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CDARS logo

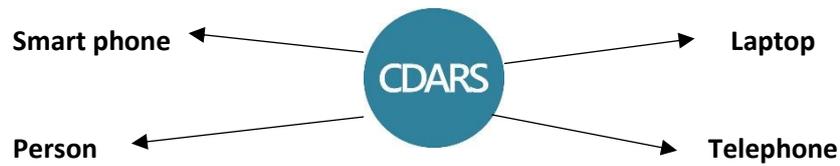
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**Community Drug and Alcohol Recovery Services
IMPACT REPORT ON ENSURING EQUALITY OF SERVICES
DURING PERIODS OF CRISIS**

By

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CDARS communications methods – during lockdown



EXECUTIVE SUMMARY

This Impact Report has been commissioned by CDARS to provide an independent assessment of the services - on an equality basis - that were provided by CDARS during the COVID-19 lockdown. This was done by meeting the CEO and Operational Manager, conducting surveys with clients and staff and examination of relevant records.

We first cover CDARS, its pre-COVID-19 operations and how it responded to the crisis. We noted that all the CDARS services continued, the vast majority via virtual means. The numbers of service users in most cases increased –with the exception of the Sunshine Recovery Café, which due to social distancing rules had to restrict entry to those in crisis situations only. Its specific responses were impressive; CDARS had put in place new technologically based arrangements before the lockdown started. It obtained approval from relevant commissioners and others to move funds to the new needs. CDARS provided its services mainly via Zoom and arranged for needy service users to be given Smart phone plus SIM cards. A 24/7 telephone emergency helpline and a home delivery meals service were established.

The service users' feedback was drawn from 61 questionnaires that were received, these were very positive. The scores for the services were most impressive with over 90% scoring ~High or Very High. Similarly, over 70% said that the outcome of virtual working was better or the same as face to face.

The staff feedback showed that they handled more service users working virtually and that they were able to provide a higher level of support and most felt more relaxed using Zoom. However, more training in IT was required.

The assessment took into account the information received covering the range of services, service user numbers and satisfaction experienced during the COVID-19 and compared this with CDARS operations prior to it. The findings were that CDARS not only continued to meet its objectives and service levels, it also exceeded them.

The report ends with a number of suggested recommendations. These include:
To continue working in a hybrid way- virtual and face to face; holding a staff meeting to agree the way ahead, undertake more IT training, continuing the 24/7 help line, providing Smart phones and the meal service. In addition, to circulate this report to relevant stakeholders – e.g. the commissioners and funders; and to prepare and issue a press release to publicise the way CDARS coped with the COVID-19 lockdown.

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Part 1. INTRODUCTION

Background

1.1 This Impact Report has been commissioned by CDARS to provide an independent assessment of the response by CDARS during the COVID-19 Lockdown in providing its services to its vulnerable service users with complex needs (addictions problems, mental health issues; suicide prevention veterans, and perpetrators of domestic violence) by remote means.

1.2 The period covered by this report is 1 March - 1 July 2020, with references as required to previous operations to provide appropriate comparisons.

The Objectives of this Impact Report

1.3 Our objectives are to:

Explore the effectiveness of the virtual support provided to CDARS' service users - vulnerable people with complex needs, (addictions problems, mental health issues), suicide prevention veterans and perpetrators of domestic violence.

1.4 We therefore provide in this report:

- a. A record of the response of CDARS to the COVID-19 lockdown.
- b. An assessment of the level of services provided by remote means.
- c. Suggestions for how CDARS might cope with future emergencies
Using knowledge and experience gained during this period
- d. A document to be used, if required for supporting any future proposals.

Methodology and those consulted

1.5 We studied relevant CDARS documentation – reports -records, letters of appreciation. We were given full access to the staff and records.

1.6 We also had discussions with CDARS staff –Mr Franco Toma the CEO and Mr Tim Tweedy the Operational Manager.

1.7 In addition we conducted surveys with service users and eight members of CDARS staff plus took into account CDARS existing performance indicators. Details of these are given in Part 3 of this report.

Appreciation

1.8 We would like to express our thanks to all the CDARS staff that helped us. In particular Mr Franco Toma and Mr Tim Tweedy for their information, advice, and support as well as Ms Joanna Miskiewicz, one of the Health and Wellbeing Support Workers who provided a most useful analysis of the clients' questionnaires.

Part 2. CDARS AND ITS RESPONSES TO THE COVID-19 LOCKDOWN

CDARS –General

2.1 CDARS is a well-established and highly respected charity that works with some of the most vulnerable people in society presenting a range of mental and physical health issues as well as those with substance misuse issues. Its clients fall in the most ‘at risk’ group during the COVID-19 crisis and needed to self-isolate. Further details of CDARS are given in **Appendix A**.

2.2 The services provided relate to:

Substance and alcohol misuse	Military Veterans
Mental Health support	Perpetrators of Domestic Violence
Health and Wellbeing	Sunshine Recovery Café

These are provided for service users from the London Boroughs of Merton, Wandsworth, Sutton, Richmond, and Kingston.

2.3 The staffing of CDARS consists of:

The CEO and an Operational Manager

The Wandsworth Day Programme – 3 counsellors

Sunshine Recovery Café - 4 counsellors

In addition, there is one counsellor for each of the following:

- Suicide Prevention Programme
- Veterans Support Programme
- Health and Wellbeing Programme
- Perpetrators of Domestic Violence

There are also 4 - 6 volunteers assisting the programmes.

2.4 An important aspect of this project is that of **‘Equality and Fairness in Service Delivery’**. CDARS aims to provide its most marginalised service users access to an innovative and creative virtual service by making effective use of technologies so that all its most vulnerable clients, irrespective of their current financial situations can benefit from the digital support during COVID-19.

CDARS’s Operations

Prior to COVID-19

2.5 Before the onset of COVID-19, CDARS provided all its services on a face to face basis. The Day Programme is for residents of Wandsworth and Richmond aged 16 and over, presenting with an alcohol and/or substance misuse problem. All other services (see below) are for residents- of 16 and over - of the Wandsworth, Richmond, Merton, Sutton, and Kingston boroughs.

During the COVID-19 Crisis

2.6 It is important to note that during the lockdown, all the CDARS services continued to be provided and were delivered remotely except for the Sunshine Recovery Café which saw service users who were in a crisis situation.

In addition, new services were made available - the 24 hour emergency help line, the provision of smart phones and the meals service. Further details are given in **Appendix A**.

- 2.7 The main services and the number of service users' pre and post COVID-19 – for four-month periods in both cases are:

The Services	Number of Service Users	
	Pre COVID-19	During COVID-19
a. Day Programme for Substance and Alcohol Misuse	122	132
b. Individual Counselling Sessions	165	184
c. Sunshine Recovery Café	132	118
d. Suicide Prevention Programme	34	39
e. Health and Well- being Programme	116	112
f. Veterans Support Programme	18	24
g. Women's Only Service	88	84
h. Perpetrators of Domestic Violence Programme	18	16
i. Telephone Crisis Helpline	A new service	96
j. Provision of Smart phones and SIM cards	A new service	58
k. Healthy cooked meals and fresh food delivered direct (A separate Impact Report on this service is being prepared)	A new service	220

Note: Full details of these services are given in **Appendix A**.

CDARS Specific Responses during COVID-19

- 2.8 CDARS managed to take steps and adapt very quickly to the fast-changing scenario caused by COVID-19. By using technologies effectively and working smart and efficiently, there has been no disruption in the services provided. In fact, CDARS made adjustments to its operations a week before the lockdown was imposed.
- 2.9 The following steps have been implemented:
- a. Fast communication and agreement were achieved with the relevant commissioner's funders of each service on how to proceed with service provision.
 - b. It was agreed that with the exception of the Sunshine Recovery Café, all other services would be provided by CDARS clinical staff and volunteers online from their own homes. The Sunshine Recovery Cafe continued to provide face to face services. This was after a careful evaluation and due safety measures were implemented in line with the government guidelines.
 - c. Existing operating policies continued and other new policies were designed to meet new needs and were implemented.
 - d. All staff and volunteers were equipped with Samsung Tablets, Smart phones (and SIM cards).
 - e. All staff and volunteers were trained online on how to work safely from home with the new technologies and informed how to observe the policies and data protection measures.
 - f. The Zoom platform was used for video support groups and meetings. WhatsApp was employed for one to one counselling –either via video or telephone calls.
 - g. It was clear that some service users did not have access to appropriate technology, such as Smart phones with SIM cards. CDARS responded rapidly to provide its services as needed, irrespective of the clients' financial status. CDARS quickly obtained funding from 'The London Community Response Fund' and bought 100 Smartphone and SIM cards. These were available to all those who were not able to provide their own.
- 2.11 A key factor to recognise is the very positive responses and cooperation CDARS experienced from its existing funders throughout this crisis. This included approval to move funding on a temporary basis from original areas to cover needs and gaps in other areas. CDARS has been most appreciative of this help from its funders- these are listed in **Appendix A**.

Part 3. FEEDBACK FROM CDARS CLIENTS AND STAFF

CDARS Service Users Feedback

- 3.1 The views and feedback from clients were sought by a questionnaire. The relevant CDARS staff member contacted the service users and completed the questionnaire forms. In total, 61 clients participated in the survey. An analysis of their response is in **Appendix B**.
- 3.2 The main findings were:
- a. The gender mix was fairly even – 33 females and 28 males
 - b. Most were in the age range 30-59
 - c. As to ethnicity, the vast majority were White - 44, with Black - 5, Asian - 4 and mixed/other - 8
 - d. The majority were from Wandsworth - 41 with 11 from Merton and smaller numbers from Mitcham, Kingston, Sutton, Kingston and Richmond.
 - e. The majority of methods used were: telephone support – 26; video Counselling - 11 and video support groups – 21 –counselling 24 (see Figure 1).
 - f. A large majority attended over 10 sessions - 36 while 12 attended 6-10 sessions
 - g. Alcohol related problems were the main reason for attendance – 43, with Mental Health, Social connected and general support were in the range of 18/19, and Drug related was only 6 (see Figure 2).
 - h. The satisfaction scores were impressive: - scores of High/Very High:
 - o With the services: 57 clients
 - o CDARS staff effectiveness: 60 clients;
 - o Attention to issues; 56 clients;
 - o Expectation of online services: 54 clients.
 - i. As to whether the outcomes would be better face to face, the answers Consisted of: Yes: 26; Same: 20; and not sure: 11

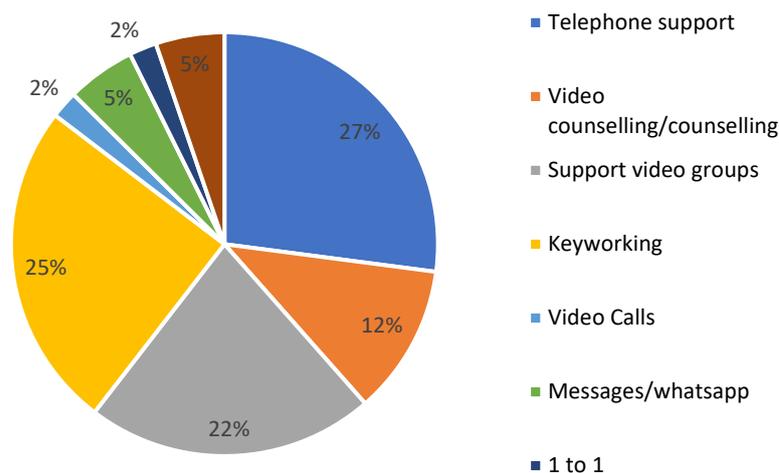


Figure 1. The various methods of support implemented and accessed by service users

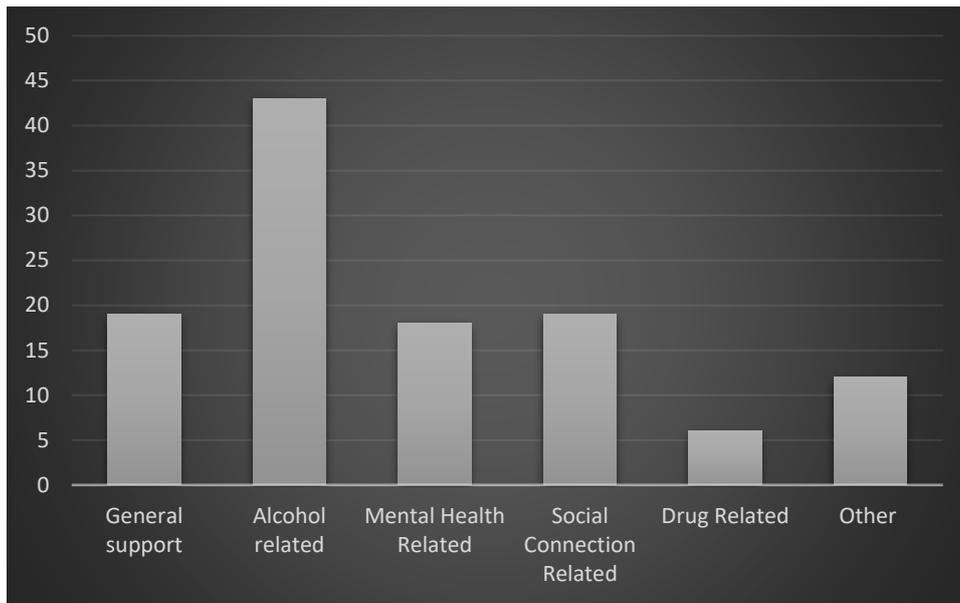


Figure 2. The reasons for attending and support accessing

3.3 CDARS has received over 100 letters/emails of appreciation from their service users.

CDARS Staff Feedback

3.4 Likewise a questionnaire was sent to 7 members of staff. A summary of their replies are in **Appendix C**.

3.5 The main findings were:

a. Number of service users:

Pre COVID-19	During COVID-19
6	12
13	3-4 limits on café attendees
10	24
7	16
15-20	10-15
15-20	Around 10

b. During the lockdown, no face to face groups were possible so Zoom was used as well as telephone calls.

c. **The advantages** of remote working were:
Working without distractions and less paperwork; access to more Service users and staff in a more relaxed and safe place; no commuting, better team working and higher work rates.

d. **The disadvantages** of remote working were:
Difficulty in contacting other services; Sometimes Zoom signal is lost; The Sunshine Café had to work to tight restrictions. Not possible to meet the needs of service users all the time.

e. **The lessons learned include:**

We were able to offer a high level of support using IT etc. It is important to be competent in all ways of providing services. Zoom is very good but not as effective as face to face meetings. More time available for clients. Some prefer remote working with its confidentiality and convenience.

f. **More training:**

In IT and need to make service users fully aware of how to work online.

g. **Other points:**

Quote by a CDARS staff member *'Proud of the way the whole team performed during this crisis.'* This is the way to work in future, we need to maintain staff contact to improve team spirit

Part 4. ASSESSMENT OF CDARS COVID-19 RESPONSES

Our Assessment – Relating to CDARS Vision, Mission, Values and Objectives

- 4.1 We consider it relevant here in our assessment, to first refer back to CDARS Vision, Mission, Values and Objectives –as published on its website. These are listed in **Appendix D**. We then provide our assessment and take into account CDARS existing performance indicators.
- 4.2 Very briefly the key points of CDARS Vision, Mission, Values and Objectives are:
- | | |
|-------------------|--|
| Vision | “Improving the lives of vulnerable people and those with complex needs” |
| Mission | “Providing a holistic approach ... for the wellbeing of clients...”
“...Focussing on their recovery ...”
“... Supporting and providing information...” |
| Values | “...Client centred – inclusive –respectful –non-judgmental” |
| Objectives | “...the provision of a range of psychosocial services...”
“To limit the harm that comes with mental health...”
“...to raise awareness about the risks associated with mental health” |
- 4.3 The above statements reflect the core activities of CDARS. In our view, based on the information we have received, we believe that these have continued to be fully respected throughout the COVID-19 crisis.

Our Assessment – Relating to this Review

- 4.4 In assessing CDARS performance, we look the evidence relating to four main aspects –all relating to what CDARS did compared with its normal operations:
- Whether the range of services provided was adequate
 - The numbers of service users served during the period
 - The feedback from the service users on the services
 - The feedback from the staff

4.4 a. **The range of services.** As shown in paragraph 2.7, **all the services were provided** throughout the crisis period, albeit delivered mostly by virtual means. The main difference being was the need to comply with social distancing guidelines. It is noteworthy that the charity also increased its range of services to meet the changing requirements – the emergency 24/7 telephone support; the provision of smart phones and the meals service.

b. **The numbers of service users served.** Paragraph 2.7 also sets out the numbers of service users served before and during the crisis. This shows that **for the majority of services, the numbers were basically similar, or in many cases higher.** Services with markedly less attendees are the Sunshine Recovery Café and the Health and Well Being Programmes. Both were affected by the social distancing rules. Again, it important to note the numbers accessing the three new services. This pattern of attendance is repeated in paragraph 3.5 –part of the feedback from the staff.

c. **The feedback from the service users.** The very high client satisfaction scores awarded in the questionnaire –see paragraph 3.2 h and l, and **Appendix B**, clearly **shows that the service provision continued to be of very acceptable levels.**

d. The **feedback from the Staff**. The staff reaction –see paragraph 3.5 and **Appendix C**, shows that they were able to adapt to the new circumstances and **able to provide a better service than previously**

CDARS Key Performance Indicators (KPIs)

4.5 As part of our review, we felt that it would be useful to include some details of the various KPIs that CDARS is required to submit to its commissioners and other funders. Set out below are details of some of the KPIs provided by CDARS.

4.6 CDARS provides a range of services funded by a variety of funders and commissioners. For example:

Programme	Funders
The Day Programme for Substance and Alcohol Misuse	Wandsworth and Richmond Public Health
The Day Programme	Subcontracted from South London and Maudsley NHS (SLAM)
The Sunshine Recovery Café	South West London and St George’s Trust Mental Health Hospital (SWLSTG)
The Health and Wellbeing	Combination of grants received from: <ul style="list-style-type: none"> - The National Lottery Community Fund - City Bridge and Wimbledon Foundation
Suicide Prevention Programme	The Henry Smith Charity
Veterans Programme	Army Covenant Fund

4.7 Thus, the different services aim to achieve different objectives and targets. These depend on the expectations of the relevant funders/commissioners, and on the nature of the service itself.

4.8 However, some of the required KPIs are common, and these are:

a. Services are open and reach as many possible residents of the Boroughs that CDARS serves.

b. Access to the services provided must be fair and equal for all CDARS service users and pay particular to the most vulnerable people - such as those with disability, neurodiverse people, women and those with various and complex needs.

c. In terms of annual targets for the provision of the various services, the KPIs set by the relevant funders for the numbers of service users are as follows:

The Day Programme for Wandsworth and Richmond -300

The Sunshine Recovery Café - 600

The Health and Well-Being Programme – 400

The Suicide Prevention Programme - 70

The Perpetrators of Domestic Violence - 40

- 4.9 We understand that, given the current difficult situation, the various funders and commissioners of the CDARS services **remain content that CDARS is continuing achieving its relevant KPIs.**

Conclusion.

- 4.9 **We believe that CDARS not only continues to meet its objectives, in terms of numbers of clients seen, the quality of services provided and satisfaction levels- and in fact has exceeded them.**

Part 5. RECOMMENDATIONS FOR THE FUTURE

- 5.1. In this part of our report, we set out below a number of recommendations for the CEO and the senior staff to consider.
- 5.2 To organise a staff meeting – an ‘Away Day’ to discuss the operations during COVID-19, to identify lessons learned and to implement any changes needed.
- 5.3 To continue with ‘hybrid working’ –a combination of the new virtual working methods and face to face as appropriate.
- 5.4 To continue the use of Smart phones, and expanding this service as needed.
- 5.5 To undertake a Training Needs Analysis with staff and clients relating to the use of new technology. IT and the use of Zoom meetings etc. and conduct any required training.
- 5.6 To produce simple/basic guidance for service users on use of IT/Smart phones.
- 5.7 To update policy documents to reflect changes in operations.
- 5.8 To brief the relevant stakeholders - circulate this report to the commissioners and funders on the results of this new way of working and its success.
- 5.9 To draft and issue a press release/PR statement on how the success of these new ways of working to show the dynamic way CDARS has coped with the COVID-19 crisis.

Appendix A

CDARS and its Operations

The Services provided by CDARS at the present time are as follows:

Name of Service	Outline of Service
Richmond and Wandsworth Day Programme for Substance and Alcohol Misuse	<p>The new Day Programme started in April 2020, the programme is designed to support people with an addiction to substance misuse and/or alcohol misuse, works even closer within the local community and in partnership with a wide variety of local organisations. This covers the Boroughs of Wandsworth and Richmond.</p> <p>The service is designed to be:</p> <ul style="list-style-type: none"> • Strongly Recovery Based. • Strongly linked to and utilises existent community assets (such as existent: ETE, housing, debt advice, sexual health, etc) that meet service users holistic needs. • Utilising service user's inner and external strengths and opportunities, by helping them to get in touch and foster these to the fullest. <p>The service is delivered as a sub-contractor of South London and Maudsley and as part of a consortium with other organisations, such as Addaction and St Mungo's.</p>
Sunshine Recovery Café for Mental Health	<p>The Sunshine Recovery Café has been now running for over three years and is extremely well established and popular. Is a service that caters for people diagnosed with mental health issues, or who are at risk of developing mental health issues. The idea of the service is to provide a relaxed informal environment that service users can access at a time when they need it most, without feeling the pressure to talk about any problems or issues, but they can simply have a cup of coffee and some food and socialise with other service users, or they can drop-in in a crisis, if needed and talk this through with a professionally trained counsellor. The service is open 7 days per week 365 days per year till 11.00pm.</p> <p>The service is commissioned by the local Clinical Commissioning Group, through South west London ad St George's Mental Health Trust.</p>
Recovery Café for Women's only	<p>This service was born out of service users requests, as various female service users of our recovery café, needed and wished to have a space only dedicated to women's needs. This was born now close to 2 years ago, with a 3 year funding by the Pilgrim Trust.</p> <p>We provide 3 morning sessions for women's only during the week, where various activities are provided, such as: counselling, support groups, educational workshops, health and well-being programme is also embedded within the sessions, alongside with arts and crafts activities.</p>
Health and Well-Being Programme	<p>The Health and Well-Being Programme started originally in September 2016. This is a programme funded first with a 3 year grant from Big Lottery Community Fund (BLCF). The programme, which is for the residents of the Boroughs of Wandsworth and Merton, aims to improve the health and well-being of our service users. It includes services, such as: nutrition classes,</p>

<p>Outreach Programme</p> <p>Arts and Crafts</p> <p>Culture and Arts</p>	<p>mindfulness sessions, yoga sessions, health advice, ETE classes, education and skills improvements, educational and recreational outing days, gym attendance, stop smoking classes. The first grant period of 3 years from the BLCF, came to an end in September 2019. However, very generously the BLCF has agreed to extend the funding for another 3 years, the project is now funded up until September 2022.</p> <p>As a result, the programme has expanded taking into account our learning experience, feedback and suggestions from our service users. Therefore, we run now an even more consolidated and comprehensive programme than the previous one.</p> <p>We have also managed to receive further funding from other funders, that added to the programme, have supported CDARS in developing the service further. One funding scheme is from City Bridge, which started in February 2020, this funds the provision of the Health and Well-Being programme on an outreach basis, giving the residents of Merton and Wandsworth living in more deprived areas and estates, very often those who most need the services, to attend the activities as well. Another very important funding scheme that has been added to the health and well-being programme, comes from the local funder Wimbledon Foundation, this has supported CDARS in developing the programme in the provision of the arts in relation to culture, to be used as therapeutic elements.</p>
<p>Suicide Prevention Programme</p>	<p>At CDARS we acknowledge that supporting people with suicidal ideation is perhaps the hardest issue to support someone with, which can leave staff feeling anxious and reduce their confidence levels, if staff are not adequately trained, prepared or provided with enough resources. Therefore, in order to respond effectively to this specific and sensitive need, CDARS has sought external funding to employ a Suicide Prevention Specialist Worker.</p> <p>The programme has been funded for 3 years by Henry Smith Charity since October 2019. The programme is delivered from our Sunshine Recovery Café in Wimbledon Chase. The programme is designed to respond to crisis episodes of residents of the Boroughs of Merton, Wandsworth, Sutton, Richmond and Kingston affected by mental health issues.</p> <p><u>What we aim to achieve</u></p> <p>This aim of the programme is to support people who are at risk of suicide or suicidal ideation, residents in the five London Boroughs of Merton, Wandsworth, Sutton, Richmond and Kingston. The Programme aims also to reduce numbers of suicide attempts among people with mental health problems within these Boroughs.</p> <p>It provides a holistic suicide prevention service for service users who have severe and enduring mental health issues or a common mental disorder such as stress, anxiety or depression. The programme helps service users identify being at risk and to reduce their feelings of suicidal ideation and provide the propensity to plan and commit this by providing a mixture of immediate short-term crisis help, medium and long-term support.</p>

	<p><u>What we offer</u></p> <p>The programme employs a highly trained and experienced Suicide Specialist Worker supported by two trained and well volunteers/recovery champions. The volunteers/recovery champions have themselves lived experience of suicide ideation and support the Specialist Worker throughout the delivery of the programme. We also provide support in the area of Suicide Prevention and Management, to other local organisations, as well as carers and family members within the five London Boroughs, Merton, Sutton, Wandsworth, Kingston and Richmond. Such as:</p> <ul style="list-style-type: none"> • Training • Workshops • Education • Guidance and Advice
<p>Veterans Support Programme</p>	<p>Initially, the programme started in August 2017, with a funding scheme from the Royal British Legion. Currently CDARS with new funding from the Armed Forces Covenant Fund, is delivering a music choir for veterans and civilians experiencing a mental health crisis or more chronic mental health conditions, as well as substance misuse.</p> <p>Open to residents of South West London, the project aims to enable veterans with an addiction or a mental health problem to maintain long-term sobriety, good health and wellbeing and to get back into work, volunteering or training. To achieve this, the veterans are integrating CDARS' mainstream (civilian) services and CDARS' recovery café alongside civil service users. The project helps combat loneliness and isolation by creating a sense of camaraderie and cohesion between civilians and veterans who will build support networks and long-lasting friendships, which will carry on beyond the existence of this project. It will also challenge the stigma of each group about one another.</p> <p>CDARS employs a Music Choir Coordinator who oversees the smooth delivery of the programme, coordinating the activities delivered by the Choir Master. He is responsible for promoting the programme, working with local partners to raise awareness about the programme locally, including Haig Housing in Morden, WDP, St George's Hospital, Kingston Hospital, Richmond Hospital, Sutton Gym, The Bridge Café Kingston, Hestia Café in Tooting, Wimbledon Guild, YMCA in Wimbledon, Faith in Action in Wimbledon, and the voluntary sector Mental Health Forum. He also manages the monitoring and evaluation of the programme.</p>
<p>Phoenix Project. A programme for perpetrators of Domestic Violence</p>	<p>Principles of the Programme</p> <p>The programme is based on the core element of DV perpetrator intervention of behavioural change, on the following principles and research findings:</p> <ol style="list-style-type: none"> 1. Perpetrators who receive treatment, whether in prison or in the community have a lower reconviction rate than those who do not receive treatment. 2. Mandatory treatment has similar levels of impact as voluntary treatment.

	<ol style="list-style-type: none"> 3. Programmes that offer a combination of group and individual work is more effective. 4. Perpetrators of DV must take responsibility for their violent behaviour, the behaviour was learned and can be unlearned. 5. Violence against women and children is unacceptable and perpetrators are accountable for their abusive behaviours. 6. Assists perpetrators to change by recognising that use of violence is a choice and challenge any denial, justification or blaming of others (while treating them with respect). 7. Seeks to understand the complexity and different paths that may lead up to violence and how perpetration factors may be disrupted at the societal, institutional, community and individual levels. 8. Tailored towards different “types” of perpetrators (based on background, personality, and attitudes).
New Services	From April 2020
<p>Online Virtual Support, one to one and support groups via video calls and telephone calls</p> <p>Community Kitchen and Food Programme</p> <p>Smartphones and SIM Cards for</p>	<p>As we all know, at the beginning of this year, the UK and the rest of the World has entered a period of intense uncertainty due to the COVID19, including a significant total lockdown. All our services have therefore had to adapt to ensure the safety of our vulnerable clients.</p> <p>We are proud to say that at CDARS we have used this as an opportunity to identify more closely the needs of our service users and support them closer than ever before. Our services have adapted and improved further as a consequence.</p> <ol style="list-style-type: none"> 1. We have, since the end of March 2020, moved all support to be accessible online including video groups, one to one telephone calls and calls to ensure our service users maintain their mental health and wellbeing during this period of anxiety and our staff are there to offer this crucial support. Except the recovery café, because of its nature, which continues to run face to face with all the due safety measures as advised by the UK Government. 2. Thanks to the generosity of our existing funders, like the Big Lottery Community Fund, City Bridge, Wimbledon Foundation, etc. who have permitted us to adapt our services, and the generosity of new funders who have invested in CDARS, such as the Wimbledon Foundation, Wandsworth Grants Fund, Albert Gubay Foundation, Awards for All, Carluccio’s Foundation and many others. We have managed to put in place an emergency service to ensure that our most vulnerable service users, who are self-isolating have access to their basic needs, including food and medicines. To do so, we have safely since April 2020 cooked healthy and warm meals every day and delivered this with other groceries to their door. Since April 2020 we have delivered over 1000 warm meals to over 300 service users regularly. 3. With a new grant obtained from the London community Fund at the beginning of year 2020, we have managed to equip our vulnerable service users with smartphones and sim cards with data,

<p>Service Users Programme</p> <p>24/7 Crisis Telephone Support</p> <p>Kitchen White Goods for Service Users Programme</p>	<p>so that they can all have access to our online services. Irrespective of their financial situation.</p> <p>4. With the same grant as above, CDARS was able to start a provision of a 24/7 Crisis Telephone Helpline. Service users can contact us at any time, if needed, day and night, 23 hours a day, 7 days per week. One of our trained and dedicated staff is always on call to answer them.</p> <p>5. Furthermore, with a new grant from the Albert Gubay Charitable Foundation, we have managed to equip our vulnerable service users with kitchen equipment so that they can cook at home, this together with regular cooking classes delivered online via zoom sessions, by our qualified and passionate Nutritionist Dr. Lesley Anne Kerr.</p> <p>The services above have been highly well received and it is obvious that for most of the service users, these have been and are crucial life-saving services, through the COVID19 pandemic emergency crisis. Therefore, CDARS has decided to continue to provide these services and have now become embedded permanently within our other services provided.</p>
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Virtual Work Questionnaires Analysis

Gender

<i>Female</i>	<i>Male</i>
33	28

Age

Under 30	30 -39	40 - 49	50 - 59	60 +
9	12	20	11	8

Ethnicity

Black	White	Asian	Mixed/Other
5	44	4	8

Borough

Mitcham	Kingston	Sutton	Morden	Wandsworth	Merton	Teddington	Richmond	Unsure
2	1	2	3	41	8	1	3	1

Attendance method used

Telephone Support	Video counselling/ counselling	Support video groups	Keywork- ing	Video calls	Messages/ Whatsapp	1 to 1	N/A
26	11	21	24	2	5	2	5

Number of sessions attended

1-5	6 – 10	Over 10	N/A
12	12	36	2

Reason of attendance (for more details – see Excel spreadsheet)

GENERAL SUPPORT	ALCOHOL RELATED	MENTAL HEALTH RELATED	SOCIAL CONNECTION RELATED	DRUG RELATED	OTHER TYPE OF SUPPORT RELATED
19	43	18	19	6	12

Satisfaction analysis

Satisfaction:	During attendance to the service	Effectiveness of CDARS staff	Attention to the issues given	Expectation of online services
Very Poor	0	0	0	0
Poor	1	0	1	1
Average	2	1	3	4
High	10	8	8	15
Very high	47	53	48	39
N/A	0	0	1	2

Would outcome be better face to face?

Yes	Same outcomes	Not sure	N/A
26	20	11	3

IMPACT REPORT ON ENSURING EQUITY OF SERVICE DURING PERIODS OF CRISIS

EXPERIENCES AND VIEWS OF CDARS' STAFF

Can you kindly complete this and return it to tonylavender@hotmail.com by 19 July

1. How many service users do you handle: a. Normally 10; 15-20; 13; 1n-20; 7; b. During lockdown 24 ; 10; 3 or 4 [due to lockdown] ;10-15; 16;
2. During Lockdown, how many service users did you contact via:
 - a. Telephone support.22; 10; ;7;30; 10; [?];16;
 - b. Video counselling 0; 0;0; 6; 0; 0; 10; c 4-5; . group video. 0; 0 0; 8; 0 ; 0 f. face to face . 0; 5;18; 9; 5-10;0; 0

3. How many Smart phones did CDARS provide –and was there any problems – did you need to give any training on the use of Smart phones/ zooming?

1; 1;

I did not give any training on smart phones or zooming.

4. What services /methods/ techniques do you normally use and which ones could you not use during the Lockdown

Printer; fax ; flip chart ; group room

Telephone and face to face

Usually group sessions. -in person but could not during lockdown but groups were accessible virtually

We could not do any groups at the cafe due to lockdown

Used telephone contact and face to face . Not able to have face to face groups. Some clients did not want to use zoom.

Normally give. One to one support with social distancing ,and use telephone to do welfare checks via calling; texting and voice mail.

5 What were the advantages/disadvantages of remote working :

- a. Advantages .1 Work without distraction ;manage to get more work done; set own work plans/tasks; peaceful ; no need to upload lots of paperwork; team meetings regular ; 2. Satisfaction of cafe users at being able to talk to us; this helped them with feeling isolated. 3. Access to more clients in a shorter space of time and able to access a greater number of clients. Only those access the service rather than those who use it as a social which is not its intended purpose of the service .4. You have your own space. 5. Clients who answer the. Phone were pleased to be contacted and did not feel alone. 6. You are able to remain safe in your own surrounding. 7. No commute time, uncomfortable shoes or traffics delays. More relaxed in home environment. No constant phone ringing in the office and people knocking on the doors regularly when you are doing your ork. Less detractions and can get on with my work. Better team working and communication is regular and good support to discuss clients and workload .eekly team meetings via zoom now which were not always possible as workers irked on different days . Much more interaction with staff support. .can take home extra work

b. Disadvantages ; lack of IT skills ;some IT tasks take too long to complete ; frustration with IT works. 2. Frustration that some clients had to stay at home and not interact with others .3. Difficult to have a real/truthful conversation with clients over the phone as you are unable to see the person and gauge how they are interpreting what is being said and the support being given. Not clear about the actual follows and understanding of the information given.; lack of team cohesion and feeling included as there is no regular group meeting or seeing the team in person; less client contacted if they did not have access to, or did not know how to use the technology. 4. You get distracted with personal stuff. 5. Some clients stated that they felt isolated because they had to be shielding, Following the policy for shielding the clients were not allowed to attend the services which made individuals feel uncomfortable although we were still in contact. 6. Not being able to see the client's reactions or expressions. 7. cannot see clients face to face . Miss interaction with colleagues.

6. What went:

a. Well 1. Cafe users were free long reassured and supported 2. Zoom sessions i.e. one to one with clients overcame their isolation 3. Maintaining contact with clients and potentially more frequent interactions. 4. Communications with staff/professional and some clients able to call staff for help. 5. Clients engaged well [especially counselling clients] and felt more relaxed talking from the comfort of their own homes. Less stress from home. At the outset of lockdown people were not sure. But as time progressed they have adjusted .6. Well knowing that I could still provide a service to clients supporting individuals with their needs with the. Use of technology. 7. The feedback from clients in distress.

b. Not so well . 1. Trying to contact other services who would not answer calls or not contactable during remote working. Most communication done via emails rather than by. Phone. 2. No training. EPJS training delay. 3-. 4. You really cannot explain yourself on Zoom due to sometimes technical problems or losing signals..5. The restrictions the cafe had to follow from PHE. 6. To inform clients of the restrictions, following guidelines from public health , PPE basic hand washing. 7. Not being able to meet the needs of clients all the time.

7. What lessons were learned

1, We were able to provide high level support using a wider range of methods of communication with cafe users. 2. This has been an experience of how important it is to be competent in all ways of providing services to clients 3. Zoom is a very good tool to use if clients cannot make it to face to face sessions. 4. N/A 5..not to get upset if i cannot do a task on the computer. 6. That this is not as effective as normal one to one sessions..7. I can take on more client workload and able to give clients the time, so they do not feel rushed. We have clients who are vulnerable and have complex needs . With mental health issues find it hard sometimes to focus on face to face. Offers

employees more flexibility and a better work/like balance without affecting productivity. Getting the work done and some clients said they like the choice of being at home for a counselling session rather than coming out.

8. How can we do better in future when remote working.

1. Having IT training on the EPJS system face to face rather than online, as then the opportunity to ask more questions and clear. 2. Training would be useful. 3. Maintain staff contact to be feel included as a team and to be updated more on changes and differences that are occurring in such a short space of time especially in a difficult situation. 4. Better equipped with smart phones and contact details. 5. To have more training around the new technology so I can be competent to deliver the service that is needed to keep our service. 6. Provide further training to improve the level of competence using the new technology. 7. Make clients more aware of how to use certain applications on line.

9. Anything else you might wish to add?

1. I am proud of my whole team to be working right through the Covid 19 crisis. 2. [3.it](#) appears this may be the way forward with providing most services using apps. At first I was so anxious of using some of the zoom apps. 4. Not at the moment. 5. N/A. 6. -. 7. At the beginning I thought it was going to be difficult to do remote working in our service. However, as everyone had to change due to Covid 19 we also had to adjust our way of working to suit family life and client work. We provided tablets to telephone clients and do Zoom work was helpful. This provided me the tools to undertake my work than having to use my personal phone for client work anymore. Also able to take on extra hours of work

Thank you. Tony Mob. 07968 122 872

Appendix

CDARS Vision, Mission, Values and Objectives

CDARS's vision:

“Improve the lives of vulnerable people and those with complex needs arising from the ill-effects of addiction to alcohol, drugs, mental health and other psychosocial conditions.”

CDARS's Mission:

- Providing a holistic approach to help improve the mental, physical, social, and emotional health and well-being of clients
- Focusing on their recovery and re-integration in society
- Supporting and providing information to members of their families and carers

CDARS's Values:

CDARS is a well-respected organisation with over 25 years' experience delivering psychosocial services to substance misusers, mental health, and their family members. At the heart of our organisation are strong values, we are:

- Client centred
- Inclusive
- Respectful
- Non-judgemental
- Confidential

CDARS's Purpose and Objectives:

The purpose of the charity is the advancement of health, the relief of poverty, the relief of those in need and the advancement of education by, particularly but not exclusively, the provision of:

- 1) Health and well-being programmes.
- 2) Training and education classes, such as CV writing, interview skills, and job application classes.
- 3) The delivery of recovery cafés for people who are at risk of mental health.
- 4) Counselling, support groups and other psychosocial interventions for people affected by addictions, mental health, and other related psychosocial conditions, as well as for carers and families.
- 5) Day programme for people affected by addiction to substance and alcohol misuse.
- 6) Access, whenever possible and appropriate, to research institutions for the advancement of education and knowledge in the areas that we cover.