new level of information sharing between services and in particular involved adult core counsellors in report writing and attendance at Case Conferences for the first time. All of this requires additional training and support as well as a considerable time commitment. With all Caseworkers working part-time a degree of flexibility has had to develop and this includes the Managers role. Although this has created tensions within the service it has also highlighted the improvements in inter-agency working relationships and signalled the development of support mechanisms.

As always AACCS is fully aware of the complexity and severity of problems suffered by its clients. In February this year we introduced a pilot of the AUDIT screening tool to compliment our existing assessment for all adult drinkers. This simple short tool enables counsellors and clients to assess the severity and nature of their drinking problem. It was hoped that we would discover more precisely how many of our clients qualified as dependent drinkers and more over provide an indication of duration of contact based on problem severity. Put simply "one size does not fit all", the nature of the problem determines the type of intervention and the possible length of contact. Some clients will require a short term intervention focused largely on advice and information on cutting down to sensible levels.

Others will require a longer term more intense therapeutic intervention, with a high degree of flexibility and after-care element. To date over 60% of those screened in this way have indicated moderate to severe dependence. It is too early to draw conclusions from this and the pilot will continue for the rest of 2006. It does suggest however that more links need to be created and sustained between voluntary, health and statutory sectors to best serve the client.

Changes to working practices and procedures have been a key element to the past year, with our imminent merger with Alcohol Support we have had to review and assess the strengths and weaknesses of the service we provide. Undoubtedly evidence of best practice continually emerges as a reality and a theme. At AACS we attempt to help people recognise, avoid, and cope with high risk triggers and situations which might normally result in harmful drinking. The sessions offer flexibility and are highly individualised enabling clients to focus on their own goals, equipping themselves with a personalised toolkit of coping strategies. We recognise that the unlearning of old habits and the development of new healthier ones requires time and commitment. Qualitatively the evidence is apparent for individual clients, quantitatively speaking it is much more difficult to measure and demonstrate.

Maureen Adam
Counselling Administrator

Julie Morrison
Practice Manager



1.1 Total Number of New Referrals

During the period 1st April 2005 to 31st March 2006, a total number of **654*** new referrals had been dealt with by the Alcohol Advisory and Counselling Service of whom **346** became active caseload. The table below gives a detailed breakdown of information for the above referrals.

Waiting To Be Seen (at 31 st March 2006)		New Cases Opened		Uneventuated	
City	Shire	City	Shire	City	Shire
40	3	206	140	160	105

1.2 Counselling Sessions Offered

Total number of appointments offered: - 3897*
Total number of appointments attended: - 2363*

21% of all appointments offered to Shire clients were requested to take place in our premises at 62 Dee Street, Aberdeen.

1.3 Telephone / Crisis Calls

AACS provides an advice and information service which is available to first time callers and existing clients etc. This part of the service is one which requires dedicated resources in terms of staff and time. The average phone call lasts approximately 20 minutes, although clients in crisis necessitate lengthier and more frequent support. We have recently initiated a more comprehensive method of recording call duration and frequency.

Over the past six months it is estimated that approximately 6 hours per week are spent by the Practice Manager dealing with chaotic callers with an additional 3 hours provided by part-time Counsellors/Volunteers. AACS has not hitherto recorded the amount of time spent dealing with clients that call in off the street with no appointment for advice and information etc. but this accounts for an extensive demand on our staff resources.

Advice and support to significant others by telephone has increased over the past year. Characterised by callers primarily seeking reassurance only

1.4 Information Distributed

Throughout this period a wide range of written and web based information has been distributed. We estimate that this is in excess of all previous years. It is important to add that much of the information shared is with the aim of harm reduction and prevention.

It is anticipated that on receipt of relevant information callers may undertake independent measures to alleviate their anxieties around drinking.

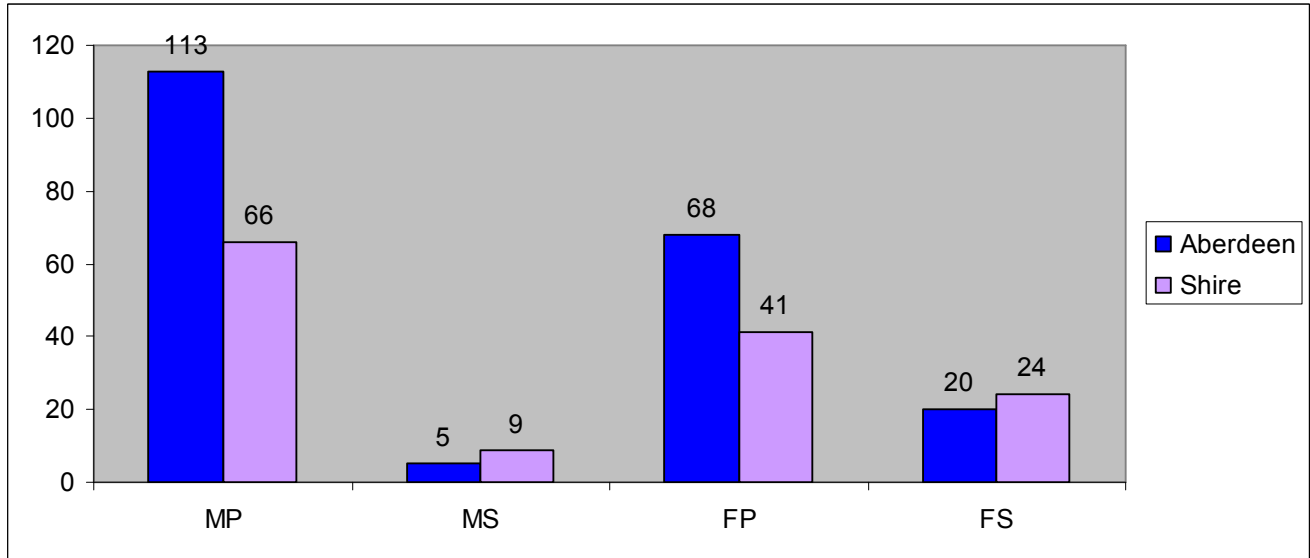
2. Information Breakdown on Clients – New Referrals

Section 2 identifies and analyses those clients who took up counselling appointments and became active caseload.

346* clients became active caseload during the period 1st April 2005 to 31st March 2006. Breaking down to **206** from Aberdeen City and **140** from Aberdeenshire.

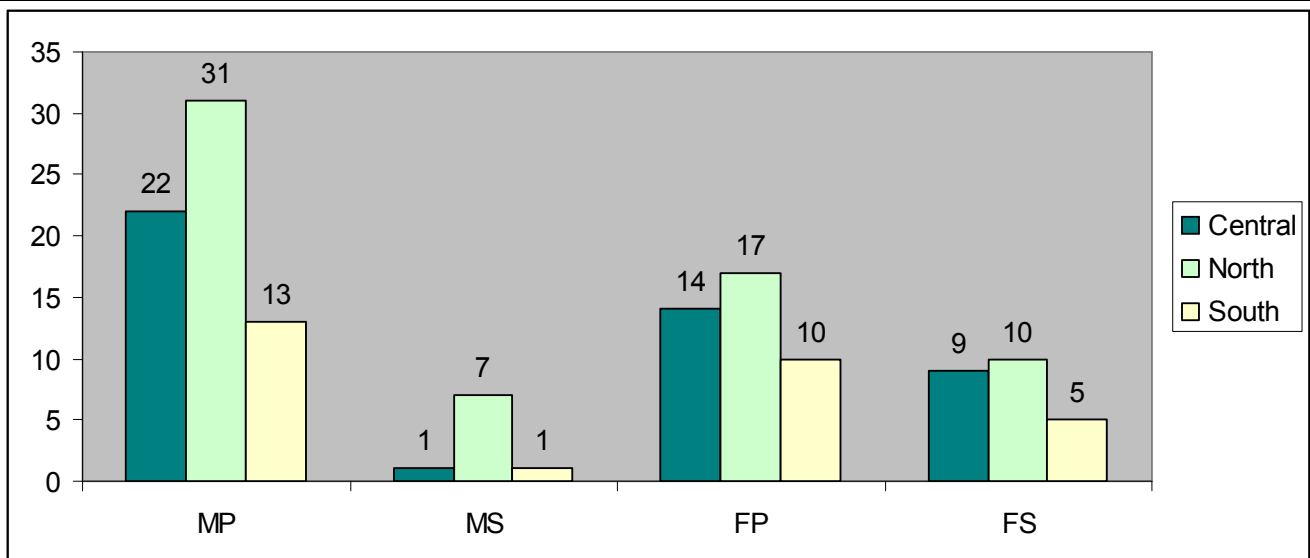
The following graphs give information on these new clients. Aberdeenshire statistics are further broken down into the areas of Central, North and South.

2.1 Gender, Primary / Secondary



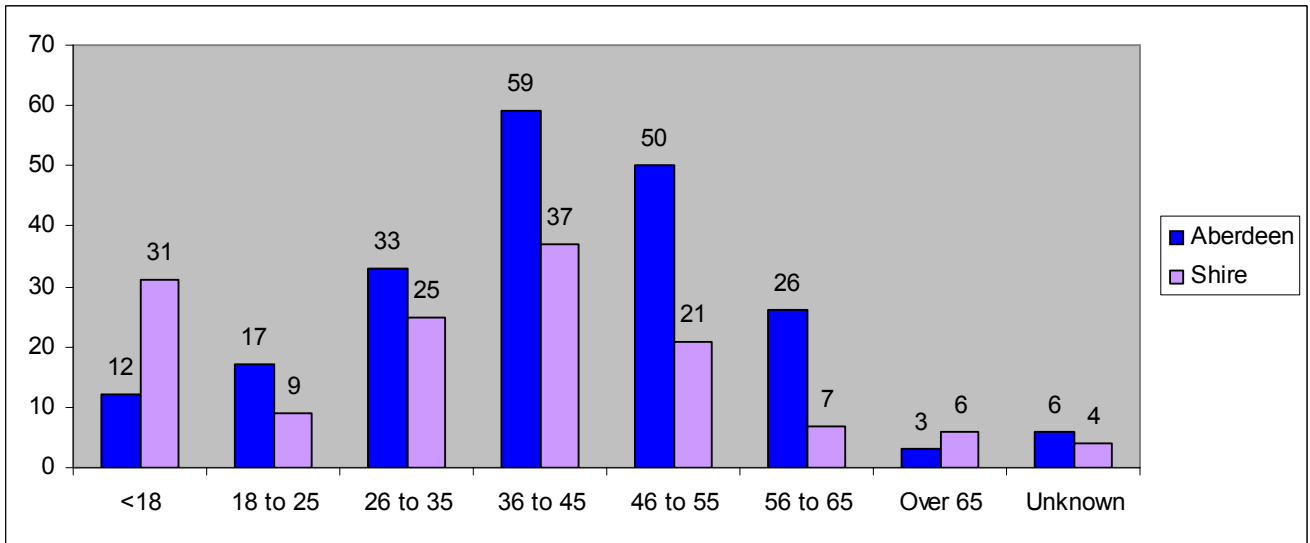
For further clarification Primary refers to status as drinker, Secondary referring to a significant other affected by a third party's alcohol problem.

2.1.1 Gender, Primary / Secondary – Shire breakdown



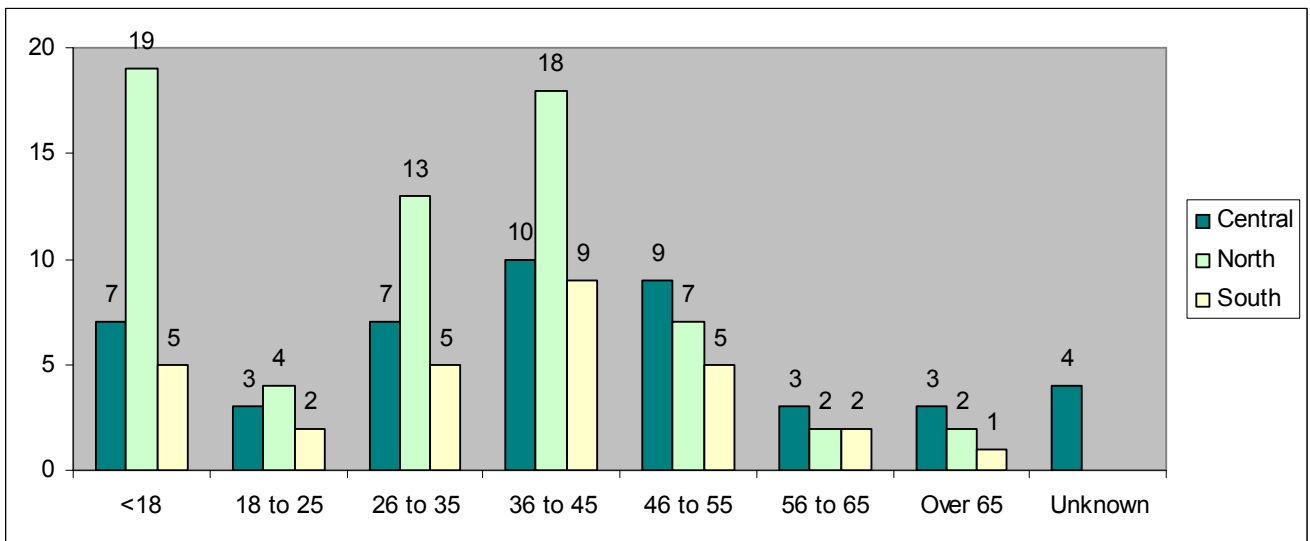


2.2 Age Range



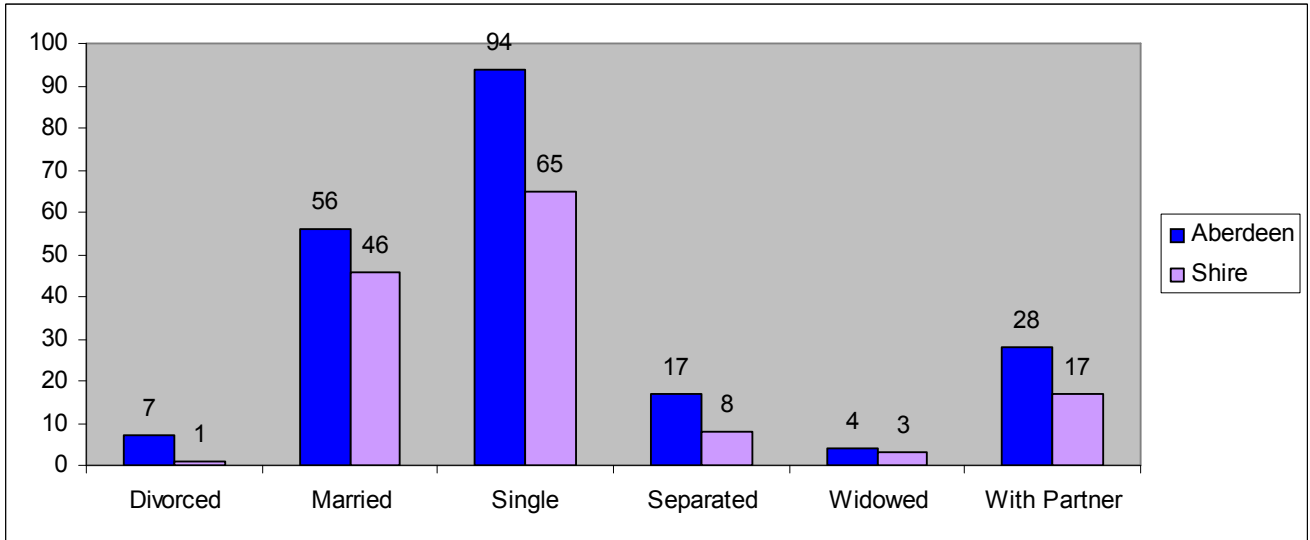
On the whole age range remains consistent across the service and with the previous year's figures.

2.2.1 Age Range – Shire breakdown

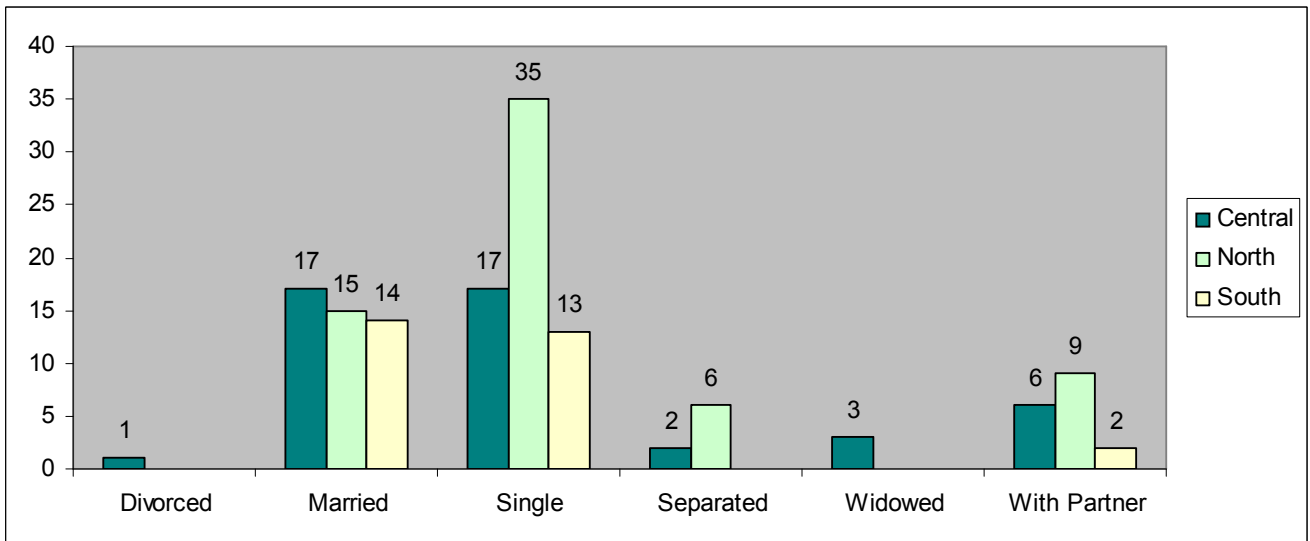




2.3 Marital Status

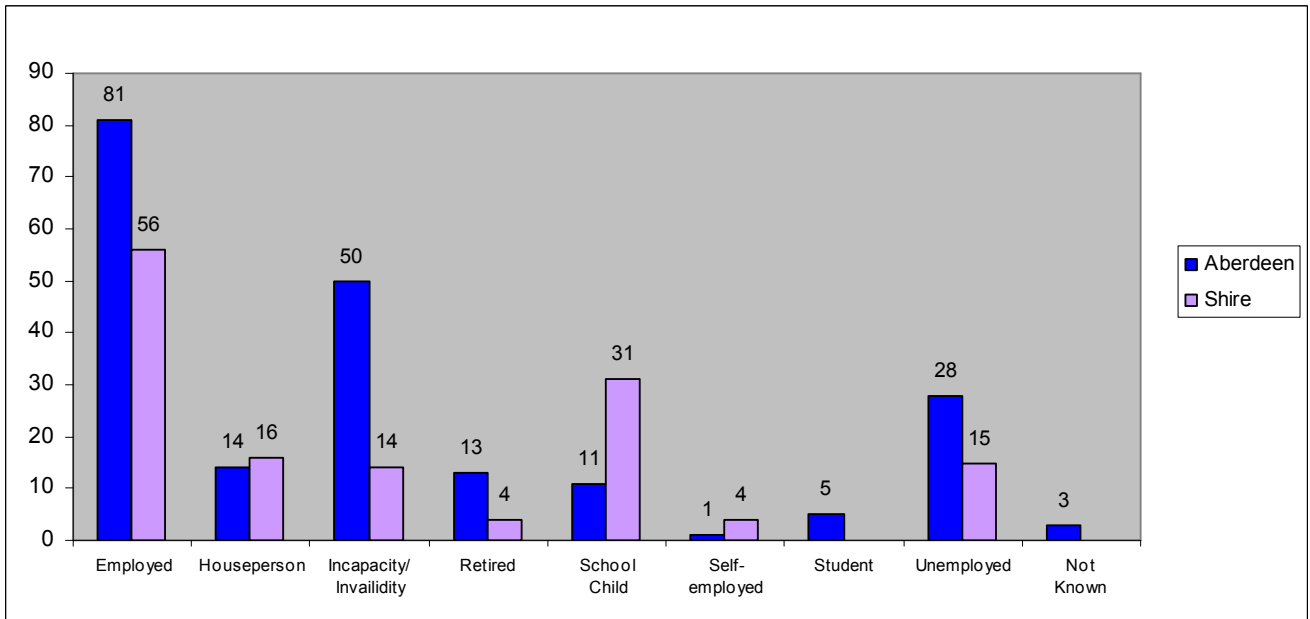


2.3.1 Marital Status – Shire breakdown

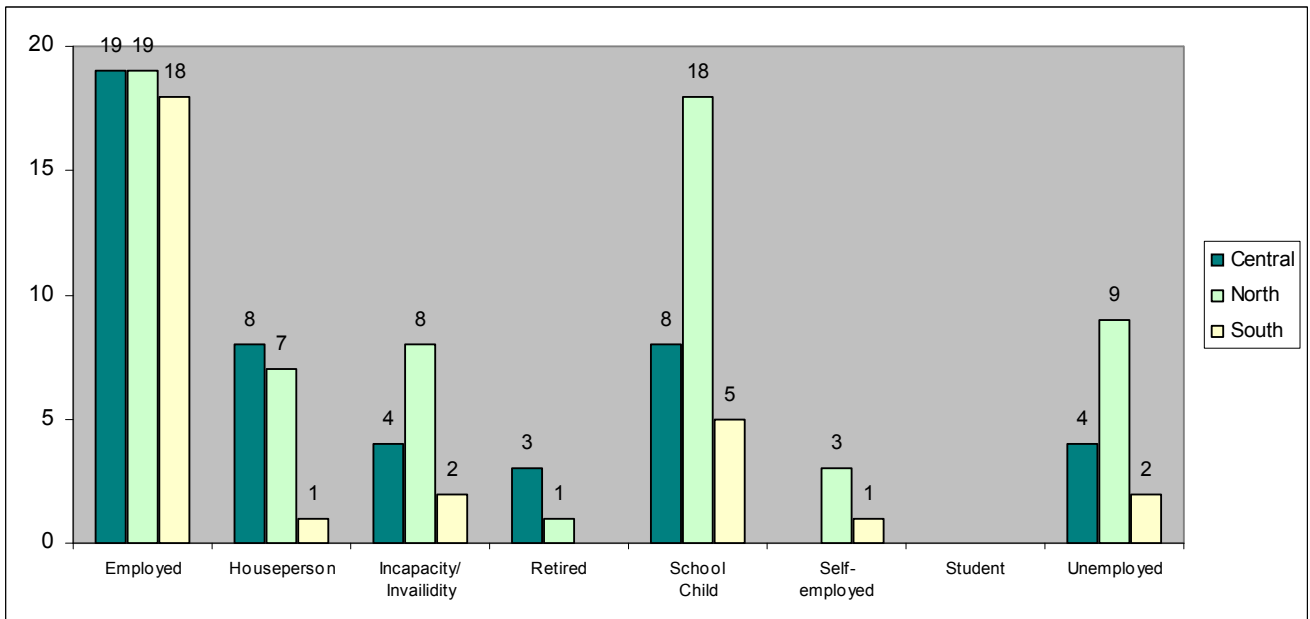




2.4 Employment Status

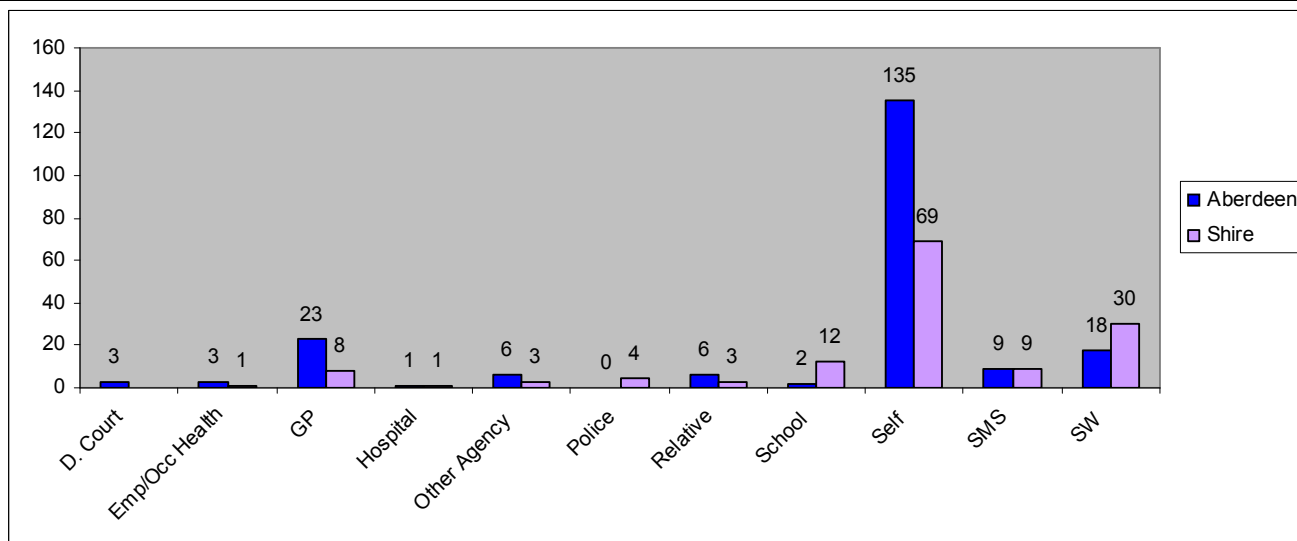


2.4.1 Employment Status – Shire breakdown





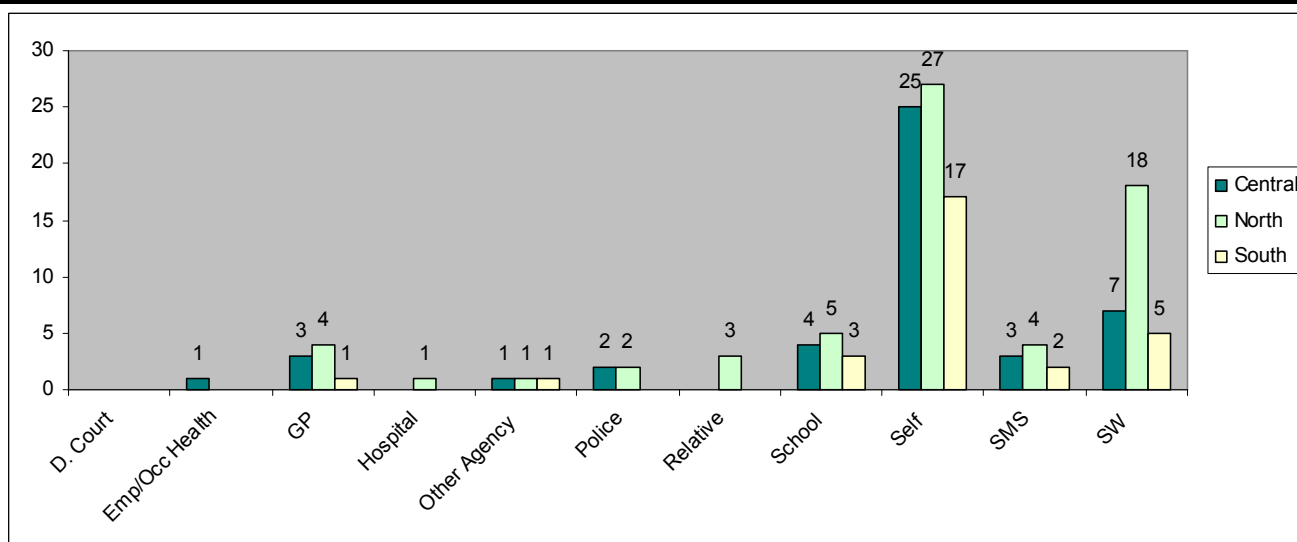
2.5 Source of Referral



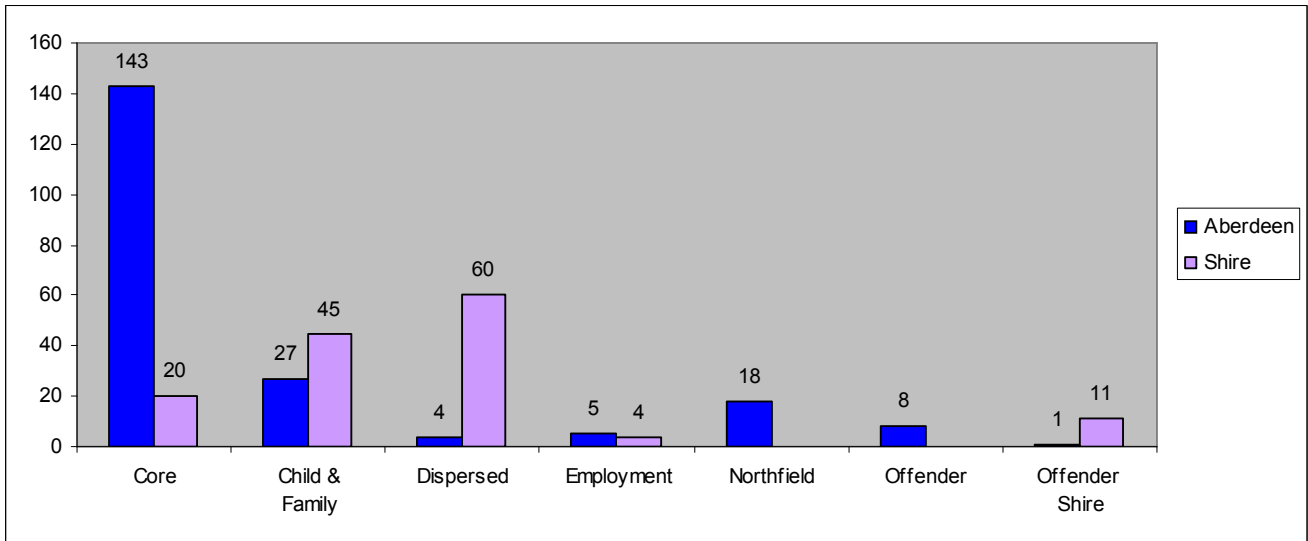
The majority of clients remain self referrals. This in no way suggests that the nature of the problems differ from those referred by the statutory or health services as evidenced by use of the AUDIT screening tool.

There has been a notable decrease in the City of referrals from Substance Misuse Service (SMS) in the first part of the year. This may be attributable to an increase in resources within that service. However there has been a steady increase since January 2006 and information sharing between the two services has significantly increased. We currently offer a complimentary service for our mutual clients, many of whom are severely dependent drinkers. Potential for improvement in this area to benefit our clients is enormous.

2.5.1 Source of Referral – Shire breakdown



2.6 Service Distribution



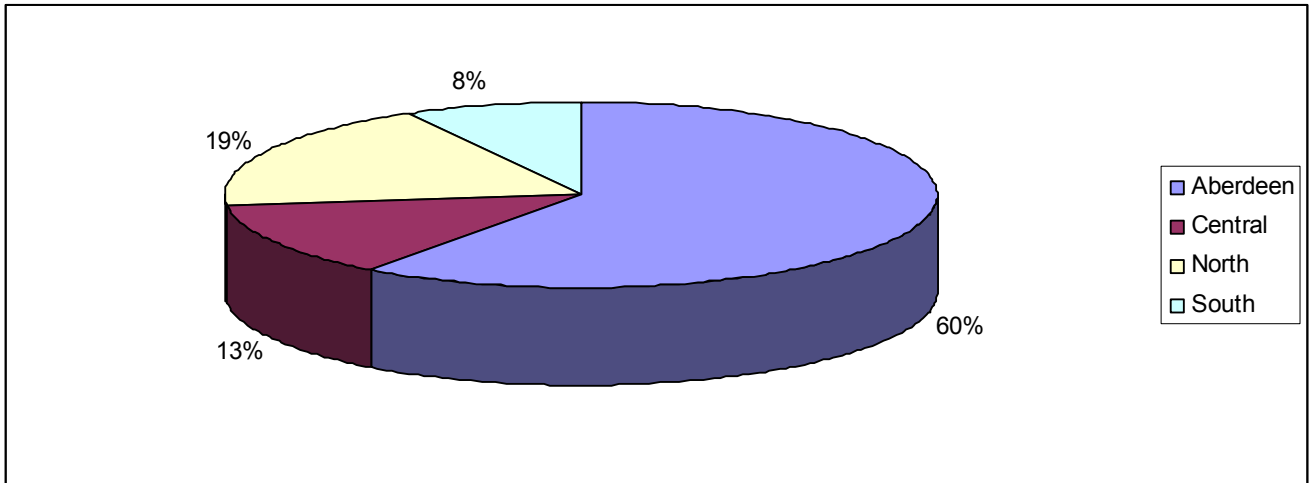
Both Northfield and Offender specialist services have experienced a reduction in referrals and therefore active caseload. In the case of the former, Northfield GP Project, this is undoubtedly due to the ill-health and absence of the main caseworker. However referrals from the Courts are currently obviously in decline.

The Child and Family service particularly in the Shire have received increased referrals and is thought that this is directly attributable to the introduction of working in and with schools (Kemnay as of March 2005, Turriff as of March 2006 and Mackie as of February 2005). Further implications of this in terms of new referrals will become obvious in next years statistics.

In conjunction with Criminal Justice Aberdeenshire, a new Offender Service has been established. As above, not enough time has elapsed for us to provide a meaningful evaluation.

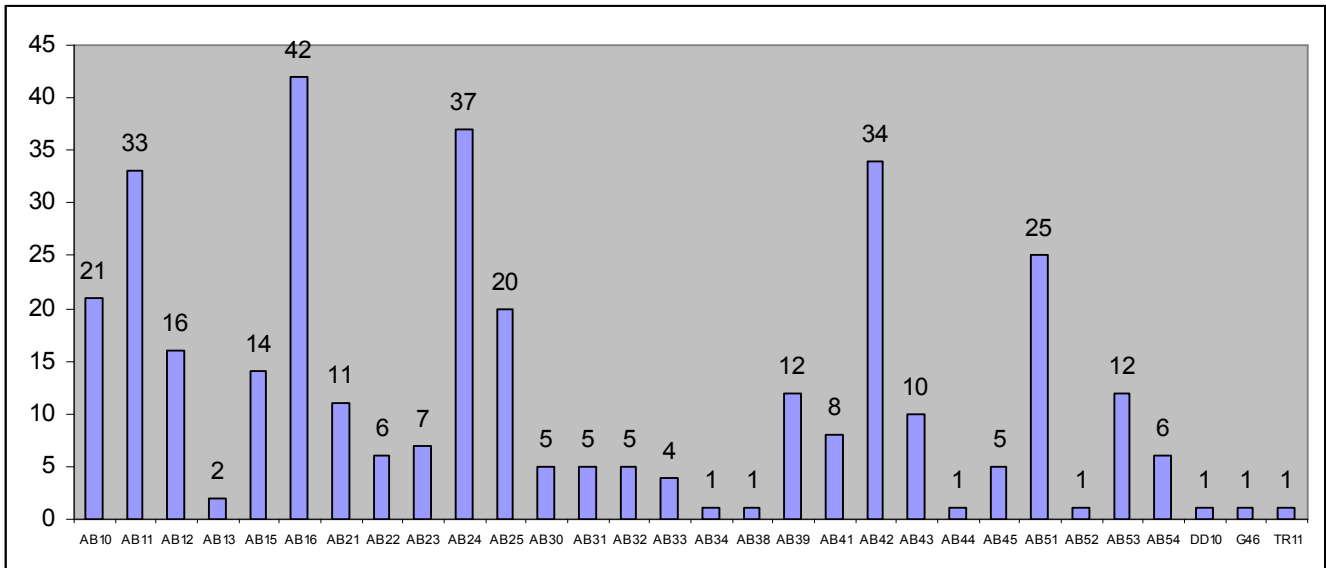


2.7 Area Distribution



There has been a dramatic shift in the distribution of counselling activity. Aberdeenshire now accounts 40% of total active caseload as opposed to 29% last year. Much of this activity has occurred in the last 6 months. Activity in the North has doubled, Child and Family and Offender services account for some of this, but rapid response to referrals is undoubtedly also a factor.

2.8 Postcode Analysis





3. Outcomes

The analysis and collation of outcomes and length of contact data have proved a source of frustration and remain unobtainable through report function of the ORION database. We are currently working with Alcohol Focus Scotland to rectify this. However this continues to remain a high priority for all our services. Evidence of qualitative and quantitative improvements for our clients is essential to remaining a viable and sustainable provider of alcohol services. Manual retrieval and anecdotal evidence from clients and counsellors using our own progress review and closure forms suggests that despite the relapsing nature of serious alcohol problems, improvements result for the majority.