

Cowal Council on Alcohol & Drugs Business Plan – 2010/2013

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1. Preliminary Details

1.1. Contact Information

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1.2. Document Control

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0.2	Working Draft	14/09/2009
0.3	Board Draft	17/11/2009
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1.3. Details of Contributors

This document was prepared by the Co-ordinator with input from:

CCAD Board of Directors
 CCAD Staff & Volunteers
 Ballochyle House Involvement Group
 CCAD Membership
 CCAD Partners

1.4. Definitions & Glossary

ABADAT	Argyll & Bute Alcohol & Drugs Action Team
ABADAT LOG	The ABADAT Lead Officers Group
ABADP	Argyll & Bute Alcohol & Drugs Partnership
ACOSVO	Association of Chief Officers of Scottish Voluntary Organisations
AFS	Alcohol Focus Scotland
BIG	Ballochyle House Involvement Group
CCAD	Cowal Council on Alcohol & Drugs
CISS	Christo Inventory for Substance-misuse Services
COSCA	Confederation of Scottish Counselling Agencies: the professional body for counselling and psychotherapy in Scotland
DPoS	Designated Place of Safety
IIP	Investors in People: UK standard for staff development

NX	Needle Exchange
OCSR	Office of the Scottish Charity Regulator
P2W	Progress 2 Work
PDP	Personal Development Plan
PSP	Personal Support Plan
SDS	Scottish Drugs Forum
SMART	Self management and Recovery Training
SSSC	Scottish Social Services Council
STRADA	Scottish Training on Drugs and Alcohol
SVQ	Scottish Vocational Qualification

2. Executive Summary

To reduce the personal, familial, and social harms caused by problem drug and alcohol use in Cowal and to support clients in developing a more fulfilling life as an active and contributing member of society. To be recognised in Scotland as the leader within the voluntary sector for effective service delivery in rural towns.

Since its formation in 1972, CCAD has developed a range of services to fulfil this mission and has a firm financial basis with assets of £82,189 as at 31 March 2009. Its core services are Drug and Alcohol Counselling, Community Rehabilitation through motivational work and personal planning for clients, Supporting People providing one-to-one home and community based support, and progress2work to support clients in moving into employment. CCAD also offers clients a range of complementary services including Complementary Therapies, Arts & Crafts, a fitness programme in conjunction with the local gym and swimming centre, and a supported pathway into dental treatment. CCAD has a wealth of experience in the alcohol and drugs field which, coupled with the flexibility of a small voluntary sector organisation, results in an informed and dynamic approach to the support of our clients.

New national strategies regarding drugs and alcohol are making increased demands on outcomes rather than activity. This is being reflected by the development of the new Alcohol and Drug Partnerships (ADP) and their demands of local services through ADP strategies and local action plans. This requires a shift in the emphasis of some existing services, the creation of new services, and an improved level of engagement with clients.

CCAD remains committed to local operation with no ambitions to expand beyond its current operational area of Cowal with some services delivered in Bute. Historically, CCAD has provided services to adults but with an increased national focus on the impact alcohol and drug issues are having on children, young people, and families, we need to consider and develop services for new client groups, making use of partnerships where appropriate.

There is an increase in the levels of regulation across care services and CCAD needs to ensure that it conforms to national standards so that it can demonstrate its excellence through accreditation. A national focus on outcomes means that CCAD will have to develop new services to help clients, not only address immediate drug or alcohol issues, but also to move on to a more fulfilled lifestyle that contributes to the community in a way that is meaningful to the client.

This new strategy was developed based on an analysis of trends based on research evidence, national and regional strategies, and the input from clients, staff, volunteers, and members from the 2009 CCAD Planning Day. The emerging strategic themes are:

- Expand our client base
- Increase the range of services and interventions
- Increase focus on client personal development
- Improve the quality of services

The funding environment is changing with the recent recession likely to result in greater pressures of statutory sector funding. Trends in public sector contractual arrangements will require larger organisations to hold the prime contract, with agencies like CCAD competing for subcontracts. This will require increased vigilance by CCAD on emerging new tenders for statutory sector funding. CCAD also needs to be aware that, for the first time in its history, it may now be open to competition from larger agencies wanting to open new operations in Cowal. CCAD has competitive advantages that it needs to emphasise: local reputation and local knowledge, flexibility, well motivated and skilled staff and volunteers, and an ethos of continual improvement and development.

In recent years the turnover of CCAD has varied between £150k and £200k with the main funding streams being Argyll & Bute Council, the NHS, and the Department of Work & Pensions. While there was a period when CCAD was accumulating significant cash reserves, more recently we have been successful in ensuring that we are using funds to the benefit of clients with no compromise to efficiency. This was largely achieved through the addition of new complementary services. We are now in the position where income and expenditure are well matched and the overspend of 2009 has brought our reserves down to a more reasonable level.

INCOME	177,890
EXPENDITURE	
Direct Costs	<u>161,743</u>
Surplus/(Deficit) after direct costs	<u>16,147</u>
Support Costs	<u>71,667</u>
NET SURPLUS/(DEFICIT)	-55,520
Reserves brought forward	<u>54,457</u>
Reserves carried forward	<u>(1,063)</u>

This indicates a deficit of £1063 which is largely due to us not assuming that we will secure the renewal of the progress2work contract, and that we will have the ceiling for our Supporting People funding reduced. The budget will be revised to reflect decisions made on either of these contracts. The budget will also be revised on a quarterly basis to reflect operational development over the financial year.

CCAD can be justifiably proud of its achievements in developing its current range of services. However, the ongoing challenge of the increase in alcohol and drug problems within Scottish society, together with the new directions in service delivery suggested by research evidence and national policy, means that we should not be complacent. Furthermore, emerging constraints on funding and new trends in contractual arrangements mean that CCAD will have to increase its focus on value for money, demonstrating effectiveness through outcome measures.

CCAD has the staff, volunteers, and the will to face these challenges and succeed not only in maintaining current levels of service, but also to develop new services and improve the experience of our clients when engaging with Ballochyle House. This new strategy document provides a clear direction with a focus on improving client engagement within a service development framework that will enable us to deliver our stated mission.

3. Current Situation

3.1. Basic Company Information

Legal Status & Governance

CCAD is a Company Limited by Guarantee (SC286124) and is governed by its Memorandum and Articles of Association. CCAD has a voluntary membership and board of directors and is a charity registered with OSCR (SC021129). The Supporting People service delivered by CCAD is inspected and regulated by the Care Commission (CS2005097372). CCAD is also an Approved Supplier for Argyll & Bute Council, an Investor in People, has an association with Alcohol Focus Scotland, and is a member of COSCA.

Registered Office & Contact Details

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Dunoon PA23 7DP

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Area of Operation

Cowal & Bute.

Company Solicitors

Burness
242 George Street
Glasgow G2 4QY
Tel: 0141 248 4933
www.burness.co.uk

Staff & Volunteers

3 full time staff

- p2w Link Worker
- Community Rehabilitation Worker
- Co-ordinator

10 part time staff

- Lead Counsellor & Counselling Supervisor
- Office Administrator
- 7 Support Workers
- Office Cleaner

13 volunteers

- 11 Volunteer Counsellors
- 2 Volunteer Receptionists

2 Sessional Contractors

- Complementary Therapist
- Art & Crafts Facilitator

3.2. Mission, & Values

Mission

To reduce the personal, familial, and social harms caused by problem drug and alcohol use in Cowal and to support clients in developing a more fulfilling life as an active and contributing member of society. To be recognised in Scotland as the leader within the voluntary sector for effective service delivery in rural towns.

Values

We are a client-centred organisation and aim to uphold the dignity of clients, demonstrating our respect for them and their own plans for personal development.

We are committed to increasing the involvement of clients at all levels within the organisation and will provide the necessary support and encouragement.

We are inclusive of all potential clients and strive to remove barriers preventing anyone from gaining access to our services.

We value our staff and volunteers and aim to recruit and retain well motivated people and promote job satisfaction through professional development and training.

We are a community based organisation that values its own reputation and standing within the local community.

We aim to be cost-effective by delivering evidence-based therapies and effective practical and social interventions, using outcome measures to monitor performance.

3.3. Brief History

Cowal Council on Alcohol was formed in 1972 to provide a counselling service for people with alcohol problems. Over the following years more volunteer counsellors were recruited and trained to meet the needs of an increasing client base. The service diversified to include the provision of counselling for those with issues resulting from drug use, and changed its name to Cowal Council on Alcohol & Drugs (CCAD). In 1998 CCAD moved to Ballochyle House and in the 2000s went through a period of more rapid development, expanding its services, increasing its client base, and establishing strong working relationships with external agencies.

In the year 2000 a statutory sector Community Psychiatric Nurse (CPN) joined us at Ballochyle House. The CCAD Community Rehabilitation project began in 2001 and in 2002 we launched our Supporting People and progress2work services. The statutory sector team was further developed and by 2005 comprised two specialist CPNs for drugs and alcohol and a social worker. We ran a successful pilot project in 2005 offering complementary therapies and in 2006 we ran a successful dentist referral pilot both of which were subsequently adopted as permanent services.

These developments resulted in additional staff and volunteers as well as an increased level of partnership working and more comprehensive processes and procedures to ensure adherence to regulatory requirements. Statutory sector addictions services in Argyll and Bute were reorganised to form the Argyll & Bute Addictions Team (ABAT) and the nurses and social worker in Ballochyle House became the Cowal ABAT team. This team is still based at Ballochyle House and operates independently of CCAD with joint working through client mandates.

During 2007/2008 CCAD consolidated and integrated its four core projects: counselling, progress2work, supporting people, and community rehabilitation to establish common standards and practices across all services. We also established a service user involvement group – the Ballochyle House Involvement Group or BIG. Ideas from this group resulted in a number of new complementary services being piloted and established; regular auricular acupuncture clinics, an arts and crafts group, and a fitness project in collaboration with the local swimming pool and gym.

During 2009 CCAD increased its involvement in the Argyll & Bute Alcohol & Drugs Partnership and began planning the development of services in line with the new Scottish Government alcohol and drug strategies with an emphasis on supporting clients in moving on from problem drug and alcohol use. The current business plan reflects this new focus.

3.4. Company Organisation

See separate sheet

3.5. Infrastructure

The main material asset owned by CCAD is its premises, Ballochyle House. CCAD has been based in Ballochyle House for some years and took ownership of it in 2005. Ballochyle House provides office accommodation and consulting rooms for CCAD and the local ABAT. The internal layout of Ballochyle House is not ideal and a local architect has been commissioned to propose alternative layouts.

CCAD has an integrated computer system comprising five desktop computers and two laptop computers on an internal wireless network with broadband access to the internet. The wireless network allows us to offer networking and internet access to the ABAT. The CCAD service user involvement group (BIG) have an Apple Macintosh computer providing wireless Internet access for clients. CCAD purchased the Orion client appointment system which is used for all CCAD projects. Data backup is outsourced to an automated service operating over the internet.

Fixed Assets	Computer Hardware/ Software	Office Fixtures & Furnishings	Property	Total
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Cost

As at 31 March 2008	2,918	4,874	86,029	93,821
Added in year	1,772	0	0	1,772
Disposals in year	0	0	0	0
As at 31 March 2009	4,690	4,874	86,029	95,593

Depreciation

As at 31 March 2008	2,471	2,965	5,126	10,562
Charge for year	740	382	1,720	2,842
On disposal	0	0	0	0
As at 31 March 2009	3,211	3,347	6,846	13,404

Net Book Value

As at 31 March 2009	1,479	1,527	79,183	82,189
As at 31 March 2008	447	1,909	80,903	83,259

3.6. Services

All CCAD services are community-based and delivered free of charge and in accordance with our client-centred philosophy. Currently all CCAD services are only available to those who are aged 16 or older.

3.6.1. *Core Services*

Counselling

CCAD provides a one-to-one counselling service to anyone facing issues resulting from their own, or someone else's, drug or alcohol use. In addition to self-referral, we also take referrals from other professionals and agencies. Counselling is usually delivered in one hour weekly sessions by trained and experienced counsellors for a period that varies from person to person. CCAD counsellors are trained by Alcohol Focus Scotland (AFS) and counselling follows the AFS/COSCA practice guidelines to ensure a consistent and high quality service.

Community Rehabilitation

Community rehabilitation is a community based service aimed at helping clients who are wanting to move on from problematic alcohol or drug use. This service offers one-to-one planning and support for clients to help them define and achieve their goals. There is no set programme as everyone's current situation is different. This service also offers information and support to the family and friends of alcohol and drug users. Community rehabilitation also promotes drug and alcohol awareness within the local community through delivering presentations and training.

progress2work

The progress2work service is aimed at supporting those who have used drugs or alcohol in the past move into education, training, or employment. The service is delivered by a link worker who works closely with clients and other agencies to establish steps towards the client's educational, training, and employment goals.

Supporting People

Supporting People provides housing support services to those who have issues with alcohol or drug use. This can make the difference between people being able to stay in their own home or becoming homeless or having to go into care. The service supports clients in improving the quality of their life and facilitates greater independence. Support is focused on the needs of service users to provide what they need to live independently in the community.

3.6.2. *Complementary Services*

These service are available to those engaged in one of the core services including working with the statutory sector addictions team operating out of Ballochyle House.

Complementary Therapies

This comprises a range of treatments to aid stress management and promote relaxation. Treatments are delivered by qualified therapists to complement rather than

replace mainstream medicine and healthcare. Treatments include Reflexology, Aromatherapy, Indian Head Massage, Reiki, and Auricular Acupuncture.

Art & Crafts

This activity project is offered on a one-to-one basis or within regular weekly group sessions. It is also offered to parents or carers and their children to help promote a creative and positive relationship between the parent or carer and child.

Ballochyle House Riverside Fitness Project

This is an arrangement with the Riverside Swim and Health Centre to allow free access to all the facilities for our clients to encourage exercise and fitness.

Service User Involvement – Ballochyle House Involvement Group - BIG

This is the CCAD service user group which is encouraged to develop according to its own agenda with support from CCAD staff and funds. The aim is to increase the level of service user involvement in accordance with Arnstein's Ladder of Citizen Participation and to promote the development of peer-support networks.

Dental Referral Project

In partnership with the Hollies Dental Practice in Dunoon, we offer a referral service and a high level of support to encourage our clients to engage or re-engage with dental health services.

3.6.3. Partnership Working

The support of people dealing with drug or alcohol issues can demand a high level of integrated working. CCAD is committed to partnership working and strives to improve inter-agency communication and collaboration. Partnership working is always conducted within a client-centred approach with particular regard for client confidentiality. CCAD has robust child protection and vulnerable adult protection policies and procedures allowing exceptions to client confidentiality where necessary.

3.7. Core Competencies

The provision of information, counselling, support, and training in the field of problem alcohol and drug use.

An ability to respond rapidly to the needs of our clients and adapt to the changing requirements of our funding bodies as well as the changing standards in the field resulting from new research evidence, social trends, and revised international and national strategies.

4. External Environment

4.1. Funding Environment

CCAD has traditionally relied on funding from the statutory sector. This includes Argyll & Bute council, the NHS, and East Dunbartonshire council. For most projects CCAD has been awarded contracts with no real competitive tendering process. This could change as the statutory sector is looking to change their commissioning processes and put more services out to tender to fewer providers. Therefore CCAD should be aware that service requirements are changing and continued funding, even from the statutory sector for core services, cannot be assumed.

This changing environment is further exacerbated by the recent recession and resulting demands on public funds. It is certain that there will be significant cuts made to state funding at all levels and across all services. This will have an impact on the funds available for voluntary sector agencies including CCAD. The potential opportunity for us is to identify areas where we can offer to provide services outsourced by statutory sector at reduced costs. This will require a focus on the relevant strategic aims of funding bodies and demonstrate that we can help them achieve their target outcomes.

4.2. National Strategies

The Scottish Government published new strategies for drugs and alcohol, each described briefly below.

The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem

This outlines a shift in emphasis from treatment to “recovery” where recovery is defined as “a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society”. This new focus has largely been the result of an increasing dissatisfaction by the popular media and the Government with harm reduction and methadone maintenance programmes together with an emerging resurgence of the popularity of the 12-step abstinence-based approach to drug and alcohol issues.

The key priorities outlined in this new strategy are:

- better prevention of drug problems, with improved life chances for children and young people, especially those at particular risk of developing a drug problem, allowing them to realise their full potential in all areas of life;
- to see more people recover from problem drug use so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy;
- having communities that are safer and stronger places to live and work because crime, disorder and danger related to drug use have been reduced;

- ensuring that children affected by a parental drug problem are safer and more able to achieve their potential;
- supporting families affected by drug use; and
- improving the effectiveness of delivery at a national and local level.

The new focus on recovery and children and families has implications for CCAD. In addition to renewing our determination to deliver high quality therapeutic services to our clients, we should also expand our work to support clients in moving on from problem drug and alcohol use. For a number of clients our progress2work project is already very successful in supporting a move to education, training, and employment, but there remains a significant number of clients who are not ready to take advantage of this service. Expanding our services to offer more activity based projects could help address the needs of this group.

Another implication of this new policy might be that NHS clinic patients are strongly encouraged to move out of treatment but still be in need of psychosocial support. Our links with the NHS clinics could help us manage this situation with our clients.

Another key component of the recovery agenda is the concept of recovery networks. These are peer support networks of people with past drug or alcohol issues who still feel the need for ongoing mutual support to avoid relapse. The most well known examples of such groups are Alcoholics Anonymous (AA) and Narcotic Anonymous (NA). CCAD could explore ways in which we can link up with any local groups to more actively support clients who express a wish to get involved. CCAD also has its own small but active service user involvement group, Ballochyle House Involvement Group (BIG). This could be further developed to provide a launch-pad for both activity groups and a peer support group based on the SMART Recovery approach (www.smartrecovery.co.uk): Substance Misuse Self Management And Recovery Training.

The focus on children and families highlights a serious gap in our services; we currently provide very little support for children and families and a significant aspect of this new business plan is to address this gap.

Changing Scotland's Relationship with Alcohol: A Framework for Action

The new alcohol policy is concerned with the promotion of sensible drinking and the provision of early screening and brief interventions. There is a focus on education and advice for parents, carers, and young people with a resolve to determine how best to encourage and support young people in making responsible decisions around alcohol. This could include the support of an expanded range of activities for children and young people in the areas of sports, culture, and arts to support personal and physical development.

It is noted in the policy that children affected by parental drug and alcohol use are amongst the most vulnerable in society. This vulnerability begins with the risks to the unborn child from maternal alcohol consumption with the potential for foetal alcohol spectrum disorder, through potential abuse from adults with alcohol problems, to

developing their own problems with drugs or alcohol. The drive to address parental alcohol issues includes early screening and brief interventions.

CCAD could get more involved in providing information and training to improve local awareness and understanding of alcohol issues. This presents another opportunity for service user involvement through co-presenting training sessions.

CCAD should also look to improve the support of clients who are parents or carers, and women who are pregnant or planning to become pregnant. This could be achieved through specific groups, projects, and workers. CCAD could also look at innovative ways of working with other professionals already engaged with this group.

CCAD could also look at providing drug and alcohol services for those under sixteen through joint working with local youth and child services.

4.3. Territory & Client Base

CCAD is a local agency based in Dunoon serving the Cowal Peninsular with some services also delivered in Bute. CCAD has no aspirations to extend its coverage beyond this geography. However, there may be advantages in exploring partnership frameworks with other similar agencies. Possible advantages would include economies of scale for purchasing and operating overheads, and strength of bids when competing for funding.

CCAD's client base comprises those aged 16 or over who are experiencing difficulties resulting from either their own alcohol or drug use or the alcohol or drug use of another. CCAD provides services directly to clients as well as ensuring representation of clients with regard to local and national policy makers and to the local community.

Alcohol Statistics

Scotland's Chief Medical Officer begins the new Scottish Government strategy document on alcohol (Scottish Government, 2009) with the observation that alcohol misuse claims hundreds of lives in Scotland each year. Alcohol consumption has increased 19% since 1980 and the cost of alcohol misuse is estimated to be £2.25 billion every year. Alcohol misuse is a widespread problem, with up to a half of men and a third of women exceeding recommended weekly guidelines. Using population statistics from the General Register Office for Scotland (GROS, 2001) and data from the 2001 NHS Health and Well-being Survey (NHS Argyll & Clyde, 2001), there is an estimated total of 986 adults in Dunoon and its surrounding area who are potentially problematic drinkers.

Drug Statistics

Research shows that the use of illegal drugs is widespread in Scotland with at least a quarter of the population having ever tried an illegal drug, 8% having taken drugs in the last year, 4% in the last month, and around 2% considered problematic users. While problematic drug use has been concentrated in urban areas, there is an increasing body of research evidence that it has spread to rural areas where there has been a marked increase in recent years. According to the 2001 census Cowal had a population of 15,362 with most living in Dunoon and its immediate surrounding area.

Hay and Gannon (2006) estimate that within Argyll & Bute roughly 1% of the population within the age range of 15 to 64 years old are engaged in problematic drug use, so assuming that this proportion holds locally, there are 154 problem drug users in Dunoon.

Although the statistics used here are not recent and assumptions have been made, we may cautiously suggest that CCAD has a total potential client base of around one thousand people.

CCAD also provides services to the local community by promoting an improved understanding of drug and alcohol issues and supporting related initiatives within the community.

CCAD should expand its client base through targeting specific groups, for example women, parents/carers, families affected by drugs and alcohol, and significant others. CCAD should look at the provision of services for those under 16 years old in conjunction with other youth or child services.

4.4. Increasing regulation

CCAD is subject to an increase in regulation through national legislation, requirements of funding bodies, and our own will to improve services by conforming with recognised quality standards. Below is a table of current regulatory and standards bodies with which we currently work.

Organisation	Subject of regulation
Argyll & Bute Council Quality Assurance	Service quality
Care Commission	Service quality
Companies House	Legal company requirements
COSCA	Counselling standards
Disclosure Scotland	Vulnerable adult and child protection
Information Commissioners Office	Data protection
Investors in People	Personnel practices
National Quality Standards for drug and alcohol services	Service quality
Office of the Scottish Charity Regulator	Legal charity requirements
Peninsula	Personnel practices
Scottish Social Services Council	Service quality

4.5. Trends in practice

There is a continuing trend for a wider range of services being offered to problem drug and alcohol users. In urban settings this has resulted in a range of different agencies but for smaller rural locations like Dunoon, traditional counselling agencies have expanded their range of services. Similarly, agencies in non-urban locations have

developed to offer services to both alcohol and drug users with little distinction in service delivery between the two.

There has been a general trend in social services for joint working which recognises the wide range of clients' needs. This is particularly important in a rural town setting where services for those with drug and alcohol issues need to maximise effectiveness without duplication of service.

There is an increased political will to address alcohol problems within Scotland and new funding has been made available. This is currently focused on changing cultural attitudes to drinking and increasing awareness of the health risks and the association between alcohol and anti-social or criminal behaviour. This is likely to be implemented through education and training as well as public health campaigns.

The new national drug policy gives an emphasis on "recovery" rather than "harm reduction". This is an opportunity for service providers to increase their expectations of clients and review services to ensure that there is the motivational work, relapse prevention, and support networks in place to help clients in moving on.

Another significant trend is the increased concern over the plight of the children of parents or carers with drug or alcohol issues. This has resulted in an increased emphasis on child protection within drug and alcohol services which presents issues regarding client confidentiality. CCAD seeks to fulfil its child protection responsibilities with sensitivity to clients, and ensure that child protection procedures are robust and that all staff have received child protection training.

4.6. Partnership Working

Supporting our clients in addressing their needs requires a high level of partnership working by CCAD. More effective service delivery with our current adult client base requires us to improve our ability for effective joint working. This is also essential if we are to effectively target specific client groups and the needs of those under 16 years old.

4.7. Competitors

CCAD has operated for many years without any competition for funding. However, there are a number of national organisations that seem keen to expand their operations across the country. Being a semi-remote rural town, we are to some extent protected from this but should not be complacent. A significant factor in the competitive threat is the desire by some funding bodies (e.g. the Department for Work and Pensions for p2w funding) to reduce the number of contractors they have to do business with by selecting those with a greater geographic coverage. To address this threat, CCAD needs to keep abreast of new bidding arrangements when contracts are up for renewal and position itself as a desirable subcontractor. CCAD should also look seriously at creating closer ties with other agencies for joint bidding.

4.8. Competitive Advantage

Our main competitive advantages are:

- local profile and reputation;
- relationship with partner agencies;
- understanding of local issues;
- understanding of and engagement with ADP structures;
- knowledge of local facilities;
- understanding of local employment opportunities;
- understanding of local constraints;
- flexibility of service delivery;
- dedication of staff and volunteers;
- skills and experience of staff and volunteers;
- adoption of recognised standards across the agency; and,
- focus on outcome measures to monitor performance.

5. Strategy & Operating Plan

There are two main drivers to our current development: the shifts in national policy as reflected by the ADP strategy and our own aspirations as expressed by clients and staff at the CCAD Planning Day. The next two sections outline some of the main points of each and provide the framework for our new strategic and operational plan.

These are then mapped to our high level objectives which are then translated into an overall strategy with outcome measures specified as a means to judge our success over time. The final part of this section is the operational plan that implements this strategy with reference to the relevant detailed project plans.

5.1. Mapping National Strategies to CCAD Operations

Our strategy has to be considered against the backdrop of the relevant national strategies, the key points of which can be summarised as follows:

- Better prevention of drug and alcohol problems, with improved life chances for children and young people, especially those at particular risk of developing a drug or alcohol problem, allowing them to realise their full potential in all areas of life.
- To see more people resolve their problem drug or alcohol use so that they can live longer, healthier lives realising their potential and making a positive contribution to society.
- Reducing the personal, familial, and social harms caused by problem drug and alcohol use and related behaviours.
- Ensuring that children affected by a parental drug or alcohol problem are safe and able to achieve their potential.
- Supporting communities, families, and family members affected by drug and alcohol use.

From these we can compile a list of interventions and target client groups as follows:

Interventions

- Awareness/Education – posters, campaigns , leaflets, courses, workshops, websites
- Prevention – policing, regulation, enforcement
- Harm reduction – support work, clinics, needle exchange, information, medical care
- Psychosocial support – counselling, brief interventions, group-work, activity groups, personal development, support work, residential rehabilitation, relapse prevention
- Treatment – medical clinics, community detoxification, residential detoxification, relapse prevention
- Peer support networks – recovery networks, SMART groups, AA, NA, family working, activity groups

Client groups

- Children
- Parents
- Young adults / adolescents
- Adults
- Women
- Men
- Older people
- Dual Diagnosis
- Families
- Significant others

Consideration will need to be given for service delivery to all these potential client groups where they are also in ethnic groups or remote communities.

CCAD would not get involved in direct prevention initiatives, other than prevention through education and promoting or supporting alternative activities. Also CCAD would not get involved in the provision of medical treatments but would provide the psycho-social support for those in medical treatment.

If we consider each of these against the current interventions offered by CCAD it is apparent that our focus to date has been on *harm reduction*, and *psychosocial supports*, with occasional *awareness and education* training offered to professional partners. CCAD interventions have been offered largely to adults with no further differentiation of client group.

	Awareness & Education	Harm Reduction	Psycho-social Support	Peer support
Children				
Parents	Information			
Youth	Information			
Adults	Training	Information Training	Counselling Comm Rehab progress2work Support Work Arts & Crafts Dental Referral Riverside Comp Therapies	BIG
Women	Information			
Men				
Older People	Information			
Dual Diagnosis	Information		Joint working with mental health team	
Families	Information			
Significant Others			Counselling	

This matrix identifies potential gaps in our services which will be addressed in the strategic plan with consideration of the outcomes from the 2009 CCAD Planning Day.

5.2. Outcomes from the CCAD Planning Day

5.2.1. *Vision and Values*

Amended and refined as detailed in Section 3.2.

5.2.2. *User Involvement*

To ensure this becomes part of the culture of CCAD, we have embedded our commitment to user involvement in our value statements and the chairman of the board of directors has committed to take the lead on developing our user involvement strategy.

More specific suggestions include

- Amend our recruitment procedures to require a service user on the selection panel for staff and volunteers.
- Encourage and support service user involvement on the CCAD Board, the local Forum, and the A&B ADP.
- Improve communications between the various bodies and service users.
- Facilitate improvements to the effectiveness of service user involvement and thereby increase participation.
- Develop peer-support networks.
- Increase consultation with the service user group.

5.2.3. *Broaden Scope*

- Create a safe place or wet house – see Figure8 consultancy paper. This initiative was recognised as being ambitious and was deferred in favour of the Social Enterprise initiative for this current planning period.
- Foster closer links with existing community resources – compile and maintain a local directory of events, clubs, services, etc with named contacts who can support clients' engagement.
- Peer-support and/or befriending: facilitate the user group to create a mechanism for one-to-one befriending and a SMART group.
- Family work: offer services to families to help build social support for clients outside of CCAD.
- Facilitate clients in art work and creative writing to help them present their own interpretation of their past to the public and thereby make more sense of their own past and increase public understanding of the relevant issues.
- Self-worth: increase importance of this at an earlier stage.
- Religious and moral understanding: facilitate clients in exploring their values and those of society and different philosophical and religious traditions.
- Social Enterprise: create a social enterprise company that can employ clients and deliver services within the community.
- Emphasise the value of the experiences of clients and their strengths to help them discover their own path forward.

5.2.4. *Increase Client Base and Engagement*

- Structured promotion and advertising of services
- Make more use of telephone communication with clients rather than template letters.

- Ensure the client is told the name of their counsellor or worker before their first appointment.
- Offer to meet the client and accompany them to Ballochyle House.
- Ensure timely response to all referrals – set targets for response and for first appointment.
- Offer some level of telephone support to clients on waiting list
- Offer assessments at client's home
- Develop training for telephone contact/support
- Include a judgement of the immediate need of the client in assessment and prioritise allocations accordingly.
- Follow up on clients who have disengaged – process for unplanned and process for planned disengagements – agreed at initial assessment and confirmed on initial after-care communication.
- Client feedback on final disengagement
- Flexible opening hours – evenings and weekends
- Outreach services – establish need
- Remote services – telephone & Internet
- Childcare for service users – partnership working
- Assistance with travel to Ballochyle House

These ideas and comments have been used to inform the strategy.

5.3. Objectives

To reduce the personal, familial, and social harms caused by problem drug and alcohol use in Cowal and to support clients in developing a more fulfilling life as an active and contributing member of society. To be recognised in Scotland as the leader within the voluntary sector for effective service delivery in rural towns.

To fulfil this mission we need to:

- expand our client base;
- increase the range of services and interventions;
- increase focus on client personal development;
- improve the quality of services; and,
- ensure our continued operation.

Each of these is considered below and mapped to new initiatives drawn from the outcomes of the 2009 CCAD Planning Day and operational improvements to current services with reference to national strategies.

5.4. Business Strategy

Our strategy can be defined in terms of the planned initiatives grouped under each objective as follows:

Expand our client base

1. Develop plan to advertise and promote CCAD.
2. Develop a remote counselling service.

Increase the range of services and interventions

1. Facilitate SMART peer-support group
2. Create a Social Enterprise service company to employ clients
3. Organise leaflets and expand range of information
4. Develop a training/education programme for a range of target audiences – train clients to co-deliver training
5. Create active links with AA/NA/Level-C
6. Create a women's group
7. Develop a counselling service for children and young people
8. Promote and develop parent/child art sessions
9. Offer a satellite needle exchange (NX) service out of Ballochyle House
10. Fund, train and offer a family supporting people service
11. Create client discussion groups with outside speakers
12. Offer more Steps to Excellence courses

Increase focus on client personal development

1. Train staff/volunteers in the use of Personal Development Plans (PDP), the Personal Support Plan (PSP), and the Christo Inventory for Substance-misuse Services (CISS), motivational working, and relapse prevention.
2. Develop procedures to monitor progress against PDPs and PSPs.

Improve the quality of services

1. Further develop user involvement within CCAD and external forums
2. Develop procedures for more personal communication with clients on referral, during engagement, and after disengagement.
3. Continue the development of services to recognised standards
4. Support staff in gaining recognised qualifications and accreditation
5. Refurbish Ballochyle House to accommodate a wider range of projects
6. Explore barriers to engagement – travel, childcare, open hours, etc

Ensure our continued operation

1. Build on existing partnerships and establish new partnerships
2. Standardise performance measurement
3. Diversify funding sources

Proposed new interventions are shown in red in the matrix below.

	Awareness & Education	Harm Reduction	Psycho-social Support	Peer support
Children	Education		Counselling Parent/child art	
Parents	Information		Counselling Parent/child art Parent Support	
Youth	Information Training		Counselling	
Adults	Training	Information Training NX	Counselling Comm Rehab progress2work Support Work Arts & Crafts Dental Referral Riverside Comp Therapies Remote Cnslng Intro to local grps Social Enterprise Co-deliver training Steps to Excellence	BIG SMART Grp AA/NA-links C-Level links Discussion grps BBV/Hep C grp
Women	Information Training			Women's Grp
Men				
Older People	Information			
Dual Diagnosis	Information		Joint working with mental health team	
Families	Information		Family Support	
Significant Others	Information		Counselling	

There are clearly some client-group/intervention combinations that remain unaddressed. However, with limited resources we have to prioritise potential new interventions. The focus has been on expanding existing services to target new client groups, promoting the establishment of recovery networks, and we have included one large new project with the potential to make a significant impact on our client group.

5.5. Operating Plan

This section provides a list of activities, projects, and initiatives to support the strategic plan. This includes reference to the detailed project plans that provide timescales, costs, and the steps to deliver each new activity.

5.5.1. *Expand Our Client Base*

Advertise and promote CCAD

Lead: Giles Wheatley

Funding: Core funding

Description: Our operating area is Cowal with some services delivered in Bute. Therefore the focus of advertising to the general public will be within these areas. CCAD also needs to effectively promote itself within Argyll & Bute and across Scotland.

Plan Title: P1 Advertise

Remote Counselling Service

Lead: Gordon McMillan

Funding: Pilot funding of £3,500

Description: This will provide regular telephone counselling and Internet support, for those within Cowal but remote from Ballochyle House. The aim would be for the client to come and meet their counsellor once every month or so at Ballochyle House but receive regular weekly telephone counselling at pre-arranged times. Internet support could be made available through our website or by email.

Plan Title: P2 Remote

5.5.2. *Improve the range of services*

Facilitate SMART peer-support group

Lead: Gordon McMillan

Funding: From Community Rehab Alcohol funding – £17,211 pa for two years

Description: The aim is to create a self-sustaining SMART Recovery group (see <http://www.smartrecovery.co.uk>). This will require initial facilitation and training and is likely to need subsequent periodic input to ensure its continued operation.

Plan Title: P3 SMART

Create a Social Enterprise service company to employ clients

Lead: Sharon Goodall

Funding: None

Description: Sharon and Giles have been working on an idea to create a Social Enterprise that offers commercial services within the area and provides employment to clients who, although either ready or nearly ready for full-time employment, would benefit from working for a sympathetic employer as an interim step. A bid for funding was made at the ABSSEN “Dragon’s Den” event. This bid was not successful but we were approached by a representative from the funding body who suggested that we submit a funding application.

Plan Title: P4 Social Enterprise

Organise and expand our information leaflets

Lead: Barbara Smith
 Funding: Core Funding
 Description: The aim is to ensure that we have a wide selection of information leaflets and other materials organised so that we can readily identify and retrieve the right information leaflets for the client.
 Plan Title: P5 Information

Develop a training/education programme for a range of target audiences

Lead: Giles Wheatley
 Funding: Course fees / Core Com Rehab funding
 Description: CCAD has from time to time provided training courses to groups ranging from primary school-children to professionals. We have not charged for the delivery of such courses and neither have we marketed this service. This aim of this project is to develop the material and train facilitators to offer a range of courses both on a commercial and voluntary basis and actively promote them.
 Plan Title: P6 Training

Create active links with AA/NA/C-Level/etc

Lead: Patrick Neary
 Funding: Core Com Rehab funding
 Description: The aim is to establish links with local, regional, and national peer-support groups to help clients engage with them. For example, currently we will provide details of local AA meeting when requested. It might be beneficial to offer an introduction to an AA Sponsor who will support the client in their initial engagement with the group.
 Plan Title: P7 Support Networks

Create a women's group

Lead: Giles Wheatley
 Funding: Pilot project funding of £3,000
 Description: Women's peer-support group, facilitated discussions, group therapy, etc
 Plan Title: P8 Women

Develop a counselling service for children and youths

Lead: Gordon McMillan
 Funding: Pilot project funding of £3,126
 Description: Additional training for counsellors to provide a one-to-one counselling service to children and young people with either parental or their own drug or alcohol issues. The aim would be to offer this service within the schools, youth centre, and other locations which cater for children and young people.
 Plan Title: P9 Youth

Promote and develop parent(carer)/child art sessions

Lead: Giles Wheatley
 Funding: From Arts & Crafts budget of £3,231
 Description: To enable parents and their children to develop their relationship

through art and crafts. This project has been available for some time and the art therapist has the appropriate Disclosures. However, there has been no real drive to promote this project and it has yet to be used.

Plan Title: P10 Parent Child Art

Offer a satellite needle exchange from Ballochyle House

Lead: Patrick Neary

Funding: Pilot project funding of £1,600

Description: There is an NHS harm-reduction clinic at Dunoon hospital for a few hours once a fortnight. There is also a needle exchange offered out of the Co-operative Pharmacy but only during restricted hours at the end of the working day. There is therefore a need to improve the availability of needle exchange services. CCAD already has a working relationship with the harm-reduction nurse at Dunoon hospital and we could augment her clinic by offering a packaged needle-exchange during CCAD opening hours and encourage clients to engage with the harm-reduction clinic.

Plan Title: P11 NX

Family support workers

Lead: Giles Wheatley

Funding: Specific training fund of £1,452

Description: Within Dunoon there is no family support service for families with parental drug or alcohol issues. The CCAD supporting people contact is a service for adults and working with a parent and child is not within the current remit. However, we have clients with school-age children and it would be beneficial to be able to offer them family support particularly during school holidays.

Plan Title: P12 Family SP

Client discussion groups

Lead: Giles Wheatley

Funding: From User Involvement Funding of £1,595

Description: This would be an adjunct to the BIG and with the aim of encouraging clients to explore their own values and view of the world. There would be an agreed list of topics with an outside speaker, video, reading, or film to present an idea or issue for discussion. This would be an evening activity with voluntary participation by staff, volunteers, and partner organisation workers.

Plan Title: P13 BIG Discussion

Steps to Excellence

Lead: Sharon Goodall

Funding: Allocated £5,381

Description: Two courses to be offered in the coming months to selected clients

Plan Title: P24 Steps

*5.5.3. Increase focus on client personal development*Support Recovery through MI, Relapse Prevention, and Planning

Lead: Giles Wheatley
 Funding: Training funding from relevant project budgets
 Description: The new focus on “recovery” can be reflected in a renewed application of motivational working, relapse prevention and use of the Personal Development Plans, Personal Support Plans, and the Christo. The aim of this initiative is to achieve that focus.
 Plan Title: P14 Recovery

*5.5.4. Improve the quality of services*Further develop service user involvement

Lead: Patrick Neary
 Funding: From User Involvement Funding of £1,595
 Description: This is a key development for CCAD which has made a commitment to establish service user involvement as a fundamental component of its operation.
 Plan Title: P15 SUI

Develop procedures for more personal communications with clients

Lead: Gordon McMillan
 Funding: Core counselling funding
 Description: Communications with clients, particularly with counselling, has been reactive, somewhat formal, and impersonal using standard procedures and letters. There is an identified advantage in attempting to engage with clients in a more personal manner making more use of telephone and mobile telephone text messages. This will require developing procedures and practices for communications on referral, during engagement, and after disengagement. It will also involve writing guidance notes and some level of training.
 Plan Title: P16 Client Communication

Continue the development of services to recognised standards

Lead: Giles Wheatley
 Funding: Core CCAD funding and relevant training budgets
 Description: This is an ongoing effort to ensure that we maintain current accreditations (e.g. IIP) and secure new accreditations (e.g. COSCA, SSSC).
 Plan Title: P17 Standards

Support staff in gaining recognised qualifications and accreditation

Lead: Giles Wheatley
 Funding: Relevant training budgets
 Description: Identify appropriate training and accreditation for all staff and volunteers and support professional development.
 Plan Title: P18 Accreditation

Refurbish Ballochyle House to accommodate a wider range of services

Lead: Giles Wheatley
 Funding: Fund for architect consultancy of £3,600
 Description: Ballochyle House refurbishment to improve suitability for services and activities.
 Plan Title: P19 Refurbishment

Explore barriers to engagement

Lead: Gordon McMillan
 Funding: Core counselling funding
 Description: Identify any barriers to engagement with CCAD services, e.g. childcare needs, travel need, opening hours, misunderstanding of our services.
 Plan Title: P20 Barriers

*5.5.5. Ensure Our Continued Operation*Build on existing partnerships and establish new partnerships

Lead: Patrick Neary
 Funding: Core Com Rehab D funding
 Description: Partnership working is an essential element of our work. We have good relationships with many local partners but could formalise this to promote effective partnership working. This could involve maintaining a list of partnership organisations with contact details; encouraging organisational membership of CCAD; allocating responsibility for partners to specific staff members; scheduled periodic meetings or communications.
 Plan Title: P21 Partners

Standardise performance measurement

Lead: Giles Wheatley
 Funding: Core CCAD funding
 Description: Standardise on Christo (a standardised outcome measurement tool for problem alcohol and drug users) across all projects. Standardise activity reports across projects where appropriate.
 Plan Title: P22 Measurement

Diversify funding sources

Lead: Giles Wheatley
 Funding: Core CCAD funding
 Description: Reduce total A&B/NHS funding to less than 50% of total funding
 Plan Title: P23 Funding

6. Financial Analysis

6.1. Financial History & Current Funding Status

All figures are in pounds sterling

	2009	2008	2007	2006	2005	2004
Income	185,388	201,684	167,478	158,422	151,966	173,835
Expenditure	202,867	177,814	154,668	164,022	135,777	127,216
Surplus	(17,479)	23,870	12,810	(5,600)	16,189	46,618
Net Assets	108,962	126,441	102,571	89,761	95,361	79,172

Income Streams by Project

Project	2009	%	2008	%	2007	%
Community Rehab	38,536	20.78	38,536	19.11	37,596	22.45
Counselling	28,454	15.35	28,454	14.11	28,166	16.82
progress2work	38,116	20.56	40,555	20.11	28,236	16.86
Supporting People	60,505	32.64	57,021	28.27	56,235	33.58
Others	19,777	10.67	37,118	18.40	17,245	10.30
Total	185,388		201,684		167,478	

Income Streams by Source

Source	2009	%	2008	%	2007	%
A&B Council	113,483	61.21	110,384	54.73	121,997	72.84
NHS	27,240	14.69	43,591	21.61	10,498	6.27
DWP	38,116	20.56	40,555	20.11	28,236	16.86
Others	6,549	3.53	7,154	3.55	6,747	4.03
Total	185,388		201,684		167,478	

6.2. Forecast and Budget

	Original Budget for Year
INCOME	
Grants	172,390
Other	5,500
	177,890
EXPENDITURE	
Direct Costs	
Office costs	3,545
Resources	898
Personnel costs	104,923
Training	16,220
Fees	10,270
Reserve	22,305
Miscellaneous	3,582
	<u>161,743</u>
Surplus/(Deficit) after direct costs	16,147
Support Costs	
Accommodation	10,122
Office costs	9,549
Personnel costs	43,882
Training	150
Fees	7,963
	<u>71,667</u>
NET SURPLUS/(DEFICIT)	-55,520
Reserves brought forward	54,457
Reserves carried forward	<u>(1,063)</u>

7. Risk Analysis

7.1. SWOT – Strength, Weaknesses, Opportunities, and Threats

Strengths

Only drug and alcohol voluntary agency in the area.
 Many years of experience in the field
 Good local reputation
 Quality of staff and volunteers
 Ability to accommodate new ideas and implement new services in a rapid timeframe.
 Ownership of premises

Weaknesses

Reliance on external funding
 Too few funding streams

Opportunities

Align services more closely with the current priorities of funding bodies to secure additional funding streams.
 Widen services to include potential income generating activities

Threats

Funding withdrawn or reduced
 Competitors
 Increased regulation
 Increased training requirements

7.2. Specific Risks and Their Solutions

Risk	Solution
Core funding reduced or withdrawn	Diversify funding sources
Supporting People contract reduced or withdrawn	Diversify funding sources
Lose progress2work contract	Keep informed of developments in contractual arrangements and proactively pursue a role. Develop Social Enterprise.
Key personnel leave CCAD	Ensure that there are procedures in place for efficient handover.
Ballochyle House destroyed by fire	Regular reviews of fire policy and insurances. Maintain outsourced data backup service.
Operations closed by regulators	Ensure review and action of each regulatory report; prompt response to information or documentation requests by regulators.

8. Conclusion

CCAD can be justifiably proud of its achievements in developing its current range of services. However, the ongoing challenge of the increase in alcohol and drug problems within Scottish society, together with the new directions in service delivery suggested by research evidence and national policy, means that we should not be complacent. Furthermore, emerging constraints on funding and new trends in contractual arrangements mean that CCAD will have to increase its focus on value for money, demonstrating effectiveness through outcome measures.

CCAD has the staff, volunteers, and the will to face these challenges and succeed, not only in maintaining current levels of service, but also to develop new services and improve the experience of our clients when engaging with Ballochyle House. This new strategy document provides a clear direction with a focus on improving client engagement within a service development framework that will enable us to deliver our stated mission.

9. Biographies of Management Team

9.1. The Board of Directors

CCAD has a membership open to all adults with an interest in drug and alcohol issues within the Cowal and Bute. Each potential new member needs to be proposed and seconded by existing members and approved by the CCAD Board. Members can attend general meetings including the annual general meeting and have a vote for any resolution and the election of board directors. The current board comprises:

Kirsten Amis

Kirsten joined the CCAD board of directors in March 2007. She is also on the CCAD Counselling Standards Committee which supports trainee counsellors in the Alcohol Focus Scotland accreditation process and ensures ethical practice according to guidelines set by COSCA, the professional body for Counselling & Psychotherapy in Scotland. Kirsten is a lecturer in counselling at Anniesland College in Glasgow with research interests in counselling education & training, and client dependency issues. She has twenty years of counselling experience in the NHS as well as voluntary and private practice environments which includes experience with addictive behaviours. Kirsten is a member of the Scottish Qualifications Authority Counselling Consortium and the Scottish Qualifications Authority Writers Group. She is also a fully trained psychiatric nurse.

David Bell

David is a part-time Consultant in Public Health Medicine with Highland Health Board (which includes Argyll & Bute), with a remit covering homelessness; and problem drug and alcohol use. He is Chair, or Director, of a number of Limited Companies. He has been associated with CCAD for many years, originally as a Member of the Voluntary Management Committee, before incorporation, and was Chair of the Board for two years until his geographically extended NHS role made that impossible, in 2007. Besides his professional qualifications, he has university qualifications in management and addictions.

Tom Boyle

Tom joined CCAD Board of Directors in 2008/9. Tom works as part of a specialist Behaviour Support Team for a large voluntary sector organisation and works across Scotland. He has worked in the voluntary sector for the past 20 years initially working with children before moving onto care in the community with a mental health charity and managing a homeless hostel for young people in Glasgow. Tom then became a senior Manager for a large community care service provider. Previous voluntary work has included befriending a young man with challenging behaviours and being a director with the homeless charity Emmaus. Tom is a sexuality trainer and is currently studying a Post graduate Course through St. Andrew's University. He lives in the Dunoon area and has two children of school age.

Ailsa Close – Treasurer

Ailsa Close is a qualified chartered accountant. After completing her accountancy training in 1990, she started work with Strathclyde Community Business after being interviewed by a man wearing sandals and a pig brooch, who was clearly not an accountant. Thus began a career in the quirky and interesting world of social

economy. She went on to become Company Secretary at Community Enterprise in Strathclyde, an economic development agency specifically working with organisations in the third sector. In 2003 she moved to Dunoon and set up her own accountancy practice. She is involved in both a voluntary and professional capacity with a number of charitable and social enterprises in Argyll and Glasgow.

Sharyn Findlay

Sharyn joined the CCAD Board of Directors in February 2010. Sharyn has used the services at Ballochyle House for many years and has first-hand experience of addressing her own drug/alcohol issues. Sharyn's experiences gives her invaluable insight into services which will inform the board in its decisions. Sharyn has been an active member of the Ballochyle House Involvement Group since its inception and was selected by the group to represent them on the Board.

Chris Goan

Chris joined the board of directors in 2007. Chris is a mental health manager working for Argyll and Bute Council's Social Work department. In this capacity he manages specialist mental health staff in Cowal, Bute, Helensburgh and Lomond. Chris is also a practicing Mental Health Officer. In the past, Chris has also managed learning difficulties and addictions workers. Chris also has a background in therapeutic work previously working as a therapist in GP surgeries. Chris lives in Dunoon, and has two school age children. In his spare time he is active with a local arts group and writes books and articles on the theme of spirituality.

Anne Mundie

Anne joined the CCAD Board of Directors in early 2010. She is presently the Chair of the Cowal Alcohol and Drug Forum and also a member of the Board at Rape Crisis. Now retired, she was Lead Nurse and Manager of Drug services, Needle Exchange services, and Clinical Nurse specialist for Blood Borne Viruses in the Lomond area of the NHS. Prior to that she worked in a variety of addiction settings, both in the voluntary and statutory sectors. She has worked in Acute Psychiatry specialising in eating disorders and also spent time working in Psychotherapy services. Originally from the North of England, she moved to Cowal in 1975 and her children were educated at local schools. Anne is a Registered Mental Nurse and has qualifications in group work, counselling, eating disorders, training, HIV counselling, and a post graduate qualification in Addictions.

Joe Rhodes

Joe Rhodes joined the Board in December 2008. He retired from his post as Head Teacher of Dunoon Grammar School in 2008, following 28 years in that post. His degree from Glasgow University is in Modern and Economic History, and following teacher training in Glasgow, he was appointed as Teacher of History in Kilmarnock Academy. Thereafter, he became Principal Teacher in Auchenharvie Academy in Stevenson, and Assistant Head Teacher in Garnock Academy in Kilbirnie. He moved to Argyll to become Depute Head in Oban High School, and thereafter moved to Dunoon. Interests include gardening, choral singing, and recently the piano and fiddle - instruments which should have been learned in childhood.

Neville Sharp

Neville joined the CCAD Board of Directors in February 2010. Neville has addressed past drug/alcohol issues and taken on increasing levels of responsibility for his daughter - Neville's daughter has been a significant factor in his recovery. Neville has been a member of the Ballochyle House Involvement Group for some time and has played an active role at meetings, using his own experiences to the benefit of the group. Neville was selected by the group to represent them on the Board. As a parent and service user, Neville has an understanding of the challenges faced by many CCAD clients and insight into the way in which services can best be delivered to the benefit of others.

Ron Simon – Chair

Ron joined the board in December 2008, Having a commercial management background in the catering, retail and services sector throughout the UK with Granada Group and the Catering Guild. Ron's experience includes project management of new sites as well as day to day operational management and financial and budgetary responsibility on a large scale. Ron started his own retail and internet business in 2001 which he sold in August 2007 having been elected as a Councillor to Argyll and Bute Council earlier that year. Ron is also a Director of Argyll, Lomond and the Isles Energy Agency and is a Board Member of Loch Lomond and the Trossachs National Park Authority.

David Small

David joined the Board of CCAD in December 2008. After National Service in Sudan and the Middle East he worked with Metropolitan Vickers for 18 months before joining the Ministry of Defence in Bath, then on to Rosyth, Singapore and London, David transferred to the Foreign Office in 1961, retiring 30 years later after service in a variety of overseas missions, latterly as Deputy Ambassador in Copenhagen before taking up the twin posts of British High Commissioner to Guyana and Ambassador to Suriname. Voluntary activities included a spell as Earl Haig Fund representative dispensing financial relief to ex-service personnel. David is currently administering a local child and vulnerable adult protection scheme.

9.2. Operational Management

Co-ordinator - Giles Wheatley

Giles has been involved with CCAD since 2003 when he volunteered to train as an alcohol and drug counsellor and received AFS accreditation in 2006. In 2004 he began full time work with CCAD on the Community Rehabilitation project and was appointed to his current role as CCAD Co-ordinator in October 2006. Giles' background is in information technology, management consultancy, and business management. He worked for many years as a consultant with PWC before moving to Scotland to work in a management role for a software company. He then worked for two years running his own company before moving into the drugs and alcohol field. Giles completed an MSc in Forensic Psychology in 2008 and, more recently a Post-Graduate Certificate in Addiction Studies.

Lead Counsellor & Counselling Supervisor - Gordon McMillan

Gordon trained as an alcohol and drug counsellor in 2001 and practiced his counselling with Inverclyde counselling Services in a voluntary capacity until 2004. In 2003 Gordon joined Greater Easterhouse Alcohol Awareness Project (GEAAP) where he was employed as a full time alcohol counsellor until 2009. Whilst with GEAAP, Gordon achieved COSCA accreditation in counselling skills through Glasgow Council on Alcohol in 2005, and also completed counselling supervision training with Alcohol Focus Scotland in the same year. Gordon is now looking at studying for the HND in counselling at Jordanhill College. Although Gordon's remit at CCAD is lead counsellor and practice supervisor, he is eager to develop the role in the future to help develop services. Gordon has been trained to facilitate the SMART recovery model which he plans to apply in support of a client peer-support group at CCAD.