



Evaluation Report of the Harlow Alcohol Pilot by Westminster Drug Project.

Introduction:

Essex Drug & Alcohol Action Team were invited to submit a proposal for funding of up to £20,000 to help support the implementation of an Alcohol Strategy in the town of Harlow, Essex.

ERPHO had supplied Government Office East of England data that identified Harlow as facing particular challenges in relation to alcohol related violent crime and disorder and as such the partnership had been asked to deliver a pilot project to address these issues.

A series of meetings took place in order to progress this pilot in partnership with EDAAT, Essex Police, Harlow Safer Partnerships and WDP Essex Drug Intervention Programme. It was proposed that the funding provided for this project be utilised over a three month period. The intention was to target ten individuals in the Harlow town centre area who were committing violent crime, nuisance and disorder, who were alcohol dependant.

The Harlow Alcohol pilot was designed to operate in the following way; Essex Police would identify ten individuals who were active within the town centre linked to violence, disorder and antisocial behaviours due to their alcohol addictions. The ten individuals were profiled by the police, their offending, recent arrest patterns, and any other intelligence which indicated behaviours linked to their alcohol use would influence this part of the planning.

WDP Essex DIP assisted with this process by collating the following information:

- Current or previous treatment episodes.
- Housing and other social issues.
- Including family structures, child responsibilities.
- Financial position.
- If they were in receipt of benefits, on certain dates, which could impact on increased alcohol use.
- The areas where they bought alcohol and then used in a public setting or residential setting.
- The links between the ten individuals were also mapped as part of this profiling process, in order to identify co dependence.
- Further areas considered were poly drug use and mental health.

Safer Harlow Partnerships were tasked to conduct a survey of the town centre community. They compiled a survey at the start of the pilot and at the end of the period. The objective being to measure the perception local users of the town centre had about the affects of alcohol related behaviours on them. This survey concentrated on the main pedestrian access points into the town centre due to the town design. Photographs of the areas used by the individuals for drinking in or near the town centre were also taken.

The collective partnerships objectives were to achieve a reduction in the cohorts offending behaviours, a reduction in their anti social behaviours and an improvement in anti social behaviours. A reduction in litter linked to their alcohol, and drug use, including paraphernalia left in the local area.

Performance measurements:

It was proposed to conduct measurement of this pilot in the following ways.

- The offending behaviour of the ten individuals would be measured in the three months prior to the commencement of the pilot.
- Then a measure of their offending behaviour during the three months of the pilot, giving a reliable before and after evaluation.
- A visual audit was also undertaken 'before and after' photographs of the affected areas.
- A resident audit and a report from the Safer Harlow Partnership Team was under taken on the affects of anti-social behaviours and the perception of alcohol related crime in the town centre area of Harlow.
- The Safer Harlow Partnership and Harlow Housing would provide a perception measure of improvements in terms of alcohol/drug related litter and paraphernalia.

Expected Outcomes:

- A reduction in the amount of re-offending by the ten individuals, who will inform the pilot on the before and after measures.
- A consequent reduction in alcohol related violent crime and disorder in the Harlow town centre area.
- A reduction in anti social behaviour and litter/nuisance caused to the area by the individuals concerned from the visual audit.

- A proportion of the individuals will enter treatment for their alcohol dependency via specialist treatment providers and all individuals will receive an assessment and several brief interventions via the WDP Outreach Alcohol worker.
- Retention in treatment and planned discharges would form part of the exit strategy and other measurements/outcomes.
- The EDAP, Essex Police, Westminster Drug Project and Harlow Council will present findings of the pilot to the GO East Alcohol conference.

WDP intervention/engagement approach:

It was proposed that WDP would provide an Alcohol Outreach worker full time who would operate in partnership with the Police, Police Community Support Officers and Safer Harlow Partnership staff. This worker would also act as the interface with other treatment providers.

The pilot would operate with a 'Carrot and stick' approach. It would be made very clear to the ten individuals that the choices of engagement with the Alcohol Outreach worker, access to treatment and other Social interventions were an option. If they refused to take up those options the Police, PCSO's and other agencies would use the enforcement and prosecution route if they continued with their behaviours.

These options were made very clear in a letter developed by all the agencies. (See attached appendix 1). This letter explained the options, opportunities for change and consequences. It was felt by the partnership a clear message had to be established from the start of the pilot.

The decision was made that the WDP Alcohol Outreach worker was to operate in isolation to the Police and PCSO's when meeting with the clients on the street and other settings. This was to improve the degree of trust and engagement by these individuals. Enhancing the chances of referral onto other agencies and retention in treatment.

A Lone Worker Outreach policy was developed in order to reduce risk, to support the worker and minimise risk to the clients. This policy proved very important due to the behaviours some of the clients displayed towards the Outreach Worker during the pilot.

A number of assessment tools were used to enable a comprehensive assessment of the clients upon initial engagement;

- AUDIT Alcohol Screening Instrument.

- The Outcome Star.
- Triage Assessment/Risk Assessment.
- Careplan.

The AUDIT Alcohol Screening Instrument.

This tool was used as it was recommended within the 'Review of the Effectiveness of Treatment for Alcohol Problems' document published in November 2006 by the NTA.

The AUDIT tool – (Alcohol Use Disorder Identification Test) was recommended as a screening instrument as it provided good sensitivity and specificity for detecting hazardous and harmful drinking among people not seeking treatment. It was also validated for use in a wide range of settings, populations and cultural groups. It could be used in brief interventions without losing its effectiveness.

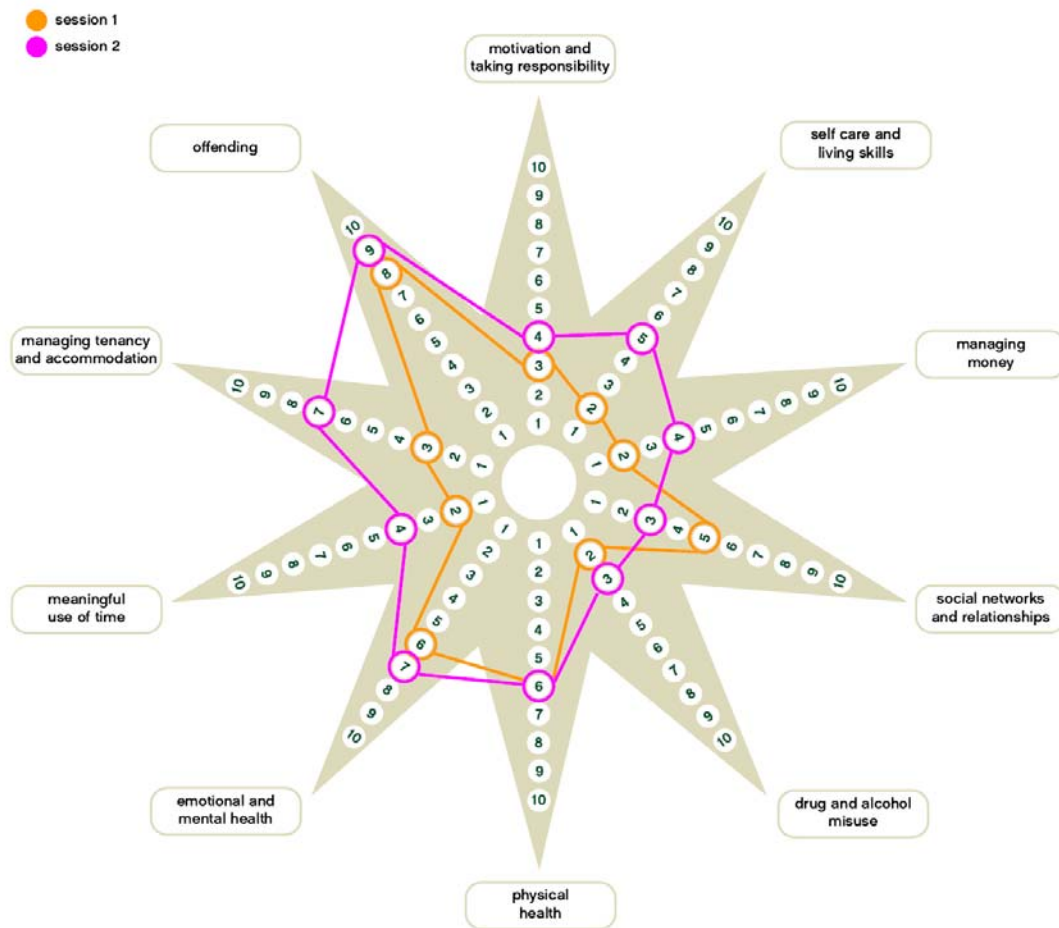
In this pilot the AUDIT tool proved to be very effective in assessing these clients current situation relating to their hazardous or harmful alcohol use. It enabled the alcohol outreach worker to incorporate its results into Brief Intervention and ongoing Motivational work with the clients.

Outcome Star.

The Outcome Star is an approach for measuring change when working with vulnerable people. It can be integrated within Assessments and Reviews.

It captures the journey of change - a scale outlining the key steps in a client's transition from dependence to independence. It enables clients to see pictorially the position they were and how they improve over time and engagement with the pilot. It involves the service user. It is used to support and assist growth. It enables clients to see where they are, where they would like to be and what steps they need to take to get there.

Example :



Clients found this assessment and review tool very helpful as it provided a starting point, acknowledged positive change and at the same time highlighted further areas requiring improvement.

Triage/Risk Assessment.

The decision was made to use the level 2 Assessment tool as it would enable easier referral into the local Community Drug and Alcohol Team for clients requiring tier 3 and 4 interventions. It would also reduce the over assessment of them by agencies involved in their treatment as they travelled through the treatment pathway.

This Assessment form also incorporated a Risk Assessment which enabled the start of a dynamic risk assessment process to be undertaken and reviewed whilst these clients engaged in the pilot.

The level 2 Assessment was comprehensive enough to capture sufficient information about the clients. This information was then able to provide a broad view of the clients demographics, current drug and alcohol use, prescribed medication, previous drug and alcohol treatments, specific alcohol history, injecting profile, dual diagnosis, pregnancy, childcare, employment status, financial status, offending profile, child protection issues, consent for information sharing.

From this information an Interim Care Plan could be developed and a description of the Harm Minimisation advice provided to the client, at that stage was recorded.

The gathering of all this information allowed the Alcohol Outreach worker to develop individualised Care Plans for treatment both in tier 2 and tier 3 modalities. Social Interventions were also incorporated into the Care Plan such as housing needs, benefits issues, harm minimisation requirements, criminal justice management and development of Life skills.

Information and Agreement Letter.

A joint decision was also made between the partners to develop and adapt a letter based upon the Priority Prolific Offenders letter used nationally. These outlined the options for the ten individuals selected for this pilot.

The letter laid out the following options:

- That the letter would be read to them.
- It was important that they understood what it was saying.
- That the letter would offer a number of options.
- That there were consequences of non engagement with the pilot.
- That they would be asked to sign up to the agreement as outlined.
- That they would be provided with a copy of the letter.

It clearly explained what would happen if they did not stop their offending, nuisance or disorderly behaviours linked to their alcohol use.

It also made it very clear the alternatives available to them in the form of treatment, daily support, social interventions, support with

housing, family/partner re connection and any other intervention that would support engagement.

Another important element was the opportunity to enter a Residential Detoxification programme and if successful, a move onto a Residential Rehabilitation centres to engage in a 12 step programme.

It was clearly displayed that all the Harlow Alcohol partners were signed up to this letter of agreement by displaying their logo's; with the intention of reassuring the client they would be given the opportunities displayed in the letter. At the same time a very clear message was being given that non compliance would have consequences of enforcement and proactive Police work.

It was found by the Alcohol Outreach worker that some of the ten individuals selected for the pilot were initially provoked by the Agreement letter and in some cases displayed aggressive behaviours. Once its purpose was explained and the options talked through it generally dispelled any issues. Trust was an important issue for some clients and the Alcohol Outreach worker operated in isolation to the Police in some circumstances when engaged in street work. This approach improved client engagement, but it was made very clear by the worker they were working in partnership with the Police and other agencies. This involved information sharing protocols being fully explained to the clients.

Method of engagement.

It was recognised that these clients were a difficult to reach group and there was a need to provide a non threatening environment to aid engagement and retention in the pilot. Therefore settings such as Probation offices, treatment centres and other public venues were used to meet in. Greater understandings of the complex needs of this client group were acquired by the Alcohol Outreach worker as the pilot progressed.

Various methods were considered to enhance the chances of successful engagement and retention within the pilot by the selected clients.

They were as follows:

- Profiling of clients and drinking network.
- Fragmentation of the drinking groups.
- Development of a therapeutic alliance with clients.
- Use of Brief Intervention technique.

- Motivational Interview work throughout contacts.
- Sharing of relevant information with partners.
- Development of partnership Emailing group.
- Partnership working with other treatment agencies.
- Working with housing and other social support agencies.
- Supporting clients open to treatment agencies beginning to lapse to re engage.
- Ability to ensure daily contact via Outreach worker.
- Ability to react quickly to client crisis.

To expand upon some of the above bullet points:

The profiling of clients prior to starting the pilot proved to be very important. It enabled the Alcohol Outreach worker to understand the individuals current behaviours/circumstances, their drinking partners and networks, if they were poly drug users. The particular days they were in receipt of benefits indicating increased use of alcohol. Their housing situation and linked vulnerabilities. If they were offending on a daily basis and associate risks. Where they sourced their alcohol, off licence, supermarket or pubs. This area of supply could then be investigated by the Licensing Officer, to identify any illegal behaviour linked to sale and supply.

This information enabled targeted approaches to the most vulnerable clients and once engaged on the pilot they could be disconnected with co users and negative influences, fragmenting some of the drinking and offending groups. This again proved a useful method of decreasing the drinking/offending group's impact upon the areas they congregated.

The use of Brief Intervention techniques and MI work when in contact with these clients over a period of time proved to be a useful tool. Lack of personal motivation and the willingness to change were one the main blockers for these clients.

An information sharing agreement was devised at the start of the pilot. This enabled a dynamic approach to sharing information between partners signed up to the Alcohol pilot. As it quickly became apparent the individuals selected displayed changes in behaviours hourly or daily and in some cases crisis developed rapidly. These changes needed to be conveyed between agencies quickly to enable reactions that reduced risk of disengagement and relapse. It also supported a 'See Saw' approach between the treatment element and enforcement elements of the pilot.

When clients were doing well, engaging and showing motivation to change. This could be supported by Police officers and PCSO

recognising this, motivating the clients and reducing the attention they received from enforcement agencies. If this situation changed the Police were able to increase their involvement with the client. This approach displayed flexibility and accurate information sharing between the partners to the clients.

It also became evident that a number of the selected individuals had attempted to engage with CDAT's or had recently lapsed and disengaged from treatments. The Outreach worker was able to support their re engagement with these agencies and provide other social interventions. These collaborative interventions proved to be very effective for the clients, resulting in re engagement and the management of lifestyle issues that impacted on their ability to stay in treatment.

Difficulties/Challenges associated with this client group.

An understanding that this client group of entrenched drinkers presented a number of factors that made engagement a challenge was quickly identified. The difference between class 'A' drug users who offended to support their addiction was also quickly recognised. Many of the alcohol clients displayed anger and in some cases aggressive behaviour linked to their drinking. A lack of trust was another issue that had to be tackled by developing therapeutic alliances. Further elements that caused challenges for the Alcohol Outreach worker were their chaotic and entrenched behaviours and therefore they were an even more resistant group to motivate a change in lifestyle, addictions and offending.

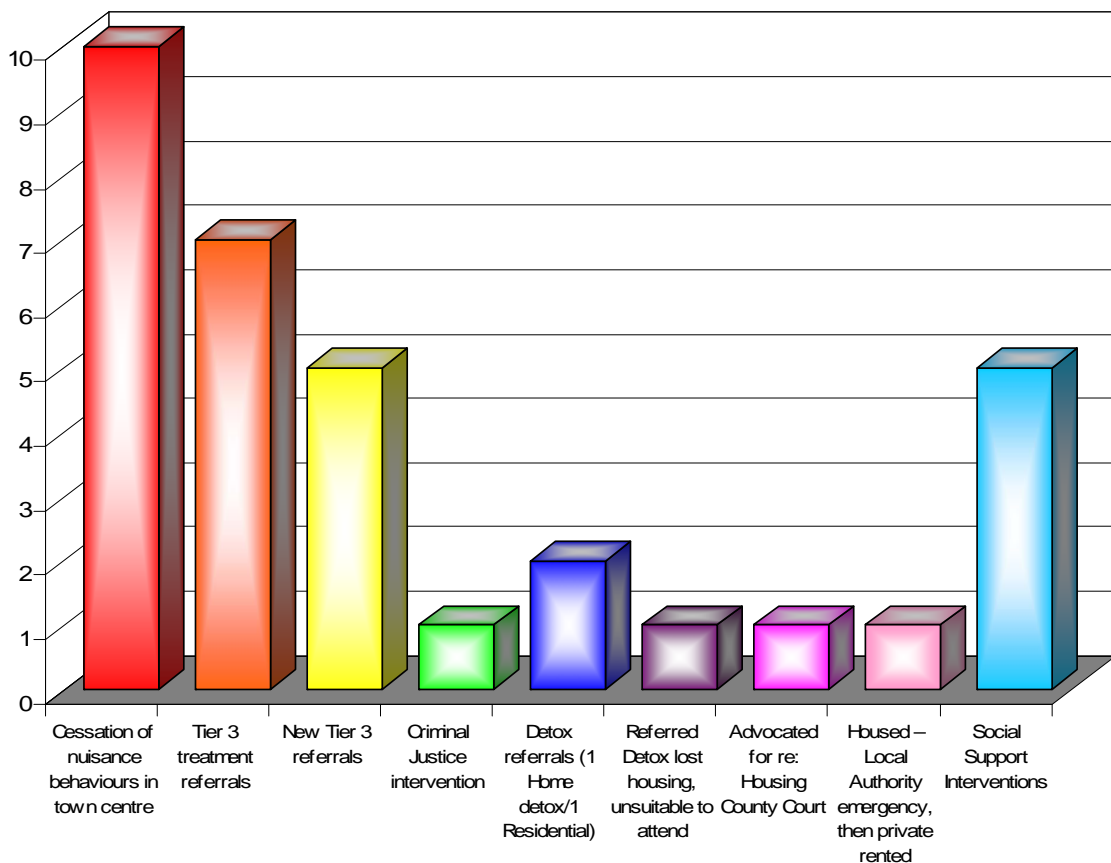
This client group presented as a more demanding cohort than expected and the Alcohol Outreach worker felt the pressures and in some cases the stresses linked to the anger and aggression displayed towards him. This had to be managed through regular and robust supervision of this member of staff. A dynamic risk assessment was developed to support the WDP member of staff in their role and reduce risk to them and the clients. This was regularly reviewed as the pilot developed to manage this ever changing client group.

Other areas of concern were the manifestation of mental health issues, previously suppressed by the use of alcohol and drugs. Co dependence and linked relationship issues also presented challenges. All of these factors resulted in resource intensive interventions greater than anticipated at the start of the pilot. These issues once identified were referred onto the appropriate agencies.

Results and Outcomes.

There was initial resistance by some of the individuals to signing up to and engaging with the Harlow Alcohol Pilot. As the numbers agreeing to take part in the treatment and social interventions increased. The reputation of the pilot was enhanced by those clients working with it. It was vital to be consistent and reliable when delivering the interventions for the clients. It soon became very apparent to them that what the Agreement letter and Alcohol Outreach worker was stating the options were could be delivered and followed through. The pilot depended upon its reputation to deliver its stated aims. Treatments ranging from 1:1 work, coping skills, lifestyle skills, MI and brief intervention, anger management, housing support, tenancy sustainment and advocacy, criminal justice management, tier 3 treatment including residential detox and rehabilitation. Harm minimisation was also a thread that ran through the whole pilot. The individualised packages of intervention soon resulted in engagement and recognisable change. The daily contact with the Alcohol Outreach worker underpinned the success that developed during the 3 month pilot.

This resulted at the end of the pilot to a point where 9 out of the ten (10) individuals had engaged with the treatment options. The ratio of men to women originally selected for the pilot was (8) eight to (2) two. Seven (7) men and two (2) women engaged over the 3 months.



As can be seen by the above outcomes there were a variety of interventions undertaken during the 3 month pilot. Most significantly is the cessation of nuisance behaviours in the Harlow town centre. This we concluded was supported strongly by the treatment interventions, housing and other social interventions. The pilot's overall success was contributed to by the fact clients knew they had options, but these were robust in implementation and therefore reducing non compliance. The balance between enforcement and Treatment/Social interventions proved in this case very compatible with the Alcohol pilot's objectives and outcomes.

Conclusion and Exit Strategy

Further important elements of this short duration pilot were the planned exit strategies for clients. To ensure they were able to continue engagement with the various agencies they were working with and the required supports were in place. This area of work was undertaken by the WDP Alcohol Outreach worker and has resulted in continued progress and behaviour changes by most clients to date. This includes reduction and in some cases total cessation of offending within the town centre of Harlow, continued treatment engagement, other lifestyle changes and retention of housing.

The lessons learnt and methods applied during this Alcohol pilot are ones as an agency we would apply again in similar pilots. The benefits to the individuals and the local community were evident to those partners implementing this successful Alcohol Strategy.

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12.11.08
Version 2.