

# Drug and Alcohol Rapid Response Team



## Annual Report 2005/06/07

“There is something wonderfully rewarding in being part of  
an effort that does make a difference”  
-Brian O’ Connell



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# The Drug and Alcohol Rapid Response Team

## Team structure



Top left clock wise Andy Foulkes Barbara Lyons, Alan Jones, Corrina Andersson, Carol Williams and Liz Herd

Welcome to our second annual report.

This is a wonderful opportunity for Conwy County Borough Council's Children and Families Services Department and the Drug and Alcohol Rapid Response Team (DARRT) to reflect on what we have achieved together since we produced our last annual report 2004/05, and to look forward to the year to come.

This period has seen the team build on knowledge and learn from our experiences. It has seen the addition of Andy Foulkes as Post Crisis Worker who was an original team member and conducted the pilot scheme in 2003. The addition of a baby, my daughter Grace and the departure of two members of staff on to new horizons. On collating the statistics for these periods I was pleased to see that the figures demonstrated how effective the interventions are but most of all the families we have worked with continue to amaze and inspire us with their phenomenal achievements.

Many parents in crisis forget what strengths and positive qualities they possess. DARRT remind them of their core values, what individual strengths they have as well as their positive qualities, to help families utilise them at their point of crisis. We look at the positive coping strategies that parents have used in the past and remind them how to use them in their present crisis, thus reducing the level of risk involved.

The DARRT would like to take this opportunity to thank everyone in Conwy's Children's Services for their support in particular Sue Maskell, Statutory Lead Officer For All Service for Children, Terry Ducker, Operational Manager for Resources, and Alan Thompson - Supporting People Officer, who have showed us great support but most of all for believing in us.

Last but certainly not least I would like to thank the team itself, Alan Jones, Andy Foulkes, Barbara Lyons, Corrina Andersson, Liz Herd and last but by no means least the team's administrator Jonathan McClane for your dedication, enthusiasm, energy and support.

**Carol Williams**  
DARRT Team Leader

## The Origins

The DARRT team is based on the Option 2 project, situated in Cardiff. The Option 2 model was developed from research into a successful 'homebuilding' approach being delivered in various states of North America. Rhoda Emlyn-Jones, Cardiff Social Services, introduced the model to this country.

## Local Research

- An objective in Children First related to the re-registration of children on the Child Protection register. Over a period of time, it became apparent that 80% of re-registrations were due to a perceived risk imposed by substance misusing parents. A third of these cases were accommodated or subject to care proceedings shortly after re-registration.
- Option 2's model of intervention suggested a way of improving on the circumstances and outcomes for these families. A pilot scheme was arranged for Conwy using Children First funding.

## Pilot Scheme

- 2 workers were based with and managed by the Duty & Assessment team.
- The evaluation of the pilot concluded that the approach was worth pursuing. A successful bid was made for Supporting People funding for 4 workers and a Team Leader.

## Referrals

- A referral criterion was developed at the outset.
- Families must be perceived to be in crisis and clearly stating they want to make changes.

## Referral Criteria

- Imminent accommodation of children
- Risk of Registration or re-registration on Child Protection Register
- Parents are in crisis due to substance misuse
- Risk to tenancy
- Parents agree to DARRT intervention.
- Child Care Social Worker continues to have case responsibility and remains involved.

## Common problems within families

- Children failing to thrive
- Children failing to attend school and/or health appointments
- Offending behaviour and exposure to criminality
- Returning / selling children's presents to pay for drugs and / or alcohol
- Financial difficulties / debts
- In debt to dealers, family & friends
- Chaotic lifestyles

### How do we respond?

- As soon as possible.
- Referral is received from the case holding Social Worker
- Then arrangements are made with the Social Worker to visit the family.

### The intervention

- We will work with the family intensively for 4 to 6 weeks
- On call to the family 24/7
- At the end of the intervention a closure meeting will be held and a maintenance plan will be agreed.
- We follow up the families' progress 1 month, 3 months, 6 months and 12 months following intervention.
- Post Crisis Worker can support following the intervention to maintain progress or booster sessions are provided if there is a deterioration in progress

### DARRT developments 2005/06/07

DARRT has continued to evolve and develop in many ways over the past 48 months, building up our experience and knowledge to further enhance the success of the team, whether this be on a one to one basis enabling people to achieve their personal goals, or on a departmental level, being instrumental in preventing families going to CP conference or being accommodated. DARRT have also developed a drug and alcohol training package which is envisaged as being available to Conwy County Borough Council this year.

### Staffing

The initial DARRT pilot project involved 2 project workers. Following initial success, Supporting People Grant has enabled the growth of the team to the point where they currently consist of 4 full time DARRT Support workers and a Team manager. In response to identified needs the team have an addition of a Post Crisis Worker, to address longer term issues and to conduct the follow up meetings. DARRT owes a lot of its success to the quality of their hard work during period.

### Evidence based working

DARRT have developed a detailed recording system, which is being used to conduct research into the DARRT intervention programme. The system tracks people's progress through the intervention, gauging progress at the closure stage, and at various intervals following closure, up to 12 months later. This has enabled the gathering of data which indicates that on average, the majority of service users experience relapse between 3 and 9 months following intervention, thus providing clear evidence for the need for a longer term Maintenance worker to address people's needs at these times. The system records many factors and therefore is the source of varied and detailed stats concerning the service.

See Page 9 for some performance data and analysis.

## Support Group

A peer-support group, lead by members of DARRT, for people who have been through the DARRT intervention was established in response to requests from service users. This group came to a natural end and a Relapse Prevention Group formed in its place. Five service users took part in the group, and an evaluation was carried out, which confirmed that, amongst other things, all felt the group had been useful and thought that it should continue.

A second wave of the support group has just been completed and it is hoped that some of the group members will form their own Support Group enabled at the beginning by DARRT. The Relapse Prevention Group will continue to be monitored in terms of it's effectiveness and is meeting people's needs, and evaluated again to ensure that people feel the group is of benefit to them.

## Promotion / Awareness raising

- DARRT have worked tirelessly to promote their service to the commissioning social work teams, in the following ways:
- Newsletter - The team produce a bi-monthly newsletter, which is distributed to all teams.
- Posters – to raise awareness of the referral criteria, and the contact details of the team.
- Attending team meetings of the commissioning teams.
- Informally visiting teams to discuss cases where there may be drug/alcohol issues.
- DARRT members have attended an Option 2 networking meetings in Cardiff.

## Consultation

A DARRT consultation event was held in July 2005, which included the team, themselves, 5 service users and 2 social workers. The session involved focussing on good and bad points of services, current needs, possible future needs and ideas for service developments to address those areas where there are gaps in services.

The most favoured option, a DARRT service for young people has been identified for some time, and with final approval from WAG, a new post has been in place, though not based within the DARRT team.

The Substance Misuse Intervention Worker (Children & Young people) provides a support service to those children who suffer as a result of their own use of alcohol and or drugs, or are affected by their parents/carers use of drugs and or alcohol through the use of Therapeutic Models of intervention or other models that can reduce the impact of substance misuse.

Another priority was for more support following intervention, and following detox. This need was already identified due to the fact that after the DARRT intervention, any further support needs if appropriate, are passed on to our Parent Support Team. Service users report that while the Parent Support intervention is helpful, those workers do not fully understand the issues that Substance Misusers experience

during a period of change to modify or extinguish their substance misuse. The service users had been requesting 'booster sessions' to help maintain their motivation for change and more contact with the DARRT service. Given that the team work intensively with people on 1:1 bases, there was insufficient staffing to provide a post crisis service, hence the bid proposal for a dedicated Post Crisis Worker. A SMAT funded post for a Post Crisis Worker was approved and was filled in May 2006. The support is also intended to maintain the progress made during the DARRT intervention while other agencies assess whether they can provide a service. Many service users reported a 'void' between the DARRT intervention and any offers of support from other agencies.

A third area, which was highlighted at consultation, was the need for the support group, as mentioned earlier.

### Performance Statistics at closure

Between April 2005 and March 2006, 39 Service Users had begun a DARRT intervention, and out of those, 32 have completed the six-week intervention and attended the Closure meeting. The following stats are based on the assessed progress of those 32 families. Around a third of the service users used both drugs and alcohol, with two thirds using alcohol only.

**The data relating to the 32 families does not contain a full 12 months data set for each family. All of the families have completed the intervention and the Closure meeting, but will be at varying stages of follow-up, depending on when they started.**

### Child Protection Register

#### **At the point of referral:**

Out of the 32 families, 10 had children on the register at the point of referral, which equates to 17 individual children.

(Within the 32 families, there were 59 children in total.)

Out of the 17 registered children, 10 were on the register for the first time, and 7 had been re-registered previously.

10 of the 17 had also been accommodated in the past.

#### **Risk of going to conference:**

At the point of referral, 13 families were at risk of going to CP conference. Following the DARRT intervention, only 3 of these cases actually went to conference, which resulted in 3 children being placed on the register (from 2 out of the three families)

### De-registrations

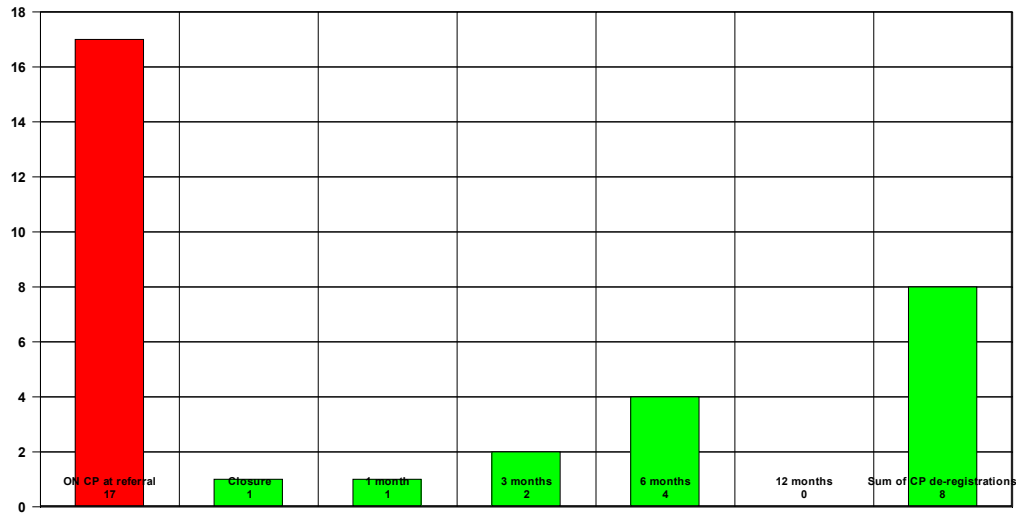
17 children were registered at the point of referral. A further 5 children (from three families) had been registered during the course of the DARRT intervention.

One child had been de-registered before the closure meeting, 1 more by the one month follow up, 2 children had been de-registered at the 3 month follow up, and a further 4 children had been de-registered by the time of the 6 month follow up.

The data relating to the 32 families does not contain a full 12 months data set for each family. All of the families have completed the intervention and the Closure meeting, but will be at varying stages of follow-up, depending on when they started.

For this reason, it is expected that the number of de-registrations will increase as time goes on.

CP de-registrations following DARRT intervention



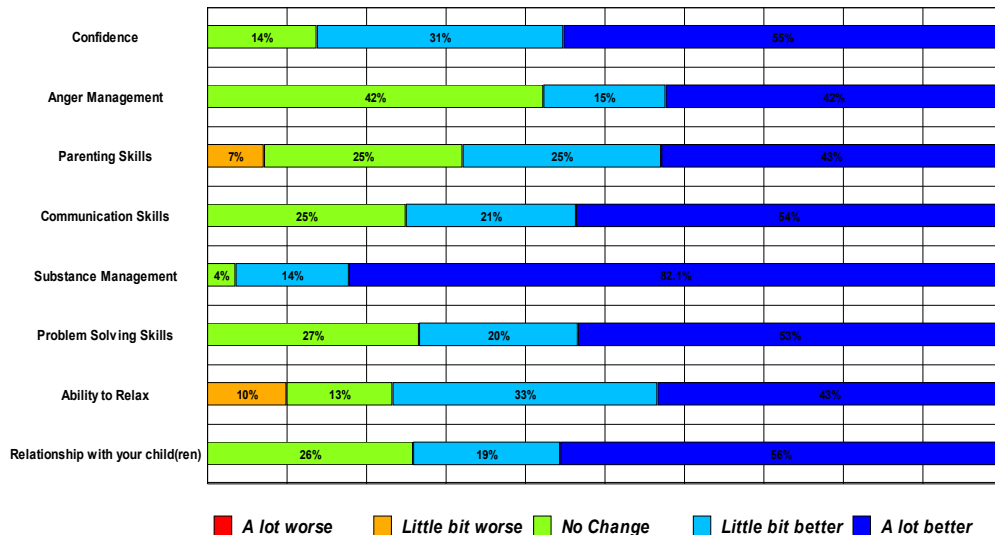
Effects of DARRT support, as reported at the Closure meeting.

Each of the 32 families, who completed the intervention, assessed their level of improvement or decline with regard to the following factors, as a result of the DARRT Support. The percentage breakdown of each category can be seen below.

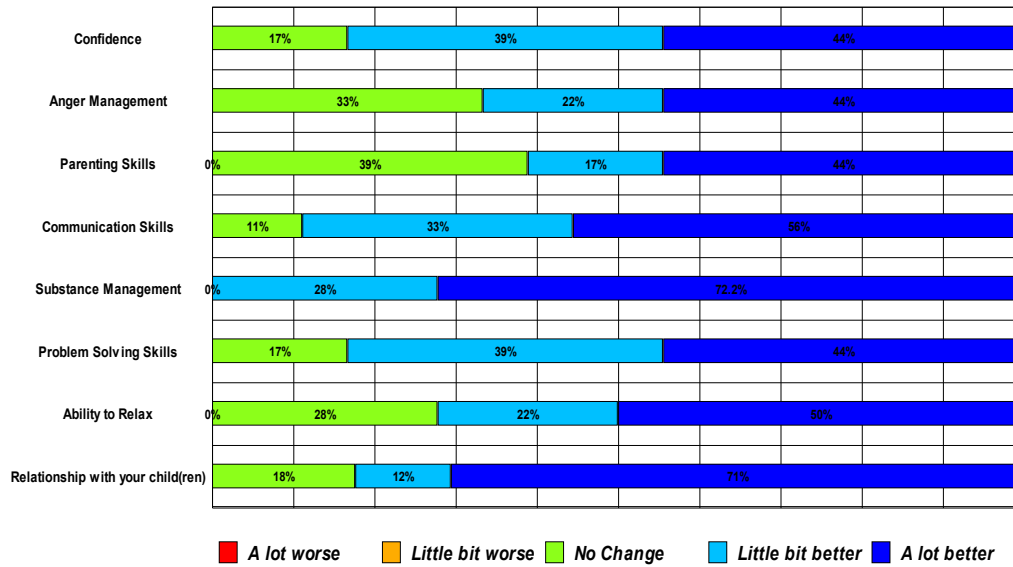
More than half of all the families reported positive change in every factor. Many factors, such as “substance management”, “relationship with children”, “confidence”, and “problem solving skills” showed the greatest positive improvements, with no families reporting any negative changes.

2006

Clients feedback on the impact of DARRT, following a 6 week intervention.



Clients feedback on the impact of DARRT, following a 6 week intervention.



Follow on support, as identified at the Closure meeting.

Each of the 32 families who completed the intervention were asked about any areas where they may or may not still need support. The results can be seen below.

2006

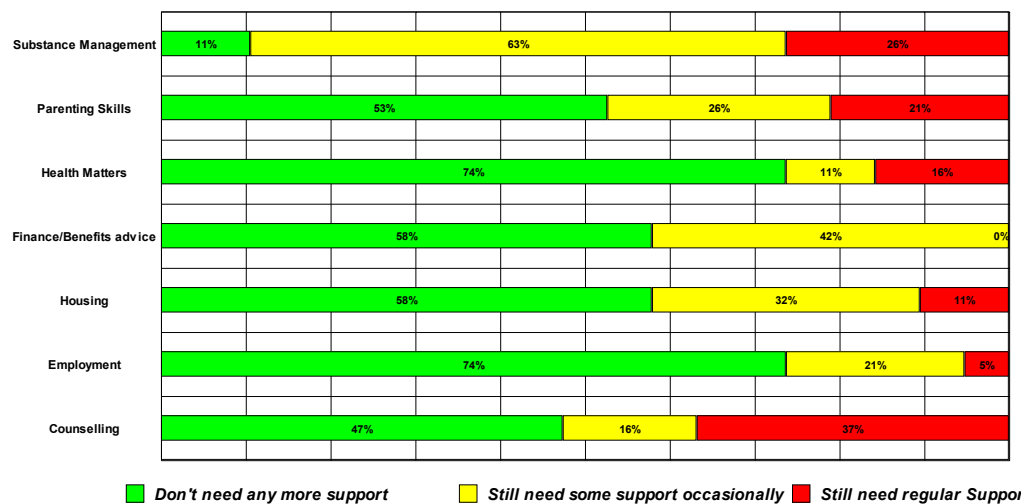
Areas and levels of further support required, as identified at conclusion of 6 week intervention



The most prominent area of need last year was “Counselling”, with nearly a half (46%) saying they still needed regular support. This has dropped to 23%. Housing issues are still an issue for around a quarter of all service users. Three quarters of all service users claimed to still need occasional or regular support with “Substance management”, despite the fact that most people (95%) felt that their own substance management had improved considerably (see previous chart).

2007

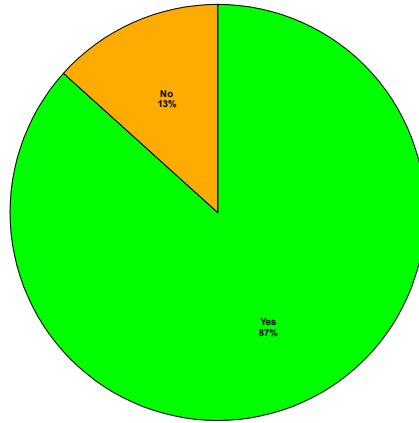
Areas and levels of further support required, as identified at conclusion of 6 week intervention



## Involvement with Other agencies

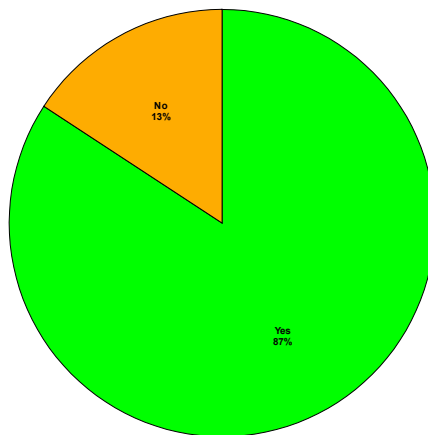
Most families were also receiving support or services from other agencies.  
2006

Are you now involved with any other agencies ?



2007

Are you now involved with any other agencies ?

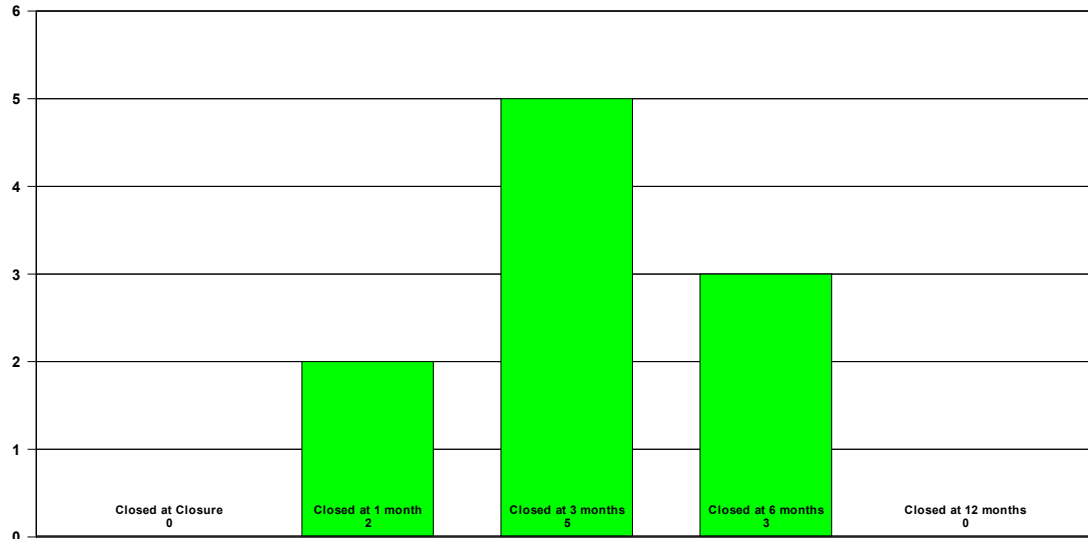


## Cases Closed to the Department

Ten cases were closed to the department. The data does not represent a full 12 months for each family, as they are at varying stages, depending on when they started.

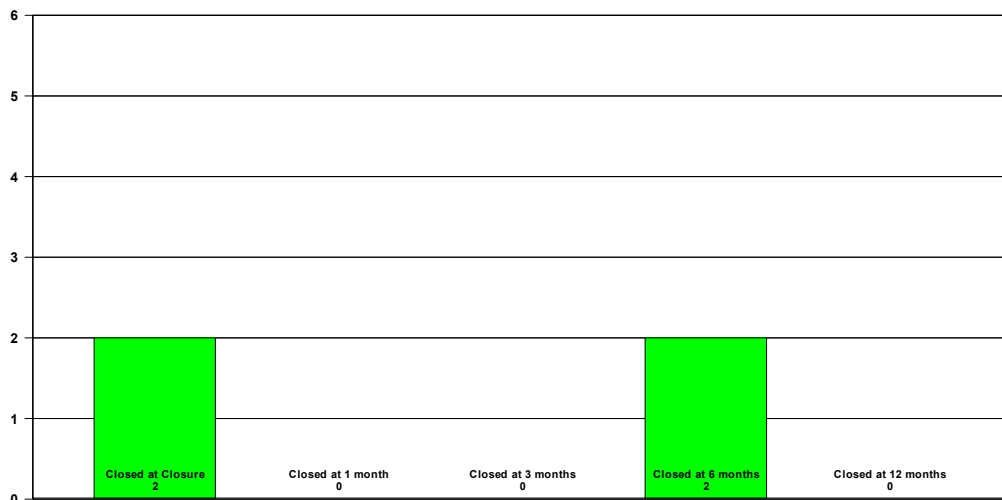
2006

Cases closed to the department at various stages following the DARRT intervention



2007

Cases closed to the department at various stages following the DARRT intervention



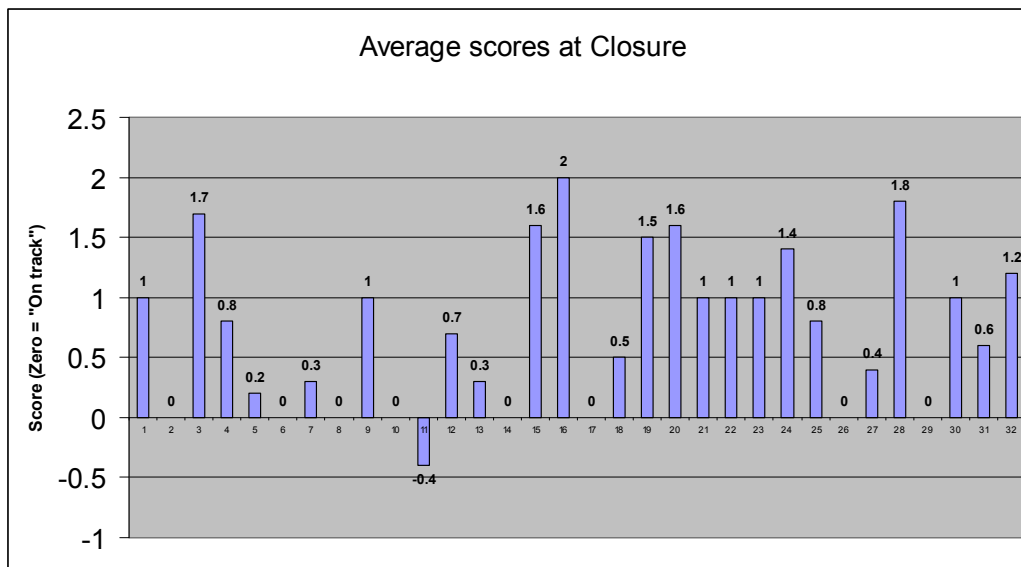
## Progress against goals

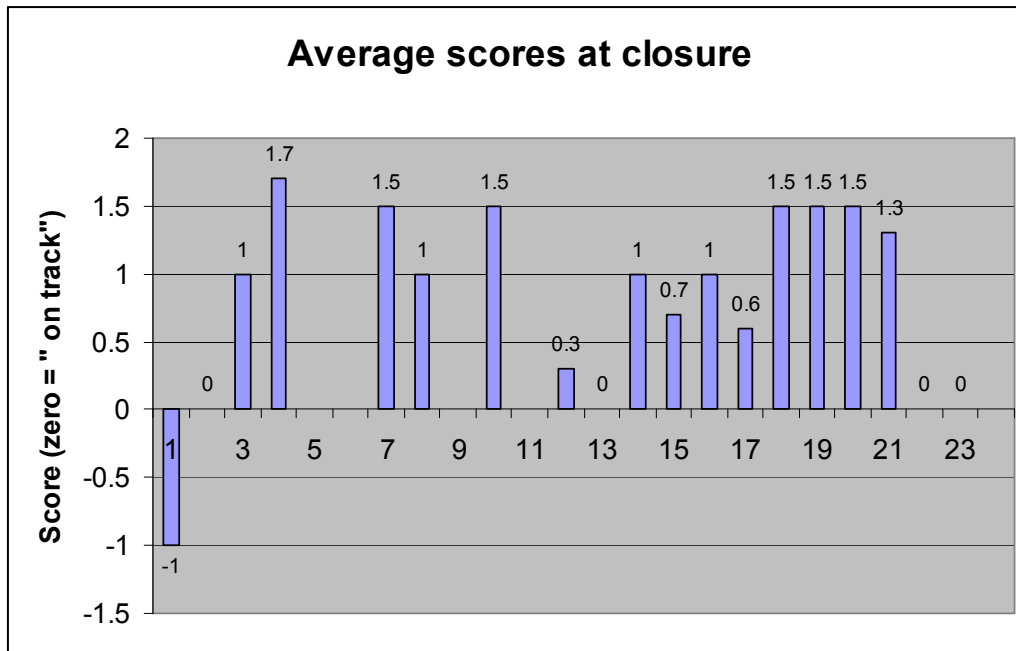
At the beginning of the intervention, a number of Social Worker and client goals are decided on and written into the contract document. Each goal identified at the contract meeting will need to be achieved in order to lessen the Child Protection concerns or the imminent risk of the children becoming accommodated by the local authority. At the closure stage, people's achievements against each of the goals are assessed on a scale as follows:

-2	-1	0	1	2
Situation has declined a lot. Worst case scenario	Not achieving goals or making progress. Slight Decline.	On track. Good progress made.	Better than expected	Massive progress made, over and above

For the purposes of evaluating the project, these scores are then averaged, to give one overall score as a level of achievement against all goals, for all individuals.

2006





As can be seen from the results, 31 out of 32 were either “On Track” or had achieved over and above their expected level of achievement. Only one person had an average negative score, which indicates that there would have been a decline in their progress surrounding one or more of their goals, though they were in fact on track with three out of 5 goals. .

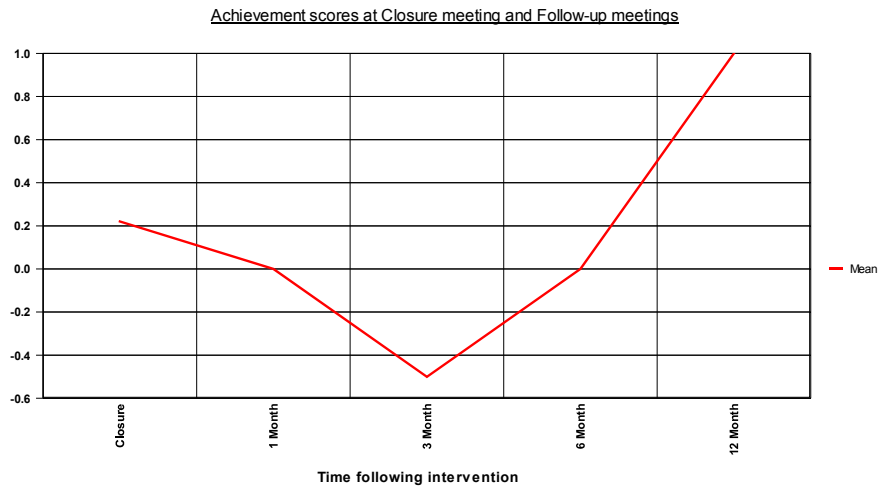
This method of “scoring” is also applied at the 1 month; 3 month, 6 month and 12 month follow up meetings.

The graphs below are based on the outcome scores of any closure and follow up meetings, which occurred during a specific year.

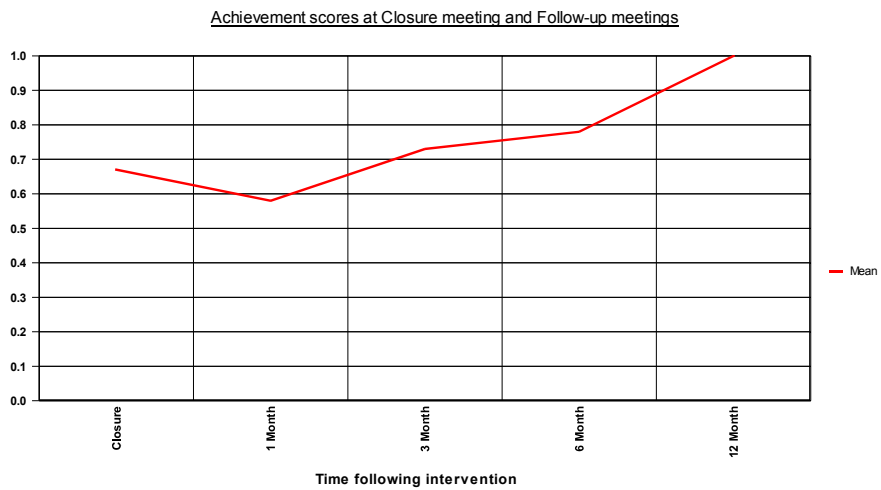
The scores represent all of the average scores over a 12-month period. A score of zero means that the person would be “on track”. A negative score indicates less than expected progress (or a decline) and a positive score indicates progress over and above their “target”.

The first graph relates to the first year of DARRT using this recording system.

It shows that at the closure stage people are, on average, making good progress over and above that which is decided to be “On Track”. At the one-month stage, the average appears to be that people are still “On track”, but the data shows that on average, people begin to decline and their progress slips around the 3-month point. In practice, many past service users had requested (and received) booster sessions around this period, and the 6 month follow up data shows that on average, people are back “On track” to meet their goals. By 12 months, most people are doing very well and have achieved things over and above their “target” with regard to their goals.



**2004/05 chart.**



**2005/06 chart**

**Further Statistics Gathered from the Progress Tracking form**

**2005-2006**

During this year the percentages of males worked with were 30.8% as compared to 69.2% of females

**Main Substance misuse**

Alcohol 73.5% Drugs 5.9% Both 20.6%

**History of substance use dates back**

- Less than 1 year 9.4%
- 1-4 years 31.3%
- 5-9 years 25.0%
- 10 years or more 34.4%

## **2006-2007**

During this year the percentages of males worked with were 38.2 % as compared to 61.8% of females

### **Main substance misuse**

Alcohol 56.7% Drugs 26.7% Both 16.7%

During this year we have also started to collect basic information on Domestic violence referrals. Of the females who received a DARRT intervention 50.0% had experienced no Domestic violence, 25.0% had experienced past issues and 25.0% experienced current domestic violence issues.

### **Case examples**

#### **Case A**

We received a referral requesting an intervention with a mature mum (Referred to as K) and her new born son, (three other children had been taken into Local Authority Care) the reason for the referral was that the Local Authority needed to assess her to see if she was capable of parenting her son, appropriately and independently.

K was admitted to a rehabilitation unit for stabilisation, at that time K had a script for 90mls methadone, and topping up with 2 bags of heroin, cocaine at times, and benzodiazepines – temazipam 60 mgs and diazepam 40mgs.

K wanted to make changes to her lifestyle and was concerned that her newborn son would be accommodated.

When I was first introduced to K she was placed in a private fostering home with her son away from her community. K had many restrictions placed on her in order to protect the baby.

The general consensus within the department was that K would fail, because of her long history of involvement with the service. People were sceptical about K changing, so she had an added pressure, as she had to prove a lot of people wrong, as well as proving to herself that she could make the changes.

K had a long history of substance misuse and started using heroin at the age of 17 years; her preferred drug was opiate based. When discussing her lifestyle, K went straight into injecting heroin, K admitted this was not usual, as to inject, the person has to have been using for a while. Since then heroin had played a significant part in K's life and because of the chaotic life she led when using drugs, her three other children were taken from her and placed in Local Authority Care.

K wanted to make changes and realised that her drug addiction had a negative impact on her and those close to her and that she needed to find her self-identity. She expressed unhappiness, loneliness and recognised that her drug addiction was no longer an accepted behaviour.

K and I worked intensively for 6 weeks, and during this period K spoke openly about losses she had sustained, especially those of her three children.

During our intervention we used various practical and therapeutic tools, and looked at building on strengths, setting goals, looking at alternative coping strategies. Even walking into town was a major task, as K felt uncomfortable about being amongst people, as K said, “ **People speak to you because you have a new baby, but when I smile they notice my rotten teeth and will noticeably back away.**”

K spoke about her fear of telephone boxes, when she was using, these were the places of contact for scoring, now they were a place of fear, K would sweat and become agitated when passing them, and she spoke of the feelings she experienced when she had to deal with these situations.

Although K had had a long history of substance misuse, K had spoken of a 4 year gap when she had been clean, this gave us the opportunity to work on the good things in life, how she was feeling and comparing to how things were now.

When K and I spoke of addiction she said “ **If you use daily you will be an addict in 3 months. At the start you get the buzz from using then you use to stop feeling sick. There is no buzz from there on.**”

K worked hard at maintaining her abstinence and knew that she had a long uphill struggle, she did have two lapses, but it was important that K did not feel as though she had failed, but it was a learning curve. K responded to DARRT because “ **they were the only people who believed in me.**”

K had a long uphill struggle, she knew it would not be easy and it was all down to her, we could support, encourage and give her new coping tools, but K knew that all the hard work had to come from her. She was prepared for the ups and downs and determined to keep her son and prove people wrong.

To date K is still maintaining her abstinence, now has her own flat with her son, and regular contact with her other children. Conwy Children and Families Service have decided not to pursue a full Care Order but a Supervision Order instead. K has regular contact with our Post Crisis Worker and knows that if she needs help then someone would be there for her.

### **Case B**

The department received a CID 16 referral from the police following a domestic violence incident; I will refer to them as A (male) and B (female). A and B have a history of substance misuse, with alcohol being the main substance of choice. Both parents appear to be in crisis due to the domestic violence incident, police involvement and subsequent Child Protection concerns.

#### Brief background history

A acknowledges that alcohol has played a major part in his adult life. He has stated that in the past he could start drinking early in the morning and continue through the day. This was a usual way of life for A and B and their friends. A has stated that he usually drank spirits and / or lager. Until now A has had a nomadic lifestyle moving from place to place. This has changed since he has met B and the birth of their son C. Following a period of

homelessness the family now hope to settle down and developing as a family in their new home.

#### Mutually agreed and Identified Goals

##### Social Worker Goals

- 1) No further domestic violence incidents
- 2) Moderation of substance use

##### A's Goals

- 1) Better communication between myself and B
- 2) To improve my confidence

#### Conclusion

Since the DARRT intervention, A and B have engaged well and have been open and honest. A has informed me that alcohol misuse has played a large part in his adult life but that the domestic violence incident with B has made him aware that he needs to make changes in his life and control his alcohol use.

A and B believe that moving to their new home will give them a good chance to move away from their previous lifestyle and start again. A has stated that he has not drunk at all in the house since the domestic violence incident. Both A and B now state that they talk more with each other and discuss issues.

The Family have been referred to a number of agencies who can help and support them in assessed areas of need such as, Drug and Alcohol Counselling service, benefits advice and the Genesis Project who will give help and support them with further education, confidence and self esteem courses.

A will also receive ongoing support from the DARRT Post Crisis Worker.

A has made a lot of progress in a short period of time and in regards to his stopping his drinking has done this himself without any professional support. During my visits to the family both parents have demonstrated there is a loving bond between them and C and C presents as a happy, well cared for child.

Currently B has started part time work while A acts as the main carer for C.

## **Case C**

I will refer to this client as T.

T has obsessive compulsive behaviours, had restarted using Amphetamines and her home had become subject to a Crack House Closure Order. The family were removed from their home and accommodated in homeless accommodation and a Child Protection Conference held. Due to this it was felt that T was in crisis and would benefit from a DARRT intervention.

During the intervention we looked at T's strengths and positive aspects, identified what her important values in life were, and looked at T's previous successful coping strategies and present coping strategies in regards to her amphetamine use. During our sessions we also discussed issues regarding relapse prevention to help T identify the high risks situations and possible triggers that might cause a temporary lapse or return to using again. As part of this process T has started accessing new activities to keep her busy and develop her self-esteem and confidence. She is also an active member of the DARRT Relapse Prevention Group, which is a small group of people who are currently or have received support from the DARRT team. The group looks at issues such as relapse prevention, problem solving, anger management, assertiveness, self-esteem and cognitive behaviour therapy.

## **Conclusion**

Currently T and the family are accommodated in homeless accommodation due to the Closure Order on the family home. T has also been served a Notice of Possession Order (Eviction) regarding her tenancy at the family home. T is in contact with Shelter Cymru and the Children's Commissioner of Wales regarding these issues. During the last few months T has also had a number of court visits associated with her substance misuse, shop-lifting and housing situation.

Despite everything that has happened T has managed to stop using amphetamines and remains substance free (T is subject to twice weekly testing as part of her Probation Order). T has also started accessing the parenting class "*Why Tigers eat their young*", provided by Patricia Campbell-Hughes and David Rowlands, Therapeutic Team, Children & Families Services. T currently continues to receive ongoing support from Andy Foulkes, DARRT Post Crisis worker. She also accesses the weekly DARRT gym group and the Relapse Prevention Group.

During the intervention and ongoing support T has remained positive, has engaged well and being open and honest regarding her situation. When the children have been present they have always looked happy and well cared for.

## **Family Feedback**

Parents Comment – *“The DARRT intervention has done me good and has prevented me from going downhill”.*

Social Worker Comment – *“The DARRT intervention over the six weeks has turned things around. A big plus is that the client is now spending quality time with his son.*

Children’s comments - *“We are proud of Mum and Dad, they have changed their lives. We now enjoy being with them and it feels much nicer at home, things are happy and easy going”*

Parent comments - *“We owe our lives to the DARRT team for believing in us. We are ashamed that we let drugs take over our lives completely and we couldn’t continue that way. The team helped us turn our lives around”.*

Parents comments - *“Have had excellent service.....I would like to thank everyone for their help, especially ‘Support Worker’ (top man) who went out of his way to help at times”.*