



COVID-19: A Consultation on the Response of Recovery Connections

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1 Introduction

1.1 Introduction

In August 2020 we were commissioned by Recovery Connections to review the response of the organisation to COVID-19 and the national lockdown. In order to undertake this work, we consulted with a number of staff within Recovery Connections and with a number of people who were accessing the service. The focus of our consultation is the community support element of service provision.

It is important to note that this snapshot consultation was undertaken on behalf of Recovery Connections to explore the organisation's response to COVID-19. The key focus of exploration is the community support element of the service delivered by Recovery Connections.

1.2 Methodology

We explored the initial response of Recovery Connections, the work undertaken during lockdown and views on service delivery post-lockdown/living with COVID-19.

We undertook the consultation using a number of methods:

- Two socially distanced face to face interviews were undertaken and one telephone interview was undertaken.
- We also held three focus groups: one with staff and volunteers and two with people accessing Recovery Connections.

Participants in the consultations are detailed below:

Recovery Connections Staff

We interviewed a number of members of staff on a one to one basis:

- Regional Manager
- Community Team Lead (Middlesbrough)
- Service Manager (Gateshead)

We also held a focus group with six individuals, including student social workers who had their placement at Recovery Connections, Middlesbrough. The group also included two members of staff from Gateshead and two from Middlesbrough.

Individuals accessing the Recovery Connections service

We held two focus groups with people who were accessing Recovery Connections.

The first focus group held on Zoom had five participants. Whilst the focus of this report has been on the community support provided - four of the participants from this group were accessing the quasi-residential rehab in Middlesbrough. However, they were able to provide important views on Recovery Connections, staff and the way in which Recovery Connections had responded to COVID-19 and the lockdown. The remaining participant was accessing the community support element of the Gateshead service. Three participants were female and two were male.

As we were interested in a view from those who were being supported within the community, we therefore convened a second focus group. The group consisted of six individuals accessing Recovery Connections community support. Three participants were female and three were male. Five participants were accessing support from Middlesbrough and one participant was accessing support from Gateshead.

Appendices: Appendix One outlines a Recovery Connections virtual timetable.

2. Findings

2.1 Recovery Connections Staff

2.1.1 Initial Response to COVID-19

The national UK lockdown commenced on the evening of Monday 23rd March 2020. This was announced by the Prime Minister on that evening.

Across our interviews, we gained an impression that there had been an awareness of a pending potential lockdown the previous week. An early 'alarm bell', for many staff, was when an older, vulnerable client from the rehab was sent home to shelter. Management were also monitoring Public Health updates on an ongoing basis.

2.1.2 Initial Work

As the issue emerged, the key questions for management was 'what can we do with the resources that we've got'. On the ground, work was led by the Service Manager of the Gateshead service and the Community Lead from Middlesbrough. Work was guided and overseen by the Regional Manager and led by the Chief Executive.

It was clear that the key, initial concern was to ensure that people accessing the service could have equitable, constructive and appropriate access to support. This drove innovation:

'Caring for people - how could we get that online?'

'We just flicked a switch and thought how can we give the guys access? How do we put it online and how do we make sure that people have the technology and the data to get access to it online? And how do we pay for it?'

'When we heard that we were working from home our first thought was what about the people who need our service? There has got to be some kind of support for them'

In terms of community provision, it was recognised that there would be no people accessing the service within the building, due to the extensive nature of the lockdown, and all face to face

meetings and groups were cancelled. The need to address change was reflected in the need to move the community support provision from a largely face to face model of delivery to a virtual, online service and a telephone service. This meant an almost wholesale shift in terms of delivering the service.

In interviews with management, it was also evident that looking after the needs of staff (and supporting staff) was also of paramount concern – and was also regarded as a priority.

During the week commencing 17th March, work began on planning and developing an alternative model of delivery. This would build on elements of the existing service, where appropriate.

2.1.3 Developing a Virtual Offer

During the week commencing 17th March, Facebook was initially used as a route through which contact with people who needed the service could be established. Early uptake was limited and this further reinforced the need to develop another virtual approach.

Contacting people who were accessing Recovery Connections

Staff from Recovery Connections contacted individuals who attended groups within the service (such as SMART) to advise them that the groups would be cancelled on a face to face basis for the foreseeable future. Staff had an understanding regarding the identity of attendees. Many of these individuals were contacted by **telephone**.

A **letter** was also sent out to all individuals accessing Recovery Connections to advise them of the changes that were taking place.

Key partner organisations were also advised of this decision.

Social Media and a range of communications platforms were used during this period to keep updates on the situation.

Recovery Connections Online Timetable

A switch to virtual delivery was conceived and developed rapidly and at a very early stage of the pandemic. This was led by the Gateshead Service Manager and was undertaken within a matter of days to ensure that there were no gaps in service. Indeed, development commenced on Wednesday 18th March and was in place for week commencing 23rd March: effectively three working days.

There was a quiet pride amongst many staff regarding the speed at which Recovery Connections were able to make available the online timetable:

‘The turnaround was unbelievable. There weren’t many people doing at the time’

The source of pride very much revolved around the fact that people accessing the service did not have to wait very long until they could re-access support within a group environment.

Whilst the three services (Stockton, Middlesbrough and Gateshead) previously had three timetables specific linked to their locality, a combined regional timetable was developed.

During the initial phase of the virtual timetable there were only a small number of groups available. These were focused on two elements: peer support and support, in general – and having fun.

SMART was not one of the initial groups to be developed as there was a lack of clarity regarding the SMART licence and using Zoom as the platform. SMART was added at a later date, once this was established.

Each virtual group is facilitated by **two members of staff** (sharing the timetable across all services ensured that the number of staff to support the sessions was maximised). This enables one member of staff to monitor/facilitate the session (if required) and another member of staff to manage the technical aspects of the virtual meeting – such as monitoring the waiting room. Staff had previously used Zoom for international coaching sessions and were therefore familiar and comfortable with the platform.

One of the key early learning points was to move towards **password protecting** groups – as a meeting had been accessed by people regarded as ‘trolls’. The waiting room facility was also introduced.

Throughout the pandemic, the timetable has been regularly **reviewed and amended**.

Consultation and feedback with people accessing the service has been an important part of this process.

There was general agreement that the Coffee Morning sessions had worked well. Individuals had been using it to ‘set their day up’ and the session started the day off with structure and a check in.

There was also an understanding that the Zoom meetings had encouraged mutual peer support within the groups.

2.1.4 Equity of Access

Having established a virtual model that was regarded as appropriate, the next step was to ensure that equity of access was created and grafted into the offer. There were two strands to this work: knowledge and hardware.

Knowledge: People accessing the service were informed on how to use Zoom: how to download the platform and how to use the platform. This information was also undertaken in coordination with the Communications Lead and was developed in a user-friendly format and was placed on social media sites and Facebook - in addition to ad hoc support by Recovery Connections staff with the people they were working with.

Hardware: It was recognised that connectivity and access would be a key issue for many people - but was also essential if individuals were to have appropriate and equitable access to the service.

Recovery Connections needed to take the next step, in terms of trust - which is a key value of the organisation. The Chief Executive was able, in a very short space of time, to access funding (or secured donated phones) to give to people accessing the service. The service therefore did their best to provide technology to all who required it: tablets, mobile phones, data, dongles - to ensure barriers to access were further reduced.

2.1.5 Telephone Support

In the short number of days between face to face contact being tapered off and the finalising of a virtual offer, Recovery Connections put in place an intensified telephone support offer to people accessing the service. Telephone support offered an initial opportunity to assess the needs of individuals within the new circumstances and an opportunity to talk through the changes to the service and also served as a reminder to people accessing the service that Recovery Connections would still be available in the coming months :

'We increased telephone contact straight away and asked people what they would want. Some people needed more contact'

A significant part of the Recovery Connections offer to people accessing the service throughout COVID-19 has been the telephone support:

'We've never been on the phone so much'

'We are constantly on the phone - wanting people to know that the service is still here and that things are still going in a different way and that that recovery support is still here'

Telephone support has been tailored to meet the specific needs of the person accessing the service - which can be tapered down or stepped up:

'At the beginning it was once a week. Once we get to know somebody and where they are at, then we plan with clients - some have requested one call a month, others two calls a week, for example. It depends on what the clients feel that they need'

In addition to regular telephone contact, people accessing the service were also told that they can contact the service, or their worker, should they require additional support or help. One worker discussed how he had sent the Zoom link to the people he was working with via telephone to ensure that any barriers to group access were further removed. He stated that many of the people he was working with liked this approach 'a lot'.

2.1.6 Challenges

A Time of Change (Pre-COVID-19)

It is also important to assert that aspects of the service were also experiencing change prior to COVID-19. For example, the Community Lead in Middlesbrough had just taken on his new role in management on 1st March 2020. Similarly, the Gateshead Service Manager had also just taken on her new role leading that service.

Just prior to lockdown, Recovery Connections had transitioned to a new IT system. In a number of interviews, it was acknowledged that an IT transition would have been challenging for many staff - and the fact that this happened during the pandemic further impacted on the stress levels of many staff.

Consistency of Support and Relationship Building

One of the main challenges discussed by one interviewee was the concern that they were able to offer a consistency of service, support and contact across their caseload. This was particularly the case once there was a significant increase in referrals from a key partner agency within the system:

'Because there is a lot of people open with community or are wanting recovery support coming through - you can try and contact them, maybe twice a day, but then there is another person to support'

Ordinarily, many individuals would access the Recovery Connections building, meet with their worker, informally drop-in - so there would previously have been many opportunities for informal contact and support on an informal basis. During COVID-19, contact was principally

proactively undertaken and the responsibility of, Recovery Connection workers - with every client.

It was stated that there was also an onus on the individual accessing the service to make a specific telephone call if they were requiring support and be explicit regarding that requirement - if this was outside of their regular and timetabled telephone support session. Whereas they could, pre-COVID-19, have attended the service and raised the issue - lightly - during a discussion with a worker:

'If they are having a bad day, they have to ring you and basically say 'I am having a bad day''

There were also concerns about the impact on building relationships on an ongoing basis with people accessing the service, when not seeing them regularly face to face.

Safeguarding

During COVID-19, it was stated that there were 'not as many eyes and ears about' in terms of ongoing informal monitoring and contact with people accessing the service - and this was a concern, in terms of potential safeguarding issues. However, attempts were made to contact people through a number of routes and by contacting colleagues within other organisations. Letters were also sent in order to further promote re-engagement, where necessary.

However, even during this period we were told of one worker - appropriately PPE-attired - who was required to speak to a client on a bridge in a crisis / suicide prevention situation.

Culture

One key interviewee discussed the challenge of 'getting the culture right' when transferring to a largely virtual service.

2.1.7 Recovery Connections Staff

Support

We asked participants about the support that staff were provided with during the pandemic.

There were daily management meetings involving team leaders from across the region. This approach included check in with management, daily reports reviewing of guidelines and ongoing risk assessment.

We gained the impression that staff had received much support from their management. On a formal basis there were regular supervision sessions (every four / six weeks) and staff also had access to external supervision. One interviewee commented on the importance of the external supervision - 'a good, reflective space to see where I'm at'.

We gained the impression that management had been in regular contact with their staff during the pandemic:

'Always on the phone. There's an open culture with each other, Able to say if we are struggling'

'Getting used to a new way of working – we are very emotional people and we are going through this pandemic ourselves and we have a lot of feelings and confusion and we are not sure where we are and we are supporting other people with their stuff too. During the early days I had to provide a lot of support to staff to make sure they were alright'

There were regular team meetings – often on a daily basis:

'Daily meetings in the beginning at the end of every day for an hour to see how people were and what was going on for them'

When asked if Recovery Connections could have done anything more to support them during COVID-19. All staff said that there was nothing more that Recovery Connections could have done and they felt that they had received enough support and contact. We asked variants of this question a number of times.

One interviewee stated that they did not get a lot of formal supervision but had regular, daily and ongoing informal discussion with their manager.

The challenge of technology was discussed. One interviewee acknowledged this but was able to call his manager to discuss issues if he was struggling. The ability to screen share and be talked through was regarded as important. He felt that his manager 'filled him with a lot of confidence'.

Mutual Support

An issue that was discussed by many participants was the ebb and flow of staff mood and their ability to cope with the pandemic. Whilst it was felt that nearly all staff had, at some point, struggled with the general pressure of lockdown - there were always other staff who were available to help and support. It was felt that staff went through challenging periods at different times during lockdown:

'All of us have felt similar stuff at different times...dips...got frustrated, and other members of staff had that at different time. We have supported each other and brought each other out of it'

It was evident that mutual support had been an important aspect of staff support:

'I might as well have glued the phone to my ear; forever on the phone to each other - checking in with each other'

Key challenges for staff

- Isolation

A number of interviewees discussed one of the key challenges as isolation and the lack of ongoing, ad hoc, informal contact with colleagues during the day. These 'windows' previously provided an opportunity for informal discussion, support, sharing of experience – and friendship:

'Working in isolation. When you're in the building, you have that crack, you've got everyone around you, banter, you go and talk to one of your colleagues - and we all pulled on each other'

When a member of staff required support pre-lockdown they could informally raise the issue during a conversation or during the working day. To access the support during lockdown they needed to proactively telephone or email a colleague. As discussed by one interviewee, this felt 'more out of reach'. Staff were also mindful that colleagues were in a similar position to them and 'didn't want to put on each other'. This was discussed by one interviewee:

'At some point I kept everything to myself, and just put up and made do. That's because we want to be here'

- Human Contact

Staff regarded the lack of face to face interaction with others (both colleagues and with people accessing the service) as one of the biggest challenges they had faced:

'I really miss sitting in a room with people and having a chat. Seeing what's going on, getting that vibe with people. On Zoom, it's not the same'

'Colleagues - being around them. I love 'em. They are family. I missed been at the office, been around them. If I get stuck then there's someone there, in person' I've missed them'

Several interviews stated that a reliance on telephone and virtual contact with people accessing the service meant that this impacted on their rounded view of individuals: assessing body language, for example, was not available. The ability to use silence as a tool was also not available to workers during telephone conversations. In summary, it was felt that there was 'less information' available to workers:

'It's different sitting in a room with someone - you can gauge their energy - over a computer screen I don't think you see it as much'

'When you're doing calls, you can't use silence, when you are sitting in your room, you can use silence as a tool. We couldn't do that either, because when you go silent, it creates anxiety'

- Work/Life Balance

Strongly linked to issues of potential isolation was the issue of maintaining a work/life balance when working from home. Working from home was a new experience for many of the Recovery Connections staff. It was felt that, at times, this had impacted on staff. There was an awareness at senior management level of how this may have represented a challenge for single parents or carers, for example. It was also recognised that many staff were in recovery – presenting an additional challenge.

One member of staff discussed how they were working without breaks, including lunch. This was supported by another interview who felt that they worked at a much 'steadier pace' at work, whilst working at home they felt they were constantly asking themselves if they were 'getting enough done'. Again, this individual failed to take breaks when working at home.

Whilst staff were asked about the support they received from management (see above) – a number also recognised their own power in making changes and adapting to their new working life.

We asked staff if Recovery Connections could have done any work to prepare them for homeworking - they did not feel that anything additional could have been undertaken.

In many respects, we found that staff had, one way or another, and through the fullness of time, found a way in which they had managed to balance their work/home life.

There were a number of specific examples of individual support undertaken to enhance the home working experience. For example, one participant with historical back problems had been provided with a chair from work to use at home.

2.1.8 Strengths of Recovery Connections

Solution-focussed

Many interviewees discussed the solution-focussed mindset of those within the organisation:

'Every time we came to a blockage, we looked for a way around it we looked for a solution. Every challenge we faced – we looked to counterbalance that – instead of just living with it'

Pride and Passion

All staff spoke about the passion that they had for Recovery Connections, for the people they work with and for their job. Moreover, they also discussed the pride that they had for the way that the organisation responded to the needs of people accessing the service during the pandemic

'However scary it was, there is still the support for people who wanted the support. Nice that the service continued. Overnight you can't shut up, when a person has been supported for so long, you can't stop: 'sorry can't help with your recovery anymore''

'We're not here for money we're here because we want to do this job'

'I never came to this job and felt it was work work – but we have absolutely grafted. Workforce, their attitude, their passion'

'We've done well. We saw something coming, we made changes and made the service accessible as soon as possible'

'Because we care so much. We didn't want people to feel like they weren't supported – and they didn't have anywhere to go. So, we were pretty quick, to ensure we had things set up to support people.'

'I feel that as individuals, because of that real passion that we all have - collectively - using our own autonomy, it just worked - and whoever was putting the timetable together - it was just there. Because we are all so passionate, we just give it our all. It's almost as if it was magical. ...awesome'

'As recoverees – how ingenious we are. We get on anything and do anything that is going to help us in our recovery'

'We have fed people, made sure that people have data, phones, tablets. Amazing'

Trust

One member found the autonomy, and the trust that was placed in them at the start of lockdown to be 'exciting'. They felt they were trusted, valued and empowered. This initial experience had increased their confidence and their self-esteem.

One senior management interviewee felt that staff, generally, enjoyed aspects of the new way of working – not travelling to work, for example. As above, there was also a sense that staff liked the trust that had been put in them.

Management interviewees reflected on the resilience of staff during the lockdown.

Communications

A number of participants specifically commented on the breadth of communications that Recovery Connections now have and how this served the organisation well during lockdown:

'Social media has made us accessible – to wider Boro and to the client group'

The Communications lead, it was stated, had done an 'amazing job'. The organisation had been able to communicate via a range of platforms: website / Twitter / Instagram / Facebook / Twitter and all had been regarded as very important in 'getting the message out'.

Other Support Provided: Food

It was recognised that for people isolated during lockdown, food had been an issue. Many interviewees were proud of the response from the organisation when providing food to the community.

2.1.9 Working with others

Recovery Connections continued to receive referrals during lockdown. New referrals into the service were provided access to telephone support and to the timetable of virtual meetings.

In Gateshead, we gained the impression that communications with partner agencies had been positive and productive. Indeed, the service provided laptops to Recovery Connections. In Middlesbrough, there were allusions to a weakening of communications and a lack of clarity regarding the 'system' during a phase of the pandemic. A number of interviews also discussed a significant increase in referrals from a key partner at some point during lockdown. This also significantly increased the pressure on staff as caseloads increased – at a time when staff were getting used to new ways of working. One worker went from a relatively small, specific caseload to 50 in a fairly short period of time – thereby significantly increasing pressure on the individual.

2.1.10 People accessing Recovery Connections

We asked Recovery Connections staff a number of questions related to people accessing Recovery Connections.

Initial Response

Staff felt that, when speaking to people accessing Recovery Connections at the start of the lockdown, there had been a 'calmness' amongst many, and many were accepting of the situation. Many individuals were concerned, however, regarding the potential length of lockdown:

'I think there was a lot of disbelief. I think a lot of them thought it would be a temporary thing – asked about ideas when we could return'

'People reacted so differently. Initially, people thought it would be temporary (a couple of weeks) and then things would return to how they were'

It was also recognised that there was also a cohort for whom the prospect of lockdown was a frightening prospect. For many people accessing the service, they required reassurance that there would be a service there to support them:

'Their concerns were about everything. No one knew what was happening, the whole world was turned upside down. Their concerns were that they had something to attend'

Response to support

It was felt that many people were welcoming of the support that they had received during lockdown, and in many respects, this had met their needs, given the circumstances. The telephone calls were regarded as an important element of the support they had received, which 'would get them halfway through the week'. However, it was recognised that there was also a cohort of people who required a more intense level of support, in an ideal world, but the hands of the service were 'tied' due to the circumstances of the lockdown. It was stated that there was also a cohort who were 'keeping themselves well' throughout lockdown (without engagement with the service) who intended to re-engage when there was a return to a more normalised service.

As previously discussed, from a number of participants, we gained an understanding that for them, as workers and as a service, they had a reduced toolkit (due to the lockdown) in which to respond the variation of people's needs.

There was also recognition that for individuals with mental health issues, lockdown had been particularly challenging. Where possible, workers have supported via telephone and made referrals into appropriate services.

A number of participants discussed the adaptability of those accessing the service throughout the pandemic. Whilst this wasn't necessarily discussed as a surprise, it was an attribute that was commented on by a number of interviewees:

'The people who we work with - how they have adapted'

'It has shown that people are so adaptable. There is real strength within the recovery community'

One interviewee felt that, in hindsight, it was possible to track the stages of grief amongst many of those individuals engaging with the service.

Technology

A number of participants discussed a key barrier as the use of technology for people accessing the service. As previously discussed, Recovery Connections were able to provide technology that supported access into the service, but it was recognised that, during the early stages, a number of individuals struggled when using the technology for virtual meetings. It was felt that the service supported many individuals to use the technology, but workers were also open regarding their own challenges and limitations when using the technology.

2.1.11 Resetting the service: living with COVID-19

Anxiety

At the time of our first interviews, which were undertaken during early post-lockdown, it was acknowledged that some staff were anxious about returning to work, within an office environment. This was linked to the increased potential of acquiring COVID-19 and their health status.

Phased Return

It was recognised that any return to a pre-COVID-19 level of service would be phased.

At the time of our interviews, in both Middlesbrough and Gateshead, plans to explore ways in which elements of the service could be implemented were discussed. In Gateshead, for example, exploring a meeting within a park was being considered. In Middlesbrough, an exploration of using Bar Zero for a small number of individuals, with the meeting also being open on Zoom, was being explored. Risk Assessment was clearly a priority and safety was discussed as paramount.

It was also deemed important that any change in service delivery reflected the needs of people accessing the service - and their potential changed needs:

'I think people's needs have changed – society is completely different – for those who have been in isolation. My concern is how we move forward and phase that return – so it's not just another bombshell dropped'

In respect of any restart a number of issues were discussed: risk assessments linked to the building being used; an analysis of staff capacity; and a review of the needs of those accessing the service.

Virtual Provision

Many participants accepted that COVID-19 had created opportunities in respect of the virtual provision that had been adopted. It was felt that virtual opportunities had created opportunities for the most socially excluded to engage with the service and that if a virtual option had previously been in place (pre-COVID-19), some individuals may have engaged earlier with the service. It was recognised that the virtual option could also be a 'good starting point' for some.

At the service in Gateshead, which shares the building with a needle exchange /harm reduction service, it was stated that the virtual option promoted engagement for some people accessing the service, as this meant they did not have to come, physically, in or near the building:

'So, some people wouldn't come out to the building and they wouldn't come into meetings – they've opened up more'

One participant felt that Zoom meetings (particularly when shared across the region) had provided an opportunity for some individuals to 'open up' their world:

'They've built a great little group of their own (people from Middlesbrough and Gateshead); they are there for each other. You can see that camaraderie. Looking out for each other...helping each other out – it was really good'

It was also felt that the virtual provision could be included in the pre-hab pathway.

It was recognised that whilst a virtual pathway should have increased prominence in a menu of service options in any resumption of services, it was not realistic that when the service returns to a more normalised delivery to have the depth and breadth of the current virtual timetable – as this would tie in two members of staff on a daily basis and there was not the capacity to undertake this and other work related to caseload.

2.2 People Accessing Recovery Connections

2.2.1 Initial awareness of Covid-19

Participants had been made aware of COVID-19 through a number of routes:

One participant who had been waiting to access the rehab at the time of the lockdown had received calls from their CGL worker and from the pre-hab worker from Recovery Connections. It was evident that both of their workers (CGL and Recovery Connections) were working in

tandem to support the individual and this proactive work was much appreciated. Both made it clear that they were 'there' for the individual and were making regular daily calls to keep the individual updated. This partnership work helped to allay fears and provided reassurance that support was always available, and that progress would be made. At this stage the individual did not miss face to face contact, was undertaking their detox and the telephone contact met their needs.

This also mirrored the experience of another participant who discussed the good partnership working and support between Recovery Connections and CGL when preparing to access the quasi residential rehab service. At the time when the lockdown was seemingly imminent, the individual was very concerned regarding their potential stay within the rehab and stated that they felt they 'didn't have a chance of getting in'. However, they were assured of their place and received a telephone call confirming it.

Another participant reflected the view of many people and did not know how long lockdown would last. They recognised that this was the same for staff within Recovery Connections and understood that the organisation would also need to assess the situation on an ongoing basis. Ultimately the participant felt that he was kept in touch and they were grateful that the service remained open and continued to provide support.

One interviewee also stated that they were working with CGL at the time of the lockdown and had weekly contact with their worker. As they were also undergoing an alcohol detox, they were also in contact with their GP. Prior to the lockdown the individual had previously had no contact with Recovery Connections and first accessed the service following their detox. This contact was via telephone support and Zoom. The handover was regarded as smooth.

One individual had left the quasi residential rehab at the end of lockdown. Ordinarily, this individual would have had a full face to face package of post rehab support in place. This would have included the opportunity to re-access the Recovery Connections building on a daily basis. However, due to COVID-19 and lockdown this was not an option – although daily virtual meetings and telephone contact was available. Following a relapse, the individual re-engaged with services, including Recovery Connections via Zoom meetings and telephone support. It was felt that the support and the groups had helped the individual 'get back on the ball'.

Another participant had not previously engaged with Recovery Connections and was sceptical regarding the impact of the service. However due to the tenacity of workers from CGL, the individual eventually engaged with the service. This was initially via Zoom and telephone contact.

One participant was not engaging with Recovery Connections when lockdown was announced. They were living on their own, were alcohol dependent, which was 'getting worse'. They were

supported by a family member to connect virtually. They had never previously accessed Recovery Connections and their only experience of the service has been via virtual meetings and telephone support. This mirrored the experience of another participant, who had never previously accessed Recovery Connections. Again, they engaged with the service (principally through online meetings) during lockdown – which he regarded as an opportunity to address his addictive behaviour.

One participant regarded lockdown as an opportunity to address his addictive behaviour – as he would be indoors with limited access to the outside world. CGL had told the individual about the opportunity to access meetings virtually.

Another participant had previously accessed Recovery Connections within the quasi-rehab service – but had since relapsed. They then re-engaged with the service and was volunteering. They felt that Recovery Connections had kept them well informed at the beginning of lockdown.

Another participant had been informed about the virtual meetings by their CGL worker. Recovery Connections then contacted the individual and sent the link.

Following signposting from CGL, one participant received a telephone call from a member of the Recovery Connections team, in which the individual was asked, which meetings they wanted to attend. They were provided links to meetings and were provided with the timetable. They said that it was 'helpful' and they were 'really happy' with the support provided.

Another participant had engaged with Recovery Connections over a number of years and disengaged from the service during lockdown. However, as they were known to staff and had built a relationship with the service, the individual had been 'helped' to re-engage with Recovery Connections. This was through virtual meetings and telephone support.

Of those who were engaging with Recovery Connections in March, at the start of the lockdown, they did not feel that the organisation could have done anything more to help them at this time.

2.2.2 Virtual Meetings

- Initial engagement with virtual meetings

A number of participants discussed their initial sense of nervousness and unease when engaging with Zoom meetings. One participant discussed their experience of Zoom during the early days of their engagement and how they welcomed the fact that they were able to turn their camera off during these meetings - this was linked to issues of self-esteem and how the individual was feeling about themselves at this point in time. This was supported by another participant who stated that they felt 'a bit awkward, uncomfortable' initially when on Zoom - but had adapted to

it. The option to 'not show your face' was regarded as a key strength of virtual meetings by another participant. It was felt that these 'little things' meant the individual felt 'comfortable'. Zoom provided ease of access and allowed participants some element of control within the meeting.

- Grown into Zoom

Of those who had issues when using Zoom initially, all had grown into the use of virtual meetings, especially as their self-confidence had grown, relationships with others in the meetings had developed and their recovery had deepened.

- Support with technology

Technology to access meetings had been an issue for a number of people who we spoke to.

One individual felt that the initial use of technology was 'absolutely horrendous'. The participant had just completed a detox programme, was 'struggling to cope', was anxious and this was compounded by the need to use technology to access meetings. However, the participant was provided support and guidance over the telephone on how to access meetings and was talked through the process.

Another individual, initially, did not have the 'right phone' to access virtual meetings. However, Recovery Connections had provided a phone, and tutored the individual on the use of Zoom. The link for meetings was added to their phone and they were 'talked through' the process.

Strengths of Virtual Meetings

Most participants had adapted to, and embraced, virtual meetings. Participants reflected on the strengths of these meetings:

- Access

A number of interviewees felt that Zoom had provided them with an option to access a service that they may not have engaged with on a face to face basis. One interviewee felt that this was the case when in early recovery. It was felt that they would not have been able to get to a face to face meeting and may have been anxious in that environment. One individual with mobility issues may not have been able to access a physical meeting. This was a view supported by another participant who stated that he had previously been 'in and out' of services but had not engaged on a consistent basis. However, they had engaged via Zoom on a daily basis 'every day'.

Ease of access was discussed in terms of the fact that the meeting takes place 'within your home'. It was stated that when in early recovery, the recoveree may not be 'in the best state of mind'. However, a number of participants had built confidence and belief through virtual

engagement. One participant did not feel he would have engaged if they had had to walk, physically into a service. Another participant also recognised this and felt that, for him (at an early stage of engagement with the service) Zoom meetings were preferable to face to face meetings – which they were accessing on a daily basis. They felt that this would not have been the case if the meetings were physical and face to face – as, he stated, an excuse can always be made ‘if you’re having a bad day’ or anxious or ‘paranoid’ to not attend.

Another individual – who had a previous experience of the quasi residential rehab felt that the virtual meetings offered them greater flexibility and choice. They had previously accessed key meetings: AA /CA /NA - and now had a greater choice of meetings to access virtually.

There was a sense of gratitude of being able to continue to access services during a pandemic – and the virtual meetings were recognised as being an important part of that.

Virtual Timetable

A number of virtual meetings were discussed as important: Friends Resilience / Recovery and Wellness. SMART meetings were also discussed as important and helpful. One participant felt that the SMART meetings were important as they ‘got a lot of mental notes’ from others within the group. One individual felt that meetings ‘halfway through the day’ were important, as this provided a boost for the rest of the day. One participant particularly enjoyed some of the fun-focused sessions: singing sessions, for example. However, it was the coffee mornings that many people felt were particularly beneficial and impactful.

The weekend coffee morning sessions were also discussed. It was felt that there were no other support opportunities available over a weekend – and for those living on their own, the session was discussed as a ‘godsend’. This was a view supported by other participants. One participant stated that he ‘could have a meeting every day of the week and then, all of a sudden it’s the weekend’. Participants like the unstructured element of the meeting: an opportunity to ‘have a laugh’ as well as discussing serious issues and sharing concerns. The ability to ‘pop in and out’ of the meeting was also regarded as important.

Another participant felt that a late afternoon coffee session would be helpful as this would be a lead up to the evening sessions.

2.2.3 Telephone Support

Participants discussed the tapered nature of telephone support provided by Recovery Connections – which would initially be introduced as an agreed regular telephone call (weekly, for example) - and as confidence builds, their worker would ask them if they would like to reduce those calls. It was stated that this was always the individual's decision. Participants

appreciated the telephone support as this provided an opportunity to discuss more personal issues.

One participant stated that they had twice weekly telephone support and felt that these were a 'massive help' and 'couldn't have been any better'.

2.2.4 Views on the support provided through lockdown

We asked all participants if there was anything else that Recovery Connections could have done to support them through lockdown. There were no suggestions and all were happy with the support and grateful that they had still been able to access support since lockdown.

Lockdown had provided those who were living within the quasi residential rehab an opportunity to observe the 'amount of work that goes on' within Recovery Connections. It was stated that whilst it was difficult for them to accept some of the restrictions that lockdown had had on their lives, they had accepted them and understood that this was for their own safety. They had a sense of safety throughout lockdown.

2.2.5 Views on lockdown

A space to focus on recovery

A number of participants discussed the opportunity that lockdown had presented as a space in which they had been able to 'put more work into myself' and an opportunity to focus on their step work and to build relationships with their sponsor – without many of the usual distractions:

'It's allowed me to get to know myself'

One participant who was working with Recovery Connections in a community context stated that their life, in many respects had been unchanged since lockdown – as their anxiety had meant that in pre-lockdown, they were unable to leave their house. The individual felt that lockdown had also given them space and they had taken 'baby steps' during this time, built up their confidence and felt that 'being in the house during COVID...had helped me'. At the time of our interview they had since been out in the community.

Gratitude and Perspective

Amongst many who we spoke to there was a huge sense of gratitude. One participant stated that they would 'never take anything for granted as much as I did before... you can see how things can change':

'I am now very grateful for what I do have rather than thinking about what I don't have'

Mutual Support

One participant, who previously stayed within the residential rehab, felt that the lockdown hit them harder – as they had previously experienced the rehab in the pre-COVID-19 days. However, they were also aware that they 'had each other - within the rehab' and had that mutual support to help each other through lockdown.

Lack of family contact

One participant also discussed the increased distress of not seeing other members of their family during lockdown.

2.2.6 Views on Recovery Connections Staff

There was a shared view that Recovery Connections staff were 'amazing', 'brilliant', 'humble', 'nice' and that they were 'there for you' and were encouraging and 'explained things well'. It was felt that the staff were able to provide 'thought provoking' themes and had provided the 'tools' for individuals to apply to their life. Staff were regarded as 'relationship builders' which helped people accessing the service to get to a point of trust and to open up. Another participant also felt that the staff were very solution focused.

There was an overriding sense that staff had regarded people accessing the service as the key priority throughout the pandemic.

It was also regarded as important that many of the staff were also in recovery and had 'been there and done it themselves'. One participant felt that 'this goes a long way' and provided a 'massive sense of unity'. It was agreed that people accessing the service did not feel they would be 'judged' by staff and that they were in a 'safe environment'.

It was also recognised that the pandemic was a situation in which many people were suffering – including staff:

'They key workers have put themselves in danger to get in here'

'Staff have their own lives out not once have they brought their stuff to work'

2.2.7 Post Lockdown / Living with COVID-19

In terms of moving forward, all participants stated that they would continue to access virtual meetings on Zoom. For those for whom the virtual meeting enabled access to the service (due to mental health or physical disability /mobility issues) they felt these meetings would still be their key route of engagement.

For some - who had never previously accessed physical meetings - it was evident that they were looking forward to physical, face to face meetings and there was hope that this next step would be a source of additional support as they progressed. One participant stated that they now had the confidence to access the service 'more fully'.

One participant was also hoping to access some of the face to face meetings as this would provide them with opportunities to access groups such as singing, arts and craft and flower-making.

All participants who had previously experienced face to face meetings stated that they missed the human contact.

For those who were living within the quasi-residential rehab, at the time of the interview, they had started to go out in the community again and there was relief at being able to meet other people on a face to face basis.

3. Summary and Recommendations

3.1 Preparedness, Planning and Transition

It is important to be aware that Recovery Connections was undergoing a period of transition at the time of the lockdown. Key individuals at management level had just taken up new posts and a new IT system had recently been introduced.

The need to develop an alternative approach to delivery was driven by an understanding that people accessing the service required this support. There was great concern that the people the organisation serves would be left without an appropriate method of support during lockdown. Indeed, this was key concern for people accessing the service and were grateful that support was available.

Through the adoption of a vigilant approach – which included monitoring key messages from Public Health – Recovery Connections was in a position to proactively assess the potential for alternative ways of working should a lockdown be enacted – and preparatory work was undertaken pre-lockdown.

A rapid response to the initiation of an alternative service provision meant that the service was up and running on the first day of lockdown. There was much pride amongst staff in relation to the speed at which a new service model had been introduced.

People accessing Recovery Connections were grateful for early contact from Recovery Connections and were assured of ongoing support. Indeed, all people accessing Recovery Connections were informed of the situation and were provided with details of how to access alternative arrangements.

The service shifted from largely face to face provision to a virtual (via Zoom) and telephone service.

Throughout the process, the use of a raft of communication platforms supported and reinforced new ways of working and changes in service delivery. Indeed, communication and marketing were regarded as a key strength of the organisation throughout lockdown.

Sustaining organisational culture throughout lockdown was regarded as important. This was maintained through regular formal and informal contact between Recovery Connections staff,

3.2 A Model of Working

The delivery of addiction recovery support at Recovery Connections has been historically rooted in relationship and face to face contact. In many respects, it could be argued that the pandemic was an existential threat to such an organisation. However, staff rose to the challenge and developed a virtual, non-face to face contact model in a very short space of time.

3.2.1 Virtual Meetings

Recovery Connections started small in terms of developing an online virtual offer and built this up over time. Key meetings such as SMART were made available as soon as licence approval had been made.

An early decision was made to rationalise the timetable and to make one timetable available across all three localities. This reduced the duplication of work and optimised available staff

resources across the three sites. In terms of communications this approach was also efficient and ensured a consistent message across the region.

Recovery Connections learned quickly in terms of delivering a safe, online offer – this was developed through an open, ongoing learning process and included a number of key facets:

- Ensuring that each group is facilitated by **two members of staff**: one staff to monitor/facilitate the session, another to manage the technical aspects of the virtual meeting – such as monitoring the waiting room.
- **Password protecting groups** – with the use of the waiting room facility.
- Throughout lockdown, the timetable was regularly **reviewed and amended**. Consultation with staff and with people accessing the service was an important element when undertaking the ongoing development of the virtual offer - in content, timing and structure

Equity of access was regarded as very important when developing alternative provision. There were a number of potential barriers to access - all of which were addressed by Recovery Connections:

Technology: It was recognised that connectivity and access would be a key issue for many people – but was also essential if individuals were to have constructive and equitable access to the service. People accessing the service were able to access telephones, dongles, tablets and data – provided by Recovery Connections. Provision of these was rooted in trust and was a risk that Recovery Connections were willing to take. Testament to this decision is the fact that none of the items, at the time of writing, had been sold on. In many respects this further cements trust between the service and the people using the service:

Upskilling: Recovery Connections staff had been able to support and talk through people accessing the service to engage with the online option. This included sending links in an easy to use format.

The virtual meetings were welcomed by people accessing the service. The strengths of the virtual meetings from the perspective of people accessing Recovery Connections included:

- Zoom provided an option for the participant to have **additional control**. The ability to turn off the camera was an important feature – particularly for those in early recovery and with issues of self-confidence.

- **Ease of access.** The ability to access meetings from within the home met the needs of a number of people accessing Recovery Connections. This was important for those with mental health issues, physical disabilities and mobility issues.

Whilst many meetings were well regarded by people accessing the service, there was a general agreement amongst both staff and people accessing the service that the coffee mornings had been very well received. It had been used as a way to check in and helped to 'set the day up'. A view held by a number of interviewees was that this session could be introduced at other times on the timetable.

There was also an understanding that the Zoom meetings had encouraged mutual support within groups. Friendships and relationships have developed across the region. In many respects, this further opened the world of those attending and further reinforced a sense of unity.

3.2.2 Telephone Support

In a pre-lockdown environment, people accessing the service would ordinarily have a number of opportunities to speak to workers from the service – should they have any issues or concerns. Telephone support was developed as an important strand of support as it was regarded as important that there was ongoing contact and access to the service and to a worker.

Telephone support was intensified and was open to all people accessing Recovery Connections. A contact timetable was agreed with people accessing the service and there was then ongoing review of the levels of calls between the Recovery Connections worker and the individual accessing the service. Support was therefore tailored and bespoke to the needs of the individuals. This approach was supported by people accessing the service.

People accessing the service were also aware that they could contact the service whenever they felt there was a need.

Staff were aware of some of the deficits of using the telephone - as opposed to real world face to face contact. As one interviewee put it: 'there is less information: the inability to use silence as a tool during conversations; observation of body language. Nevertheless, staff had adapted their way of working to supporting via the telephone.

3.2.3 Partnership working

It was evident that a partnership approach to work was very important to a number of people accessing Recovery Connections. At the start of the pandemic there was a significant contribution made from workers at other key agencies within Middlesbrough and Gateshead to

ensure that individuals they were working with were encouraged to engage with the Recovery Connections' virtual offer.

3.2.4 Holistic Support

It is also important to note that a social enterprise under the umbrella of Recovery Connections had played an important part in providing food to many people accessing the service. Again, this approach to social justice is at the heart of Recovery Connections and its values.

3.3 Recovery Connections staff

Recovery Connections staff had ongoing access to a breadth of support. Daily online meetings, mutual informal support amongst colleagues and formal supervision. Culturally, mutual support amongst staff is important and it is evident that this continued during lockdown and helped to pull many colleagues through the ebbs and flow of the period. All staff felt that there was nothing more that Recovery Connections could have done to support them through the lockdown.

However, regulating work at home was a challenge for a number of staff who we spoke to. Support that they would have previously had access to, in an informal, everyday scenario at work (kitchen areas, landings, having cigarettes) had been taken for granted and the importance of these moments had not previously resonated with staff. These would also be periods at work when there would be less intensity during the working day and provided time for reflection. This was generally not the case when working from home – which was often ongoing, high intensity work.

There were a number of key challenges for staff through the lockdown:

- The challenges of balancing work / life when working from home.
- Isolation
- Lack of face to face human contact

Staff had huge passion for Recovery Connections, their job and the work they undertake with people accessing the service.

Recovery Connections staff were held in very high regard by people accessing the service. It was recognised that staff would have had their own issues throughout lockdown but people accessing the service felt that, despite this, their needs were regarded as a priority for staff.

Importantly, people accessing Recovery Connections felt safe when engaging with Recovery Connections throughout lockdown.

As many Recovery Connections staff were in recovery, this was regarded as very important by people accessing the service.

Whilst we have previously discussed good partnership working and support to enable people to access Recovery Connections, we did note that, in Middlesbrough, an influx of new referrals into the service during lockdown negatively impacted on members of Recovery Connections staff.

Recommendations:

Staff Support

It is vital that formal supervision is undertaken with staff on an agreed and regular basis. As the pandemic continues and staff are working from home on a regular basis it is also vital that the organisation finds a way to consult with all staff and volunteers using a systematic and consistent approach. It is important that Recovery Connections provides further guidelines on home working, including advice on how workers can pace themselves, regulate their work and look after their wellbeing in the home working environment.

Referral Criteria

It is important that conversations are undertaken with key agencies referring to the service to agree a shared understanding regarding referral criteria - this will be important to establish should there be any lockdown (national or local) imposed within Middlesbrough.

3.4 People accessing Recovery Connections

Lockdown had provided an opportunity for some individuals to have the 'space' to focus on their recovery.

Staff felt that people accessing the service had responded in a number of different ways at the onset of the lockdown: some were accepting of the situation, whilst for others, lockdown was a frightening prospect.

Due to the nature of the lockdown and the fact that the Recovery Connections service has been historically rooted in face to face contact, there was therefore an impact on the ability of

Recovery Connections to offer a service that offered similar breadth and depth during lockdown. Nevertheless, group sessions and ongoing contact with a worker was replicated through the adoption of telephone support and virtual groups - in very challenging circumstances.

Through the online opportunity - mutual support between people in recovery had been maintained. An important element of the support provided by Recovery Connections.

For people with mental health issues, lockdown had been a challenge. Support had been offered and signposting was still available.

People accessing Recovery Connections were grateful for the support they received throughout lockdown. In many respects they did not have any expectation regarding the delivery of the service at the start of lockdown.

When there was disengagement from the service, a number of routes had been established to re-engage and contact those individuals.

Recommendations:

Systematic and ongoing consultation

As the pandemic continues and at a time of great change, it is vital that the organisation finds a way to consult with people accessing the service (and potential users of the service) using a systematic and consistent approach.

3.5 Resetting the delivery of Recovery Connections services

We understand that COVID-19 health and safety and risk assessments will be undertaken when resetting the service. This will also include risk assessments linked to the buildings being used; risk assessments linked to engagement; an analysis of staff capacity; and a review of the needs of those accessing the service.

A number of staff were anxious regarding a return to work on a face to face basis. It is imperative that anxieties are discussed with staff regarding a return to face to face work.

It is evident that the virtual offer will remain a key part of service provision going forward for Recovery Connections. A virtual offer has been a success in a numbers of ways : provided a starting point for some individuals who ordinarily would not have engaged on a face to face

basis; eliminated a number of barriers linked to mental health, physical disability and mobility; created a sense of regional unity and friendship amongst those accessing the online offer.

A phased return was planned in Middlesbrough, Gateshead and Stockton. A number of different approaches were being considered – based on the individual needs of each locality. It is essential that consultation is undertaken with people accessing the service and with staff when developing a model for delivery going forward. We understand that a trial has been undertaken to blend a face to face meeting with an online meeting. This is an interesting concept and may well meet the needs of many people accessing Recovery Connections. People accessing Recovery Connections were looking forward to accessing elements of the Recovery Connections service on a face to face basis.

4. Appendices

Appendix One. Recovery Connections Virtual Timetable



Virtual Community Timetable
 Visit www.zoom.us or download the Zoom app
 All meetings now require a password.



| Day | 9:15am-10:15am | 10:45am- 12:15pm | 12:45pm to 1:30pm | 2:00pm - 3:00pm | 3:30pm - 4:30pm | 6:00pm-7:00pm |
|------------------|--|--|---|---|--|--|
| Monday | Introduction to online meetings and timetable Meeting ID: 857-0159-2816 | Recovery and Wellness Meeting ID: 883-0220-6440 | The step forward Meeting ID: 184-458-881 | SMART for beginners Meeting ID: 841-5254-4744 | Family support Meeting ID: 806-749-466 | Recovery Meeting Jeff Brown Meeting ID: 978-5768-7467 |
| Tuesday | Coffee with Meeting ID: 857-0159-2816 | FRIENDS Resilience Meeting ID: 883-0220-6440 | | Mindfulness Meeting ID: 841-5254-4744 | Sing along with Lee-Ann Meeting ID: 810-8654-2714 | |
| Wednesday | Women's Coffee Meeting ID: 857-0159-2816 | Recovery and Wellness Meeting ID: 883-0220-6440 | The step forward Meeting ID: 184-458-881 | SMART Meeting ID: 841-5254-4744 | Recovery Game Show Meeting ID: 810-8654-2714 | Recovery Meeting Daniel Lumley Meeting ID: 978-5768-7467 |
| Thursday | Coffee with Meeting ID: 857-0159-2816 | SMART Meeting ID: 883-0220-6440 | | Recovery Talks - Guest speaker Meeting ID: 841-5254-4744 | Creative Writing Meeting ID: 810-8654-2714 | |
| Friday | Men's Coffee Meeting ID: 857-0159-2816 | Recovery and Wellness Meeting ID: 883-0220-6440 | The step forward Meeting ID: 184-458-881 | 15 Minute Meals Meeting ID: 841-5254-4744 | | Recovery Meeting JP Hall Meeting ID: 978-5768-7467 |
| Day | | 10:00am - 11:00am | | | | |
| Saturday | | Check in and coffee Meeting ID: 891-5296-9030 | | | | |
| Sunday | | Check in and coffee Meeting ID: 891-5296-9030 | | | | |