

# *Building Assets for Recovery*



## Introduction

This is the second in a series of briefing papers by DrugScope on behalf of the Recovery Partnership which examine some of the broader issues around recovery from substance misuse problems. The briefing has a regional focus on South East England.

This briefing was informed by a roundtable discussion held in January 2015 attended by drug and alcohol commissioners, substance misuse service managers, representatives from recovery communities, and academics, and it also draws upon published research and reports. The case studies were developed with the services to which they refer. The briefing considers the assets that are important to people in recovery, and the challenges and opportunities for systems and services which support people to develop these assets.

## Executive Summary

This briefing recognises that recovery from drug and alcohol problems hinges on much more than reduced use of or abstinence from substances, involving the development of personal, social, and community recovery capital. What people in recovery from substance misuse need to live a full life does not differ markedly from what the general population need.

It is put forward that activities which promote the development of recovery capital, especially those elements of recovery capital which might be considered 'soft' outcomes, merit

By DrugScope on behalf of the Recovery Partnership



greater attention from some commissioners. In addition to commissioner engagement, some participants advocated an Asset-Based Community Development (ABCD) approach, which takes as its point of departure the assets within recovery communities as well as the assets within the wider community.

It was recognised that positive relationships between treatment providers and recovery communities can be mutually beneficial. Established providers can support the growth of grassroots community groups, which in turn provide important forms of support to individuals in recovery and can signpost them to treatment services where necessary.

Positive attitudes of staff and volunteers are considered vital assets for organisations supporting people in recovery. The importance of personal development and building self-esteem are also emphasised. Employing a scientifically robust recovery measure could help to demonstrate the value of activities which support the development of these elements of recovery capital.

While the challenges associated with building recovery capital are acknowledged, the focus of this briefing is the opportunities available to systems and services in the drug and alcohol sector to support the development of recovery capital and create positive feedback loops between treatment and recovery. The recommendations for commissioners, drug and alcohol services, and recovery communities are made to this end.

## Background

### Policy Context

The recovery debate is a pivotal part of the thinking around drugs and alcohol, and is central to the approach to treatment set out in the 2010 Drug Strategy<sup>1</sup> and 2012 Alcohol Strategy.<sup>2</sup> Recovery from drug and alcohol problems, together with other problems experienced by people facing multiple disadvantage, is also a focal point of the 2012 Social Justice Strategy.<sup>3</sup>

A key ambition of these strategies is to move people on from being dependent on substances and to prevent relapse. The Drug Strategy emphasises the role of recovery capital – ‘the resources necessary to start, and sustain, recovery from

drug and alcohol dependence', in fulfilling this ambition, and makes a commitment to support services to enable service users to draw on this capital during their recovery journey. The Alcohol Strategy mirrors this approach proposing that recovery 'goes beyond medical or mental health issues to include dealing with the wider factors that reinforce dependence, such as childcare, housing needs, employability and involvement in crime'. The Public Health Outcomes Framework 2013-2016<sup>4</sup> likewise advises that health services should be planned and delivered in the context of the broader determinants of health including poverty, education, housing, employment, and crime.

Well-delivered opioid substitution therapy (OST) can sit alongside the development of recovery capital. As the Recovery-Oriented Drug Treatment Expert Group suggest, OST can provide a 'platform of stability and safety that protects people and creates the time and space for them to move forward in their personal recovery journeys'.<sup>5</sup> The Expert Group also suggest that the outcomes of OST will improve when treatment services are integrated with other services such as mutual aid, employment support, and housing, and when treatment services support individuals to engage with peers, an aspect of service provision which, according to DrugScope's State of the Sector 2014-15 report, is widespread and improving, both in terms of links to external peer support groups, and facilitating peer support internally.<sup>6</sup>

## Recovery Capital

Recovery capital has been conceptualised in a number of ways by academics in the substance misuse field. According to Granfield and Cloud, recovery capital can be defined as 'the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems'.<sup>7</sup> Based on their research with service providers and service users in West Sussex, the RSA<sup>8</sup> outlines three key areas of recovery capital:

1. Personal recovery capital:
  - safe and secure accommodation
  - physical and mental wellbeing
  - purposeful activity
2. Social recovery capital:
  - Peer support
  - Supportive friends and family

3. Community recovery capital:

- Supportive and non-stigmatising attitudes in the broader community
- Community resources (for instance activities and transport links)
- Recovery communities

At the roundtable, it was put forward that an individual's immediate needs such as housing, mental and physical health, and welfare support should be addressed in parallel to treatment for their substance use problems. It was agreed that building confidence and self-esteem is an equally important element of recovery capital, one which is fundamental to enabling people to succeed in employment, participate in civic life, and sustain their recovery.

## CASE STUDY: CRI West Kent and the RSA's Whole Person Recovery project

CRI is the lead provider of the West Kent Recovery Service. The RSA provide Whole Person Recovery Managers as part of the contract, with one of the managers providing the lead role for the RSA across the region. Working together, they have been testing, at scale, the RSA's 'Whole Person Recovery' (WPR) model. The WPR model is a holistic approach to substance misuse treatment in which:

- alcohol and drug misusers are involved in the design and development of a personalised treatment programme.
- a system of recovery is built around the individual's personal experience of substance use, treatment, family relationships, employment and community life.
- communities, businesses, volunteers and social enterprises work together to sustain individuals' recovery journeys.

The project's aim has been to break down long-held stigmas around substance misuse and encourage communities to engage in people's recovery. This work, now in the second phase of a four-year programme, does not finish when treatment ends. Instead it focuses on helping people build bridges to participation in society.

The RSA and CRI work with local providers to help support and sustain recovery. Adult education, volunteer organisations and other individuals offer their time and services to provide activities for CRI's community.

One intervention the RSA provide is a ‘small sparks scheme’, with funding available of up to £200 to help a service user ‘spark’ a next step of their recovery. Funding has been provided to help support gym memberships, IT skills and laptops, and tools to go back to work.

To quote directly from their website:

“Whole Person Recovery project in West Kent builds on our recovery capital work, based on systems thinking to develop and deliver a holistic way of understanding substance misuse that emphasises the needs of the whole person and the personal, social and community resources they need.”

For more information on Whole Person Recovery visit the RSA’s website <https://www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/whole-person-recovery/>

For more information on CRI visit their website <http://www.cri.org.uk/>

## Systems in asset-based recovery

### The RSA’s Whole Person Recovery Model

According to the Whole Person Recovery (WPR) model, individuals engaging with recovery should take part in a set of activities, including participation in society and improving mental and physical health. The depth of engagement with each of these activities will vary between individuals, and, as such, the system is as such a personalised one. In order that recovery is successful, individuals require recovery capital support at the social and community levels. The WPR model is a social, relational model, a key focus of which is the social networks that individuals are influenced by, and through which they can access support. According to this model an important part of the recovery system is its role in facilitating the development of positive, sustainable networks through which recovery capital is accessed and developed.

### Commissioning for recovery

While it is recognised that sustained funding for treatment is vital, it was proposed at the roundtable that commissioners should additionally plan around

and beyond treatment, investing in services and activities which foster the development of wider social and community recovery capital. This could have the dual effect of supporting individuals who are outside of the treatment system but accessing, for instance, recovery communities, mutual aid groups or faith-based groups, and providing continued support for clients exiting treatment. Service users from the RSA's research reported that exiting treatment can feel like 'falling off a cliff'<sup>9</sup>, and participants at the roundtable expressed a concern that the availability of continuing support, which can play an important role in relapse prevention<sup>10</sup>, is variable. It was advised that recovery communities are understood as a continuation of the recovery journey which overlaps with, rather than contrasts with, treatment. While it was put forward that recovery communities that develop organically can be most effective, it was agreed that commissioning should support this organic growth, for instance to fund someone to carry out an administrative or organisational role.

### **CASE STUDY: Kenward Trust**

Kenward Trust operates first and second stage rehabilitation projects for men and women located in Kent and East Sussex, and provides final stage/move on accommodation based in both counties. Kenward has developed a strong reputation for flexibility and innovation in its community engagement work and offers interventions that are uniquely tailored to the specific demographic and environment. It has invested in social enterprises covering horticulture, wood crafts, manufacturing and conference centre hire that connect its services with local communities. By attracting Volunteers, donations of equipment and materials, and also customers for its conference centre and the produce grown by service users and supporters, social bridging is achieved. Recovery Graduates work alongside existing clients and volunteers from the wider community which increases self-confidence and achieves personal growth for all participants.

Kenward Trust also provide information and advice to the general public at events and in public venues focussing on awareness raising and providing essential information on all aspects of drug and alcohol consumption, including less well-known areas such as novel psychoactive substances.

For further information about Kenward Trust, visit their website <http://www.kenwardtrust.org.uk/>

### Looking to the community

Participants at the roundtable suggested that the local community, including the business community, is a potential source of engagement and investment for service providers and recovery communities.

Likewise, the importance of harnessing the resources existing within the recovery community itself was highlighted, including the skills that individuals recovering from drug and alcohol problems bring. One recovery community, for instance, utilised the building and architecture skills of its members to construct a new recovery café.

Some of the roundtable participants suggested that the drug and alcohol sector should look to the Asset-Based Community Development (ABCD) approach.

Morgan and Ziglio<sup>13</sup> suggest that community asset mapping is a helpful starting point for organisations working towards improving public health and reducing health inequalities, as it enables them to identify, work with and build upon the

## Asset-Based Community Development

According to the Collaborative for Neighbourhood Transformation, ABCD is ‘a strategy for sustainable community-driven development...The appeal of ABCD lies in its premise that communities can drive the development process themselves by identifying and mobilising existing, but often unrecognised assets, and thereby responding to and creating local economic opportunity’.<sup>11</sup>

Key to the ABCD approach is that it identifies the assets already existing within the community, and takes these assets, rather than an issue or problem, as a starting point. The assets of groups or individuals are matched to the needs of groups or individuals in the community.

The assets available to a community might include individuals with particular skills, associations (such as volunteer groups) who unite around a common interest, institutions (such as government agencies, schools and businesses) made up of paid, usually professional people, physical resources such as buildings and money, and the connections between the people sharing assets.

ABCD has several guiding principles, which include:

- the belief that everyone has something to contribute to the community
- building relationships and social capital are key to community development
- engaging the wider community as active citizens rather than clients or recipients of services
- inviting the community to participate and allow local people, rather than experts, to set the agenda.<sup>12</sup>

For more information on ABCD visit the website of the ABCD Institute:

<http://www.abcdinstitute.org/>

existing capacity of the community in which they operate. Engaging the wider community with the work of the substance misuse sector could also have the effect of reducing stigmatising attitudes towards individuals recovering from drug and alcohol problems, which is key to preventing social segregation and enabling access to community recovery capital.<sup>14</sup> It was suggested at the roundtable that when an individual begins to recover from drug and alcohol problems their family begin to recover too, and the same has been said for the broader community as the individual, family and community are interconnected.<sup>15</sup> There is also evidence to suggest that enhanced levels of connectedness in neighbourhoods and high levels of social trust may play a role in preventing substance use among young people.<sup>16</sup>

## **Drug and alcohol services, recovery groups, and asset-based recovery**

### **The relationship between treatment providers and recovery groups**

Representatives from recovery communities present at the roundtable reported experiences of both productive and unconstructive relationships with treatment providers in their local areas. It was suggested that there can be tensions between drug and alcohol treatment providers and peer-led recovery movements (which exist independently of traditional service providers). There was a feeling too that a reluctance between different types of services to share information

and practice can exist, particularly if these services are competing for funding. Recovery community organisations also expressed a concern that the support they provide (including activities such as music and yoga, setting up recovery cafes and other social spaces, as well as signposting to other services) can be

### **CASE STUDY: Cascade Creative Recovery: Visible community based recovery**

When an individual leaves treatment, life has to be lived without the assistance of a care coordinator or key worker. Peer-led/lived experience organisations such as Cascade Creative Recovery (CCR) can help greatly in providing after-care. CCR represent an initial point of contact based in the community which can be easily accessed, with initiatives such as recovery cafes making recovery visible, attainable and attractive. CCR also offers individuals in recovery the opportunity to build social networks and develop recovery capital.

CCR work with local providers on many levels, signposting not just to substance misuse services but to counselling, financial advice and housing advice. In CCR's experience, the attitude of large service providers, statutory bodies and local authorities to peer-led organisations can vary markedly – from positioning themselves as the experts who know better than peer-led groups, to empowering CCR by investing funds and confidence in the organisation, and providing valuable advice around negotiating leases and financial management.

CCR would advise local peer-led groups to work with service providers to deliver advocacy, community and empowerment to help sustain an individual's integration into wider society. However, they also suggest that peer-led organisation might position themselves within the third/voluntary sector, rather than as a service provider. Finally, CCR recommend that peer-led recovery groups find common ground with other organisations that support marginalised people within society, for example Lesbian, Gay, Bisexual and Transgender (LGBT) communities or those that support people with mental health problems.

To find out more about Cascade Creative Recovery, visit their website <http://cascadecreativerecovery.org/>

undervalued and regarded as 'fun' by some treatment providers, rather than an important part of the recovery journey for many people.

However, participants also highlighted that in many areas positive relationships between recovery communities and service providers exist, and that these relationships can be mutually beneficial. For instance, service providers have offered practical support (the use of premises during the evenings and weekends, for instance) and advice to new, grassroots recovery groups, and recovery groups reported that they regularly signpost to service providers. Retendering can require that these relationships are started anew. However the value of co-working and the sharing of assets that different types of services hold – including information, practice, mutual respect and physical resources, was emphasised where this has been put into place.

### **Investing in attitudes and relationships within substance misuse services and recovery groups**

Participants at the roundtable emphasised the importance of staff attitudes and the ability of staff to build positive relationships with service users in building sustained recovery. It was highlighted that staff (paid employees and volunteers) are the most important asset in an organisation, be that a traditional service provider or a recovery community, and building a motivated workforce is critical

## **CASE STUDY: SMART CJS**

SMART CJS runs a residential detoxification in Oxfordshire. In June 2012 a new leadership team took over and identified an urgent need for cultural transformation across the organisation. SMART CJS believe that culture is what people do and the reasons that they do it. Culture is underpinned by organisational values, appropriate leadership and a context within which staff can be inspirational.

The transformation began at an organisational level through a focus on values at SMART CJS and how these were applied in their work. They ran workshops, focussed on behaviours in team meetings (from the leadership team through to the frontline), and took a roadshow presentation on values out to all SMART CJS services.

SMART CJS began to deconstruct the assets of the project; the skills of the staff, the vast array of talent brought by volunteers and the incredible commitment of the residents. Assessing staff skills enabled them to develop a package of bespoke training, the majority of which was delivered 'in-house' by staff and volunteers with particular strengths.

A system of reward was introduced, token encouragers, which had a disproportionate effect on staff and residents alike. These simplistic, public, daily affirmations (gold stars, kind words, a note on a staff member's computer) ensured a continuous focus on the assets and achievements of individuals. Staff and residents both came to recognise their strength in unity.

The result is the empowerment of staff and service users and a concomitant confidence in the project.

For more information on SMART CJS visit their website <http://www.smartcjs.org.uk/>

to engaging users. To achieve this, it was suggested that staff should be trained in developing a positive attitude to their work, boundaries, approaching service users with affirmation and love, and building a supportive community. Research by Neale and Stevenson<sup>17</sup> indicates that for many homeless hostel residents who use drugs and alcohol, relationships with professionals – including hostel staff, GPs, and substance misuse workers, constitute a key part of social recovery capital. For some, these relationships represent the majority of their social network, which highlights the importance of ensuring that that these relationships are positive ones.

Building enduring relationships with service users who would continue to be involved with the service after they had left was also considered important by participants at the roundtable. Not only do these individuals return to offer their time volunteering in services and recovery groups, therefore building a sense of community, but they also act as 'symbols of success' or 'recovery champions', who can support others through their recovery journeys.

## CASE STUDY: PROM-AR System for Measuring Recovery: King's College London

Researchers from King's College London are working with people in recovery from drug and alcohol problems to develop a validated, easy to complete Patient Reported Outcome Measure of Addiction Recovery (PROM-AR).

Development began by asking staff in services what they considered to be the most important indicators of recovery. This returned 76 indicators, ranging from not using street drugs to being honest and law abiding and taking care of your mental health. These indicators were then discussed in focus groups of current and past drug and alcohol users. The focus group participants criticised many of the indicators put forward by the service providers for a number of reasons, including that the service providers' indicators were not realistic and expected the impossible of service users, and that the language used to describe the indicators was inappropriate.<sup>18</sup> The focus group participants condensed the list down to 33 indicators which were then further refined by others with experience of drug and alcohol problems in two expert panels. Analyses from this work produced a prototype PROM that has recently undergone an initial stage of psychometric testing.

The prototype PROM currently has 28 individual recovery indicators grouped into eight domains:

- Abstinence/ reduced drinking and drug use
- Good mental health
- Good physical health
- Good relationships
- Material resources
- Having a meaningful daily routine
- Feeling positive about life
- Having rights & responsibilities

Since these indicators and domains largely reflect core aspects of recovery capital, this suggests a strong connection between recovery outcomes the resources required for relapse prevention. In 2015, the researchers will undertake further advanced psychometric testing of all 28 indicators and 8 domains to ensure that the final PROM is reliable and robust and therefore suitable for clinical practice and research.

### Improving wellbeing and building self-esteem

A message that emerged clearly at the roundtable was the importance of improving wellbeing and building self-esteem as critical assets in the recovery journey for most individuals, coupled with concern that these 'soft outcomes' are not a political priority nor are they a priority for all commissioners, and as a result cannot always be a priority for service providers. While it was suggested that the treatment system works to address the immediate needs of service users (such as housing, physical health, and benefits), issues surrounding self-esteem are not always addressed in depth.

This may present a problem for those exiting the treatment system and the intensive support it can offer. A lack of self-esteem may affect, for instance, someone's ability to succeed in employment and engage with the wider community. Recovery communities and other 'aftercare' providers play a fundamental role in building self-esteem, confidence, and personal development. This may be through sessions which directly address themes surrounding personal development, or indirectly through engagement with the activities that many recovery communities offer (one example cited was giving a musical performance to a large audience).

Involvement in and ownership of projects in recovery services and communities were also reported to be an important part of developing the self-esteem needed to sustain an individual's recovery. A sense of 'giving something back' to the recovery community through, for instance, volunteering as a peer mentor, running activities for peers, or participating in a local community project, can generate a sense of achievement. Participants suggested that involvement in the design and organisation of recovery communities can generate a sense of ownership and achievement, and that this is hugely empowering. Following the ABCD model, participants acknowledged the importance of drawing on the skills, knowledge and experience that people in recovery have, and equipping them with both confidence and the opportunity to use these skills which, for some individuals, may not have been used for many years.

An ability to measure recovery could prove useful in demonstrating the impact of 'soft outcomes', such as enhanced self-esteem, on an individual's recovery more generally. Researchers from the Institute of Psychiatry, Psychology and

Neuroscience at King's College London are developing a new scientifically robust recovery measure.

Findings from the development of PROM-AR support the position of the roundtable participants in that recovery from drug and alcohol problems pivots on much more than reduction of or abstinence from drug and alcohol misuse, and that social, physical, and community recovery capital are critical to sustaining recovery. 'Feeling positive about life' could reasonably include self-esteem, suggesting that outcomes which may be considered 'soft' are vitally important to recovery according to service users themselves. As participants at the roundtable indicated, and as the King's College researchers have also argued, with the exception of the first domain, all of these domains are important to most people in living a full and happy life; recovery capital is not vastly different. This shares some commonalities with approaches to recovery in mental health, an important part of which is building a life with or without the symptoms of mental illness.<sup>19</sup>

## Conclusions and Recommendations

### Conclusions

Accessing personal, social, and community recovery capital are important to sustaining recovery from drug and alcohol problems. Many aspects of recovery capital which might also be used as treatment outcomes to measure recovery, such as good health, positive relationships, and material resources, reflect what the majority of people would consider important to living a full life. Systems and services can aid the development of these recovery outcomes by supporting activities which lie around and beyond the traditional remit of treatment, such as peer-led recovery groups, by engaging the wider community to reduce stigma against people who have experienced substance misuse problems, and by drawing on the assets and resources that already lie within recovery communities to grow these communities and build the self-esteem of the people in them.

## Recommendations

### *a) Recommendations for commissioners:*

- Commissioners should support service providers and recovery groups to deliver activities around and beyond the treatment system, which help individuals to build personal, social and community recovery capital.
- Commissioners should value 'soft outcomes', such as personal development and building self-esteem and self-confidence.

### *b) Recommendations for service providers and recovery groups:*

- Service providers and recovery groups should map the assets within their local community and the business community, and draw on these as potential sources of investment, engagement, and support. Service providers and recovery groups should harness the resources existing within recovery communities, including the skills and knowledge of the people in these communities.
- Service providers and recovery groups should work together to share information and best practice to offer service users in their local areas joined-up support.
- Service providers and recovery groups should harness the resources existing within recovery groups, including the skills and knowledge of the people in these communities.
- Service providers and recovery groups should train staff, including volunteers, in developing positive attitudes towards their work, boundaries, and treating service users with affirmation and love.

## Appendix

The roundtable on to inform this briefing took place on 29th January 2015 at the British Phonographic Industry (BPI), with a regional focus on the South East of England. Other roundtables in this series focus on learning from London and North West England. We would like to thank the BPI for hosting the event and the participants of the roundtable for their valuable contribution to this briefing.

### Attendees:

- Donna Adams, Turning Point
- Sheona Alexander, New Hanbury Project
- Andrew Brown, DrugScope (Chair)
- Tez Cook, Hampshire County Council
- Bob Bharij, Foundation for Change (presentation)
- Steve Broome, RSA (presentation)
- Rebecca Daddow, attending in a personal capacity
- Pete Davies, Cascade Creative Recovery
- Huseyin Djemil, Buckinghamshire DAAT
- Sam Downie, KCA
- Nicola Drinkwater, Clinks
- Lauren Garland, DrugScope
- Aisha Hennessy, Build on Belief
- Becky James, East Sussex Recovery Alliance (ESRA) Hastings
- Jason Mahoney, Public Health England
- Dr Jo Neale, King's College London (presentation)
- Martyn Nicholls, Aspire2Be
- Angela Painter, Kenward Trust
- Susie Pascoe, RSA
- Jon Perry, Smart CJS (presentation)
- Hannah Pheasey, Wandsworth Integrated Drug and Alcohol Service
- Gaby Price, Kent County Council
- Ed Shorter, CRI
- Oliver Standing, Adfam
- Danny Sullivan, Portsmouth Integrated Commissioning Team
- Jane Ward, WMC Limited
- Hannah Wolstenholme, Turning Point

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## About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and is the UK's leading independent centre of expertise on drugs and drug use. We represent around 300 member organisations involved in drug and alcohol treatment, supporting recovery, young people's services, drug education, prison and offender services, as well as related services such as mental health and homelessness. DrugScope is a registered charity (number 255030).

DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium formed the Recovery Partnership in May 2011 to provide a new collective voice and channel for communication to ministers and officials on the achievement of the ambitions set out in the 2010 *Drug Strategy*. The Recovery Partnership is able to draw on the expertise of a broad range of organisations, interest groups as well as service user groups and voices.

Further information is available at: <http://www.drugscope.org.uk/>

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