# Recovery Online: learning from lockdown and the value of remote and digitally-delivered support for people with substance misuse problems

*Pulse* is a series of briefings from The Forward Trust for staff, partners, commissioners and stakeholders to communicate:

- **Insight** from our research team's analysis of client data and other findings
- Examples of **innovation** and continuous service improvement
- Evidence of our personal, social and economic **impact**

We also aim for these briefings to contribute to wider policy and practice debates.

The Forward Trust (Forward) provide a range of care, support and employment services to people struggling with drug or alcohol dependence or who have a history of offending. Despite our clients being amongst the most marginalised in society, we believe in everyone's ability to transform their lives and to achieve recovery from a lifestyle of addiction and crime.

Insight

Impact

Innovation
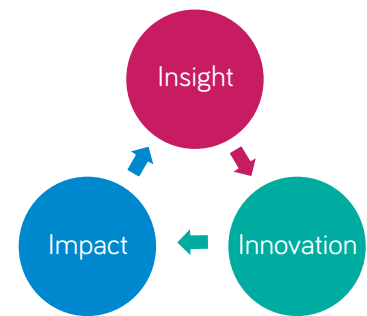
"I certainly wasn't technology minded with no experience of online groups, chats or video calls – but I've seen fear and uncertainty replaced with confidence, courage and hope."
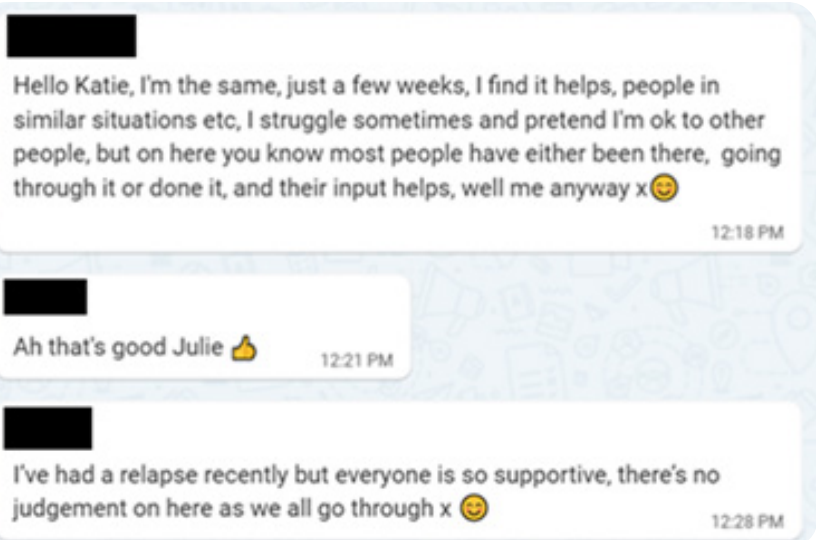
- East Kent client

"People have voted, not with their feet, but with a click of their mouse..."

- Jennie Leigh, Team Leader, Renew (Hull)

"Why can't we use Zoom for group meetings? It's what I use with my family..."

- Hull Renew client (aged 70)

Hello Katie, I'm the same, just a few weeks, I find it helps, people in similar situations etc, I struggle sometimes and pretend I'm ok to other people, but on here you know most people have either been there, going through it or done it, and their input helps, well me anyway x 😊

12:18 PM

Ah that's good Julie 👍

12:21 PM

I've had a relapse recently but everyone is so supportive, there's no judgement on here as we all go through x 😊

12:28 PM

# Executive Summary

- Covid-19 and lockdown has led to enforced social isolation on an unprecedented scale; Forward clients who have substance misuse problems, comprising 90% of the 15,000 people we support every year, have been at particular risk of isolation and its impact – our experience over 30 years shows that connection with other people is the true antidote to addiction; lockdown has therefore presented a huge challenge, denying access for our clients to established sources of human contact and support, both professional and peer-based

- Restricted by lockdown from being able to deliver the bulk of our 'in person' services (1-2-1 key work sessions or groups), Forward like many organisations that care for vulnerable people had to switch overnight to a telephone-based service to maintain core support for our clients in the community (audio/video calls, and text messaging); however, motivated by client demand, we then piloted a wider, more ambitious range of digital tools, aiming to further enhance connection with and between clients:

  o **Reach out** – an online, text-based chat service to reach people in need of advice and support, providing a 'friendly voice' of hope and motivation

  o **Digital workbooks** – self-help resources to raise awareness and help address problematic use of alcohol, cannabis and powder cocaine during lockdown

  o **Social messaging apps** – to enable peer-to-peer connection and support for groups at various stages of treatment and recovery

  o **Online group programmes** – using video call software to continue delivery of structured group programmes for both service users and recovering families

- More than 'filling the gap' during lockdown, initial findings suggest that these digital tools can enhance traditional models of face-to-face support in the future, offering benefits of:

  o **Greater reach** – engaging younger and older (70+) client groups than previously supported and also friends and families of people in need

  o **Safety and confidence** – many people feel more comfortable connecting from home (once online protocols are in place); barriers such as transport, childcare and the stigma of being seen at a service hub location are also overcome

  o **Stronger engagement** – clients who use online tools and platforms enjoy the experience and come back for more; they also feel more likely to return to or commence 'in person' groups

  o **Service user empowerment** – clients use tools 24/7 to support each other and also to create motivational content (e.g. recovery films); they are 'running with the tech' unconstrained by set times or locations

  o **Wider influence** - technology captures and shares messages of peer support at a greater scale than can be achieved through face-to-face communication; this amplifies 'visible recovery'
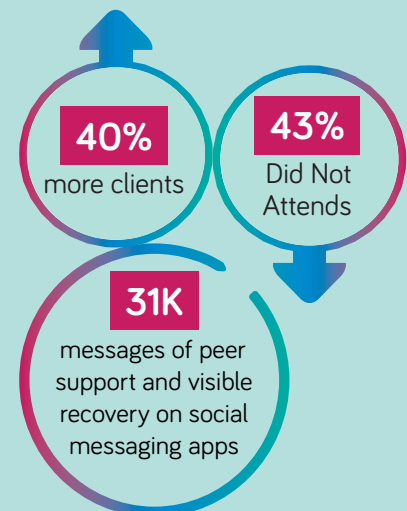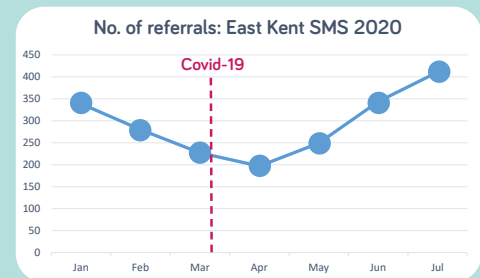
- Building on this intensive period of innovation and learning in response to lockdown, Forward is committed to the further development of digital tools and approaches and to measuring the outcomes they achieve compared to traditional approaches. However, client feedback already demands that remote and digital support continues as an option in a future beyond lockdown, part of a 'blended' approach alongside 'in person' services.

**No. of referrals: East Kent SMS 2020**

Covid-19

**40%** more clients

**43%** Did Not Attends

**31K** messages of peer support and visible recovery on social messaging apps

# Context

The Covid-19 epidemic and resulting lockdown has led to enforced social isolation on an unprecedented scale. While lockdown for many has meant more contact with immediate family members (largely felt to be a positive situation), for others it has meant an extended period of loneliness and lack of human connection: 7.4 million people in Britain (14.3% of the population) said their wellbeing was effected by feelings of loneliness during the first month of lockdown (Office for National Statistics).

For Forward, lockdown has meant that our 15,000 service users (in prison and community) have not been able to access 1-2-1 support 'in person' from our staff, nor group programmes facilitated by our staff and involving their peers. This has been acutely felt by people who are in recovery from drug, alcohol or gambling addiction, comprising approximately 90% of our service users.

Forward's mission, and the proven effectiveness of our support models, is based on the insight that the **true antidote to addiction is connection** (with others in recovery, family, friends and the wider world). Enforced social isolation has therefore been a huge challenge, denying access to face-to-face sources of human contact and support, professional and peer-based. (We do not yet know the effects of lockdown and isolation on the use of illegal drugs and subsequent relapses, although a number of UK and international studies are underway to report on this; however, a survey by Crew, a Scottish drug treatment and education charity, found that 58% of their 300 respondents reported taking drugs more often, due to boredom, stress, and isolation.)

How have we responded to this challenge? Our options for clients in prisons were extremely limited, with prisoners confined to their cells 24/7 without legal access to phones or the internet; support was confined to providing materials such as mindfulness exercise, quizzes and in-cell workout instructions, slipped under cell doors. However, for clients in our community services in East Kent (where we support 3,000 clients) and in Hull (supporting 200 clients through group work as part of treatment delivery for 2,000 clients in partnership with Change Grow Live), there was more that we could achieve.

Following lockdown, we switched overnight to maintaining contact with clients through telephone and video calls, making smart phones available to service users where needed. This enabled essential and life-critical services such as clinical appointment for prescriptions and regular 'welfare' check-ins with vulnerable clients to be continued without interruption.

We soon realised that this 'remote' approach was proving popular with many clients (e.g. the choice to engage by telephone with prescribing doctors) and also with staff who reported that they could contact more people and get more done in a day. Building on this enthusiasm for new ways of keeping in touch, we then gathered ideas for developing and utilising a wider range of online tools and services to enhance our support and the opportunities for connection (as set out on the next page). Some of these tools and approaches were already being considered or piloted pre-lockdown but the current and pressing need now accelerated their development.

# Our Approach and Findings

## What we did

In developing our suite of online tools and approaches, we aimed to mirror our 'Theory of Change' and the recovery journeys that we make possible in our face-to-face services, offering clear progression from **Pause** (think and talk about your current situation) to **Engage** (set goals to change your behaviour) to **Develop** (work through structured programmes to enact those changes) and **Prosper** (maintain your recovery through giving and receiving mutual support).

We aimed to connect 'digitally' with people at each of these stages of recovery, from people not in treatment who were worried by their substance misuse through to people in established recovery groups. The overarching online recovery pathway and the particular digital tools and platforms that we used and developed are set out below.

## Digital Recovery Pathway
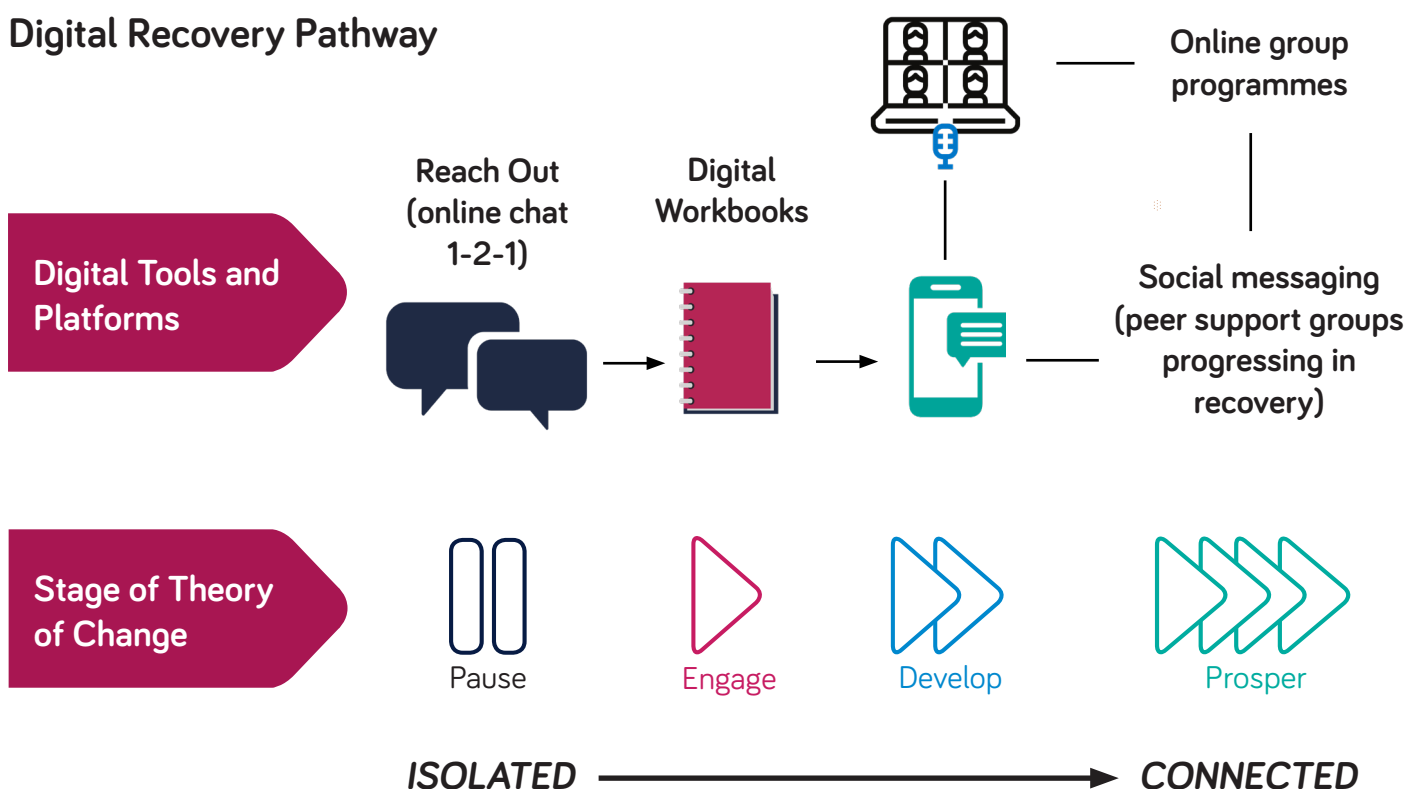
## Reach out

▶ We developed a live online, text-based chat service to reach people in need of help (at the Pause stage of the Theory of Change), aiming to provide a 'friendly voice' of hope and encouragement and to signpost people to sources of support, either with us or other providers if callers were from areas where we didn't operate. We used the 'tawk.to' widget (a free piece of software) to host the chat platform on our website, and trained a team of volunteers (former service users in recovery) and staff as chat operators, preparing them through virtual role play for likely scenarios. The process from testing to launch took just 4 weeks. We then promoted the service via social media to reach new people in target geographies (e.g. East Kent where we deliver the community substance misuse service) and directly to existing service users (e.g. leaflets for prison leavers). During the pilot phase the service has been open Monday-Friday, 9am to 3pm, to allow time for call handers to 'debrief' with colleagues at the end of the day; outside these times, callers can leave messages that are then responded to by handlers when they start their next shift.

## Digital workbooks

▶ We had already started (before lockdown) to develop a range of self-help workbooks on subjects such as alcohol, cannabis and powder cocaine awareness; these now seemed particularly relevant as we expected use of these substance to escalate. The workbooks can be accessed online via laptops and mobile phones and feature key facts, quizzes and self-assessment tools. The workbooks were designed for people at the 'Engage' stage of the Theory of Change (ready to think about changes to their behaviour) to give them enough knowledge to put measures in place to address their substance misuse before it escalated, or to prepare them for further more structured treatment and support. Service managers in East Kent piloted these workbooks with clients that matched this profile ('Tier 2' clients as classified by the National Drug Treatment Service).

## Social messaging

▶ We used the **'Kaizala'** social messaging app to facilitate connection with and between established groups at various stages of recovery (Engage, Develop and Prosper) – e.g. groups of people who had enrolled in our 'alcohol pathway' in East Kent (which supports people coming out of detox through structured interventions, moving them towards abstinence), participants in our abstinence-based 12-step programmes (e.g. the Dover Day Programme), and groups of people in more established recovery (e.g. our 'Forward Connect' groups in London, East Kent and Hull with whom we had already started to use Kaizala pre-lockdown). The Kaizala channels have two 'modes'

1. Practitioner-led where staff are actively visible on the channel (making themselves and their professional role known to others), facilitating and moderating posts and comments where necessary; this mode is most commonly used for groups in early recovery

2. Peer-led which are unmoderated by staff; out of office hours, the channels have emergency numbers and helplines (e.g. The Samaritans) to support anyone in crisis

**What is Kaizala?**

**Kaizala is Microsoft's version of 'Whatsapp' that is fully GDPR compliant and doesn't reveal users' phone numbers**

## Online group programmes

▶ On the suggestion of clients themselves, we used video conferencing software to maintain the delivery of our 12-step day programmes and their preparatory groups (in East Kent and Hull) and also our Recovering Families group (in Hull) for the concerned significant others of those undergoing treatment and support for their addiction. We initially used Microsoft Teams but switched to Zoom based on client feedback (in particular, a 70 year-old service user who was using Zoom with family and friends). We explored how aspects of face-to-face group sessions such as flipchart-based activities could be replicated online (e.g. using Zoom's virtual whiteboard feature) and adapted our facilitators' manuals to provide 'tips and tricks'. We developed an 'orientation session' for participants to prepare them for the online experience (e.g. explaining that they'd be presented with a 'gallery of faces' which can be off-putting initially) and to check they had the right technology and wifi 'bandwidth' (providing smart phones and data if needed). Finally we updated our participant codes of conduct to highlight how they could protect their safety online (e.g. ensuring they were alone in a room when participating online).

# What we found out

## Reach Out

- **We reached new people:** The chat service has received over 250 calls to date (April – Aug). Most of the callers (over 75%) have been new to Forward including friends and family members of those in need of support, meaning we are reaching a wholly new audience through this tool
- **Callers simply wanted to talk:** The majority of callers (over 80%) wanted a supportive 'human' conversation, someone to listen to their situation and to offer a friendly voice of hope and encouragement, more than just information or being 'signposted' to a service – calls lasted an average of 15 minutes with the longest call being 65 minutes, far longer than we were expecting with callers taking 3 or 4 calls a day; this entails a focus on 'quality over quantity'
- **Discretion valued:** Callers valued and responded to the discretion offered by an anonymous online chat service, feeling able to disclose at times highly personal problems that they wouldn't always be able to talk about out loud on the phone in their home environment

> "I just want to talk to someone … I know how to use Google to find services; I can do that myself"
>
> - Reach Out caller

> "Thank you for talking to me this morning and for the information, it has made me feel a lot better about things."
>
> - Reach Out caller

## Digital workbooks

> "Makes me realise what situations I've put myself in"
>
> - Client on completing a digital workbook

- **Promising impact:** Of 59 clients who have piloted the workbooks to date, all those who completed the material found it useful and would recommend it to others; 8 out of 10 showed an improvement in pre- and post- measures of low mood (PHQ 9 scale) and 5 out of 10 showed an improvement in measures of anxiety (GAS 7) though the sample size is too small as yet to draw firm conclusions on impact with more testing required
- **More 'introduction' needed:** However, not all clients who were sent the material got as far as logging in (less than half); this suggests that the workbooks need more introduction from a support worker or peer support to build motivation and engagement; something that has not been possible during lockdown or only via phone and video calls
- **Mobile-friendly adaptation:** Feedback from clients suggests that further modification is also needed to make the workbooks more easily accessible on smart phones, which is how most clients would use them; they were primarily designed for use on a laptop or PC

## Social messaging

- **Early alert to problems:** The Kaizala app has been an efficient means for group leaders (practitioners and peer supporters) to keep in touch with group participants 'all at once' (in addition to regular 1-2-1 calls) and to identify problems at an early stage – e.g. where participants who have been active on channels suddenly stop being so, group leaders can contact them directly to see what issues they might have
- **Enables 24/7 peer support:** The app has enabled group participants to support and motivate each other at times (out of office hours) when professional practitioner support was not available – in one instance, a member of the alcohol group in East Kent who relapsed over the weekend was supported by peers to achieve control and stability, enabling them to re-join the practitioner-led group meetings on the Monday morning in a more positive state of mind than they would otherwise have been; over the lockdown period, 184 Kaizala group members have together generated 31k messages

**31K** messages of peer support and visible recovery

> ❝ Yes Sue I'm still sober also 10 weeks.

> ❝ @Keith Congratulatons on your 18 months sober!

- **Stimulates creativity and sharing:** as well as providing links to 'official' recovery resources such as drink diaries (which would have otherwise been posted to clients) and daily meditation apps, the platform has hosted and shared content generated by participants themselves (e.g. video collaborations – see opposite); this shows technology enabling 'peer power' with clients taking ownership of the recovery agenda and finding creative ways of supporting themselves and each other

- **Motivates recovery and progression:** clients have asked to join more than one channel – i.e. clients on the alcohol pathway Kaizala group (post-detox moving towards abstinence) have also signed up to the Forward Connect group (comprising our wider recovery community); the impact of this has been for clients to see and be motivated by others at a more advanced stage of recovery, further building their motivation and connection to others (as illustrated opposite).
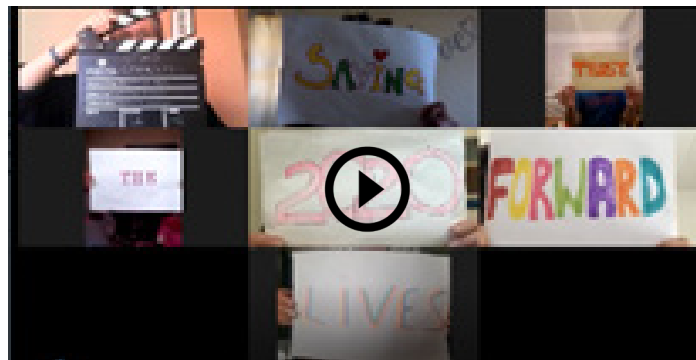


Deadly PJs, pedals and cake – a film by Forward Connect members (click the image to view)
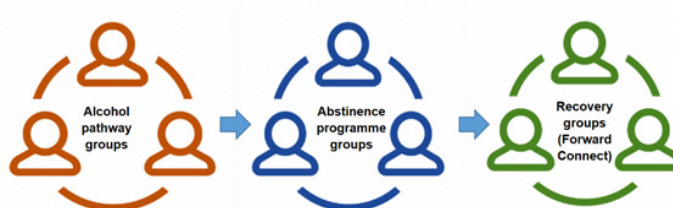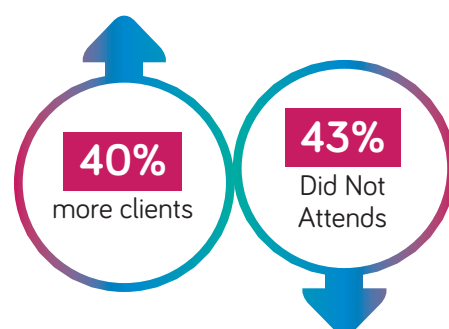


## Online Group Programme Delivery

- **Perceived as safe and comfortable:** Feedback from those taking part in online group meetings has been extremely positive, even those who were originally nervous or unsure quickly felt at ease and comfortable once the meetings got going; for some, online meetings have provided a more secure and comfortable environment than face-to-face meetings

- **All aspects deliverable:** Most if not all elements of face-to-face group programmes have been delivered in our online meetings, including check-ins, 'step work' (where participants read out assignments that have been set as homework, e.g. life stories), graduations (celebrating programme completion), and even 'group therapy', which some practitioners felt would be difficult to deliver online given the emotional intensity involved in disclosing painful experiences – to address this, clients who were distressed during group therapy were followed up with a 1-2-1 call directly after the session to address their issues (see 'Insight' below for more detail on the pros and cons of online therapy)

- **Effective for early recovery groups:** online group meetings have been particularly effective for groups in early recovery (e.g. our Stepping Stones group in Hull that prepares people for more intensive recovery programmes); this response surprised staff who thought that this group (traditionally perceived as 'chaotic') might struggle with online access; in fact, this group who has felt most isolated during lockdown has responded most readily to human connection online

- **Improved engagement:** over the lockdown period the number of active group participants in the Hull renew services has increased by 40% from 43 to 60, with Did Not Attend (DNA) rates improving from 30% (the target for the contract) to 17%, an improvement of 43%; overall, the service has seen new faces and more people progressing through groups (rather than re-presenting for the same content)

> "I was sceptical about joining this online group but I found myself letting myself be vulnerable. I loved it from the first session and had no worries about coming again"
>
> - Renew Client

> "Really glad we had group therapy, this made a big difference and left me feeling better for the connection with peers and their feedback."
>
> - Renew Client

**40%** more clients

**43%** Did Not Attends

# Insight – Can online group therapy be delivered effectively?

Forward's evidence-based structured programmes for people in recovery from addiction have been developed and refined over many years and combine elements such as 12-step, Cognitive Behavioural Therapy and Motivational Enhancement Therapy. Reflecting the importance of peers in our service models, the programmes are delivered with two 'group' aspects: group support and group therapy, which differ in important regards when it comes to on online delivery.

Group support provides people with a support network, and a reminder that they are not alone. Meeting with like-minded people who have had similar experiences of addiction can help group participants to cope with their own struggles by seeing the ways other cope with theirs.  Support groups help participants to identify healthy coping techniques and, motivated by their peers, help them to move forward on their recovery pathway. Group therapy, on the other hand, offers more than just support as it also helps people work on their internal mental and emotional issues and helps them move towards change. Group therapy is much more structured, and focuses on the individual growth of each member with the help of the facilitator.

> Support groups help people to **cope**
>
> Therapy groups help people to **change**

In an online setting the delivery of group support is relatively straightforward – the facilitator's role is to ensure everyone has the opportunity to speak and that everyone listens respectfully and with empathy (the 'mute' function and 'raised hands' icons on conference call platforms such as Zoom are useful tools). Online delivery of group therapy is more challenging as the facilitator needs to elicit and respond to sometimes complex emotions, with other participants encouraged to give honest feedback and at times to challenge their peers rather than just encourage them; the need for the facilitator to notice and respond to behavioural cues is therefore important.

As outlined above, Forward's online programmes have featured both group support and group therapy. While early indications show that group therapy can be delivered online and that it is well-received by participants, we acknowledge that there are pros and cons (summarised below) and the need for further delivery, review and evaluation to ensure safe and effective delivery in the future.

## PROs

- People in rural areas or those with transportation difficulties may have easier access.
- Scheduling is more convenient for many people.
- Clients don't have to worry about seeing people they know in the waiting room.
- Some people find it easier to reveal private information when they're sharing it online.
- Individuals with social anxiety, are more likely to reach out in an online setting.
- Some people find that they are much more comfortable interacting online, while others feel that they can't make a real connection by chatting with people.
- Studies show online therapy requires 7.8 times less of a therapist's time than face-to-face treatment, meaning therapists can treat more people online than in-person.

## CONs

- Direct eye contact and physical touching are essential to human relationships, releasing beneficial brain chemicals like dopamine.
- Ease of access can make it harder to form an attachment to the group. Sacrificing more time and energy to get to meetings tends to build more commitment to the group and decrease the chances that an individual will stop attending and relapse
- Without interacting face-to-face, therapists miss out on body language and other cues
- Technological issues can become a barrier. Dropped calls, frozen videos, and trouble accessing chats aren't conducive to treatment.
- It can be difficult to form a therapeutic alliance when meetings aren't face-to-face.
- It can be more difficult for therapists to intervene in the event of a crisis.

## Service user and peer mentor perspectives

Mikila is a former service user of the East Kent service who has since become an active member of the Forward Connect East Kent group and also a peer supporter. She volunteered as a call handler on our Reach Out chat service and has also been using the other digital tools and platforms outlined above. Here she summarises her experience:

*"Having reflected back over the past 5 months on how the use of digital platforms such as Kaizala and Zoom have come into the forefront of the recovery support process, I feel has been immensely successful and incredibly empowering for the majority.*

*Myself, like many others I talk to, I certainly wasn't technology minded, some having no experience of online groups, chats or video calls - I've seen fear and uncertainty replaced with confidence courage and hope.*

*We reach a larger number of people and more importantly those who as yet don't feel comfortable with face to face meetings are receiving support, and learning the value of unity and recovery within a group, changing attitudes and beliefs.*

*The wider range of people attending has seen referrals made from one group to another more suited to their situation, from more foundational groups to Forward Connect for example, and the knowledge and tools shared between the groups.*

*Many who struggle with anxiety have said how being in their own environment has enabled them to open up and share honestly where maybe they wouldn't have previously. The bonding and connections I've witnessed and been a part of myself is overwhelming.*
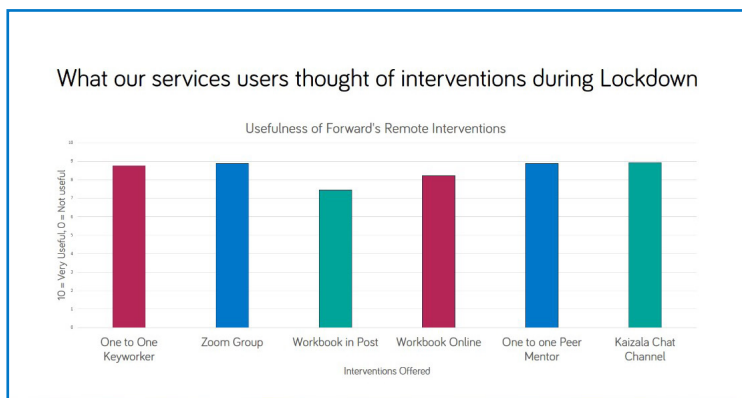
*Our East Kent Forward Connect group, which again would not have formed if not for the lockdown and the use of digital platforms to the extent that it has, this is definitely something myself and the group hopes continues moving forward after lockdown.*

*Without such digital platforms as these I dread to think where many of our recoveries or our mental health would be now.*

*I really hope the end of lockdown won't be the end to all the work and fantastic achievements that are happening now via these digital platforms."*

# Conclusions and next steps

▸ Our range of digital and remote support services piloted over lockdown have proved extremely popular with clients and staff – a survey of service users in East Kent who had accessed these services (results summarised opposite) showed a high degree of user satisfaction, with the Kaizala chat scoring highest (9 out of 10 in terms of usefulness). Even the most basic type of remote support (telephone-based one-to-one appointments with key workers) is seen by some as preferable or at least more convenient than face-to-face appointments that require travel to a physical 'hub'. Post lockdown, and the return to full-scale face-to-face service delivery, we believe that clients should be offered the choice to have telephone appointments (with prescribing doctors for example).

**What our services users thought of interventions during Lockdown**

Usefulness of Forward's Remote Interventions



▸ While we cannot attribute precise causal effect to our digital and remote services, over the lockdown period the East Kent service has seen a steady increase in the number of referrals to the service (as illustrated opposite); as outlined above, the number of participants in our group programmes at the Renew service in Hull has also increased over lockdown. Though national average referral rates are not yet available for comparison, anecdotal evidence (as reported at Forward's recent webinar* on digital support, attended by 20 providers and commissioners) suggests that our experience bucks the trend of declining referrals into treatment overall, made worse during lockdown.



No. of referrals: East Kent SMS 2020
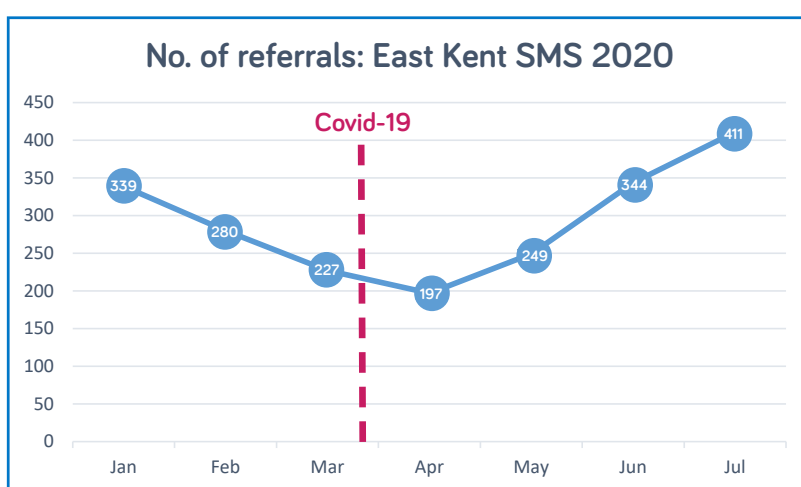
▸ The tools and approaches developed, more than just 'filling the gap' during lockdown, have lasting value that can potentially enhance Forward's traditional models of face-to-face support, offering additional opportunities for connection and recovery – from the discrete but private connections facilitated by Reach Out online chat to the visible recovery and motivational peer support models offered by social messaging apps such as Kaizala, technology capturing and sharing inspirational messages of peer support at a greater scale than can be achieved through face-to-face communication.

▸ Forward is committed to further developing and evaluating these tools and approaches, in particular to measuring longer term outcomes and how these compare with service models pre-lockdown. We are also committed to working with the wider sector, with providers and commissioners, to see how these innovations can change the shape of community substance misuse services in the future, with the potential to deliver more recovery with fewer resources (e.g. less need for estates and premises) at a time when public service budgets will likely be severely cut.

**To find out more about our digital work and plans contact Carwyn Gravell, Divisional Director of Business Development (carwyn.gravell@forwardtrust.org.uk)**

*To see presentations by practitioners involved in the projects described above (as featured in our webinar on 10 Sep) please click here.

**With thanks to J Leon Charitable Fund and The National Lottery Community Fund for supporting the development and delivery of some of the digital approaches described above.**