

Charity Registration No. 1028663

Company Registration No. 02634372 (England and Wales)

**COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES  
ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2021**

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## LEGAL AND ADMINISTRATIVE INFORMATION

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<b>Trustees</b>	Mr D H Knight Mr M Ingram Mrs A Whitfield Mr J Di Palma (Appointed 1 April 2020)
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<b>Senior Management Team</b>	Mr Franco Toma, CEO Mrs Alexandra Thomas, Grants Manager
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<b>Charity number</b>	1028663
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<b>Company number</b>	02634372
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<b>Registered office</b>	296a Kingston Road Wimbledon Chase London United Kingdom SW20 8LX
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<b>Independent examiner</b>	Andrew Miller BSc FCA Azets Audit Services Trinity Court 34 West Street Sutton Surrey United Kingdom SM1 1SH
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<b>Bankers</b>	HSBC Plc 54 Woodcote Road Wallington Surrey SM6 0NJ  CAF Bank Ltd 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ
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# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

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# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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The trustees present their report and financial statements for the year ended 31 March 2021.

The accounts have been prepared in accordance with the accounting policies set out in note 1 to the accounts and comply with the charity's Articles of Association, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019).

#### Background of the Organisation

In 1991, CDARS was created by a local resident in Sutton. The aim was to provide support to family members and carers of substance misusers, based in the local community. Over the years, CDARS evolved to provide psychosocial support to substance misusers and mental health conditions, in the boroughs of South West London. CDARS was then commissioned by St Georges Mental Health Trust to deliver a mental health recovery cafe for people experiencing a mental health crisis. Mental health has since become a priority of CDARS, as we know that substance misuse and other complex issues are often the result of mental ill health. CDARS delivers a range of psychosocial services to help our beneficiaries aimed at improving their health and wellbeing and to support a successful rehabilitation within their community.

#### Objectives and Activities

Our vision is to:

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

Our Mission:

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

Our Values are:

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

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

Our objectives are:

- Provide a range of psychosocial services to support the recovery from drugs and alcohol addiction, people experiencing mental health issues and other vulnerable groups and support their re-integration within the community
- Limit the harm which comes from drug and alcohol addiction and mental health issues for our clients, families and carers, and the wider community
- Raise awareness about the risks associated with drug and alcohol and mental health within the community

The aims of our charity are to reduce the levels of alcohol and substance misuse, problems associated and or linked to mental health issues, increase the wellbeing, mentally and physically of our service users, and to educate and raise awareness for our service users, the public and professionals about the issues mentioned above.

From our inception, we have also endeavoured to provide strong support for family members and carers who are affected by those with such problems.

# **COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES**

## **TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)**

### ***FOR THE YEAR ENDED 31 MARCH 2021***

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Our support services help them build their resilience to face difficult problems, in the knowledge that creating a strong network of other people who share similar experiences can become an important part of the rehabilitation process.

Our aspirations are also to provide:

- An integrated, holistic, psychosocial, whole family system approach service
- Full support to service users and to their carers and family members, based on the concept of recovery capital and strong aftercare
- Support to service users and their families to achieve full functionality and full integration in the local community

We review our aims, objectives, and activities each year. This review looks at the achievements and outcomes of our work in the 12 months from April 2020 to March 2021. The review looks at the success of each key activity and the benefits they have brought to those groups of people we are set up to help. The review also helps us ensure our aims, objectives and activities have remained focused on our stated purposes.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives they have set.

Our main objectives for the year has continued to be the promotion and prevention of the misuse of illegal and legal substances and the promotion of good mental health as well as the rehabilitation of our service users within the community.

The strategies we have used to meet these objectives include:

- Providing a range of services which are reflective of relevant quality standards, and addressing the potential problems related to the issues mentioned above
- Focussing upon limiting the harm which comes from such issues, not only for the individual but also for their family and friends and the wider community
- Working towards applying national standards of service and the implementation of the National Occupational Standards
- Working in partnership with other agencies to ensure the widest range of services is available to best match the needs of our client population

#### ***Projects and Services Delivered during the Year 2020 – 2021***

##### **Achievements and performance**

The year 2020-2021 has been a very challenging time for CDARS. This due to the challenges of the emergency crisis of COVID-19. This year has been a challenging year for the charity, but also a year that has forced the organisation, like most other organisations, to think outside the box, fast and respond to an emergency crisis without any precedents. Like in many other situations, charities can give their best when being pushed and forced to act quickly. This is what CDARS has done this year. It has been a year in which we have all given the best of ourselves, by working in difficult situations, from senior management to service provision, including staff and volunteers, by responding to the immediate and new needs reported by our service users. We have managed to implement, develop, and deliver a variety of new services compared to the previous year 2019-2020, and to turn a challenging period into a new opportunity.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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We have very quickly adapted to a new difficult situation and developed in order to respond to the needs of the service users through the pandemic through new services provisions, such as:

- 1. The Community Kitchen funded by several funders, such as: National Lottery Community Fund, London Community Response Fund, Awards for All, Wimbledon Foundation, Wandsworth Grants Fund, Tesco, Coop Foundation, Wimbledon Rotary.**

During the pandemic lockdown, accessing food had been a real challenge for many of our beneficiaries. Even with access to basic ingredients, 25% of our clients do not have any basic equipment to cook. CDARS set up an emergency food programme whereby a team of chefs prepared nutritious homecooked meals daily, which were delivered directly to the door of our most vulnerable beneficiaries. CDARS employs a Community Kitchen Manager working alongside with a team of volunteers and other staff. Together they prepare nutritious meals that support the recovery and health of our beneficiaries.

The project has gone from strength-to-strength and has garnered support from the local community. We have provided during the year daily warm and healthy meals to over 300 CDARS clients and our partner organisations' beneficiaries. During the school holidays, we also provided meals for children who were unable to access free school meals they usually rely upon. Eleven volunteers have been involved in the success of the Kitchen: volunteer chefs and drivers have made its delivery sustainable and cost-effective.

We have received over 100 letters/emails from our service users showing appreciation and gratitude. Feedback has been received during food deliveries, via text messages, phone calls and via key workers during one-to-one sessions.

Some are reported below:

*AM - "CDARS is doing a very good job and I am very thankful for the food parcel delivered."*

*JB - "A big thank you to all of the wonderful staff for cooking these lovely meals. And a big thank you to the very kind gentleman who delivers them. Thank you all so much for being kind."*

*PT - "If it wasn't for this food delivery I would have had to go & shoplift for food."*

*TT - "It's so great to have healthy food I can give to my kids which I couldn't afford otherwise without your kind food donations."*

*TG - "I am grateful for the meals; they are healthy and delicious, and I look forward to receiving them every day."*

*LL - "The groups enable me to stay connected and see others and how they are doing."*

- 2. The Equality and Fairness Service Delivery, funded by: London Community Response Fund.**

The service has been thought and designed with our most marginalised beneficiaries in mind, to give them access to technologies so they can benefit from our digital support services during lockdown. We have delivered many of our services digitally to ensure our clients continue to receive essential counselling and emotional support at a time of crisis. However, not all our clients are able to benefit from this as many of them live in destitute conditions and therefore smartphones and data cards are a luxury they simply cannot afford. Our clinical staff report that they have not been able to reach about 20% of CDARS' clients, as they do not have access to smartphones. This is group is unfairly disadvantaged as they become further isolated. Through this project we have therefore ensured they do not miss out on the services we are currently running by purchasing and providing them with affordable smartphones and sim-cards with data. This enabled them to take part in all the digital activities provided by CDARS, but also to benefit from other services such as digital consultations with their GP.

Through this project we have delivered over 100 brand new smartphones with SIM cards and data, so they were all able to access the online services provided.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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#### 3. The White Goods Kitchen Equipment Service, funded by: Albert Gubay Foundation.

Through this project we were able to purchase many white goods kitchen equipment to our clients most in need, who struggle with cooking a warm meal at home, and through the pandemic could not go out in many cases even for food shopping.

Some feedback received from clients who have accessed the service are:

- PT - *"The kitchen utensils have really helped me in my everyday living especially where I didn't have a microwave, toaster, this has made things so much easier for me and my three daughters, also the new cutlery set and kettle are amazing too and it helped me a lot as my kettle was old and was in need of a new one."*
- CM - *"It was nice to be able to update my old items and the kitchen feels a better place to be in due to this – thank you."*
- AM - *"I am in supported accommodation and the items provided will be a big start for when I move into my new place shortly. It's such a benefit for me and makes me feel excited about what lies in store. Thank you so much."*

#### 4. The Befriending Scheme, funded by: CAF Grant

Through this scheme we were able to provide a befriending service run by volunteers who would provide emotional support to our most vulnerable clients experiencing acute isolation during lockdown. Our volunteers and service users adhered to social distancing measures and wore necessary compliant PPE. As part of the befriending service, they have taken service users for a walk in the park and have received regular catch-up phone calls. Through the project we have supported directly over 100 service users throughout the year.

Some of the feedback received are:

- RE - *"It's nice that someone will come and see me and take me for a coffee and a chat; it gets me out the house."*
- PT - *"I really enjoyed today and the company of other ex-service men. I thank all those working behind the scenes and funders who came up with a brilliant idea to gather veterans around South London. I thank CDARS for a brilliant idea and I believe it's going to get bigger and better. I'm looking forward to the next one."*

#### 5. A 24/7 Telephone Crisis Helpline Scheme, funded by: City Bridge and CAF Grant

Through this service we have put in place a 24-hour helpline which our clients have used to call at any time for reassurance, guidance and advice during these challenging times. The staff on call were able to offer mental health support to avoid escalation to a crisis, thus also reducing the burden on overwhelmed A&E services. Outcomes show that 212 people have used the telephone helpline over the year and that we have received 544 out of hours telephone calls.

Some of the feedback received:

- VA - *"Speaking to staff with information given has help me with my stockiness which I have encountered for many years."*
- MA - *"Getting tips and advice from others is always helpful as are the workers"*
- KB - *"I was glad someone picked up the phone and was there when I needed it."*
- TL - *"It's good to have the support available so much across the week."*
- CS - *"Sometimes it's just about being able to speak to someone who listens."*
- NB - *"I like it that the workers know who I am and what I may need easily."*

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

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#### 6. The Allotment and Garden Programme, funded by: Wandsworth Grants Fund

Through this project we have designed, developed, and managed an allotment delivered within a garden area managed by our Allotment and Gardening Manager and over 20 service users, who have worked within the allotment throughout the year.

The work consisted of practical and therapeutic skills development in organic food growing. The programme for each participant lasted approximately six months and supported two cohorts of 10 people in each year, 20 per annum. The programme is still running and growing. Clients move on after 6 months and continue their road to recovery. The Manager has also given service users extra time for preparation and one-to-one support.

Service users learn through the programme how to grow vegetables and plants. The sessions are designed to be slow and gentle and tailored to the needs and learning styles of individual clients. Also, we have included structured sessions on organic horticulture, food growing, and healthy eating through cookery.

Outcomes achieved through the programme, include:

1. Enhanced mental wellbeing and stability
2. Boosted physical health
3. Improved hard and soft skills
4. Reduction in isolation and developing new friendships
5. The beginning of a road to recovery

Some feedback are reported below:

*TW - "I look forward attending the allotment, gives me a structure and routine that help me."*

*CM - "The allotment has given a social outlook where I no longer feel isolated."*

*FL - "The service is a safe haven for me, I don't get this support in my community."*

All of the new services listed above have been very well received by the service users, highly attended, and the feedback has been great. We have also engaged an external Management Consultant, chartered with the Chartered Management Institute, Tony Lavender, who has compiled independent impact reports for the service above.

Some impact reports have been produced on many of the services listed above and these are available at our website [www.cdars.org.uk](http://www.cdars.org.uk), sections Find Out More, reports and Publications.

Other ongoing services we have provided during the year include:

- The Sunshine Recovery Café. A mental health recovery cafe, non-clinical but providing recovery-focused interventions for people experiencing a mental health crisis. The service is funded by St Georges Mental Health Trust, see related section for further information.
- A Health and Wellbeing programme. A comprehensive range of activities to help service users maintain their recovery and to improve the quality of their life, funded by various funders, such as: National Lottery Community Fund, City Bridge, Wimbledon Foundation, and other funders. See related section for further information.
- The Saving Lives Programme. This is a suicide prevention programme, set up to support people in a mental health crisis and at risk of suicide; to help them discuss the nature of the crisis they are experiencing, tapping into their inner strengths and developing the necessary coping skills in order to decrease, support resilience building and promote their wellbeing, through peer-led support; risk assessment/management and active liaison with other services, when clinical risk requires. Funded by Henry Smith Charity. See related section for further information.
- A Day programme for substance and alcohol misusers. Designed to achieve and maintain abstinence. Funded by Wandsworth and Richmond Public Health, through South London and Maudsley. See related section for further information.
- Veterans Support Programme.



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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#### **The Wandsworth and Richmond Day Programme for Substance and Alcohol Misuse**

Within the boroughs of Wandsworth and Richmond, CDARS forms part of a shared care approach to support clients' Drug and Alcohol use. This 'consortium' exists to support clients through tailored care and support plans, which offer medical and psychosocial support across a variety of different options including support into Housing, Education, Employment and Training for clients as part of their care and support package.

CDARS is responsible for running an Abstinent Group Day Programme offered across both boroughs as well as providing support groups for those clients who present as non-abstinent and want to reduce their use, reduce risk and work towards Abstinence over time. Within this service and group offer CDARS also offers individual key work support, advocacy work and Counselling sessions delivered by trained full time staff as well as Trainee Counsellors on placement as volunteers.

The main challenge in the year was the restriction in the provision of services and treatment to clients because of the COVID-19 lockdown in March 2020. From the initial strict restrictions, sessions were tailored and adapted as a consequence of reduced face-to-face access. As restrictions have eased provisions have been adapted accordingly with some retuning face-to-face. Prior to the lockdown the CDARS Day Programme had already taken steps to reduce the risk of COVID-19 transmission to clients with open access/walking groups in the week immediately prior to the lockdown measures being introduced by the government.

Within the first week of lockdown, CDARS developed and implemented the whole group programme via Zoom. This consisted of 3 Abstinent Groups, 3 Open Groups and 3 Evening Groups. The groups were delivered over 6 days a week with a group on Saturday morning named "Recovery in Focus". We felt that it was important that the clients had continuity with the support available and to continue the support available to them prior to the lockdown as , they had lost so much in their lives already.

Facilitators worked within the group-setting using Person Centred Core Conditions alongside a range of interventions aimed at the 5 ways to wellbeing. Clients were actively challenged to 'investigate themselves' in what they could access, achieve and take from the learning they had discovered within the lockdown.

The CDARS approach has always been to help and support clients into building their own circle, network, and Community group and this continued throughout the lockdown. We have always believed that clients possess the resources to re-connect with the external world. As part of this, clients were encouraged to continue to support each other in the 'community' in whatever way they could during the lockdown. They were innovative in how they did this and actively supported each other outside the normal Group Programme, phoning each other and creating their peer WhatsApp group. In essence, they created their own community for support.

CDARS also changed the usual 'allocated' worker system for clients. As most clients were already known to all workers through various groups, different workers provided further bespoke support, a different type of contact and connection and alternative types of interventions contacted each client initially. Clients fed back that they liked this joint-worker approach and it felt like it kept things fresh, new, and relevant when they spoke to different staff members. They also said that it made them feel that they were still connected to the Day Programme.

Through staff discussions, it was felt that the best timetable available to clients was one which aimed to be inclusive and not exclusive. This meant that we had to ensure that there was a focus on non-abstinent as well as abstinent services. This helped client's access support across a broad range of groups throughout the week, offering interventions that were bespoke, unique and were adapted to what support they needed over the lockdown period.

This support offered has been through group and keywork/welfare checks including, Harm Minimisation, Relapse prevention, Motivational Interviewing, and Solution Focused Therapy. This promotes action for clients to be connecting with and accessing all areas of additional support that are available to them through 'virtual' networks, including mutual aid and SMART recovery groups. In addition to this, clients use their 'own individual' resources and Recovery Capital that exist within and are available to them - the quantity and quality of internal and external resources that clients must initiate and sustain recovery.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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Counselling sessions were used with clients to continue the work they were already undertaking around Trauma, Emotional and Mental distress. The objective of this is to support the client to focus on the past and how it presents itself in the present through communication, relationships, and intimate connections to the internal and external world.

The clients and the workers within the Wandsworth and Richmond Day Programme should be very proud about what they were able to 'create' and achieve within the confines of difficult times. Their innovative, creative and dedicated commitment to providing and then accessing support is something that helped sustain connection and allowed people to continue their Recovery journey's.

Over the period 1st April 2020 – 31st March 2021 the CDARS Day Programme services delivered the following in the Wandsworth and Richmond boroughs –

- 322 groups (average attendance weekly – 56 clients across these groups)
- 2,993 of 1-2-1 key work/welfare check ins
- 673 counselling sessions

#### Case Studies Day Programme Richmond

*EA - Over 12 months of abstinence, and recently has moved into a new property with his partner and is slowly settling in and making it their own whilst maintaining abstinence. EA typically accesses 3-4 groups per week, EA has been engaging in all the face-to-face groups and has now began opening up more and is less shy and more comfortable when accessing groups. EA's focus has been on working on his mind, body and spirit through groups, his religion and extracurricular – putting down roots, accessing the Vineyard. EA is continuing to maintain his weekly and daily routines and is not experiencing any immediate or current crises. He has increased his coping mechanisms and response to stress and new environments and situations and is embracing all of these each day*

*AJ - Following AJ's last lapse early this year he is now entering a place of greater awareness and is beginning to open up more in groups. AJ is able to acknowledge and see the amount of control and power he has over himself and the number of choices he has in his daily life. AJ briefly began attending the face-to-face groups that were offered and is continuing to access a minimum of 2-3 Zoom groups. From the groups AJ has increased his comfort zone and capacity to manage external influences. AJ continues to work and access employment, with extended break periods in line with his working pattern/employment length.*

#### Case Studies Day Programme Wandsworth

*TG - Long term History of substance use, alongside this has been involved in relationships, which have affected her mental, emotional and physical wellbeing. Has been able to use groups and also her Counselling sessions to look at patterns, internal conditions of worth and self-esteem to move forward into abstinence with good support and recovery networks and understand also how these effect and impacts her in relationship's.*

*ZA - Has no previous involvement with groups or structured support. Has attended Open Cycling and Football sessions with another client from his supported Housing. This has allowed him to connect, undertake physical exercise and find other ways to work on his mental, emotional and physical wellbeing using the five ways to wellbeing model as well as connecting into other support networks.*

*QS - Previous historical non-engagement consistently in groups. Has been able to attend , connect , understand his barriers to not attending and accessing support and look at ways he can find to change this. This has allowed better support networks to be built, understanding triggers and barriers to change and for him to move forward with group support.*

*GO – Long-term Opiate user who has struggled with abstinence and motivation to detox then remain abstinent. He has undergone an in-patient detox, connected back into ETE and Day Programme Aftercare support and utilising other support network is available for him through mutual aid in the Community. This has allowed him to increase his network of support, gain further understanding around recovery and how to continue this and look forward a future where he feels confident and able to challenge himself and move forward.*

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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#### Sunshine Recovery Café

Sunshine Recovery Café has been open and available to the residents of 5 South West London Boroughs since 2017. It provides support through holistic, non-medical, interventions for adults who perceive themselves to be in mental health crisis or perceive themselves at risk of moving into mental health crisis (self-defined). The Sunshine Recovery Café exists to provide an accessible, non-stigmatising and recovery focused service to sit alongside the clinical services offered by South West London and St George's (SWLSTG) which is the NHS Trust within the area. The Service is open from 18.00-23.00 (Monday-Friday) and 12.00-23.00 (weekends and bank holidays). **It is open every day of the year.**

Since 2017, when it opened, the Sunshine Recovery Café has continued to adapt and change its service to fit the needs of the clients whilst still maintaining a therapeutic and safe environment for those in mental health crisis. This support aims to help clients discuss the nature of any crises they may be going through, identify strengths, coping techniques and strategies as well as other areas of support in their family, friends, and local community. It does this through a variety of ways utilising and adapting the five ways to wellbeing - **connect, be active, take notice, keep learning, and give back.**

The Sunshine Recovery Café looks to support clients through a welcoming environment – particularly for first-time attendees and provides emotional support and resilience building. This is offered through worker and peer support, a range of recreational and leisure activities and access to local resource advice and other community services. There is also access to risk management and active supported engagement with statutory services, particularly Home Treatment Teams, when clinical risk requires.

The year of 2020 brought, with COVID-19, its own challenges in maintaining emotional and mental wellbeing for both clients and staff. During this time from initial the 'total' lockdown in late March 2020 through the 3-month period this encompassed and then since then the Sunshine Recovery Café achieved an incredible feat – **it stayed open for clients to attend if they felt their emotional and mental wellbeing was at risk.**

The Café did this by operating a full screening process at the door, including temperature checks, requesting that clients wear masks when they attended and observing social distancing protocols when they were on site at the Café. On average staff reported that 92% of clients who attended kept to these requests which enabled the Café to remain open, support clients and be there for them during the difficult periods and times which COVID-19 brought.

The Café also adapted to the situation recognising the vulnerable nature of clients who would have normally attended the Café and may not have felt able to due to medical conditions or general anxiety around going out into the Community. The Café operated a 'virtual' welfare service supporting clients across various platforms and networks, including phone calls, text messages, WhatsApp, FaceTime, and Zoom Groups. The work undertaken included counselling and keywork sessions for clients who were already accessing the service prior to the COVID-19 pandemic. This additional support proved to be hugely beneficial for clients and allowed them to stay connected to support even if they could not attend in person at the Café.

Furthermore, within this additional support funding was secured to operate a 24-hour helpline for clients to contact if they wanted to speak to someone if they felt anxious, depressed or at risk of going into crisis. This was in place from June 2020 – March 2021 and received a total of 460 phone calls from clients in need of support outside normal operational hours of services.

The service also recognised the need to open for an additional time weekly during the day to offer additional support to clients who needed this. This Wednesday service was started in July 2020 and continues now for clients. This has again proven to be a valuable and additional support to clients and to help them feel they can access somewhere mid-week and during the day, to help them feel less anxious whilst also breaking up their week. Within this there has been the formation and start-up of an Art group which has attracted a regular attendance of 8-10 clients each week.

From the 1st April 2020 through to March 2021 the Sunshine Recovery Café remained available for residents to access and feel supported through the difficult times that they were enduring. The fact that the service remained open is testament to the dedication, commitment and resourcefulness of staff who worked with clients to ensure the service remained open – this was an achievement that we all can be proud of.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

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The numbers on attendances at the SRC were the following:

- **Attendances – 2,912 separate attendances, supporting 573 clients.**
- **New registrations – 168; (67% female and 33% male; 71% between age of 25-54; 69% from the Merton borough)**
- **Compliments received – 45**
- **Incidences – 4**
- **Safeguarding referrals – 4**
- **Sign posting/onward referrals into the Community – 474**
- **138 people were offered a survey after they had completed and finished accessing support from the Sunshine Recovery Café**
- **88% said they felt less anxious**
- **85% said they were better able to manage their mental health**

#### Some Feedback from Clients

YT – *“Thank you so much R (worker) for your continued help you give to J. We know you go way beyond your remit in assisting him. We will be forever grateful. If we can be of any assistance with helping him also let us know. We just hope this horrible virus will over next year and we will be able to visit him and meet with you to show our gratitude.”* – Email received from clients Father to worker at SRC.

AR - *stated that speaking to staff has help with his mental health and welfare that I am now able to engage working voluntary.*

IS - *“Attending the cafe has given me a productive focus. Especially with the loss of my partner.”*

HP - *reported attending the cafe because she feels it's a safe place to explore some of her burning issues with staff.*

HS - *“Attending the cafe has been a safe place for me to explore some of my issues which I found difficult to address. Attending on Sundays, the staff has supported me with some of my negative issues around returning to studies. I have now returned to university.”*

PO - *“Thanks to staff at the cafe, one member has gone over and beyond and supported with me with my housing and mental health needs with my medication speaking with my CPN.”*

HJ – *“I am grateful that the Café continues to run daily to help and support me, if I need.”*

FC – *“I am pleased the Weds Café is open now; this allows me to get out during the week and break my routine up.”*

KJ – *“I like it that workers check up on me on the phone; makes me feel connected and less lonely.”*

WE – *“Grateful for the food parcel delivered, it's healthy and tastes lovely.”*

ID - *“If the café was not open over the Xmas period she not sure what I would have done.”*

HS - *“The staff has supported me by giving the space to explore some of my concerns which my family just don't understand when I struggle to get things done.”*

KC - *“I enjoy attending the café so that I can use the space to do artwork which helps to declutters my mind.”*

MT - *“Attending the café meeting with HTT has helped me to focus on the positive thoughts to make new changes.”*

CD - *“Attending the café has helped me with having space to explore my sense of self.”*

HP - *reported how grateful she is for the support moving to her new flat.*

MB - *reported that when she has a stressful day at work which raises her anxiety level, she attends the café for support.*

KC - *Reported that he loved the Art sessions on Weds and the way this helped him with mindfulness and detaching.*

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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#### The Health and Well Being Programme

In December 2019, the National Lottery Community Fund kindly agreed a continuation grant to fund CDARS' Health and Wellbeing programme for another 3 years. The aim of the Health and Wellbeing programme is to support people with mental health issues in their recovery journey; to improve their quality of life and to support their independence and reintegration in their community. After a successful launch in December 2019, the delivery of the programme was obviously challenged by the announcement of a national lockdown to combat the spread of COVID-19 in March 2020. The below reports on the first year of the programme, revisiting the challenges encountered and the lessons learnt as CDARS adapted to delivering all our services online.

#### The story of our project this year

The Health and Wellbeing programme launched in December 2019, as planned. We identified 12 peer mentors/event champions who started our 10 sessions course in January 2020. They took part in the training, consisting of various modules including equality and diversity, boundaries, confidentiality, code of conduct and safeguarding, group work. Together with the other participants, they planned the first event that was due to take place on 25th March 2020: "Celebrating Spring". It was to involve a visit to Kew Gardens and include lunch and refreshments for 45 people. The event was planned with Putting Down Roots and the Ethnic Minority Centre. Sadly, the event was cancelled due to the lockdown that took effect at that time.

CDARS had to quickly adapt to the national lockdown as all face-to-face services were moved online. In addition, as many of our clients are in the vulnerable group, CDARS had to adapt services to respond to new needs linked to isolation, loneliness and also meeting our most disadvantaged clients' basic needs (such as accessing healthy meals).

CDARS launched the Health and Wellbeing Virtual Café on 19th March. The Virtual Café, WhatsApp chat and Zoom, was available 7 day/week:

- 11am to 2pm Monday to Friday
- 12-2pm Saturday, Sunday and BH

The range of activities had to be adapted to enable our clients to participate safely from home. Below is an example of our timetable of online activities:

<b>Monday</b>	EFT (emotional freedom techniques) Tapping for anxiety and stress Stretching and gentle movement exercises
<b>Tuesday</b>	Healthy living and Nutrition covering healthy eating, sleep hygiene and mindful shopping
<b>Wednesday</b>	My creative self Online drawing, virtual art and crafts templates, Poetry and music sharing
<b>Thursday</b>	Exploring the natural world Conversation with nature: Sharing images and suggestions on sowing seeds, growing plants, vegetables and flowers, wildlife, birds songs and our pet friends
<b>Friday</b>	Spirituality and mindfulness group Relaxation techniques And coping strategies
<b>Saturday</b>	Social activities Virtual exploration of museums Gardens and places of interests Stretching and gentle movement exercises
<b>Sunday</b>	Social activities Sharing healthy meal recipes and suggestions for nutritious food

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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Other activities added throughout the year have included:

- Emotional Freedom Techniques, where clients can gain skills to manage anxiety, depression and different events in life
- Nutrition sessions, where clients can discuss and gain knowledge about a holistic approach to food, sleep hygiene and science-based knowledge about physical and mental health
- Dance Movement Therapy: a comfortable and safe space to explore issues and emotions with the advantage of having gentle exercises and stretches
- Book reading sessions where women get empowered to connect to their inner self by reading together and are invited to start new self-discovery journeys.

The Virtual Café was a new way of getting together but it did not stop us connecting, supporting each other and even discovering new places as we celebrated spring by exploring Kew Gardens virtually, sharing pictures and sound of nature and of our gardens.

From August, as the restrictions eased, we had small gatherings (6 clients maximum) meeting at the Sunshine Recovery Café and in local gardens with planned walk in the surrounding parks (Morden Hall and Wimbledon Common). All activities respected social distancing measures with required PPE. We celebrated Black History Month virtually. The women at the Virtual Café engaged in a quiz about 2020 Black History Month theme: African Americans and the vote. The morning session was facilitated by one of our volunteers who provided us with some interesting points on the influence of social movements on racial ideologies, and the aspirations of the black community. The women shared Caribbean and African recipes and also their children's activities for the month.

We celebrated Mental Health Awareness Day on 10th October 2020. At the Sunshine Recovery Café (which has remained open all year long in case of crisis), a specific day and activities were organised in order to recognise and raise awareness of this national day. 21 people attended the activities, in groups of 6 each to respect the government guidelines. Four different activities were organised with the underlying focus of providing strategies to improve and maintain mental health and wellbeing:

- Suicide prevention presentation
- Health & Nutrition talk
- Dance Movement Therapy
- Presentation provided on 7 Days & Ways to Mental Health and Wellbeing.

In addition to the above activities, we also created a Community Kitchen where a team of chefs prepared nutritious meals, with the guidance of our Nutritionist, and delivered them at the door of our most vulnerable clients. This provided a lifeline to those who were required to shield, and thus further supported their health and wellbeing during the pandemic.

#### The difference we are making

As mentioned above, our clients have experienced heightened anxiety due to the new way of life, especially for those required to shield. They have also faced issues such as isolation, grief reactions after losing loved ones to the virus often without being able to say goodbye in person, uncertainties over employment, housing, and the broader economic hardship. We also noticed an increase in domestic violence.

We worked with a total of 138 clients over the year. In addition to the group activities described above, we provided a lot of one-to-one telephone support. People new to the group tended to be hesitant to engage in group activities at first. We supported them with one-to-one phone calls on a weekly basis, building rapport and trust. Telephone support was also available for clients who are not able to use smartphones or laptops (due to age, social anxiety, learning disabilities).

Some of our clients did not have access to smartphones at the beginning of lockdown. We were able to buy new smartphones and sim cards and provide our most vulnerable clients with the necessary equipment, thus ensuring they were able to access the programme. We had to support and train some of our clients to use WhatsApp and Zoom.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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We asked our clients to fill in feedback forms and questionnaires to evaluate the impact of the programme on their health and wellbeing and we gathered the following:

- 88% of our clients reported feeling less isolated as a result of attending the sessions
- 87% reported better health and fitness and overall better life satisfaction
- 92% reported that they felt the programme had helped them feel more positive about their mental health
- 81% of our clients engaged with other organisations as a result of attending the programme for online courses and support around debts, benefits and housing for instance.

#### Feedback from our Nutritionist

I am a Nutritional Therapist and have been working on a consultancy basis for the CDARS Health and Wellbeing programme since 2017. Prior to the COVID-19 pandemic I facilitated weekly Nutrition and Healthy Living sessions on site in Wandsworth and at the Sunshine Recovery Café in Merton. I still facilitate Nutrition and Healthy Living sessions each week, but now over Zoom. The need for a healthy diet has been greatly highlighted during the pandemic, and I have focussed on encouraging healthy eating to boost the immune system and maintain an optimal weight, as well as to improve mental health. The Zoom sessions are supported by information sheets emailed to the clients and posted into the WhatsApp chat.

I have been closely involved in supporting the Health and Wellbeing Virtual Café. The WhatsApp chat forum was set up by Viviana (Programme Manager) at the end of March in response to the first lockdown. I believe this service has been hugely helpful to the clients, and for some it has been, quite literally, a lifeline. The chat has a theme each day and brings a diverse array of topics to engage the clients. When I am supporting the chat I bring to it suggestions on healthy eating, inexpensive simple recipes and answer questions on diet and lifestyle. The chat is interactive and dynamic, often clients post in pictures of food they have cooked and recipes they have tried. I am hoping to compile a recipe book using the inexpensive, healthy, balanced vegetarian recipes that I introduced into the CDARS Community Kitchen and recipes suggestions from Virtual Café clients. Many of our clients are looking forward to receiving a copy.

During the pandemic I have also been having 1-2-1 calls with clients that Viviana has assessed and refers them to me because they have individual health issues (some have had severe Sars-CoV-2) that require personalised advice and guidance. Being able to work at a deeper level with these clients to improve their health is both challenging and very rewarding.

I believe the innovative support that CDARS has provided to their clients in response to the COVID-19 pandemic is exceptional and I am glad to be a small part of it.

#### S' story

*"S is 36 years old. She has been suffering from severe depression for several years. Her persistent low mood, profound sadness, and sense of despair have had a serious impact on the quality of her life and affected her studies, work, relationships, and her daily prayer.*

*In the last two years, S had lost the will to enjoy any type of activities; she quit her daily job as an administrative assistant and also withdrew from social life. She spent most of her time indoors feeling very tired with no energy for work or play. Small burdens or obstacles appeared impossible to manage and S was left with the feeling of worthlessness and guilt. She was prescribed anti-depressants but didn't feel any change in her life. S registered with the Sunshine Recovery Café and visited the café few times as a way to reconnecting with others.*

*She joined the virtual café in March but felt quite shy, feeling she had nothing interesting to say and share, so she stayed in the background of the chat. We started to engage over the phone on a weekly basis and gradually built rapport and created a common bond of trust. S also started private treatments and felt more energy coming into her life. She started to walk daily and was able to join some of our group walks in late summer.*

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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*In the last four months, S has joined several of our virtual activities on Zoom (Emotional Freedom Techniques, Dance Movement Therapy and Book reading) and also became an active participant to our WhatsApp chat. She recently started an online back-to-work – employment course and joined the local gym.*

*We have also recently piloted another small Virtual Café on WhatsApp for Urdu-speaking women. S has been the lead on the chat and, although still in the early phase of her recovery, she expressed the desire to become an event champion and to take part to our next training in spring 2021."*

#### **The Saving Lives Programme**

The Saving Lives Suicide Prevention Programme is a three-year project, funded by Henry Smith Charity, that aims to reduce numbers of suicide attempts among people with mental health problems from residents of the London Boroughs of Merton, Sutton, Wandsworth, Kingston and Richmond. The project employs two part-time Suicide Specialist Counsellors supported by 2 volunteers. The Workers are experienced and trained counsellors with extensive experience in suicide work. The volunteers have lived experience of suicide ideation and support the Workers by assisting at group therapy sessions for example.

The team provides the services in a three-stage process:

STAGE 1 'SURVIVE' - 12 weeks support but length of time depends upon client needs. All clients are assessed when presenting to the service so this project will be able to identify those at risk of suicide. Those identified as being at high and immediate risk will be supported by the Team with a package of measures that will reduce the immediate likelihood of suicide.

These measures include:

- Crisis work. We support clients at immediate risk of suicide by providing short motivation therapy, listening to them, and linking them to local crisis services such as the Home Treatment Team. The Workers are also available over the telephone and visits clients in their home.
- Counselling. Weekly one-to-one counselling sessions using techniques such as cognitive behavioural therapy provide clients with the tools and techniques, they need to manage their suicidal ideation.
- Weekly support group and workshops. The group include thematic discussions (i.e., triggers for suicide ideation) peer support, and talks by health providers. The workshops will discuss specific subject such as relaxation techniques (i.e., meditation or mindfulness).

STAGE 2 'PREVENT' - 12 weeks support but timings depend on client needs. Those clients who have coped with the immediate crisis now move onto longer term support designed to prevent a relapse back into suicidal ideation.

Activities include:

- Mental health support. Activities such as the one-to-one counselling are maintained. Clients also are able to join a relapse prevention group which meets weekly and provide them with ongoing peer support. Clients can also telephone the service.
- Mentoring. Clients gain the support of a named volunteer with lived experience of suicidal ideation who provides ongoing motivational support
- Links to services. We meet clients' needs through working with partners to provide a package of support. Depending upon each clients' needs, this might include links to employment training, housing services, faith and social groups, volunteering opportunities, improved welfare benefits. The aim of these services is to benefit the clients' quality of life thus reducing the risk of future suicide ideation.
- Crisis services as above are still available at this stage should clients need them.

STAGE 3 'SUSTAIN' - Support for as long as is necessary in this stage clients are moving forward and the likelihood of suicide is greatly reduced. However, many will still be progressing with activities such as developing their skills prior to starting employment, and there is still a risk. We therefore provide ongoing low-level support:

- Mentoring. Clients will continue to receive support from a named volunteer with lived experience of suicidal ideation who will provide ongoing motivational support.
- Self-help group. In this third stage clients will gain support over wider issues not just mental health such as finding employment and gaining training.
- Crisis and telephone services as above will still be available should clients need the service.



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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The Objectives of the Programme are:

1. Service users at high risk of suicide are provided with tools such as self-managing their mental health which reduce the triggers that cause suicide ideation.
2. Service users at high risk of suicide will gain increased knowledge of how to access assistance thus reducing the likelihood of suicide
3. Service users at high risk of suicide will gain improved skills, social networks and support that will lead to improved mental wellbeing, quality of life, and life skills

The reporting year coincides with periods of on and off lockdowns. Although the activities were delivered as planned, CDARS delivered face-to-face and virtual services on a one-to-one and group basis. The clients were also invited to engage in other services, including our Health and Wellbeing Programme and to attend our Sunshine Recovery Café. They could also benefit from our free homecooked meals delivery.

#### Case Study

*"SK has been attending the Suicide Prevention programme throughout the lockdown. He had weekly one-to-one sessions with one of our Suicide Prevention Worker. He also attended the Sunshine Recovery Café during this time.*

*SK attended AA meetings prior to the lockdown but once all the meetings went online, he found them challenging. He felt that they sometimes triggered additional anxiety and feelings of isolation. He also has a mild hearing impairment in both ears that causes problems in group settings, so he requires people to talk to him face-to-face.*

*During lockdown, the Suicide Prevention programme, and the Sunshine Recovery Café, were the sole support he could access in the community. The sessions enabled him to discuss honestly his thoughts and feelings and the triggers and issues that have contributed to his feelings of isolation and suicidal thoughts. He previously struggled to talk openly in other Mental Health settings (especially those that were in-patient) out of fear of 'worrying' the members of staff. So he first attempted to join various online groups and forums however he felt these were not always the most supportive of places. Very often the environment becomes an 'echo chamber' where negative sentiments are shared and re-enforced and, worse, encouragement to suicide and sharing of suicide and self-harm methods become commonplace.*

*Engaging in the Suicide Prevention programme provided a safety net for SK, in a non-judgemental way. He was also able to meet peers which helped him feel less isolated during lockdown. He was able to attend the Café in the evenings and during weekends and has participated in arts groups and gone on one-to-one outings with Joe. The support he received prevented him from being admitted as an in-patient at Springfield Hospital again. He has felt more connected, which has resulted in a better quality of life."*

#### Evaluation of the Programme

Each new service user has gone through a rigorous assessment including questions about their current circumstances and enabling us to draw a picture of their level of needs at baseline. They then filled in feedback forms and questionnaires every 6 weeks, which enabled us to understand the journey travelled and whether they are meeting the expected outcomes. They also filled in a final feedback form at the end of their engagement in the project. This data complements our staff and volunteers' feedback on the progress they witness in the service user.

- 132 people have been helped over the 12 months period.

Out of the 132 service users who have benefited from this project through one to one and group support:

- 84% report that they have learnt effective coping mechanisms in dealing with and managing suicidal thoughts
- 87% report that they have developed knowledge, skills and confidence with a positive impact on reducing the triggers that lead to suicidal ideation episodes
- 86% reporting having increased their knowledge and confidence on when and how to access effective support to reduce the likelihood of suicide
- 88% report having improved their skills, social networks and support leading to improved mental wellbeing, quality of life and life skills.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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#### The Veteran's Programme

Our Veterans Programme, funded by the Armed Covenant Fund and the Veterans Foundation, is a programme including a range of emotional and social support to Veterans and their families. The programme includes also a package of health and well-being and social activities, which focus on improving mental and health well-being of the service users and their families, as well with nutrition and fitness with a focus on mental health, nutrition and fitness:

More specifically including:

1. Weekly group walks in natural surroundings within Surrey or the local area, once per week
2. "Boot camp" group exercises adapted to the level of fitness of the participants to encourage them to take fitness from the local park, twice per month
3. Camping weekend, once per quarter
4. Nutrition sessions focusing on mindful eating, mindful cooking and mindful sessions. Led by CDARS' Nutritionist, twice per month
5. Breakfast meeting at CDARS' Sunshine Recovery Cafe, twice per month
6. Peer support mental health groups, 2 sessions organised for 2 cohorts each week

Emotional support delivered includes:

- Comprehensive assessment
- One to one counselling sessions
- Support groups
- Access to our Suicide Prevention Programme
- Access to our Sunshine Recovery café for mental health

The programme also helps combat loneliness and isolation: it creates a sense of camaraderie and cohesion between civilians and veterans who will build support networks and long-lasting friendships, which will carry on beyond the existence of this project.

#### Evaluation of the project

#### **93 Veterans attended the programme during the year** **Outcomes have shown:**

##### **Outcome 1:**

80% of veterans reported better physical health since enrolling in the project

*JS says: "Since I have joined the veterans programme and all the activities, I feel more energetic and with a reason to wake up in the morning and attend the programme. In particular I love to attend the breakfast club with all the others".*

##### **Outcome 2:**

75% of the participants reported better mentally and are more aware of the triggers to mental health crisis

*"I enjoyed the group, really good group and very supportive. I still have moments of spontaneous crying but on most days I feel better."*

##### **Outcome 3:**

80% of participants reported feeling less lonely and isolated and report having made new friends

*PT says: "I am grateful for all the help given me in my time of crisis and CDARS has been my only support. I have been struggling with alcohol and had relapses, feeling suicidal and ending up in Springfield. I have been struggling with PTSD but the help from CDARS I am really grateful. The staff used their car to take my belongings from A to B and they were there when I needed support. I really enjoyed veterans walk run by CDARS on Saturday. It was fantastic and can't wait to go again."*

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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Some other feedback from Veterans are

*PW – "Meeting other veterans overcome loneliness"*

*AH – "Is great and very supportive to meet with other guys same background"*

*GD – "It is a life saving programme, is great to have people who show compassion and care, Joep is extremely helpful"*

What difference we actually made

The Covid19 emergency crisis presented key challenges to our community as we faced another long lockdown. This led to heightened anxiety for our veterans due to fear of the pandemic, stress related to employment and finances and long periods of isolation.

For our participants, the programme has been and it is a lifeline. They benefited greatly from the breakfast meeting that occurred weekly. It offered a great opportunity to meet with their peers, to share light-hearted moments together as well as offer support to each other.

They also enjoyed the opportunities to engage in physical activities through the walks and fitness sessions. It enabled them to let the steam off and also to maintain or achieve good physical health. Exercising also proved good for their mental health and gave them an objective.

We just recently been communicated that we have been successful in a new grant, this is in partnership with the Poppy factory and other organisations working with Veterans. This means that our Veterans Programme will continue for another 2 years at least from April 2022 as well as we will introduce new services within, as an outreach programme and a 24/7 crisis telephone helpline.

#### **A Vision for the Future for CDARS**

For the near future, we are expanding our focus further in areas such as mental health, veterans and health and wellbeing programmes, community services, community kitchen, and other needs that are brought to our attention by our service users and the local community. We are also progressing with the implementation and development of new ideas that we have designed, two important ones are:

Service for people with Neurodiversity.

This is a service aimed at making the environment much more welcoming and safer for people who are diagnosed with Autism spectrum disorder (ASD) and other Neurodiverse conditions, such as ADHD. ASD is a condition that affects social interaction, communication, interests, and behaviour. It is estimated that approximately 1 in 70 people might have ASD. Recent research has shown that people with ASD tend to find themselves very isolated, and struggle to cope with life, leaving them more vulnerable to alcohol and drug misuse and other mental health conditions, than the rest of the population. We are focusing at the present, in consultation with some of our service users who have been diagnosed with ASD and other Neurodiverse conditions, to train all staff to a high level in this area, review all our related policies and refurbish our premises in order to make them fit for purpose to people with sensory processing disorder. For example, we are re-painting the walls neutral, changing the flooring to neutral colours, changing our lighting so there will not be bright and we are also creating some sensory rooms, where people who are sensitive to noises can spend some time alone when things get a bit too stressful or tiring for them.

A mental health service for young people specifically, aged 18 to 25.

This service is designed to welcome young people who might be at risk of mental health problems. It has emerged out of a focus group that we have done with our young members of staff and volunteers, as well with our young service users, therefore, the feedback that we have collected out of the event forms the basis of the service. It is anticipated that this will be a drop-in service offered as a few half days per week, where only people aged from 18 to 26 can attend and can access a variety of psychosocial service.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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#### Financial review

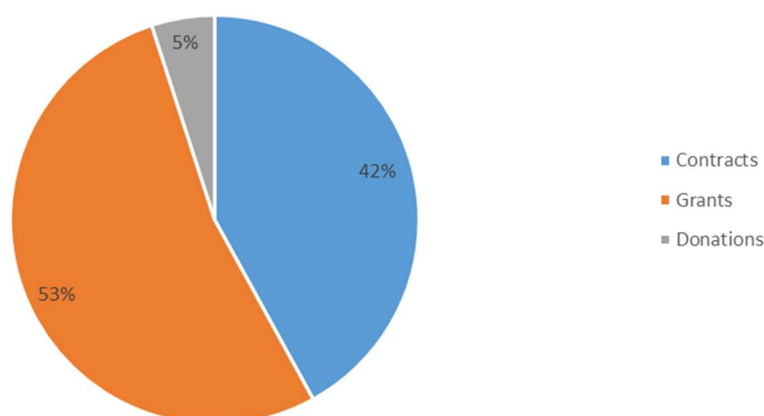
CDARS has a reserves policy which states that a reserve equivalent to at least one quarter of the total annual expenditure should be held in case of a non-predicted fall in funding or financial changes.

For the year ended 31st March 2021 the total expenditure amounted to £695,918. A sum of at least £173,980 should therefore be set aside as a reserve. Total unrestricted reserves held on 31st March 2021 amounted to £375,807 (2020 - £193,374).

The year 2020-2021 has seen an important increase in income from £586,645 to £903,831, particularly in terms of sources of funding, we have moved further from public contracts to grants.

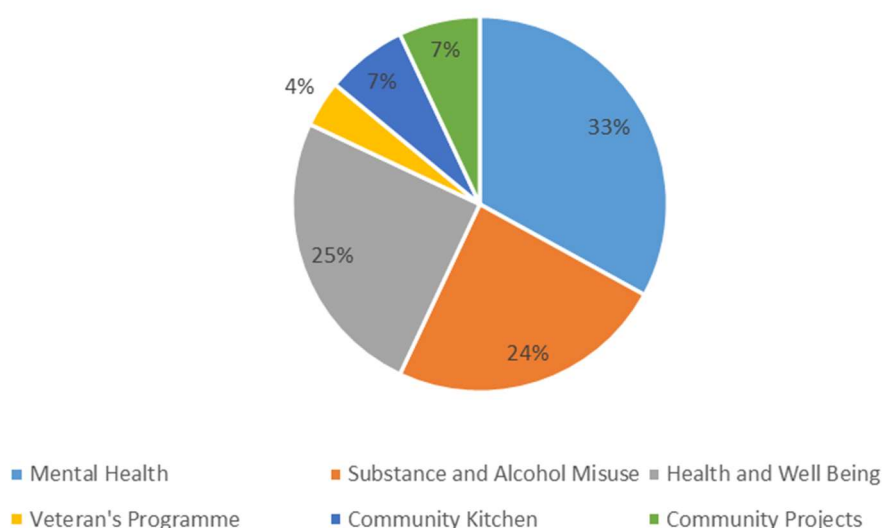
The chart below shows the proportion of income by modality we have received during the year.

Income at CDARS By Modality - Year 2020-21



The chart below shows the proportion of income by modality we have received during the year.

Funding Related to Areas of Work at CDARS - Year 2020-21



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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CDARS adopts a policy on risks assessment and risks review for financial and funding matters whereby every three years a business plan is produced, where potential risks of a financial nature are highlighted. The management committee meets every 3 months with the CEO and other staff members as appropriate. At these meetings, potential risks are assessed and reviewed by all committee members.

The Management Committee conducts regular reviews of the major risks to which the charity is exposed to. Where appropriate, systems or procedures are established to mitigate the risks the charity faces. Internal control risks are minimised by the implementation of procedures for authorisation of all transactions and projects. Procedures are in place to ensure compliance with health and safety of staff, volunteers, clients, and visitors to the centre. The continuing implementation of the Drugs and Alcohol National Occupational Standards (DANOS) and the adoption of the NICE Guidelines (National Institute Clinical Excellence) ensures a consistent quality of delivery for all operational aspects of the charity. The charity is compliant with various quality management systems, as listed further below, and is audited regularly by its funders, generally annually. These procedures are periodically reviewed to ensure that they continue to meet the needs of the charity.

The partnership works very closely together with our commissioners, funders, and the feedback that we are given by our service users, in regular focus groups and needs assessments, are followed through in the redesign and development of our services. As a result of the above the following new services and programmes have recently started.

CDARS also has achieved the following:

- ISO 27001
- Disability Confident
- Living Wage Foundation
- The Equality Register
- Mindful Employer

CDARS is a member of:

- The Centre for Social Justice
- Cobseo, The Confederation of Service Charities

### Structure, Governance and Management

#### Governing Document

Community Drug and Alcohol Recovery Services (CDARS) is a registered charity (No. 1028663). It is a company limited by guarantee (No. 02634372), which does not have a share capital. Every member of the charity undertakes to contribute an amount not exceeding £1 to the assets of the charity in the event of winding up.

The total number of such members as of the 31st March 2021 was 33 (2020 - 33). The company was established in August 1991 under a Memorandum of Association, which sets out, its objects and powers. Its Articles of Association governs it. Under those Articles, the members of the Executive Committee are elected at an Annual General Meeting to serve for a period of two years.

# **COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES**

## **TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)**

### **FOR THE YEAR ENDED 31 MARCH 2021**

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The Trustees, who are also the Directors for the purpose of company law and under the company's Articles are known as members of the Management Committee, those who served during the year were:

Mr D H Knight  
Mr M Ingram  
Mrs A Whitfield  
Mr John Di Palma

Under the requirements of the Memorandum and Articles of Association the members of the Management Committee are elected to serve for a period of two years after which they must be re-elected at the next Annual General Meeting.

All members of the Management Committee gave their time voluntarily and received no remuneration from the charity. Any expenses reclaimed from the charity are set out in the accounts. The Management Committee seeks to ensure that the needs of the client group are appropriately reflected through the diversity of the trustee body.

To enhance the potential pool of Trustees, we include rehabilitated substance/alcohol misusers who would be willing to become members of the centre and use their own experience to assist the charity. The organisation aims to fully represent and maintain as far as possible a broad mix of skills at Management Committee level. In the event of particular skills being lost, the organisation has a system in place to replace the required skills.

Most Trustees are already familiar with the practical work of the charity. Additionally, new Trustees are invited and encouraged to attend induction and a series of short training sessions to familiarise themselves with the charity and the context within which it operates.

These are jointly led by the Chair of the Management Committee and the Chief Executive of the charity and cover:

- The obligations of Management Committee members.
- The main documents which set out the operational framework for the charity including the Memorandum and Articles.
- Resourcing and the current financial position as set out in the latest published accounts.
- Future plans and objectives.

An information pack and guidance book prepared from Charity Commission publication, the Commission's guide "The Essential Trustee", is distributed to all new Trustees along with the Memorandum and Articles and the latest financial statements.

CDARS has a Management Committee who meet every 3 months and is responsible for the strategic direction and policy of the charity. At the end of March 2021, the Committee had 4 members from a variety of professional backgrounds relevant to the work of the charity. A scheme of delegation is in place and day to day responsibility for the provision of the services rest with the CEO.

The Chief Executive is responsible for ensuring that the charity delivers the services specified and that key performance indicators are met; he also has responsibility for the day-to-day operational management of the organisation, individual supervision of the staff team and also ensuring that the team continue to develop their skills and working practices in line with good practice.

In so far as it is complementary to the charity's objects, the charity is guided by both local and national policy. At a national level, under guidance and monitoring of Public Health England (PHE), body charged with responsibility for delivering the National Drug Strategy and commissioning services, while at a local level under the guidance and monitoring of local commissioners and funders.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## TRUSTEES' REPORT (CONTINUED)(INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 31 MARCH 2021

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Quality systems that we employ include:

- Drugs and Alcohol National Occupational Standards
- National Institute for Clinical Excellence Guidelines
- Standards for Better health
- International Organisation for Standardisation - ISO 27001
- Federation for Drugs and Alcohol Professionals Guidelines
- Chartered Institute of Management Code of Conduct
- Local authority and other commissioners' agreements
- Regular client surveys
- Safeguarding Vulnerable Adults Board and Child Protection Board
- Health and Safety and around 85 other policies
- Complaints System

#### Statement of Trustees' responsibilities

The Trustees, who are also the Directors of Community Drug and Alcohol Recovery Services for the purpose of company law, are responsible for preparing the Trustees' Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company Law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these accounts, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees' report was approved by the Board of Trustees.



Mr D H Knight

Dated: 10/2/22



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## INDEPENDENT EXAMINER'S REPORT

### TO THE TRUSTEES OF COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

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I report to the trustees on my examination of the financial statements of Community Drug and Alcohol Recovery Services (the charity) for the year ended 31 March 2021.

#### Responsibilities and basis of report

As the trustees of the charity (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 (the 2006 Act).

Having satisfied myself that the financial statements of the charity are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's financial statements carried out under section 145 of the Charities Act 2011 (the 2011 Act). In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

#### Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the 2011 Act. I confirm that I am qualified to undertake the examination because I am a member of ICAEW, which is one of the listed bodies.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

- 1 accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
- 2 the financial statements do not accord with those records; or
- 3 the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
- 4 the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.



Andrew Miller BSc FCA  
Independent Examiner  
ICAEW

Dated: 18/2/22

Azets Audit Services  
Trinity Court  
34 West Street  
Sutton  
Surrey  
SM1 1SH



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

**FOR THE YEAR ENDED 31 MARCH 2021**

		Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £	Unrestricted funds 2020 £	Restricted funds 2020 £	Total 2020 £
	Notes						
<b><u>Income from:</u></b>							
Donations and legacies	3	30,483	-	30,483	1,500	-	1,500
Charitable activities	4	452,277	421,009	873,286	365,139	219,849	584,988
Investments	5	62	-	62	157	-	157
<b>Total income</b>		<b>482,822</b>	<b>421,009</b>	<b>903,831</b>	<b>366,796</b>	<b>219,849</b>	<b>586,645</b>
<b><u>Expenditure on:</u></b>							
Charitable activities	6	300,388	395,530	695,918	445,312	169,816	615,128
<b>Net income/(expenditure) for the year/ Net movement in funds</b>		<b>182,434</b>	<b>25,479</b>	<b>207,913</b>	<b>(78,516)</b>	<b>50,033</b>	<b>(28,483)</b>
Fund balances at 1 April 2020		193,373	-	193,373	271,890	(50,033)	221,857
<b>Fund balances at 31 March 2021</b>		<b>375,807</b>	<b>25,479</b>	<b>401,286</b>	<b>193,374</b>	<b>-</b>	<b>193,374</b>

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure derive from continuing activities.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## BALANCE SHEET

AS AT 31 MARCH 2021

	Notes	2021 £	£	2020 £	£
<b>Fixed assets</b>					
Tangible assets	9		29,322		45,316
<b>Current assets</b>					
Debtors	10	84,426		17,929	
Cash at bank and in hand		419,824		170,948	
		504,250		188,877	
<b>Creditors: amounts falling due within one year</b>	11	(132,286)		(40,819)	
Net current assets			371,964		148,058
<b>Total assets less current liabilities</b>			401,286		193,374
<b>Income funds</b>					
Restricted funds	13		25,479		-
<u>Unrestricted funds</u>					
Designated funds	14	16,279		20,347	
General unrestricted funds		359,528		173,027	
			375,807		193,374
			401,286		193,374

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 31 March 2021.

The director acknowledges his responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of financial statements.

The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime.

The financial statements were approved by the Trustees on 10/2/22

*D H Knight*

Mr D H Knight  
Trustee

*A M Whitfield*

Mrs A Whitfield  
Trustee

Company Registration No. 02634372

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## STATEMENT OF CASH FLOWS

**FOR THE YEAR ENDED 31 MARCH 2021**

	Notes	2021 £	£	2020 £	£
<b>Cash flows from operating activities</b>					
Cash generated from/(absorbed by) operations	18		249,023		(88,752)
<b>Investing activities</b>					
Purchase of tangible fixed assets		(209)		(2,134)	
Interest received		62		157	
<b>Net cash used in investing activities</b>			(147)		(1,977)
<b>Net cash used in financing activities</b>			-		-
<b>Net increase/(decrease) in cash and cash equivalents</b>			248,876		(90,729)
Cash and cash equivalents at beginning of year			170,948		261,677
<b>Cash and cash equivalents at end of year</b>			419,824		170,948

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS

**FOR THE YEAR ENDED 31 MARCH 2021**

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### **1 Accounting policies**

#### **Charity information**

Community Drug and Alcohol Recovery Services is a private company limited by guarantee incorporated in England and Wales. The registered office is 296a Kingston Road, Wimbledon Chase, London, SW20 8LX, United Kingdom.

#### **1.1 Accounting convention**

The accounts have been prepared in accordance with the charity's memorandum of association, the Companies Act 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (as amended for accounting periods commencing from 1 January 2016). The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

#### **1.2 Going concern**

At the time of approving the accounts, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. During the year the trustees implemented a plan to reduce expenditure and are continuing to focus on smaller more local projects. Thus the trustees continue to adopt the going concern basis of accounting in preparing the accounts.

#### **1.3 Charitable funds**

Unrestricted funds are available for use at the discretion of the trustees in furtherance of their charitable objectives.

Designated funds are funds which have been set aside from the unrestricted funds for a specific use. The charity holds designated funds relating to specific fixed assets which historically were shown as restricted funds.

Restricted funds are subject to specific conditions by donors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

#### **1.4 Income**

Income is recognised when the charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably, and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the charity has been notified of an impending distribution, the amount is known, and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset. Grants received during the year have been treated using the accruals model.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

---

### 1 Accounting policies

(Continued)

Turnover is measured at the fair value of the consideration received or receivable and represents amounts receivable for goods and services provided in the normal course of business, net of discounts, VAT and other sales related taxes.

#### 1.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

Expenditure is allocated to each activity where it relates directly to that activity. Support and governance costs that do not relate directly to each activity are apportioned on the basis of income percentage or percentage use of the associated premises.

#### 1.6 Research and development expenditure

Research expenditure is written off against profits in the year in which it is incurred. Identifiable development expenditure is capitalised to the extent that the technical, commercial and financial feasibility can be demonstrated.

#### 1.7 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Leasehold Improvements	20% Straight Line
Plant and machinery	20% Reducing Balance
Fixtures, fittings & equipment	20% Reducing Balance

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is recognised in net income/(expenditure) for the year.

#### 1.8 Impairment of fixed assets

At each reporting end date, the charity reviews the carrying amounts of its tangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

#### 1.9 Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

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### 1 Accounting policies

(Continued)

#### 1.10 Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

##### **Basic financial assets**

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

##### **Basic financial liabilities**

Basic financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

##### **Derecognition of financial liabilities**

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

#### 1.11 Employee benefits

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the charity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

**FOR THE YEAR ENDED 31 MARCH 2021**

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### **2 Critical accounting estimates and judgements**

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Significant estimations include the apportionment of support and governance costs, accruals and depreciation. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

### **3 Donations and legacies**

	<b>Unrestricted funds</b>	Unrestricted funds
	<b>2021</b>	2020
	<b>£</b>	<b>£</b>
Donations and gifts	27,983	1,500
Unrestricted grants for generic use	2,500	-
	<hr/>	<hr/>
	30,483	1,500
	<hr/>	<hr/>

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2021

4 Charitable activities	Small Project Support	Suicide Prevention Programme	Wandsworth & Richmond SMS	Health & Wellbeing Programme	Community Kitchen	Recovery Cafe	Total 2021	Total 2020
	2021 £	2021 £	2021 £	2021 £	2021 £	2021 £	£	£
Services provided under contract Grants	-	-	179,142	-	-	214,482	393,624	362,449
	124,936	35,685	18,226	177,057	90,772	27,850	474,526	219,849
	2,129	-	903	903	298	903	5,136	2,690
Other income	127,065	35,685	198,271	177,960	91,070	243,235	873,286	584,988
Analysis by fund Unrestricted funds Restricted funds	51,585	-	183,628	903	776	215,385	452,277	365,139
	75,480	35,685	14,643	177,057	90,294	27,850	421,009	219,849
	127,065	35,685	198,271	177,960	91,070	243,235	873,286	584,988



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

### 4 Charitable activities

(Continued)

For the year ended 31 March 2020

	Suicide Prevention Programme	Wandsworth & Richmond SMS	Health & Wellbeing Programme	Veteran Support Programme	Recovery Cafe	Total 2020
	£	£	£	£	£	£
Services provided under contract	-	153,829	-	-	208,620	362,449
Grants	20,242	5,017	150,570	31,020	13,000	219,849
Other income	-	-	-	-	2,690	2,690
	<u>20,242</u>	<u>158,846</u>	<u>150,570</u>	<u>31,020</u>	<u>224,310</u>	<u>584,988</u>
Analysis by fund						
Unrestricted funds	-	153,829	-	-	211,310	365,139
Restricted funds	20,242	5,017	150,570	31,020	13,000	219,849
	<u>20,242</u>	<u>158,846</u>	<u>150,570</u>	<u>31,020</u>	<u>224,310</u>	<u>584,988</u>

### 5 Investments

	Unrestricted funds	Unrestricted funds
	2021 £	2020 £
Interest receivable	<u>62</u>	<u>157</u>

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2021

6 Charitable activities	Small Project Support Programme	Suicide Prevention Programme	Wandsworth & Richmond SMS Programme	Health & Wellbeing Programme	Community Kitchen Programme	Veteran Support Programme	Recovery Cafe	Total 2021	Total 2020
	2021 £	2021 £	2021 £	2021 £	2021 £	2021 £	2021 £	£	£
Staff costs	62,539	27,919	76,104	81,373	20,682	5,584	67,654	341,855	304,409
Direct costs	4,315	-	-	3,323	19,459	-	300	27,397	-
Client welfare	964	-	(521)	1,791	18	-	2,339	4,591	10,127
Client expenses	-	-	-	-	-	-	-	-	120
Grant repayments	-	-	-	-	-	-	-	-	2,000
	67,818	27,919	75,583	86,487	40,159	5,584	70,293	373,843	316,656
Share of support costs (see note 7)	39,713	11,152	47,853	55,618	36,402	-	76,018	266,756	245,228
Share of governance costs (see note 7)	1,256	313	13,204	16,495	6,979	557	16,515	55,319	53,244
	108,787	39,384	136,640	158,600	83,540	6,141	162,826	695,918	615,128
<b>Analysis by fund</b>									
Unrestricted funds	33,307	3,699	121,997	268	-	6,141	134,976	300,388	445,312
Restricted funds	75,480	35,685	14,643	158,332	83,540	-	27,850	395,530	169,816
	108,787	39,384	136,640	158,600	83,540	6,141	162,826	695,918	615,128

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2021

6 Charitable activities	(Continued)						
	Suicide Prevention Programme	Wandsworth & Richmond SMS	Health & Wellbeing Programme	Community Kitchen	Veteran Support Programme	Recovery Cafe	Total 2020
	£	£	£	£	£	£	£
Staff costs	9,509	98,572	52,132	13,890	30,322	99,984	304,409
Client welfare	-	6,890	1,966	-	531	740	10,127
Client expenses	-	120	-	-	-	-	120
Grant repayments	-	-	-	-	2,000	-	2,000
	9,509	105,582	54,098	13,890	32,853	100,724	316,656
Share of support costs (see note 7)	8,801	78,578	50,232	6,495	6,407	94,715	245,228
Share of governance costs (see note 7)	1,931	11,413	12,971	1,859	4,830	20,240	53,244
	20,241	195,573	117,301	22,244	44,090	215,679	615,128
<b>Analysis by fund</b>							
Unrestricted funds	-	190,556	22,653	22,244	7,180	202,679	445,312
Restricted funds	20,241	5,017	94,648	-	36,910	13,000	169,816
	20,241	195,573	117,301	22,244	44,090	215,679	615,128

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2021

### 7 Support costs

	Support costs £	Governance costs £	2021 £	Support costs £	Governance costs £	2020 £
Staff costs	138,394	-	138,394	122,630	-	122,630
Insurance	3,556	-	3,556	1,371	-	1,371
Office expenses	45,635	-	45,635	13,247	-	13,247
Safety & security costs	-	-	-	588	-	588
IT & communication	19,361	-	19,361	24,395	-	24,395
Premises expenses	59,810	-	59,810	82,997	-	82,997
Audit fees	-	4,000	4,000	-	3,600	3,600
Accountancy	-	7,128	7,128	-	6,185	6,185
Legal and professional	-	27,988	27,988	-	27,887	27,887
Depreciation	-	16,203	16,203	-	15,572	15,572
	<u>266,756</u>	<u>55,319</u>	<u>322,075</u>	<u>245,228</u>	<u>53,244</u>	<u>298,472</u>
Analysed between						
Charitable activities	<u>266,756</u>	<u>55,319</u>	<u>322,075</u>	<u>245,228</u>	<u>53,244</u>	<u>298,472</u>

Governance costs includes payments to the independent examiner of £4,000 (2020- £3,600) for independent examiners fees and £7,128 (2020- £4,740) for bookkeeping services.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

### 8 Employees

#### Number of employees

The average number of employees during the year was:

	2021	2020
Office and management	3	2
Clinical staff	17	15
	<u>20</u>	<u>17</u>

#### Employment costs

	2021 £	2020 £
Wages and salaries	413,839	375,517
Social security costs	31,435	28,216
Other pension costs	17,349	14,092
	<u>462,623</u>	<u>417,825</u>

The number of employees whose annual remuneration was £60,000 or more were:

	2021 Number	2020 Number
£60,000-£70,000	<u>1</u>	<u>1</u>

### 9 Tangible fixed assets

	Leasehold Improvements £	Plant and machinery £	Fixtures, fittings & equipment £	Total £
<b>Cost</b>				
At 1 April 2020	45,993	85,045	10,975	142,013
Additions	-	-	209	209
At 31 March 2021	<u>45,993</u>	<u>85,045</u>	<u>11,184</u>	<u>142,222</u>
<b>Depreciation and impairment</b>				
At 1 April 2020	26,992	63,891	5,814	96,697
Depreciation charged in the year	9,199	5,764	1,240	16,203
At 31 March 2021	<u>36,191</u>	<u>69,655</u>	<u>7,054</u>	<u>112,900</u>
<b>Carrying amount</b>				
At 31 March 2021	<u>9,802</u>	<u>15,390</u>	<u>4,130</u>	<u>29,322</u>
At 31 March 2020	<u>19,000</u>	<u>21,154</u>	<u>5,162</u>	<u>45,316</u>

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

### 9 Tangible fixed assets

(Continued)

Fixed assets with a net book value of £16,279 (2020 - £20,347) are designated funds.

### 10 Debtors

	2021 £	2020 £
<b>Amounts falling due within one year:</b>		
Trade debtors	44,566	-
Other debtors	574	410
Prepayments and accrued income	39,286	17,519
	<u>84,426</u>	<u>17,929</u>

### 11 Creditors: amounts falling due within one year

	2021 £	2020 £
Trade creditors	6,235	10,783
Other creditors	29,066	2,408
Accruals and deferred income	96,985	27,628
	<u>132,286</u>	<u>40,819</u>

Deferred income of £91,167 (2020 - £18,042) has been recognised in the year. This relates to restricted grants which have been provided to the charity for specific projects over a specific period.

### 12 Retirement benefit schemes

The charity operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the charity in an independently administered fund.

The charge to profit or loss in respect of defined contribution schemes was £17,349 (2020 - £14,092).

£7,688 (2020 - £8,858) has been allocated to unrestricted funds and £9,661 (2020 - £5,234) to restricted funds.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 31 MARCH 2021

### 13 Restricted funds

The income funds of the charity include restricted funds comprising the following unexpended balances of donations and grants held on trust for specific purposes:

	Movement in funds		Movement in funds		Movement in funds		Balance at
	Incoming resources as restated	Resources expended	Incoming resources as restated	Resources expended	Incoming resources	Resources expended	1 April 2019 as restated
	£	£	£	£	£	£	£
The Albert Gubay Charitable Foundation	-	-	-	-	10,000	(10,000)	-
The Henry Smith Charity	20,242	(20,242)	20,242	(20,242)	35,109	(35,109)	-
The Wimbledon Foundation	25,000	(25,000)	25,000	(25,000)	35,000	(32,221)	2,779
The National Lottery Community Foundation	119,428	(63,506)	119,428	(63,506)	183,362	(183,362)	-
The City Bridge Trust	6,142	(6,142)	6,142	(6,142)	36,850	(18,125)	18,725
The Antonio Carluccio Foundation	-	-	-	-	4,500	(3,249)	1,251
The Wandsworth Grant Fund	-	-	-	-	9,800	(7,076)	2,724
The Royal British Legion	4,813	(4,813)	-	(4,813)	-	-	-
Armed Forces Covenant Trust Fund	1,076	(16,046)	14,970	(16,046)	-	-	-
The Pilgrim Trust	-	(13,000)	13,000	(13,000)	13,000	(13,000)	-
Postcode Trust People	-	(6,050)	6,050	(6,050)	-	-	-
The Forces Trust	-	(10,000)	10,000	(10,000)	-	-	-
Sport England	-	(5,017)	5,017	(5,017)	-	-	-
The CAF Resilience Fund	-	-	-	-	63,427	(63,427)	-
Groundwork	-	-	-	-	361	(361)	-
The London Community Foundation	-	-	-	-	29,600	(29,600)	-
	(50,033)	(169,816)	219,849	(169,816)	421,009	(395,530)	25,479

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

### FOR THE YEAR ENDED 31 MARCH 2021

#### 13 Restricted funds

(Continued)

The Albert Gubay Charitable Foundation awarded £10,000 for the White Goods for Vulnerable People project which ran during the year. All funds were utilised in the period.

The Henry Smith Charity awarded a total of £106,500 over a three year period for the Suicide Prevention Programme. The programme started in the previous reporting period and as such £35,109 (2020 - £20,242) has been recognised and fully utilised.

The Wimbledon Foundation previously awarded a grant of £75,000 for a three year period towards the Culture + Diversity = Cohesion Programme. £25,000 has been recognised within the year and fully utilised on associated costs within the period. £10,000 was also awarded by the foundation towards the Community Kitchen, for which £2,779 remains unspent at the year end.

During the year, an amount of £197,232 (2020 - £119,428) was received from The National Lottery Community Fund. The charity continued to receive support for the Health and Wellbeing Programme for which it has recognised £110,773 in the year from the fund. The grant can be spent on all costs relating to the project and was fully expensed during the year. The National Lottery Community Fund also awarded payments of £86,459 towards the Emergency Outreach Programme in response to the Covid-19 pandemic. This has been utilised across a number of projects with an underspend of £13,870 reflected in other creditors as owing back to the grant provider.

The City Bridge Trust awarded a grant of £111,550 for a three year period in the year ending 31st March 2020. This is to cover the cost of a Health and Wellbeing Outreach worker delivering mental health support services across the City of London. £40,994 of the grant has been recognised in the year with an underspend being carried forward of £18,725 as permitted by the Trust.

The Antonio Carluccio Foundation awarded a total of £9,000 during the year towards two years of costs for the Community Kitchen. £4,500 has been recognised in the year with a remaining balance of £5,751 being available next year.

The Wandsworth Grant Fund awarded £9,800 towards the Community Kitchen. A balance of £2,724 remained unutilised as at 31st March 2021 to be used by 31st August 2021.

The Pilgrim Trust awarded £40,000 for the Women's Recovery Café project which will run for 3 years. The final payment of £13,000 was received during the year and was fully utilised.

An amount of £63,427 was received from The CAF Resilience Fund for the 24/7 Crisis Help project. The funds have been utilised in full during the year.

The London Community Foundation awarded a grant of £40,169 towards the Community Kitchen. As at the end of the year, the funds had not been fully utilised in line with the agreement and therefore a balance of £11,394 is held as a creditor.



# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

### 14 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the trustees for specific purposes:

	Balance at 1 April 2019 £	Resources expended £	Balance at 1 April 2020 £	Resources expended 31 March 2021 £	Balance at 31 March 2021 £
Fixed Assets	25,435	(5,088)	20,347	(4,068)	16,279
	<u>25,435</u>	<u>(5,088)</u>	<u>20,347</u>	<u>(4,068)</u>	<u>16,279</u>

### 15 Analysis of net assets between funds

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total 2021 £	Unrestricted funds 2020 £	Restricted funds 2020 £	Total 2020 £
Fund balances at 31 March 2021 are represented by:						
Tangible assets	29,322	-	29,322	45,316	-	45,316
Current assets/ (liabilities)	346,485	25,479	371,964	148,058	-	148,058
	<u>375,807</u>	<u>25,479</u>	<u>401,286</u>	<u>193,374</u>	<u>-</u>	<u>193,374</u>

### 16 Operating lease commitments

At the reporting end date the charity had outstanding commitments for future minimum lease payments under non-cancellable operating leases:

2021 £	2020 £
96,667	136,667

### 17 Related party transactions

None of the trustees (or any persons connected with them) received any remuneration during the year, and no trustees were reimbursed for expenses (2020 - £nil).

At the year end, an amount of £nil (2020 - £410) was owed to the charity by Franco Toma, Managing Director.

# COMMUNITY DRUG AND ALCOHOL RECOVERY SERVICES

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 31 MARCH 2021

18	Cash generated from operations	2021 £	2020 £
	Surplus/(deficit) for the year	207,913	(28,483)
	Adjustments for:		
	Investment income recognised in statement of financial activities	(62)	(157)
	Depreciation and impairment of tangible fixed assets	16,203	15,571
	Movements in working capital:		
	(Increase)/decrease in debtors	(66,498)	42,808
	Increase/(decrease) in creditors	91,467	(118,491)
	<b>Cash generated from/(absorbed by) operations</b>	<b>249,023</b>	<b>(88,752)</b>
19	<b>Analysis of changes in net funds</b>		
	The charity had no debt during the year.		