

# THE EXPERIENCE

Newsletter of The UK Drug Workers Forum



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## From the UKDWF Board .....

Hi All,

We would like to thank all those who participated in the UKDWF Annual National Conference in York on 13-14 October. Although attendance figures were less than in recent years, one of the casualties of this continuing recession and budgetary cutbacks, the event was still a resounding success with some excellent and thought-provoking presentations and educational workshops. Copies of the powerpoint presentations from the event can be downloaded from the Forum website ([www.ukdrugworkersforum.org](http://www.ukdrugworkersforum.org)). An overview of the conference is provided in this newsletter.

The UKDWF has been busy since the conference in planning next year's annual and regional events programme. We have been asked to plan a Regional Substance Misuse Conference on behalf of Lancashire Drug and Alcohol Action Team, to take place in Preston in late April / early May and are happy to do the same for other regions. More details are provided in this newsletter.

The UKDWF continues to operate with limited funds. If anyone knows of any funding providers who we might apply to for funding, we would be very grateful if you could pass on the details.

Best regards,

The UKDWF Board & Management Team

Advertise events, jobs, conferences, training events, etc. in this newsletter and on our website. Contact: [info@ukdrugworkersforum.org](mailto:info@ukdrugworkersforum.org)  
[www.ukdrugworkersforum.org](http://www.ukdrugworkersforum.org)

### UKDWF SEEKING ADDITIONAL BOARD MEMBERS

Anyone interested in finding out more about the work of the Forum and how you can get involved as a Board Member should come along to the AGM or download a nomination pack from the website – [www.ukdrugworkersforum.org](http://www.ukdrugworkersforum.org)

### Date for your diary:

**UKDWF 2010  
5-6 October**

**(Location and venue tba)**

### The UKDWF Board of Trustees (2009-10):

Mick Fowler (Chair), Loretta Johnson (Vice-Chair), Nigel Atkin (Treasurer), Nadeem Mirza (Board Member), Stephen Ryan (Board Member), Dave Pennington (Board Member)

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# One Million DIP Drug Tests Achieved



Alan Campbell, Parliamentary Under Secretary for Crime Reduction, ACC Mark Whyman, South Yorkshire Police & Steve Gregory, Home Office Central DIP Policy Team

The milestone of the 1,000,000th drug test conducted as part of the Drug Interventions Programme has been celebrated with a presentation at the Home Office this week.

The test was administered at the Bridge Street custody suite, Sheffield, on 14 October, which has been involved in drug testing under the Programme, a crime reduction initiative, since 2004.

The result of the milestone drug test, conducted by South Yorkshire Police staff on a man arrested on suspicion of fraud, was negative but Class A drug testing of people arrested for a range of trigger offences is recognised as a valuable way to identify and grip drug-misusing offenders at an early stage of their journey through the criminal justice system. It is now carried out in 174 custody suites in 21 police forces across England and Wales and is just one intervention put in place to help reduce crime by managing drug misuse.

The Drug Interventions Programme is successful in helping reduce drug-related crime in England and Wales. Since it began in 2003, acquisitive crime – to which drug-related crime makes a substantial contribution - has fallen by 32 per cent.

The drug test in police custody is a highly accurate and non-intimate test that normally involves a swab under the tongue. It is completed and the results known in minutes. It provides a screening tool only and cannot be used as evidence against the detainee. The result of the test can lead to prompt referrals for treatment and can also be used to inform court decisions on bail and sentencing.

Initially, only people charged with a trigger offence – usually acquisitive crime, which research has shown to often be drug-related - could be tested, but now all areas can test at any point after arrest so that even people who do not go on to face charges can more easily be targeted for help with their drug misuse.

Alan Campbell MP, Secretary of State for Crime Reduction, presented a commemorative certificate to mark the millionth test milestone to Assistant Chief Constable Mark Whyman of South Yorkshire Police. More than 240,000 tests for Class A substances are now conducted every year and around a third of tests are positive, showing that the right people are being targeted. In his speech Alan Campbell commented:

*“DIP helps break the cycle of drugs – offending – prison across the whole of England and Wales. The impact is wide-reaching: communities suffer less crime, drug-misusing offenders get help through treatment and support; and public that is the police, courts, prisons, costs are reduced. The Programme is a key component contributing to a range of cross-Government outcomes concerned with reducing offending and drug misuse, improving health and fighting social exclusion. It also sits at the heart of the national Drug Strategy and is a vital part of any Integrated Offender Management approach. Class A drug testing of people arrested for a range of trigger offences is a valuable way to identify and grip drug-misusing offenders at an early stage of their journey through the criminal justice system. Drug Testing is now carried out in 174 custody suites in 21 police forces across England and Wales and is just one intervention that helps reduce crime by managing drug misuse”.*

# UKDWF ANNUAL NATIONAL CONFERENCE 2009



With almost 140 participants, the 2009 Annual Conference was held at the Park Inn Hotel, York on 13-14 October. Delegate feedback confirmed the success of the event programme and returned the expected diverse range of comments from 'poor food quality' to 'excellent hotel, staff and catering', which just proves you can't please everyone all of the time, no matter how hard we try.

For future events, suggestions included having more good practice presentations in the main plenary sessions, a focus on problem solving and next-step solutions to be able to progress, more case studies and workshops on case management effectiveness.

This year we included debate sessions to allow delegates to consider different viewpoints and feedback showed that this made a refreshing change. A minority commented that the booking fee was too high to enable agencies to send groups of workers to the event. The UKDWF can only comment that costs are always kept to a minimum with the intention of keeping fees as low as possible (which incidentally are much less than the majority of other similar events available). However we will endeavour to find five star hotel facilities for the price of a youth hostel – if anyone has any suggestions for such a venue, please let us know, but we can confirm we will be looking at alternatives locations other than York for 2010 in the hope of finding an affordable solution. **We are also open to offers of 'hosting' the 2010 conference in your region, so anyone interested should email: [info@ukdrugworkersforum.org](mailto:info@ukdrugworkersforum.org) with details and suggestions.**

We dispensed with the formal Conference Dinner this year and opted instead for dinner in the hotel restaurant at a time to suit and some informal social networking and foot-tapping entertainment provided in the bar by our own UKDWF Treasurer, Nigel Atkin and his duo partner, Chris Draper, better known in entertainment circles as the 'Moonshine Men'. This gave delegates the opportunity to remain in the comfort of the hotel or venture into the city centre to sample the bars and nightlife of York.

Finally, this year we were happy to be able to offer delegates the opportunity to participate in free prize draws with prizes donated from TTP Recovery Communities and the UKDWF and the winners were:

- Prizes donated by TTP Recovery Communities of: **2 x 12 week Rehab Placements for Allocation to Clients** The winners were: **Brenda Galloway, East Riding DIP & Hughie Ricketts, Addictions Services, Wolverhampton**
- Prizes donated by the UKDWF of: **2 x Free full conference attendance places at the Drug Workers Update 2010 including overnight accommodation for one night and all meals.** The winners were: Trevor Zimmerman, Humberside Police & Richard Devereux, Independence Trust, Gloucester.

**For info:**

Dates for the **2010** conference will be **5-6 October**. The location and venue is yet to be decided, so watch this space and we will update you in due course.



# Modernising Clinical Case Management in Young People's Substance Misuse Services

*A case study of Southend Young People's Drug & Alcohol Team*

## About Southend YPDAT

Based in Southend On Sea, Southend Young People's Drug & Alcohol Team is a substance misuse treatment service for young people up to 18 years of age, dealing predominantly with the 13 to 16 year old age group, whose main substances of use include cannabis and alcohol. Accessing the service, there are also a small but consistent number of heroin users and, intermittently, stimulant users. Southend YPDAT has been operational for around 5 years and is overseen by Southend DAAT to provide Specialist Treatments to young people. As a treatment service, Southend YPDAT essentially provides structured psychosocial treatment interventions such as Cognitive Behavioural Therapy, harm reduction advice, and also planned work with families, as well as pharmacological treatments. Around 90 young people a year access the service, and in addition to targeted individual and group work, outreach interventions are also provided.

## Client data management at Southend YPDAT before LINKS CarePath

Up until the commissioning of ILLY's LINKS CarePath client information management system in July 2009, Southend YPDAT had no formal database in place at all. Instead, it had been getting by with manual record keeping, the use of Excel spreadsheets and being reliant on the memory of staff for its information management. It reported NDTMS data via the Data Entry Tool.

The NTA urges substance misuse services without clinical management systems in place to implement them, in order to ensure quality data reporting. But also, in a Specialist Treatment service where care is planned on individual need and assessment, being able to easily access and manage records is an essential tool in effective care planning.

A lack of a clinical data management system posed certain problems for Southend YPDAT, and obstructed its efficient running. For example: The gathering and reporting of quality data was an obvious issue. Being able to collate data in line with NTA monitoring guidance and report on performance was a labour-intensive task, which needed streamlining for efficiency. Data collation methods in place before LINKS CarePath was implemented – being manual – did not link together. With no linking of records, as well as the issues around data collation and reporting, there was little capacity to pull client-based information as and when needed. This posed a problem especially where young people re-entered the service, as Southend YPDAT was not easily able to track young people who had previously been known to them. Southend YPDAT needed to have their systems modernised, in line with NDTMS requirements.

## Decision to commission LINKS CarePath and project delivery

Southend YPDAT needed to have a clinical management system that was capable of accurately recording and producing NDTMS data, as well as bringing the service up to date in terms of accurate and effective clinical case management. Involved in the commissioning were Southend DAAT, Southend Borough Council ICT Strategy Group and Southend YPDAT. Carole Sheehan, Contracts and Performance Manager of Southend DAAT, said one of the key influencing factors behind the decision to commission ILLY and implement LINKS CarePath into Southend YPDAT was because of their previous experience with young people's substance misuse services. This was unlike the other 5 providers who had been invited to bid for the work, and Carole Sheehan reported that "ILLY had more experience with providing for young people's substance misuse services than the other organisations we looked at."

Importantly, ILLY were already compliant with the recently introduced NDTMS Core Data Set F, having previously piloted a client management and reporting system before the Core Data Set requirement came into effect. This meant that effective and speedy delivery of the project in line with the DAAT's prerequisites was easily possible. "Upon being commissioned to provide the LINKS CarePath system to Southend YPDAT, ILLY worked in close partnership with the agencies involved and were able to deliver everything on target in the time scale set, and in order to meet NDTMS requirements," said Carole Sheehan. The project was delivered in just over 2 months, with considerable liaison and partnership with ILLY's project development team and Southend DAAT, Southend YPDAT and Southend Borough Council ICT Strategy

## Implementation of LINKS CarePath into Southend YPDAT and Benefits

Being a client-centric system with powerful reporting and case management features, LINKS CarePath is particularly suited to a young people's substance misuse service that requires accurate clinical case management, a degree of flexibility, and efficient NDTMS reporting capabilities. However, young people's substance misuse services like Southend YPDAT cannot afford to ensure lengthy implementation processes, and ILLY have been able to implement quickly, as well as offer the support needed to train staff to the new system. With regard to introducing LINKS CarePath into the service, Marie Henderson, Project Manager at Southend YPDAT, says: "Change over was swift and ILLY were able to support that thoroughly. Protocols have been developed to assist staff in getting up to speed. "As a team, we also support each other in becoming familiar with LINKS CarePath. Data issues are routinely discussed in team meetings and we have additional updated support from Southend IT department."

Since its implementation, LINKS CarePath has provided a number of key benefits to Southend YPDAT: Crucially, the system has assisted the overall quality management of record-keeping within Southend YPDAT, and NDTMS data reporting. With such comprehensive client tracking, client record and case management has improved considerably. Now, records are more exact and timely (and thereby much more able to meet the needs of young people as service users). Southend YPDAT report that it is now much easier to monitor the effectiveness of direct work with clients and how effective keyworkers are at managing their cases, and to be able to feed this back to case managers. Case reviews are now in keeping with the appropriate time frame as stipulated by NDTMS guidelines, are easy to evidence and are much easier to monitor. NDTMS extracts are available quickly and easily.

The LINKS CarePath system has been positively received by staff at Southend YPDAT who feel it has enhanced practice and the efficiency of the service and what it offers to service users.

## Progression with LINKS CarePath

ILLY and Southend YPDAT will continue to work together to ensure LINKS CarePath will carry on meeting the needs of the service and its clients.

To discuss further ILLY's approach to Substance Misuse in Young People's Services and to have a demonstration of LINKS CarePath, please call 020 7749 2222 or email [info@illicorp.com](mailto:info@illicorp.com). If you have any questions regarding this case study or the LINKS CarePath system, please contact us on: 020 7749 2222 [info@illicorp.com](mailto:info@illicorp.com) [www.illicorp.com](http://www.illicorp.com)

# Lancashire DAAT Regional Substance Misuse Conference

Lancashire Drug and Alcohol Action Team has joined forces with the UK Drug Workers Forum to enable workers in the Lancashire area to benefit from a dedicated regional event to update and inform workers on recent initiatives based around recovery. The event will take place at the Tickled Trout Hotel, Preston and around 100 workers from the region are expected to participate.

The UKDWF hosted and arranged a similar event for the South Yorkshire Region in 2006 and the event was deemed an outstanding success, enabling a diverse range of staff working in the drugs field locally to come together to share ideas, successes and issues of concern as well as establish more effective working relationships and learn about new initiatives in their area.

The UKDWF is keen to repeat this concept in other areas which allows workers in the region to address issues of concern locally and tailor the event to local needs. Anyone interested in staging a regional substance misuse conference in their area should first seek the support of their local DAT to enable the UKDWF and the DAT to work together to produce a programme specifically aimed at providing relevant support to workers in their region.

The advertisement features a central blue circular logo with a maze design and the word "theseus". To the right, there is a speech bubble containing a testimonial: "Users appreciate its ease of use; we can already see the benefits in our overall operation". Below the speech bubble is a person icon and the text "DIP Manager Tameside DAT". To the right of the speech bubble are icons for a computer monitor, a telephone, and an envelope, with corresponding contact information: "www.theseus.org.uk", "+44 (0)1785 222350", and "info@theseus.org.uk". Below the main logo, the text "Systems for Drug Treatment" is followed by a description: "A range of browser based applications that support teams & organisations in the drug and alcohol treatment field." At the bottom, there are four smaller circular logos, each with a different color and label: "theseus enterprise" (yellow), "theseus TA" (blue), "theseus CJ" (green), and "theseus CC" (red). Each logo has a brief description below it: "Tracks the client journey from start to end.", "Case load management for Treatment Agencies.", "Case load management for Criminal Justice workers.", and "Used where multiple agencies need to access information about clients and their case workers."

**theseus**

*"Users appreciate its ease of use; we can already see the benefits in our overall operation"*

DIP Manager  
Tameside DAT

www.theseus.org.uk

+44 (0)1785 222350

info@theseus.org.uk

### Systems for Drug Treatment

A range of browser based applications that support teams & organisations in the drug and alcohol treatment field.

- theseus enterprise**  
Tracks the client journey from start to end.
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Case load management for Criminal Justice workers.
- theseus CC**  
Used where multiple agencies need to access information about clients and their case workers.

# Agencies: Include Us, Don't Exclude Us

I have visited agencies that would have been in my sons life, trying to understand what they do and how they do it. I have discussed with them how my involvement according to them was non existent. Maybe they did not know that I was at home crying for help, crying each and every day for 16 years for some understanding of how to help my son. Talking to them has helped me understand from their point of view.

My quest now is to make sure that there is interconnectedness between loved ones and the agencies. I also understand the ethical perspective and the confidentiality with regards to a person, but my point is that it was not about my son. It was about having the understanding of addiction, and how I could have helped and supported him with the help of the agencies involved.

Maybe this is where the problem lies, to ask my son, he may have denied them access to me (although they knew how to get hold of me when they need to get him out of a cell). But surely my involvement should have been a separate entity. Families and loved ones caring for an addict is the most important agency in their lives. We need to understand their chaos and their programmes and their care plans. We above all need to be included in their care plans. Of course some families may not want to be, but surely if they get to that stage then they need even more support.

In an ideal world we would all work together, but I wonder is there issues with agencies working together, Public, private and the voluntary sector! The collaboration and interconnectedness of multidisciplinary agencies is something we should be striving for. Include us don't exclude us.

Ann Marie, Huddersfield  
Wired in Community Blog

## Comments:

- ◆ Annmarie you are so right, isolation competition, and conflict among the agencies leave little room for working with the families to help their loved one get well.
- ◆ Families have their own pain and needs and have to recover too. I know mine did. A supportive family and social network predicts better recovery outcomes (in other words a loving family really promotes your chances). Services need to waken up to this, but I rather think that change will happen from the grassroots up. It's great to read of your proactivity and willingness to understand



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It does not require costly and lengthy laboratory analysis or expensive equipment, only to confirm legally defensible positive tests.

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Alcohol detection devices are useful methods of deterring and detecting inappropriate use in the workplace.



# UK Recovery Federation

The UK substance misuse field is currently experiencing change on a profound level, mirroring significant changes within society as the political, social and financial landscape shifts and adapts to challenging new priorities and agendas. The rhetoric of 'Recovery' has entered the drug 'treatment' system.

'Recovery Services' (indicating an apparent shift in focus from treatment/medical models towards community focused social models) are now being commissioned and are springing up all over the UK. Within communities across the UK, Recovery Networks, made up of service users, ex-service users, family members, practitioners, academics, activists and other stakeholders are achieving greater prominence and/or slowly beginning to emerge. A Recovery Academy, which intends to investigate and establish an evidence base for 'recovery,' is due to launch early in 2010.

At a recent meeting in Glasgow (22.01.2010) recovery activists met to plan the 2nd UK Recovery Walk that will take place on the 25th of September 2010 in Glasgow. At this meeting it was agreed that there was a need for an 'umbrella' community focused organisation to shape, promote and support future annual Recovery Walks and to provide support to Community-led Emergent Recovery Organisations (C.E.R.O.'s) across the UK. A Community Interest Company (CIC), the 'UK Recovery Federation', is to be established and the following outlines the proposed vision, principles, aims and objectives of this company. This has been produced for wide distribution and consultation with all those interested in the development and establishment of a British Recovery Movement.

## **The UKRF Vision:**

The UKRF welcomes the shift toward Recovery practice within treatment systems and will support all efforts to make services optimistic, inclusive, person centred, culturally relevant and effective. However we believe that there needs to be major changes in the way that society helps people overcome substance use and related problems and these changes must be rooted within diverse and inclusive communities. Recovery solutions should be generated by individuals, families and communities with the active assistance of treatment/support agencies. 'Treatment' is a small, although often vital, element in recovery. The UKRF will assist in the development of 'Recovery Oriented Integrated Systems' (ROIS) but will principally focus on the raising and maintaining of 'Recovery Capital/Social Capital' within Recovery-focused communities.

The UK Recovery Federation (UKRF) envisions a world where the power, hope, healing and potential of Recovery is thoroughly understood and embraced within communities, society and support agencies. We will bring the power and proof of Recovery to everyone in UK. We intend to combat the discrimination and stigma that is too often associated with addiction and Recovery. We will put a positive face on Recovery through advocacy, education and service. We will generate choices, remove barriers to Recovery and ensure that all people in Recovery and people seeking Recovery are treated with dignity and respect.

## **The UKRF principles:**

1. Honesty, self-awareness and openness lie at the heart of healthy Recovery movements.
2. There are many pathways to Recovery and no individual or organisation has the right to claim ownership of the 'right pathway.'
3. Recovery embraces harm reduction and abstinence based approaches and does not seek to be prescriptive.
4. Recovery involves the personal, cultural and structural recognition of the need for participative change and transformation.
5. Recovery involves a continual process of change and self-redefinition for individuals, communities and organisations.
6. Recovery challenges all discrimination and transcends shame and stigma.
7. Recovery lies within individuals and communities and is self directed and empowering.
8. Recovery emerges from hope, gratitude and service to others.
9. Recovery is supported by peers and allies within communities.
10. Recovery exists on a continuum of improved health and well-being.
11. Recovery is holistic and has many cultural dimensions.
12. Recovery is a reality.

## **The UKRF Aims to:**

1. Enable Community-Led Emerging Recovery communities (CERO's) and Recovery Networks to grow and expand across the UK.
2. Establish a membership organisation and a national network of individuals and organisations that will speak out and support local, regional, and national community-led recovery initiatives.
3. Establish an accreditation body that will enable the development of Community-led Emerging Recovery Organisations (CERO's) and support the establishment of Recovery Oriented Integrated Systems (ROIS's).
4. Support the development of Recovery advocates/champions in all UK regions
5. Organise events and promote all positive aspects of Recovery, celebrating the Recovery achievements of individuals, communities and organisations.
6. Provide support services and mobilise the thousands of UK citizens in long term Recovery, enabling them, their families, friends and allies to have a voice.
7. Develop and maintain a range of communication tools, change public perceptions of Recovery and support the promotion of effective public policy in the UK.
8. Support individuals, communities and organisations in putting a 'face' on Recovery.
9. Support the development and establishment of enhanced Recovery capital within communities and the provision of infrastructure support to Recovery networks, communities and organisations.
10. Support the development of new social enterprises and educational opportunities within Recovery Communities across the UK.
11. Assist Community-led Emerging Recovery Organisations (CERO's) in the development and maintenance of Recovery focused consortium/partnership arrangements.
12. Support the development of Recovery-oriented guidelines and competency-based Recovery credentials and deliver training within Community-led Emerging Recovery Organisations (CERO's) and Recovery Oriented Integrated Systems (ROIS's).

## UKRF Objectives:

1. Support a National Recovery event every year.
2. Promote and celebrate innovative community-led Recovery initiatives.
3. Establish the UKRF as a membership organisation and national rallying point for Recovery advocates and ensure individuals, organisations and groups are signposted to appropriate support agencies.
4. Ensure Recovery advocates and networks have access to organisational, training and funding support.
5. Assist Recovery community-led groups in the development of new social enterprise models.
6. Ensure Recovery advocates and networks have access to policy and research support.
7. Support access to Recovery training and consultancy services.
8. Support access to policy makers and the media.
9. Assist the NTA, Scottish Recovery Consortium, commissioners, providers and communities in the development of Recovery Oriented Integrated Systems (ROIS) and ensure that recovering individuals, families and communities are involved in the design and operation of ROIS.
10. Liaise with governmental agencies and advise on the development of innovative Recovery initiatives.
11. Support the development of a national Recovery evidence base and evaluation systems and work creatively with academics, researchers and communities to expand access for Recovery advocates and communities to new evidence and knowledge.

## UKRF Structure:

The plan to establish a UKRF is currently supported by a large grassroots membership, the Scottish Recovery Consortium, NTA representatives, foundations, government agencies, Wired In, and many friends of recovery from across the UK. A UKRF Community Interest Company (CIC) will be established before the end of February 2010. This company will have a Board of Directors that will eventually be made up of regional representatives from across the UK. The majority of Board members will have personal experience of Recovery. These representatives will link with Recovery advocates from within their region and, with them, build the UK Recovery Federation membership from the grassroots up.

## EVENTS

- **Be Careful What You Wish For: Families, Drugs and Alcohol: Involvement or Support? 23 March 2010, London.**

The Government's drugs strategy 2008 emphasised the importance of support for families. But while recognition in policy is to be welcomed, challenges to delivering a cohesive and universal service still remain. The overall purpose of this conference is to present and debate the key issues for the future of family support, informed by intelligence collected from Adfam's series of consultations.

**Contact:** Pavilion on 0844 880 5061 or email [info@pavpub.com](mailto:info@pavpub.com)

- **Harm Reduction 2010: 21<sup>st</sup> Annual Conference of the IHRA 25-29 April 2010, Liverpool**

This conference will look at issues such as the adequacy of existing harm reduction models for low- and middle-income countries, stimulant users and young people, the integration of harm reduction into health systems, and how harm reduction intersects with drug control systems and fields such as human rights, security and development. [www.ihraconferences.net](http://www.ihraconferences.net)

## JOBS

- **KEY WORKERS, £19,000 - £23,000 per annum pro rata, 1 x Full-Time, 1 x Part-time (15 hours per week) Open Road, Harlow, Essex**

The role will involve working with service users and key partner organisations. You will work as part of a multidisciplinary team, providing assessments, planning, delivering and co-ordination of care, 1-1 work including keyworking, group work and referral to other service providers or agencies as part of an integrated process of care. The role may require you to work some evenings or occasional Saturdays.

**Closing date:** 4 March 2010. **Email:** [Caroline.warwick@openroad.org.uk](mailto:Caroline.warwick@openroad.org.uk)

- **NEW BUSINESS MANAGER, £competitive TTP Counselling, North West**

The successful candidate should ideally come from a background in Health and Social Care and will possess strong experience in building customer relationships, developing new accounts and have an impressive list of industry names and contacts. Reporting to the Commercial Director, you will be responsible for generating new leads for Tier 4 Inpatient Detoxification and Residential Treatment.

**Closing date:** 15 March 2010. **Email:** david.durand@ttccc.org **Tel:** 01925 405040 (Amanda Finch)