

# **Annual Report 2019–20**

---





**Dumbarton Area Council on Alcohol -  
West Dunbartonshire's  
Community Alcohol Service since 1976.**

**Our Mission :**

**“DACA will work with the community of West Dunbartonshire to raise awareness of alcohol issues and offer support by providing a range of services tailored to individuals and the community and so reduce the harm associated with alcohol use/misuse.”**

# **Table of Contents**

---

	<b>Page</b>
<b>About Us</b>	
Our Chairman's Message	1
Our Executive Committee	2
Our Chief Executive's Message	3-4
Our Staff and Volunteers	5-6
Our Services: An Overview	7-8
<b>Our Year in Review</b>	
Our Services in Summary	9-10
Our Counselling Service	11-12
Our Groupwork Programme	13-14
Our Project: Steps to Recovery	15-18
Our Steps to Wellbeing Service	19-22
Our Open Social Drop-in Service	23-24
Our Prevention Work	25-26
	27-28
Delivering Support During a Pandemic	29-30
Financial Report	
<b>Acknowledgements</b>	<b>31</b>

## **Chairman's Message**

---

**At the time of writing (Summer 2020), we are all facing an unexpected and immense challenge as a result of Covid-19.**

**However, I am pleased to report that the entire team at DACA have responded magnificently to this challenge. It is looking increasingly likely that we may have to adapt to enforced changes in our day-to-day lives for some time to come, but DACA is flexible and resilient enough to come through this.**

**In recent months, the Executive Committee have taken steps to improve access to our service by approving a plan to transform our premises in Clydebank to include a ground-floor accessible toilet. This is an important element of our equality and diversity programme and has resulted in a much improved layout for everyone.**

**As a team, we are always striving for improvement and for ways to ensure the sustainability of the community alcohol service for years to come. I am proud of the work that the team does every day, but never more so than during this difficult time.**

**I also extend my grateful thanks to the members of the Executive Committee for their support and commitment to DACA.**

**- David Wilson, Chairman**

## **Our Executive Committee 2019–20**

---

**David Wilson JP (retired) – Chairman**

**Irene Longmuir – Secretary**

**Mary McLeary – Treasurer**

**Members :**

**John Arthur**

**Stewart Collins**

**Jimmy Cormie**

**John Dalrymple**

**Connie Sellars**

# **Chief Executive's Message**

---

**This reporting year came in steadily, progressed for around 11 months without too much disruption and then launched into a final chaotic few weeks where all plans went out of the window and the environment suddenly became frightening and alien.**

**The drama of the Covid-19 lockdown has sucked a lot of energy and attention from us since mid-March, and it can be easy to forget the achievements and successes we shared in the preceding year. I'd like to take a moment to bring these points back to the forefront.**

**2019-20 was the year we tested some new engagement methods, aimed at helping more people get access to our services when they need it.**

**We set up and ran our quick response pilot, START. This stands for Simple Triage and Assessment for Rapid Treatment – a process which moves people from referral to assessment quickly and efficiently. This allows us to start building a relationship with potential clients while their motivation levels are high, which is a good way to secure ongoing engagement. Our new cohort of START volunteers quickly became a valuable addition to our team and their professionalism and warmth as the friendly face of DACA helped put many new clients at ease.**

**We also saw our open social drop-in service go from strength to strength. This was particularly noticeable through the weekly Wednesday evening session, which developed into our now legendary 'Supper Club'. We were fortunate to secure financial support from West Dunbartonshire Council's Ending Loneliness Fund, and this allowed us to serve a hearty meal to the drop-in clients at each session. Over the course of the year, we saw some regular participants begin to take more of a role in the planning and delivery of the Supper Club. It has become a proper team endeavour, with everyone pitching in to make it a success. This is a key element in making the session feel so welcoming and informal for new participants. A model for practice we will replicate across our other services.**

**We had our first full operational year of Steps to Wellbeing, our complementary and alternative therapies service. This addition to our service portfolio is a real boon to people who have encountered the physical and emotional hardship that often comes along with an alcohol use disorder. Our therapists help people find relief from stress, pain, sleeplessness and other challenging symptoms, and put them on course to make positive lifestyle changes which will drive long-term wellbeing.**

**And as well as our service achievements in this last year, it has also been a great year for awareness-raising. It was a general election year, so we put together a manifesto for change in alcohol policy, and raised key points at hustings. We ran several campaigns, using social media for increased reach and local events for more targeted education and prevention work. And we worked with community partners and the wider community to help carry our message and canvas support for our mission.**

**And then came Covid-19.**

**The lockdown brought a real threat to the interconnectedness of our community and we had to think and act quickly to address this. One of the consequences of lockdown was that our embryonic digital strategy had to be accelerated to offer new ways for our community to connect online. We launched a Facebook community in March and have started using online platforms like Zoom for group get-togethers.**

**We're still making changes every day to adapt to our new working environment, and I can't thank the team enough for their resilience and fearlessness as we try new approaches, sometimes working outside of our comfort zones. The landscape ahead may look unfamiliar and amorphous, but together we'll tackle whatever it brings.**

**- Mags Mackenzie, Chief Executive**

## **Our Team 2019–20**

---

### **Management Team**

Clare Drinkeld  
John Macdonald  
Mags Mackenzie  
Maryanne Richford

### **Counselling Team**

Jade Corral (from 03/20)  
Phyllis Joyce (till 02/20)  
Carol Mackenzie  
Sharon McGinley  
Helen McHugh  
Julie Murray

### **Administration Team**

Helen Cooke  
Lynn Dennett  
Kevin Monaghan

### **Steps to Recovery Project Team**

Celine Bryce (from 07/19)  
Theresa Campbell  
Robert Smylie (08/19–12/19)  
Tommy Turner

### **Group-work Team**

Theresa Campbell  
Liz Fraser (till 02/20)  
Isobel Hay (from 02/20)  
Lorraine McCourt  
Anne Murray (from 02/20)  
Julie Murray (till 12/19)

### **Supervision Team**

Stewart Collins  
Phyllis Joyce (till 02/20)  
John Macdonald  
Carol Mackenzie  
Helen McHugh  
Maryanne Richford

### **Steps to Wellbeing Team**

Helen McHugh  
Anne Murray

**At year-end, our workforce profile was :**

**19 paid/sessional staff  
25 volunteers**

**74% of staff were part-time  
or sessional**

**79% of staff were female**



# **Our Team 2019–20**

---

## **Volunteers**

**Chris Boag – START Volunteer**

**Celine Bryce – Groupworker – till 07/19**

**Simon Bunker – Groupworker**

**Mary Burch – Alcohol Counsellor**

**Maureen Conboy – Alcohol Counsellor (placement) – till 07/19**

**Jade Corral – Alcohol Counsellor (placement student)**

**Jodie Currie – Groupworker & Alcohol Counsellor (trainee)**

**Carol Duncan – Receptionist – till 02/20**

**Roseann Gallagher – Alcohol Counsellor**

**Isobel Hay – Receptionist & START Volunteer**

**Francine Livingstone – Alcohol Counsellor (trainee) – till 10/19**

**Brian Long - Groupworker**

**Irene Longmuir – Alcohol Counsellor**

**Jim McCallum – Receptionist & Groupworker**

**Sharon McGinley – Alcohol Counsellor – till 02/20**

**Ronnie McKechnie – Project Support Volunteer – from 01/20**

**Fiona McLearie – Alcohol Counsellor – till 12/19**

**Dennis Mochan – Groupworker – 04/19 - 08/19**

**Julie Murray – Alcohol Counsellor (trainee)**

**Yvonne Reilly – Groupworker & Alcohol Counsellor (trainee)**

**Jennabeth Rodger – START Volunteer – till 09/19**

**Amy Sutherland – Alcohol Counsellor (trainee)**

**Joanne Taylor – Alcohol Counsellor (trainee)**

**Derek Traynor – Project Support Volunteer – from 09/19**

**Joanne Weir – START Volunteer**

**Andrew Zdanowicz – Alcohol Counsellor – till 07/19**

**(Plus 8 volunteers in Executive Committee – see pg. 2)**

# Our Services 2019-20

---



## One-to-one confidential alcohol counselling

- >Registration & assessment required
- >Regular, programmed interventions
- >Quarterly review of progress
- >Drives & supports behaviour change



## Group-work programme

- >Registration & assessment required
- >Flexible attendance options
- >Relapse-prevention focus



## 'Steps to Recovery' project

- >Registration & assessment required
- >Recovery action planning focus
- >Relapse-prevention/optimisation



## 'Steps to Wellbeing' complementary therapies

- >Registration & assessment required
- >Regular, programmed treatments
- >Lifestyle & wellness focus



## Open social drop-in service

- >No registration/paperwork required
- >Attendance on client's terms
- >Focus on engagement/motivation

## Our Services 2019-20

---

Our menu of services is diverse and flexible, with a broad range of options designed to appeal to as wide a user group as possible. We offer solutions to suit various needs, including evening opening and telephone and online support. We work to a key principle of 'stepped care' which means that interventions of differing intensity are available to our clients, depending on their level of need - from self-care advice, through to focused one-to-one therapy.

Our core service is **one-to-one specialist alcohol counselling**, which is person-centred and nurtures personal responsibility in behaviour change and ambivalence resolution. We use techniques such as motivational interviewing, node-link mapping, reflection, empathy and recovery goal setting. Our counselling service is open-ended and we work with clients for as long as they need.

Our **group-work programme** allows people in recovery to build on their social capital, and improve their tolerance levels, social skills and communication. This programme helps develop peer-to-peer support mechanisms, which can be a valuable asset in confidence-building and developing self-worth. Our group-work clients are effectively a 'recovery community' and they enjoy the benefits of connectedness - including solidarity and empathic rapport, a reduction in isolation and loneliness, and some very practical outcomes such as communal/social dining and participation in activities.

Our **Steps to Recovery project** is a five-year programme of diversionary and developmental group activities for clients. These activities are hugely varied, designed to be health-enhancing and fun, whilst providing a safe, supported, alcohol-free environment for clients to learn and thrive in. As part of this project, we offer a volunteering programme, which allows clients to safely explore developing their potential and enhance their employability if this is their goal.

Our **Steps to Wellbeing** service provides complementary and alternative therapies to our clients, and helps embed healthy lifestyle activities far beyond alcohol reduction. This service takes a holistic view of recovery and participants explore how to reduce stress, practice self-care and develop health awareness and literacy.

Our **open social drop-in service** provides a safe, alcohol-free refuge for people to come to when they need a bit of light-touch support without bureaucracy or pressure. A cuppa, a biscuit and a listening ear are the bedrock of the drop-in sessions.

## Our Year in Summary 2019-20

---



**We supported 337 people  
in one-to-one counselling**



**We held 1,417 group sessions**



**72 people took part in our  
diversionary & developmental  
groups**



**61 people undertook a  
programme of  
complementary therapies**



**58 people accessed our services  
through our light-touch  
open social drop-in sessions**

## Our Year in Summary 2019-20

---

DACA bases were open **52** weeks of the year.

We worked **5** days a week and **4** evenings a week.

Our ladies' group met **47** times.

Our client involvement group met **7** times in the year. The average attendance was **12** people.

We took referrals from **15** local GPs this year.

The number of guests at our Christmas event was **42**

# Our Counselling Service 2019–20

---

## Referrals:

**415** people were referred to our service during the year.

Referral sources -	
Self referral	248
West Dunbartonshire Addiction Services	91
Criminal Justice	39
Hospital/ALN	22
Other	15

## Engagement:

**223** new clients engaged in counselling during the year, and **114** clients continued in counselling from the previous year.

144 of our new clients were male. 79 were female.

## Service delivery:

We held **1,425** counselling sessions during the year, and **1,761** telephone or advice/advocacy sessions.

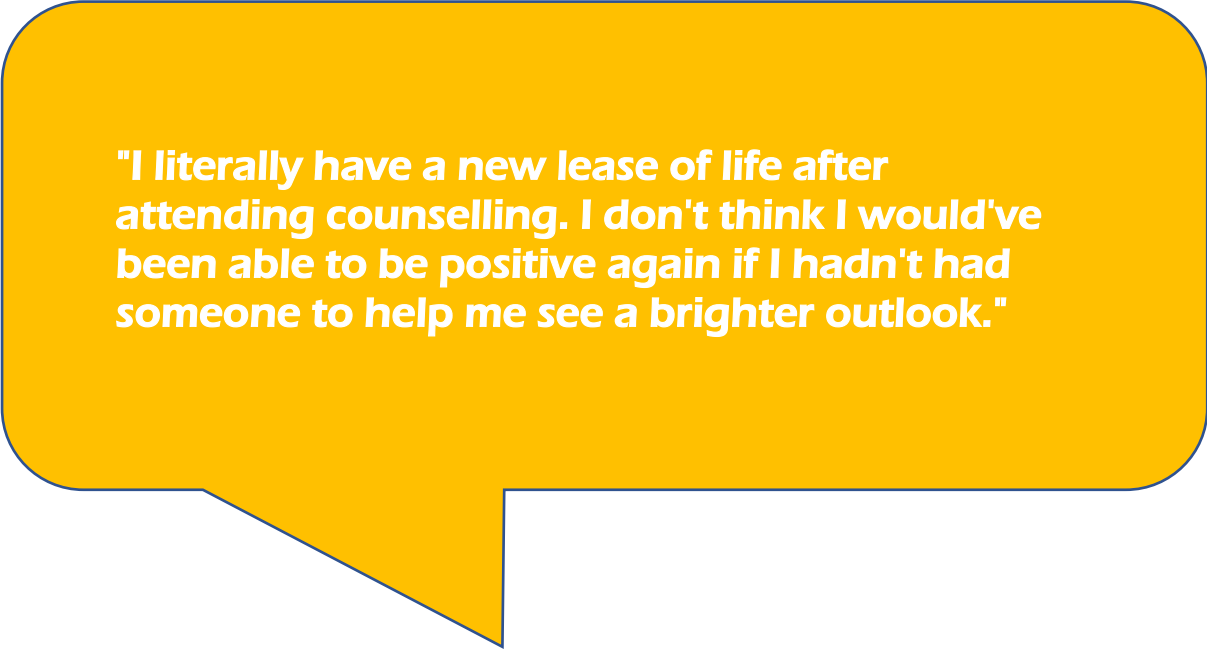
## Outcomes:

From our closed cases, **168 (72%)** were good outcomes, and **64 (28%)** were poor outcomes.

## Summary:

Our counselling service was heavily subscribed over the course of the year, leading to small waiting lists developing at certain times. In spite of this, we surpassed our target for waiting times – with 92% of clients being seen within 3 weeks of referral.

Our rate of attrition between referral and first appointment improved, dropping from 51% the previous year to 45%.



**"I literally have a new lease of life after attending counselling. I don't think I would've been able to be positive again if I hadn't had someone to help me see a brighter outlook."**

**Male counselling client**

## Our Groupwork Programme 2019-20

---

DACA's daily groupwork programme provides a safe and social environment for people to make connections and support one another in recovery. It is an important element of relapse prevention.

Our breakfast and lunch offer of simple, but healthy, meals give people a nutritional start to their day and the shared social aspect of communal dining.

In the last year, **91** clients participated in our social groups, with **5,561** attendances.

We served up **1,962** healthy breakfasts and lunches over the year.

Our Ladies' Group met **47** times over the year, and enjoyed a range of therapies and beauty treatments.

Our busiest Client Involvement Meeting had **17** attendees.

### Impact & Outcomes:



**82%** of group attendees increased their coping abilities and life skills.




**65%** of group attendees maintained abstinence or controlled drinking levels.



**82%** of group attendees improved their attitudes to health and leisure.





**"I really enjoy this group as the camaraderie is great. If anyone is flagging or in difficulty, others are ready to encourage them. Speaking personally, my general mood is always lifted and it sets me up for the rest of the week."**

**Social group participant**

## Our Project : 'Steps to Recovery' 2019-20

---

In early 2018, we received a funding award from The National Lottery Community Fund (formerly Big Lottery) to deliver our 'Steps to Recovery' project over five years.

Steps to Recovery was developed to provide a range of positive, diversionary and developmental activities for people accessing DACA services. Through these activities, we create opportunities for people to move forward towards lifestyle change, social and attitudinal development, training and volunteering. These forward steps will be a catalyst to long-term change.

### Year 2 in numbers...



72 individuals engaged with the project during Year 2



13 people were supported to access new volunteering roles in the community



80% of participants met their drinking goals



94% of participants experienced increased confidence in dealing with everyday matters



87% of participants felt more connected to their community

**“It motivates me to get out of the house, helped me to build my confidence and open up a lot more in a group. I enjoyed meeting new people and learning new skills. I look forward to the next time using my new fishing rod and practicing ways of tying knots, building fires, cooking on the fire and relaxing at the water’s edge”**

**S2R fishing group participant**



**The Steps to Recovery project offers a programme of regular weekly diversionary and developmental activities, augmented by one-off events or outings that provide fun, informal learning and the opportunity for people to try something new in a group environment.**

**The programme delivers a blend of physical, creative and therapeutic, all-inclusive activities, designed to meet the needs of our client group.**

**As we moved into Year 2, we started focusing on developing the role of volunteers within the project while also building on the successes of the first year.**

**One of the key mechanisms for doing this was the setting up of a client-led steering group which allowed clients, volunteers and staff to share the planning and decision-making processes.**

**We also continued our monthly client involvement meetings, which were chaired by a client or volunteer and our three regular groups (gardening, fishing and walking) operate with a planning sub-group of regular group members and volunteers.**

**The S2R team worked with clients to ensure there was a variety of volunteering opportunities built into most activities. These ranged from small, one-off 'micro-volunteering' opportunities through to regular, specialist voluntary service.**

**To achieve this the S2R team has worked in partnership with a variety of organisations and external facilitators and this has resulted in the ethos of some of the groups evolving and developing to meet the interests/needs of members.**

## **Year 2 Outcomes**

- **95% enjoyed the activities and would recommend them to others**
- **84% reported a positive impact on mental wellbeing**
- **86% reported a positive impact on physical wellbeing**
- **87% felt more connected to their community**
- **94% felt increased confidence in dealing with everyday matters**

**These key indicators contribute to a reported reduction of problematic drinking or uptake in abstinence decisions, with 80% positive outcomes across the S2R client group.**

## **Year 2 Activities**

**Pedal & Plod – Weekly hiking & cycling group (alternate weeks). Hiking was volunteer-led and the cycling activity was in partnership with Centre 81.**

**Gether & Blether – Weekly creative writing group co-facilitated by a client volunteer. Group adapted to incorporate some sign language for beginners, facilitated by a client with hearing impairment.**

**Crafty Wednesdays - Weekly craft activity, delivered by both internal and external facilitators in several community venues.**

**Physical Fridays – Taster sessions for kayaking, cycling, hillwalking, Yoga, gentle exercise and meditation. Again, delivered both by internal & external facilitators.**

**Fishing – Weekly outings during angling season and introduced some conservation work including electrofishing and invertebrate sampling, in partnership with Loch Lomond Fisheries Trust (LLFT).**

**Gardening – This was a bi-weekly activity at West Bridgend Lodge.**

**Living Life to the Full – Cognitive Behaviour Therapy (CBT) based groups.**

**Culture Club – Monthly cultural/heritage visits to museums and exhibitions.**

**Overnight retreat to Aberfeldy – We supported clients to step outside of their comfort zone and spend an extended period of time away from home with a group of DACA peers.**

**Social outing to Inveraray- This included stops along the tourist trail and a social dining experience.**

**All activities listed allowed for micro-volunteering & peer support opportunities.**

## Our 'Steps to Wellbeing' Service 2019-20

---

At DACA, we understand the benefits of taking a holistic, whole-person approach to recovery from alcohol use disorder.

We also know that alcohol has a much more serious impact on people living in poor communities – like West Dunbartonshire - and a growing body of evidence that suggests that poverty reduces resilience to disease and predisposes drinkers from poorer communities to greater health harms.

Our health and wellbeing service gives our clients free access to a range of valuable therapies and lifestyle advice, which otherwise may not be available to them.

**61** people came through the Steps to Wellbeing service this year. **32%** had a diagnosed mental health condition such as depression, bi-polar and schizoaffective disorder.

Other indications for treatment included arthritis, insomnia, psoriasis, muscle tension/pain, sciatica, back pain, menopause, IBS (Irritable bowel syndrome), high blood pressure, diabetes, constipation, low mood and COPD.

### Impact & Outcomes:



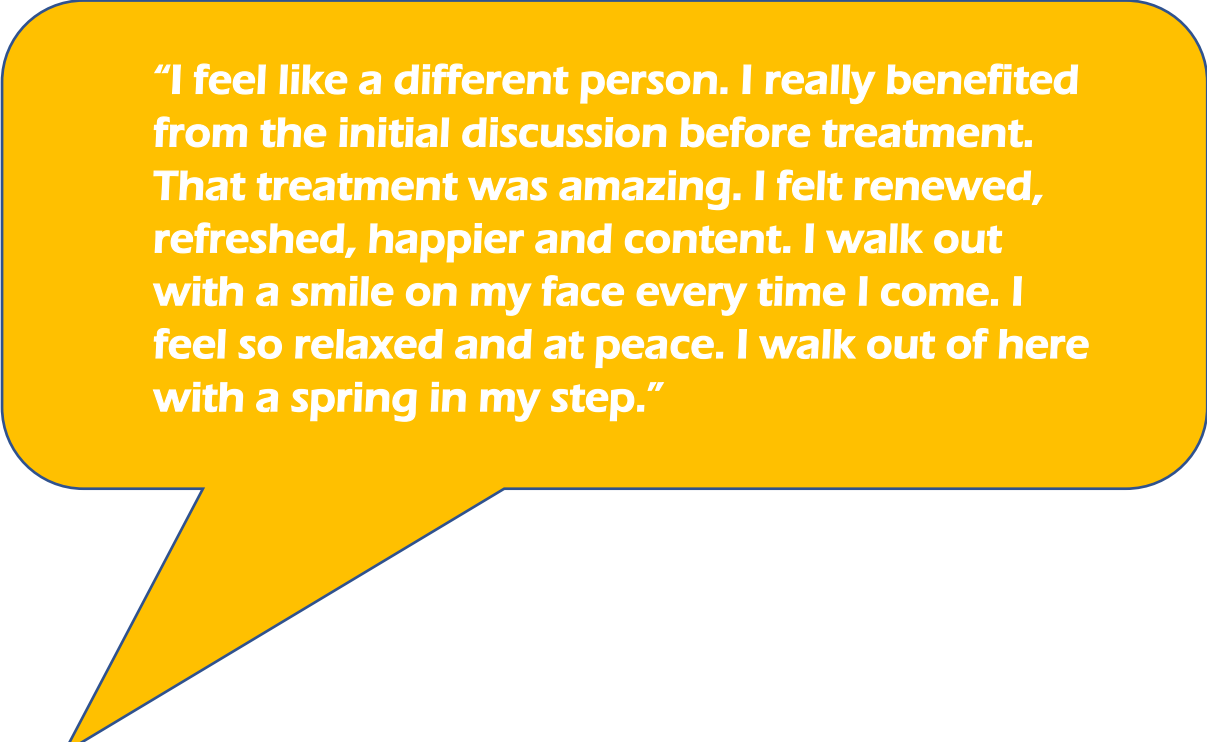
**88%** of clients reported that their emotional health was improving by the end of the programme.



**92%** of clients reported that their physical health was improving by the end of the programme.



**84%** of clients said that their knowledge of a healthy lifestyle had increased.



**“I feel like a different person. I really benefited from the initial discussion before treatment. That treatment was amazing. I felt renewed, refreshed, happier and content. I walk out with a smile on my face every time I come. I feel so relaxed and at peace. I walk out of here with a spring in my step.”**

**Steps to Wellbeing client**



**Steps to Wellbeing therapists Helen McHugh and Anne Murray share their experience of a rollercoaster year.**

**Q. What did pre-Covid Steps to Well-being support look like?**

**A. It was a package of tailored one-to-one therapeutic sessions. This included relaxation techniques, awareness of stress, anxiety and sleep issues and methods to cope with them plus a variety of hands-on therapies. These included KCR, reflexology, Indian head massage, aromatherapy massage, Reiki, visualisation, mindfulness and guided meditation.**

The aim was to support clients to develop and change their behaviours by using a range of stress relief measures. Often access to this kind of treatment is limited to people who can afford it; we wanted this experience to be available to all DACA's clients. We also worked with relatives to help them get some space and deal with the issues that were going on for the drinkers in their family.

**Q. How did people benefit from the Steps to Wellbeing service?**

**A. A lot of people use alcohol to help reduce pain or help them sleep. By offering other techniques they no longer needed the same amount of pain relief or alcohol. One man who usually needed a drink to get to sleep said that after a therapy he had gone to bed at 7pm and woke up totally refreshed in the morning.**

We also educated people on the four planes of their self and health - physical, emotional, spiritual and mental health - and encouraged them to do things to help keep hydrated, be more active, watch their nutrition and make small changes at home that help reduce stress and improve sleep.

There was also increased accountability from clients. It was empowering for them to understand there are things they can do to change their lifestyles.

We provided a haven or space that was their time - some people whose life is chaotic had never had that before - so it was quite literally life-changing.



**Q. How did you continue to offer therapeutic support during lockdown?**

**A. It was challenging, but we brought our collective skills and experience together to design and deliver an enhanced service.**

We mainly provided support over the phone, looking at lifestyle choices and helping to keep motivation up, encouraging people to use the resources that were in their own homes. We also provided advocacy support, finding out about other local services, GPs and sharing that information with clients along with leaflets, links to websites and books that we thought might help.

We also devised our Steps to Wellbeing packs. These included a selection of items such as positive affirmation word searches, crossword books, mindfulness colouring mandalas, a DACA diary, herbal teabags, seeds, essential oils and a little sweet treat. We themed each pack and tailored them to each client, so people knew we were thinking of them. For people who didn't have computers we included relaxation CDs.

We also did some relaxation and visualisation exercises over the phone, something we had never done before. And some energy work in the form of distanced reiki. We were trying new things and our clients were willing to try something different – which helped build up their resilience. They seemed to be more willing to work on their mindset and look at their whole being.

**Q. Was there a change in why people were asking for therapies?**

**A. Anxiety and stress were in everyone's life before Covid but they were totally heightened as a result of the virus and also because everything was changing, the isolation and people didn't know what support was available.**

There was also an overwhelming feeling of not being in control and that was something people really struggled with, that feeling of powerlessness. So symptoms of anxiety and poor mental health were heightened and there was all the more need to help people relax and see there was another way.

## Our Open Social Drop-in Service 2019-20

---

As a busy agency, we employ administrative practices and protocols which help us manage our resources and drive as much value and impact as possible from our collective manpower. One such practice is our client appointment and registration system, which operates around most of our one-to-one services.

But experience has shown us that the 'red tape' of an appointment booking system can be a barrier to some people engaging with our service – either because of a fear or anxiety about the formality of bureaucracy, or because their lives just aren't suited to a system of regimented appointments.

For these people, we developed our open social drop-in service.

It's a low pressure, paperwork-free social get-together where people can drop in and out to suit their own schedule, and there's no set programme or agenda for the session. There are hot drinks, biscuits, newspapers and magazines, and sometimes a jigsaw on the table for people to ponder over. There's no pressure to share your story or sign-up for long-term support, but trained staff are on hand if people do ask for help.

In the last year, we doubled the number of drop-in sessions available, and topped out at two daytime sessions and two evening sessions per week.

We actively promoted the service across our community network, and we took the decision to add the incentive of a hearty meal at our Wednesday night session to encourage people to engage. This became our weekly Supper Club, a slightly more structured version of the drop-in, but retaining the same open-to-all philosophy.

We don't measure outcomes from our open social drop-in sessions, as that doesn't align with our bureaucracy-free commitment. However, a strong indicator of the success of the service is that the vast majority of attendees have eventually gone on to register for DACA services and taken more definite steps towards supported recovery.

**"I like to come in for a coffee and a read of the paper. I'm always made welcome and I usually end up having a blether with the ladies...they take a great interest in my health! I know it's because they care, which is a nice feeling."**

**Open social drop-in regular**

## **Our Prevention Work 2019–20**

---

**DACA has a long tradition of highlighting the damaging impact alcohol has on individuals, families and communities.**

**We do this at a local and national level working with a wide range of stakeholders and partners.**

**This includes in-person advice at community events, awareness raising articles in the local press and, during the past year, we have increased our social media presence reaching a wider and different audience.**

**Some of the most powerful messages have been conveyed through sharing the individual stories of people who have personal experience of alcohol harms in their life. We published these in blog format during Alcohol Awareness week in 2019 and shared them via Facebook and Twitter.**

**We also used our social media accounts to promote several national campaigns during 2019/20. These included Dry January, Count 14, alcohol and mental health and alcohol and women. Again, we used personal experience to share the Dry January message with two of our team contributing a blog about their alcohol-free month.**

**Our team regularly has stalls at local events and, armed with some simple alcohol measurement tools, these are great opportunities for us to have informal conversations with people about their drinking habits.**

**We also try to take our campaigning to people with the power to make changes to government policy. In the run up to the general election in December 2019 we published a Manifesto to Tackle Alcohol Harm and shared this with the local candidates as well as publishing it in our blog and via our social media.**

**While we have been unable to do any in-person alcohol awareness activities since March we have again increased our social media output to provide information and advice to people struggling with 2020's unique challenges.**

# Our Prevention Work 2019-20 – Highlights

---



We supported 3 large-scale awareness-raising campaigns – Alcohol Awareness Week, NHS Greater Glasgow & Clyde’s ‘Count 14’ campaign, and Dry January.



We hosted or attended 11 community events, providing information and education to individuals and groups.



We ran online campaigns on a range of topics relevant to alcohol use or recovery, including mental health, alcohol and women, poverty and green health.



We published a Manifesto to Tackle Alcohol Harm and lobbied local candidates in the run up to the General Election.



We had our stories and news featured in the local print media on over 20 occasions.



Our community members helped shape local policy by contributing to two consultation events.

## **Delivering Support During a Pandemic**

---

**When 2019 drew to a close there was little warning what the next year would have in store for any of us.**

**As Scotland, along with most of the world, went into lockdown we needed to act quickly to ensure we could continue providing a service to people in our community, many of whom were at most risk.**

**This wasn't just higher risk of catching the virus but also increased risk of isolation and the knock-on impact that could have on mental health and problematic drinking.**

**So in March we stopped our groups, activities and in-person one-to-one counselling and looked at how we delivered support.**

**We moved our services on to phone-based practice, and found that we were able to continue providing high quality counselling, advice and human connection this way.**

**We launched a new digital community – a private Facebook group for our clients to connect to us and to each other.**

**We used video conferencing so that small groups could 'meet' and continue to benefit from peer support, friendship and solidarity.**

**And we made deliveries to our vulnerable clients – bringing food, prescriptions, activity packs or just a doorstep smile and a quick chat.**

**We helped some clients get online – by providing a digital device or data package, and by helping them navigate the digital world and feel confident and safe using newly learned IT skills.**

**As the near future shows no sign of reprieve from the pandemic effects, we will continue to develop our telephone and online resources and activities, and work to ensure that no-one is unfairly excluded from accessing these.**

**As the restrictions ease, we will safely re-introduce activities which bring people together and reduce isolation. Small, outdoor activity groups will most likely be the first to resume; walking, cycling or gardening are all activities which can be designed to incorporate physical distancing – but still enjoy the benefits of connectedness, fresh air and a bit of gentle exercise.**

**We will continue to expand our online activity programme to ensure that people can find diversion and distraction from enforced isolation, particularly those who are shielding or quarantining.**

**As with our pre-Covid services, we know that one size does not fit all when it comes to supporting people in recovery. We will use our creativity and connections to make sure that there are a range of options available for people to take part in, whatever the pandemic lockdown status.**

**So for the near future at least, our new normal will be a blend of telephone and virtual support alongside some socially distanced one-to-one and small group activities.**

**The one thing that won't change is our team's commitment to support anyone in West Dunbartonshire who is affected by alcohol.**

## **We're Committed to Staying Connected**



**When it's safe to do so, we'll meet in person. We may need to maintain physical distancing and follow infection control guidelines.**



**Our services are available by phone – whether that's counselling, advice, advocacy, Steps to Wellbeing sessions or just a friendly chat.**



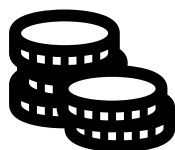
**Our online groups, via Zoom or Facebook, will continue to thrive, giving people connection, diversion and involvement.**



**Newletters, mailshots and hand-delivered survival packs will reinforce the links with our non-digital community and those shielding at home.**

## Our Funding 2019–20

---



**We received £343,340 in grants from our funders**

<b>Our income -</b>	
<b>DACA Core Services</b>	
<b>West Dunbartonshire Council Service Level Agreement</b>	<b>£123,000</b>
<b>West Dunbartonshire Council Alcohol Misuse Allocation</b>	<b>£32,900</b>
<b>West Dunbartonshire Council Alcohol Misuse Allocation (Health)</b>	<b>£56,505</b>
<b>DACA Core Services – Total income</b>	<b>£212,405</b>
<b>DACA Groupwork Programme</b>	
<b>West Dunbartonshire Council Alcohol Misuse Allocation</b>	<b>£53,580</b>
<b>Steps to Recovery Project</b>	
<b>The National Lottery Community Fund</b>	<b>£76,145</b>
<b>Other Income</b>	
<b>WDC – Ending Loneliness Fund (non-recurring)</b>	<b>£1,210.00</b>
<b>Court/employment fees</b>	<b>£50</b>
<b>Donations</b>	<b>£320</b>
<b>TOTAL INCOME</b>	<b>£343,710</b>



**We spent £398,910 on running our services**

<b>Our expenses -</b>	
<b>Staff costs</b>	<b>£323,624</b>
<b>Administration costs</b>	<b>£44,700</b>
<b>Legal/professional</b>	<b>£13,679</b>
<b>Stress management/therapies</b>	<b>£16,907</b>
<b>TOTAL EXPENDITURE</b>	<b>£398,910</b>



## **Financial Overview 2019–20**

---

**In this reporting year, we opted again to run a deficit budget, choosing to invest some of our reserves in the development and continuity of our services.**

**We also took a decision to invest in making our Clydebank premises more comfortable, safe and accessible for our clients. We worked with a local architect and builder to find a solution which delivered against our brief and fitted our budget, and we are delighted with the final result.**

**With the ongoing support of our project funder, the National Lottery Community Fund, we were able to make use of an underspend budget from the previous year to help deliver our many exciting activities and events this year. This project brings so much to our service portfolio, and we're very grateful for the flexibility and innovation that it affords us.**

**Obviously, as the financial year approached its end, we all experienced a sudden and unexpected change to our way of life. The pandemic lockdown led us to cancel and change many of our plans, and left us unsure of what the future would bring.**

**And although this financial statement largely reflects a pre-covid operating landscape, we are very fortunate that DACA's funding has not been disrupted by the pandemic. Our two primary funders – West Dunbartonshire Health and Social Care Partnership and National Lottery Community Fund - have continued to provide our core funding, uninterrupted.**

**As such, we approach the new financial year on a solid footing, and able to plan and adapt our services to reflect the changing levels of risk brought about by this public health crisis.**

# **Acknowledgements**

---

**Dumbarton Area Council on Alcohol gratefully acknowledges the support – both financial and in kind - of the following organisations and people :**

**West Dunbartonshire Community Health & Social Care Partnership**

**West Dunbartonshire Council**

**The National Lottery Community Fund**

**The Scottish Government**

**West Dunbartonshire Alcohol & Drugs Partnership**

**West Dunbartonshire Foodshare**

**The family of Dorothy Smillie**

**Mr. Jim Malloch**

**And all of our community partners who supported us in the delivery of services over the year.**





**Dumbarton Branch:**

Westbridgend Lodge

West Bridgend

Dumbarton

G82 4AD

Tel: 01389 731456

Email: [email@daca.org.uk](mailto:email@daca.org.uk)

**Clydebank Branch:**

82 Dumbarton Road

Clydebank

G81 1UG

Tel: 0141 952 0881

Email: [clydebank@daca.org.uk](mailto:clydebank@daca.org.uk)



**West Dunbartonshire**  
**Health & Social Care Partnership**