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Review of two peer led recovery interventions in Wales

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

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Executive Summary

Health and Social Research Ltd were commissioned to review the progress and impact, to date, of two recovery communities partly funded by Welsh Government: AGRO (Anglesey and Gwynedd Recovery Organisation) in Anglesey and Gwynedd, and Recovery Cymru in Cardiff and the Vale of Glamorgan.

Both recovery communities were set up primarily in response to the needs of service users. They are run by staff who are dedicated and believe what they offer is a necessary and effective part of the treatment pathway to help individuals overcome substance use.

The project consisted of three phases: a scoping and mapping study to develop an understanding of the two recovery communities; a study of the progress and impact to date; and a synthesis of data to develop a generic logic model to assist those who wish to set up and evaluate a recovery community.

The review explored the views of key stakeholders including members, staff and volunteers of recovery communities, representatives from services directly and indirectly linked to substance use, individuals who use substances who have not accessed recovery communities, family members and significant others.

On the whole AGRO and Recovery Cymru are seen as having a positive impact on individuals who are engaged with the groups and on the wider community. All members, volunteers and staff demonstrate enthusiasm and dedication and are passionate about driving forward the philosophy of the recovery model.

Findings from the study led to a number of key recommendations to help develop and set up recovery communities in other areas of Wales and to identify the aspects of recovery communities, which could be developed or delivered more effectively:

- The framework underpinning recovery communities has to be peer led. Moreover, the evidence suggests that people who have experienced recovery themselves can positively support the recovery of others. Prior to launching a new recovery community, it is essential that peers meet to discuss and agree the philosophy of their group. This should also be reflected in the appointment of a board of Trustees.

- There is a need to set up support groups and activities which promote a sense of ownership and personal investment for individuals to understand and engage in their recovery. This can promote a sense of belonging to the group and the wider community, and can be used to help and support others. This will encourage the development of social capital.

- Signposting from all treatment services to recovery communities should be possible. For that to happen, recovery communities need to be independent from specific treatment approaches, but need to be clearly identified on the client's journey or pathway.

- Commissioners and other funders have an expectation that recovery communities provide evidence of their effectiveness. However, the very nature of the philosophy of recovery communities (which encourages inclusivity) makes this criterion for funding problematic. Since the main aim is to develop support and social capital there is a need for both sides to compromise and agree outcomes, for example, using the collation of 'soft' outcomes as viable evidence. However, it is clear that even if outcome measures are not collated as routine, recording footfall and take up of support and group activities is essential.

- There is a need to promote a sense of continuity. This can only be achieved through coordination of activities and groups, and where possible, a named base or venue where individuals can 'drop-in' for advice and information.

- Advertising and promoting the community, for example through a website, is essential. However, the information provided, for example the activities offered and how individuals can access the community to join or volunteer, needs to be accessible, easily understood and regularly updated. Recovery communities should also produce leaflets and other literature, and liaise with services (e.g. those providing treatment or housing advice and support) as to the most useful way of informing clients and the wider community.

- Staff and volunteers need to be adequately trained for the role they will undertake. For example, increasing their awareness regarding the impact of drug and alcohol use.

- Recovery communities need to liaise with local businesses in order to provide opportunities to access funding. As an example, supermarkets provide small funding to support local enterprises and charities.

- The logic model developed for this project is generic and can be used to set up and evaluate a recovery community. However, there is a need to test the logic model in a variety of contexts in order to refine and tailor it to the needs of individual recovery communities.

Section 1: Background

1.1 Introduction

Health and Social Research Ltd were commissioned to review the progress and impact, to date, of two recovery communities partly funded by Welsh Government: AGRO (Anglesey and Gwynedd Recovery Organisation) in Anglesey and Gwynedd, and Recovery Cymru in Cardiff and the Vale of Glamorgan. The information from this review was used to develop a generic logic model to guide those who wish to set up and evaluate a recovery community.

There is a growing body of evidence in the substance use field that promotes the need for positive social networks and support (UKATT, 2008; Alwyn et al, 2001). However, this is not a new phenomenon. Finney and Monahan (1996) and Holder et al (1991) conducted a review of effective treatment approaches and found that community reinforcement approaches (particularly for alcohol misuse) were rated in the top six effective treatments. More recently, Best et al (2010) and Best and Lubman (2012) have reviewed and critically evaluated the evidence regarding the effectiveness of the recovery model. This has led to the development of the recovery model as an integrated approach and philosophy. Best et al (2010) particularly highlights the success of peer led recovery approaches.

In Scotland the primary goal of recovery is abstinence, whereas, for the United Kingdom Drug Policy Commission (UKDPC) and Welsh Government, controlled substance use can also be a goal in recovery. The Advisory Panel on Substance Misuse (APoSM) (Welsh Government, 2013) have defined recovery from problematic drug and alcohol use as:

> *'[…] a process in which the difficulties associated with substance misuse are eliminated or significantly reduced, and the resulting personal improvement becomes sustainable.'*

The Welsh Government, commissioners and planners have responded positively and supported developments promoted in documents such as *'The Road to Recovery'* and national and local strategies, in taking on board the recovery philosophy. This has been achieved, for example, through funding recovery communities and facilitating specific treatment approaches within substance use services. The substance misuse treatment framework (SMTF) published by the Welsh Government (2013) provides guidance for commissioners, planners and service providers on the need to develop and establish *'Recovery Oriented Integrated Systems'.* This document highlights the need for substance use services to incorporate the recovery philosophy as part of their service provision, rather than see it as a separate approach. Further, there is a belief that recovery should be viewed as an explicit purpose for treatment (White, 2009). The framework also recognises that no single service will be able to offer all the support required to build recovery capital. It is therefore essential for service providers, planners and commissioners to

identify and work with peer support, mutual support and recovery communities.

White (2009) suggests, there is a need for ‘recovery orientation’, rather than simply stabilisation, and that the approach should be focussed on the individual and their strengths. As recovery means different things to different people, there is a need to ensure that what is offered is determined by the individual to meet their needs. The feeling of engagement and being active participants in decisions about their own recovery options help individuals to change their behaviour.

Substance use treatment services are beginning to acknowledge the philosophy of recovery. However, there is still some ambiguity around the term recovery and where this fits in to individual treatment pathways. The Welsh Government (2010) recommends that integrated treatment pathways should be developed to incorporate links to peer support and recovery.

Referrals to services for alcohol and drug use remain high in Wales as evidenced by StatsWales (2013). Moreover, not all individuals who use substances attend treatment agencies. Recovery communities can therefore offer support, thus reducing the impact of drug and alcohol use on individuals and the community.

Recovery communities aim to facilitate positive social support, develop an individual’s motivation to engage with treatment services and provide education, employment and training opportunities. However, we do not yet know how successful these communities in Wales are in meeting their goals and thus, this review is apposite.

1.2 The use of logic models

Logic models have been developed to set in context the processes that lead to behaviour change, for example, in initiatives and interventions such as recovery approaches. It allows stakeholders to understand the logic of how change happens. Logic models are useful for assessing, planning, implementing and evaluating initiatives. It allows all stakeholders to have a clear understanding of the objectives of the initiative. This is particularly important when looking at interventions that initiate and support community change. Key elements are used to develop logic models (for example, purpose, context, inputs, activities (or interventions) outputs and effects or impact). These elements can be depicted graphically to demonstrate the structures of a logic model.

Section 2: Methodology

The project consisted of three phases:

Phase 1: Scoping and mapping study
Phase 2: Study of progress and impact to date
Phase 3: Synthesising data and developing a logic model

Phase 1: Scoping and mapping study

The purpose of the scoping exercise was to develop an understanding of two recovery communities in Wales, namely, Anglesey and Gwynedd Recovery Organisation (AGRO) in North Wales and Recovery Cymru in South Wales.

The aims of the scoping and mapping study were achieved by conducting:

Desk research to review:

- The accessibility of the recovery communities
- The information provided on the web site about the recovery communities
- How people access the recovery communities
- Data regarding the demography, substances used, and extent of use in the localities (for example, prevalence rates of drug and alcohol use; referral to substance use services; substance use related harm and mortality rates (StatsWales 2013); and data collected by the recovery communities).

Semi-structured face-to-face and telephone interviews were conducted with members of the two recovery communities and a sample of managers of local services and organisations directly and indirectly related to the use of substances (n=13). Data were collected during October and November 2013. The referral pathways in and out of recovery communities were mapped and all the organisations they collaborate with were identified.

Findings from the scoping exercise were used to inform and develop a framework to review the progress and impact to date of the two recovery communities.

Phase 2: Study of progress and impact to date

The objectives were to:

- Describe the characteristics of individuals who find membership of the recovery community effective in supporting them to start and sustain recovery.
- Assess the factors which facilitate organisational effectiveness and positive recovery outcomes, and those factors that act as barriers.
- Identify aspects of effective practice that could be implemented or transferred to other settings in Wales.

- Identify aspects of recovery communities which could be developed or delivered more effectively.
- Develop a logic model which could be used as a framework to evaluate recovery communities in the future.
- Make recommendations in relation to:
    - how peer recovery communities are delivered in the future;
    - the actions which should be taken to support the recovery communities to improve their effectiveness;
    - whether, and how, the principles and practices adopted by the recovery communities could be used and implemented to inform the development of recovery policy and practice in Wales;
    - the necessity of further work to support the implementation of a recovery approach to service delivery in Wales; and
    - further research requirements to develop recovery care policy in Wales.

In order to meet the objectives, semi-structured face-to-face and telephone interviews were conducted with 47 individuals consisting of:

- managers of both AGRO and Recovery Cymru (see Appendix 1);
- other relevant members and volunteers of the recovery communities such as board members, coordinators and volunteer group facilitators;
- staff of services directly and indirectly linked to recovery communities (see Appendix 2).

Data were collected between January and April 2014.

Research with individuals who did (n=43) and those who did not (n=8) access recovery communities was also conducted. To gain as many responses as possible, a variety of methods were utilised to collect data:

- facilitating four focus groups in each area with individuals who accessed the recovery communities and/or attended activities (n=31) (see Appendix 3 for guideline topics);
- conducting an online survey using SurveyMonkey (n=18). To publicise the survey and distribute the questionnaire we recruited the help of relevant individuals in each area. This allowed individuals to respond anonymously (see Appendix 4 for the questionnaire);
- face-to-face interviews with individuals who accessed the recovery communities but who did not want to take part in the focus groups (n=2) (see Appendix 3 for guideline topics);
- face-to face interviews with family members or significant others who accompanied individuals to the activity groups (n=5) (see Appendix 3 for guideline topics).

Phase 3: Synthesising data and developing a logic model

Data analysis

Secondary data were analysed to set the context of this review, for example, prevalence rates of drug and alcohol use; referral to substance use services, and substance use related harm and mortality rates (StatsWales 2013). Qualitative data obtained from face-to-face, telephone and focus group interviews and answers to the open ended survey questions were written up immediately after they took place. It was agreed that in most instances the organisations could be named, however, quotes were anonymised so that individuals within the organisations could not be identified.

Themes and categories were identified and cross-validated as is standard protocol for qualitative data. Verbatim quotes have been used to illustrate examples of comments received for the specific themes that emerged from the data.

Data were synthesised and examples of good practice that were evident in the two recovery communities were used to inform and develop a logic model. This information can be used to facilitate the setting up of a recovery community. It can also form the basis for future assessment, planning (including funding applications) and evaluation.

Section 3: Findings

The Welsh recovery programmes under review are part of a wider collaboration of national and international recovery networks (including the SMART Recovery and Recovery Academy).

Both AGRO and Recovery Cymru are community led organisations, governed by a Board of Trustees. AGRO was established and achieved charitable status in 2011. Recovery Cymru was established in Cardiff in 2010 and Barry, in the Vale of Glamorgan in 2013. It achieved charitable status in January 2011.

The mission statements, values and philosophies of the two recovery communities share common elements. Both were set up primarily in response to *'service user needs'*. They offer a safe and supportive environment for members who contribute to the recovery of others as well as gain support themselves. The two are user led where members play a large part in managing and delivering the communities. The philosophy is based on the belief that the members *'have a constituted voice in running the organisation'* and all members, volunteers and staff are regarded as equal members of the community.

The two recovery communities also stress the importance of inclusivity. For example, referrals are accepted from all local services, and individuals and their families can also self-refer. They are run by staff who are dedicated and believe what they offer is a necessary and effective part of the treatment pathway for substance use.

3.1 The characteristics of individuals who access the recovery community

Individuals who access the recovery communities include those who:

- are currently in substance use services, for issues related to alcohol and/or drug use;
- have completed treatment programmes in substance use services;
- have never been in substance use treatment service, but nevertheless have problems with alcohol and/or drug use;
- have completed detoxification programmes and are referred for aftercare;
- are family members or significant others who are supporting someone who has problems with alcohol and/or drug use.

The age range of members varies from 16 to 72 years, with the majority ranging from 30 to 50 years of age. Both recovery communities have no specific abstinence goals as long as members are not intoxicated or *'under the influence'* when they attend groups or activities.

Members of AGRO are referred from substance use services in Anglesey and Gwynedd and as there are no formal referral pathways, it is mainly by word of

mouth or through information leaflets and flyers. Recovery Cymru take direct referrals from E-DAS[1] and collaborate with Solas[2] and Newlink Wales[3] to deliver the Cardiff and Vale of Glamorgan 'Through-care, Aftercare and Recovery Support' (T.A.R.S.) Substance Misuse package for adults. Individuals can also self-refer.

3.2 Factors that facilitate organisational effectiveness and positive recovery outcomes and those factors that act as barriers

Funding and sustainability

There is a general consensus that core funding is essential to sustainability; '*On-going funding is the biggest risk to sustaining the service'*. Securing funding is *'always on the agenda'* and managers of both recovery communities invest a lot of time and effort to secure funding. Sustainable funding issues, particularly core funding for managing and coordinating the organisation does present challenges for a dedicated team that relies heavily on the goodwill of volunteers and board members who give their time and provide the resources required.

Individuals involved in the running of the recovery communities regard their organisation as complimenting substance use services. This was also recognised by a member of the recovery community stating, *'they* [the recovery community] *add to and not replace other services.'* As such, there is a belief that recovery communities should be recognised by the funders (Substance Misuse Action Teams / Area Planning Boards) as being equally entitled to funding: *'We need a model that recognises and values this contribution to reducing the burden alcohol and drug use place on our health service.'* However, neither recovery communities currently feel that they are in an equitable position to secure funding in the same way as treatment services. This view is reinforced by managers of some treatment services who believe there should be a separate source of funding for recovery. However, some treatment services have set up their own recovery programmes.

The commissioning process was perceived by some participants as biased in that:

> *'Representatives from treatment services* [statutory and third sector] *sit on the commissioning panels and therefore are reluctant to allocate funding to services that they do not regard as treatment services […] they* [treatment agencies] *are very possessive of their clients and this causes a conflict of interest when it comes to the allocation of funding.'*

[1] The single point of entry into drug and alcohol services in Cardiff and the Vale of Glamorgan.
[2] A supported housing organisation.
[3] An independent substance misuse organisation offering training to individuals who use substances and the staff who deliver treatment.

As such, the recovery communities suggest that there is a need for treatment services and commissioners to *'buy in'* to the philosophy of recovery to understand their role on the client's pathway and the need for funding: *'We are not competing for clients […] as their* [treatment providers] *roles differ'*.

Both communities are actively pursuing sources of funding to support group meetings and activities. In AGRO this is their main source of funding at the moment. Income is sought from a variety of sources, including from grant applications, and applying to local businesses for funding (e.g. supermarkets and financial institutions). However this takes time and expertise:

> *'It takes an enormous energy to develop grant and funding applications'*
>
> *'Awaiting confirmation of funding has an impact on staff and members'*

For example, their role may not be sustainable or groups and activities cannot be continued. As one member of staff stated *'accessing funding is an ongoing and uphill struggle […] it's usually a lot of paperwork for small amounts […] sometimes it takes six months or more to complete the application.'*

Other sources of income include donations, and fundraising activities. Members are actively engaged in developing social enterprise projects. For example, handmade goods are produced and sold, and the sale of produce and preserves from allotment ventures. Although it was acknowledged that *'the revenue from this is small'* the impact for members results in the volunteers gaining a sense of achievement and efficacy. It also encourages members to be proactive to generate self-funding initiatives. This method of self-funding supports the underpinning philosophy of the recovery movement in that, if members invest their time and resources in their own recovery they will be more likely to achieve their long term goals.

Where there is a threat to funding and other resources there is a fear that '*we won't be able to sustain the culture we've worked hard to achieve […] it means straying away from the original aims, philosophy and culture of the community-led peer recovery community.'*

Promoting a recovery philosophy

Both communities are confident of their status as peer led recovery communities, and this is reflected in their aims and mission statements[4].

[4] AGRO's vision is 'a community that nurtures hope, confidence and a sense of belonging in an atmosphere of mutual inspiration and understanding', and Recovery Cymru's mission statement says they believe 'in developing and strengthening communities of people recovering from drug and alcohol problems. People are empowered to initiate and continue their recovery journey, to achieve fulfilment, to explore their skills and interests and to improve their quality of life. Through the power of shared experience and understanding, people can support themselves and others.'

Stakeholders who were interviewed were all positive regarding the philosophy of the recovery communities and the activities they provide. Services (in both the statutory and voluntary sectors) are happy to promote and advertise the recovery organisations. However, in AGRO there are no formal arrangements – they do not share information, and it is up to individuals themselves to make the initial contact.

Recovery communities were set up as *'there was no real after care treatment […] the treatment providers would think 'we've done our bit'.'* However, there is the recognition that:

> *'It's what comes after treatment that's important and that's where recovery communities come in. People leave detox with the belief that 'I'm sorted' but its what comes after that's important in the long term […] they're left thinking 'what now?''*

However, some individuals find it beneficial to attend whilst they are undergoing treatment for their substance use.

According to the staff and volunteers of the recovery communities:

> *'We try at every level to promote recovery and to show it's do-able […] we help people who would normally find it difficult to get jobs – if you have a criminal record – we don't judge. We listen and give people a chance.'*

> *'We promote ourselves. We don't lead people […] we walk alongside people […] then [...] take a step back and walk behind.'*

The mission statements and visions of both groups highlight the importance of positive support. The complimentary role of recovery programmes enable people to engage with recovery throughout their entire journey:

> '*The more strings to your bow, the better*'

> *'You need different things* [type of organisations, services and support] *to suit different people […] definitely need something else as opposed to treatment service. The more you offer the more chance there is of hitting the right spot for somebody.'*

Collaboration and working with other services

Both communities are pro-active in promoting and advertising their activities and group support sessions to those services directly and indirectly linked to substance use. Stakeholders can confirm that leaflets and information are readily available and that the aims and objectives are clearly understood.

Collaboration with other organisations and agencies helps recovery communities to access training for staff and volunteers as well as other resources, including premises to deliver activities, meetings and training.

Collaboration also facilitates a means to refer to treatment services and for them to signpost to recovery communities.

It was clear form the stakeholders interviewed that there is a positive regard towards recovery communities and that good working relationships have been developed. Leaflets and promotional material are delivered to all substance use agencies and organisations indirectly related, such as, housing support and women's groups. Members of recovery communities are actively sought to provide information on the recovery philosophy to groups and organisations in the locality.

Activities and interventions

Both recovery communities offer support groups and a wide range of activities led by volunteers. Currently, there is recognition that access to activities is constrained by a number of factors such as:

- Rurality and geography
- Cost of public transport
- Inconvenient opening hours
- Lack of funding to coordinate and facilitate groups
- Access to a suitable venue

Access to the support groups and activities provided by, and for, AGRO members across the region is challenging as the area is large and mostly rural: *'it's a challenging task to coordinate and manage the group meetings and activities over two large areas.'* This has led to a reduction in the number of groups run '*as it was not possible to physically coordinate and manage the groups'.*

Another constraint to access is the cost of transport to the local towns where groups are facilitated. As one volunteer suggested: *'we'd like more groups in rural areas but do not have the resources.'* Venue costs are relatively low as most of the venues used provide facilities free or for a small notional cost.

Both recovery communities are trying to expand their accessibility but are governed by limited resources. AGRO are at a disadvantage in that there is no on-going funding for the coordinator role making the coordination of groups and activities difficult. Recovery Cymru has premises that allow walk-in opportunities and onsite facilities to run activities and support groups in both of the areas where they currently operate. This helps to promote a sense of ownership and continuity and also a place of safety.

Examples of activities include projects that motivate members to engage, and produce a sense of resourcefulness and self-efficacy, such as:

- Gardening
- Cookery
- Walking and hiking
- Music and art

- Seeking employment (paid and voluntary), including support with writing CVs and applications
- Education and training opportunities

Some activities seek to involve family members, thereby normalising the recovery journey.

Measuring effectiveness

AGRO:
There is a conviction in staff, members and volunteers who directly work in facilitating AGRO, that they provide support that results in positive outcomes for those who engage with them: *'We have good outcomes'.* However, the issue comes with validating these claims. Most of the reports are anecdotal as the philosophy of the community does not support the collation of data and therefore there are no outcome measures that can qualify the effectiveness of the organisation. There are however, soft outcome measures. These include: group and activity attendance numbers, and anecdotal observations, such as: *'when people who have been in* [treatment] *services for a long time come to peer led services they do really well.'*

Recovery Cymru:
A skilled database designer has created an extensive database specifically designed to collect data and monitor outcomes. This is an on-going project and staff and volunteers are being trained in RBA (Results Based Accountability) methods and members are consulted to define Recovery Cymru indicators.

Since being awarded the TARS contract, Recovery Cymru has identified outcomes and outputs (e.g. using outcome stars[5]) and they meet regularly with the commissioner to discuss progress.

Although Recovery Cymru are making good progress to measure their effectiveness with outcome measures, some still believe that the impact cannot be solely measureable in terms of 'hard' data. Rather, there is the belief that members' views and experience are equally important: '*the impact of what we do is not always measureable.'*

3.3 The views of members of recovery communities and clients in substance use services

Recovery as a concept and philosophy

Service users from substance use services and members of recovery communities were asked, *'What does the term recovery mean to you?'* The majority who responded thought that individuals can only be in recovery when they are abstinent; recovery occurs *'after drug use', 'after detox'* and *'staying*

[5] See the following website for information http://www.outcomesstar.org.uk/drugs-star/

clean and sober'. To most recovery suggests a time point when change has occurred and there is a sense of stability:

> *'Recovery is any stage after deciding to change your lifestyle for an improved quality of life, be it complete abstinence or harm reduction or quitting certain drugs.'*
>
> *'I believe that I am in recovery when I changed my life from a chaotic mess dictated by where I could find the next drink to that of one where I am able to lead a relatively 'normal' life and interact with my family and society in a useful way.'*
>
> *'Recovery is being back to my normal self* […] *fully healthy, in a full time job with my family and kids.'*
>
> *'Recovery is waking up in the morning and the day belonging to me and not having to run around looking for opiates.'*

One respondent dislikes the term recovery because *'it's associated with NA* [Narcotics Anonymous] *and AA* [Alcoholic Anonymous] *and according to them you never fully recover.'* For some, recovery is a personal and often difficult process that is on-going: *'Recovery for me means acknowledging the power that alcohol has over me. I decided to put up the white flag, admit its power and win the battle by not taking alcohol again.'*

The mission statements of both recovery communities promote inclusive access, the only stipulation being that individuals should not be intoxicated when attending. Unless this is rigorously enforced some members feel that this can lead to the abuse of the facilities by some and it results in other members feeling vulnerable and discouraged. They feel that those who *'break the rules'* should be given *'yellow cards'.*

Support opportunities offered by the recovery communities are varied and relevant to the recovery journey. This underpins the recovery philosophy and provides options for individuals to engage with support that meets their needs: *'everyone is unique and have their own way of recovering […] people find meaning in different ways';* and *'talking doesn't work for everyone […] with activities we have more choice.'*

Community members reported that the philosophy of support and encouragement also helped to engage individuals in *'getting involved',* and further, this led to individuals developing skills and confidence: *'Continual encouragement to participate and even lead activities and* [they offer] *voluntary work with encouragement, empathy, the message of hope.'*

It is apparent that the recovery communities foster a sense of ownership in the individual's own recovery journey: *'It's all about self empowerment'; 'It's a way of life.'* The support and activities are set up so that members can choose what they engage in, and the extent to which they engage, to meet their personal needs: *'I just want to go and have a cup of tea and a general*

chat until I get to know them but I do not want to go to support group straight away as I'm uncomfortable in groups.'

Some individuals and members of their family engage with recovery communities to gain confidence with support from other members, whereas for others it is about volunteering to support others. Comments included:

> *'Each group is different because the philosophy is to build on everyone's ideas within the group […] activities are user led.'*
>
> *'Members of the recovery community work together to build on everyone's ideas.'*
>
> *'It's about building a recovery community.'*
>
> *'I don't have a problem but my brother does and I'm here so I can help him.'*
>
> *'I volunteered there for over a year. I found it beneficial knowing the support that I was offering was of benefit to other people.'*

Some individuals are so engaged in the communities that they cite their aspirations for them, for example, *'I'd like to start a pop-up shop to sell produce'* and *'I want the produce we produce to diversify.'*

However, as expected, recovery communities are not suitable for everyone and will never meet all needs: *'I think recovery communities are good for some people especially those who go on to take up paid or voluntary roles with the organisation. I don't think that on its own would be sufficient for recovery for most people so it should perhaps be used as an adjunct to other services such as counselling.'*

3.4 The impact of recovery communities on the emotional and physical well being of individuals

Those attending the recovery communities were ready to outline their importance and the impact they had on their lives. Examples of comments include:

> *'It came to a point where there was nothing else in life […] it's* [the recovery community] *given me an opportunity […] I now enjoy walking.'*
>
> *'Before* [engaging with the recovery community] *I didn't know how to interact […] I couldn't speak to people but since in* [recovery community] *it's built my confidence and now I'm a volunteer.'*

'I've started courses since I joined [the recovery community] *I heard of others doing courses and it made me want to go […] they gave me the confidence to go.'*

Many cite that the *'support network'* within the recovery community and being with *'like-minded'* people helps them to abstain from alcohol and drugs and sustain recovery.

'The atmosphere is always positive and supporting – you can achieve.'

Everyone [in the recovery community] *are friendly, welcoming, accepting, non-judgemental […] they offer support and help.'*

'The general faith in people, empathy with people and encouragement was very useful.'

'I met people in different stages of recovery. It provided me with focus and a welcome.'

On the whole, people who had attended recovery communities felt that it had helped to some extent in their recovery process. Many see them as a way of meeting people who are in similar positions to themselves: *'Interacting with people who suffer from similar issues.'* Others felt recovery communities provide support in crisis: *'it's somewhere to go should a crisis occur'.*

Attending groups and activities were seen as *'diversionary activities'*: *'time spent here stops me drinking.'* Members stated it was particularly useful when they could access groups and support over the weekend and during bank holidays, particularly over Christmas.

For some engaging with the recovery community group reduced the risk of relapsing.

'I've been abstinent before and all the old ghosts came back to haunt me. I didn't know how to cope […] now I've got support.'

'I had another detox and then I got loads of texts from people in the [recovery] *group […] they're genuine people who are caring […] family wouldn't do that but people in the group did […] I'll think twice next time before I go back to it* [drinking]*. They support me and it helps me build confidence. It keeps me in check because I don't want them to see me like that again.'*

'Lots of people use alcohol to self medicate to escape their situation […] but this [attending the recovery community] *provides a focus… it's something to look forward to […] once I was referred* [to the recovery community] *I haven't relapsed.'*

There is a consensus amongst group members that talking about alcohol is not helpful as it triggers memories and withdrawal symptoms. Rather, the groups support each other in *'moving on', 'not dwelling on the past* [but] *looking to the future.'*

In line with the philosophy of recovery communities, both organisations encourage members to develop and build on their existing skills or to develop new ones. Many members report that this has been helpful to develop the skills they need to apply for new jobs or get involved in activities that could facilitate developing a sense of self-efficacy.

> *'it helps a lot with what we need to do, they help me to cook […] now I've got my own place I need to learn to cook.'*
>
> *'Also I'm getting back in touch with family ties and they help me have days out with my family.'*

3.5 Barriers to engaging with a recovery community

The main barriers to attending activities and meetings run by recovery communities include:

- The cost of travelling to and from venues: AGRO covers two counties in North Wales with widespread rural areas and although the Cardiff branch of Recovery Cymru is relatively easy to access, the Vale of Glamorgan is rural. As recovery communities have limited resources, the majority of meetings are held in key towns and thus people in rural villages and other areas have to find costs to travel to the meetings: *'Public transport is expensive […] it costs over £7* [return] *in bus fare to travel to the nearest group'; 'funds are limited and it's just one more thing to find costs […] if it's a choice between food and bus fare to attend meetings, there's no choice.'*

- Inconvenient opening hours: *'It didn't help that [name of organisation] is not open on weekends or evenings'* and *'I struggle on a Friday night as there's nothing for me.'*

- The venue where meetings are held: for example, in one area the venue where meetings are held is the same as that attended by individuals who are homeless: *'I wouldn't go to a meeting there as I don't want to be thought of as homeless […] I want to move on. If they were meeting in a different venue I might have gone along.'* This person also talked about the *'stigma'* attached to this venue and suggested *'a more neutral venue like an office.'* In contrast: *The art group was fantastic as it was held in the back room of a nearby church, so no 'churchy' feel and no office environment.'*

- Perceptions that the organisation would not meet their needs:

  'I think it's for alcohol and don't want to attend.'

'They warmly embrace the comfortable few that fit in with their cosy, warm and softly softly environments that they seek to create, this compromises the recovery potential of those who do not meet this strict parameter, those that question the motives, those that relapse, those that 'rock the boat' are identified and left to carry on their journeys elsewhere.'

- Accessibility: *'It's hard to say though where the recovery community fits on a recovery path for people who are working […] it seems to be better positioned for people who are not working who want to get some confidence around computers and in groups. It didn't help that all pathways to recovery means users mingling with non-users.'*

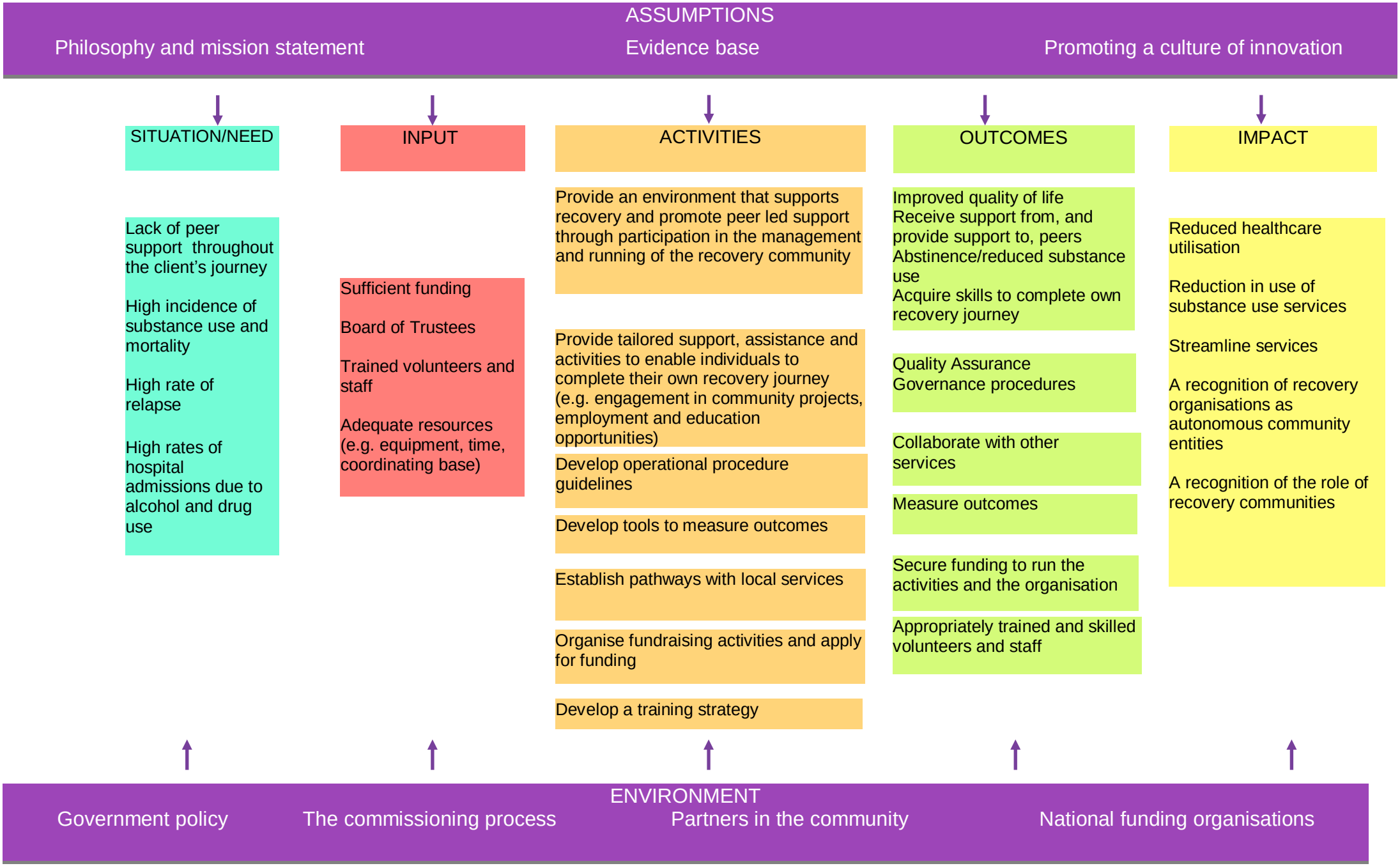
- Lack of information: Some members suggest that the amount of information given to them about the recovery communities varies greatly, for some, signposting appears to be routine, for others, treatment services offer no information.

- Continuity of meeting arrangements: Cancelling meetings and group activities was cited as a reason for giving up. *'Meetings were regularly cancelled'* and *'meetings got cancelled four times in two months. This led to me using right over the weekend as it was helping on Fridays to focus until Monday. Cancelling is not good.'*

- Members abusing the aims of the organisations: It was a concern to learn that *'there were drugs being exchanged at the office and also members were talking about what pub they were going too, this also goes on in AA [Alcoholics Anonymous] and other similar places, nowhere seems to be completely abstinence based. This is what is needed – a zero tolerance policy, with time limited bans in place for non-compliance.'*

- Name of the organisation: In North Wales there are some who have suggested that the name of the organisation 'AGRO' *'puts people off'* as it sounds *'unfriendly'*. However, members who attend state that the name challenges stereotypes and is deliberate in that sense.

Section 4: The logic model



Section 5: Conclusion and recommendations

On the whole AGRO and Recovery Cymru are seen as having a positive impact on individuals who are engaged with the groups and on the wider community. This view was supported by all stakeholders, directly and indirectly involved in these two recovery communities. All members, volunteers and staff demonstrate enthusiasm and dedication and are passionate about driving forward the philosophy of the recovery model. There is an acknowledgement however, that recovery communities are not suitable for everyone.

The following recommendations are made to support the development and setting up of recovery communities in other areas of Wales. These also identify the aspects of recovery communities, which could be developed or delivered more effectively.

1. The framework underpinning recovery communities has to be peer led. Moreover, the evidence suggests that people who have experienced recovery themselves can positively support the recovery of others. Prior to launching a new recovery community, it is essential that peers meet to discuss and agree the philosophy of their group. This should also be reflected in the appointment of a board of Trustees.

2. There is a need to set up support groups and activities which promote a sense of ownership and personal investment for individuals to understand and engage in their recovery. This can promote a sense of belonging to the group and the wider community, and can be used to help and support others. This will encourage the development of social capital.

3. Signposting from all treatment services to recovery communities should be possible. For that to happen, recovery communities need to be independent from specific treatment approaches, but need to be clearly identified on the client's journey or pathway.

4. Commissioners and other funders have an expectation that recovery communities provide evidence of their effectiveness. However, the very nature of the philosophy of recovery communities (which encourages inclusivity) makes this criterion for funding problematic. Since the main aim is to develop support and social capital there is a need for both sides to compromise and agree outcomes, for example, using the collation of 'soft' outcomes as viable evidence. However, it is clear that even if outcome measures are not collated as routine, recording footfall and take up of support and group activities is essential.

5. There is a need to promote a sense of continuity. This can only be achieved through coordination of activities and groups, and where possible, a named base or venue where individuals can 'drop-in' for advice and information.

6. Advertising and promoting the community, for example through a website, is essential. However, the information provided, for example the activities offered and how individuals can access the community to join or volunteer, needs to be accessible, easily understood and regularly updated. Recovery communities should also produce leaflets and other literature, and liaise with services (e.g. those providing treatment or housing advice and support) as to the most useful way of informing clients and the wider community.

7. Staff and volunteers need to be adequately trained for the role they will undertake. For example, increasing their awareness regarding the impact of drug and alcohol use.

8. Recovery communities need to liaise with local businesses in order to provide opportunities to access funding. As an example, supermarkets provide small funding to support local enterprises and charities.

9. The logic model developed for this project is generic and can be used to set up and evaluate a recovery community. However, there is a need to test the logic model in a variety of contexts in order to refine and tailor it to the needs of individual recovery communities.

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Appendix 1: Semi structured interview guide for managers, coordinators, facilitators and board members of recovery communities

Management and organisation

- How the two recovery communities are organised, governed and managed.
- How the recovery communities are funded and how this is managed.
- How funding is allocated within the organisation.
- How is quality assurance managed and who is responsible for staff, trustees and volunteers?
- Whether, and if so what, training is provided for staff, trustees and volunteers?
- Ascertain the roles of members, volunteers, staff and trustees within the recovery communities.

The recovery community

- Whether the aims and objectives of the organisation are clear and relevant and whether they meet the criteria identified by the funders.
- Whether and how are the aims and objectives measured?
- How does each organisation promote a recovery philosophy?
- How the recovery communities promote their organisations and to what extent are the recovery communities accessible and appropriate for the needs of individuals?
- What does each recovery community offer individuals?
- What activities are offered and to whom?
- Whether, and if so how, individuals deemed as ‘hard to reach’ attend and whether the individuals who access the organisations are representative of the local population.
- What and how is peer support is offered?

Working in collaboration with other organisations and services in the locality

- Explore collaborative working and referral pathways between substance use services and supporting organisations (public and voluntary sector)
- Who does and does not refer and the possible reasons for this?
- Explore what information and resources are shared between services.
- Ascertain whether information is shared between services and if so what data and how useful is this?
- How do recovery communities make decisions regarding referral to appropriate services and how often does this occur?
- How other services and organisations become aware of the recovery communities and whether they are accessible to all.
- The extent to which the recovery communities have made positive connections with the local communities.

- To what extent do the recovery communities work with local businesses to develop link to volunteering employment, education, training and other support and opportunities.
- Explore whether the philosophy of recovery is evident in all the substance use services in the localities and to what extent the recovery communities facilitate and promote this.
- Whether the recovery philosophy is meaningful to, and understood by, individuals, substance use services and local businesses and the community.

Measuring the effectiveness of the recovery community

- Whether, and if so how do, the recovery communities measure their effectiveness in relation to their key aims and objectives?
- Are the measuring tools and the key indicators produced by the groups adequate and appropriate?
- What data are currently collected to measure outcome and impact?
- To what extent the data collected by recovery communities are utilised and whether this data is meaningful?
- Identify if there are any gaps in data collection.
- What measures are used to ensure quality?

Appendix 2: Guideline for interviews with staff of services directly and indirectly linked to recovery communities

- What is your service's perception of the recovery model?
    - Do staff incorporate the recovery model in their work?

- Have you heard of [AGRO / Recovery Cymru]?

- Do you have any formal or informal referral agreements set up with [AGRO / Recovery Cymru]?

- Number of referrals during past 12 months

- Type of links (e.g. training / signposting)

- Do you advertise their community and advise clients to attend as part of treatment?
    - If not, why not?

- Do any of your clients visit [AGRO / Recovery Cymru] alongside treatment?

- Do you offer recovery programmes?
    - If so, how do these differ to that offered by [AGRO / Recovery Cymru]?

- Do you share any information with [AGRO / Recovery Cymru] e.g. client details?

Appendix 3: Guideline topics for community members, families and significant others

- Experience of substance use
    - Still receiving treatment or not?

- Enablers and barriers to accessing recovery communities
    - How did you hear about the recovery community?
    - Usefulness of website information
    - Opening hours and location (including travel costs)

- Activities and support offered
    - Did this meet needs? If not, why not?
    - How was this beneficial, or not?
    - Impact on lifestyle
    - Family involvement

- Any additional information about your experience

Appendix 4: Online questionnaire for individual who may or may not be accessing recovery communities

The Welsh Government has asked us to review the impact and effectiveness of [Name of the Recovery Community]. In order to do this, it is really important that we report the experiences of those who may, or may not, be accessing the organisation as well as the views of providers of substance use services and those working in [Name of the Recovery Community]. We are looking for responses from individuals who live in the catchment area and who may or may not have accessed [Name of the Recovery Community]. Please write as much or as little as you want in either Welsh or English. Please be assured that all responses are confidential as we are not able to identify anyone who completes this questionnaire. Once you have answered the questions, please hand back to the person who gave you the questionnaire. This survey should take about 10 minutes to complete, and we are very grateful for your time. The closing date for responses is 30 January 2014. Thank you.

1. What does the term recovery mean to you? Please describe this from your personal point of view.

2. At what stage are you in your recovery journey?
Please tick one of the following

Currently drinking or using substances

Not drinking or using substances

Other (please specify)

3. Are you currently receiving treatment for your drinking or substance use?
Please tick one of the following

Yes

No

If yes, please describe

4. Are you receiving prescribed medication for your drinking or substance use?
Please tick one of the following

Yes

No

If YES please specify what medication has been prescribed.

5. Have you received any information about recovery communities?
Please tick one of the following

Yes

No

If YES please name the organisation(s), state where you heard about the organisation(s) and detail what, if any, information were you given

6. Have you heard of the local recovery community XXX [Name of the Recovery Community]?
Please tick one of the following

Yes

No

If YES please specify how you heard about it (e.g. friends, family, substance use service, GP, etc.)

7. Have you, or someone else on your behalf, contacted XXX [Name of the Recovery Community]?

Yes (if so, go to question 8)

No (if so, go to question 16)

8. If you answered YES to question 6, please tick whether you agree or disagree with the following statements.
Please tick one response for each question

	Strongly Agree	Agree	Disagree	Strongly Disagree
The organisation was easy to find.				
The location of the support group and activities was convenient.				
The opening hours were convenient.				
The website was helpful and informative.				
I am satisfied with the information I have received.				

9. Tell us about the support you have received from [Name of the Recovery Community]. Please give as much information as you can on the type of support you received and whether you found this useful.

10. How often do you attend [Name of the Recovery Community] and what do you do when you attend?

11. Please explain to what extent has [Name of the Recovery Community] impacted on your lifestyle and well-being?

12. Please explain in your own words what you think helped, and what didn't help

13. What are the three best aspects of attending [Name of the Recovery Community]?

1.

2.

3.

14. Is there anything about [Name of the Recovery Community] that could be improved?

Please tick one of the following

YES

NO

If YES please state what you think could be improved.

15. Have any of your friends and family members attended [Name of the Recovery Community] with you?

Please tick one of the following

YES

NO

If YES please describe the type of support they had and did they find it helpful

16. If you answered NO to question 7, please tell us why you decided not to contact or attend [Name of the Recovery Community].

17. Have you had any other support from other recovery organisations or recovery programmes (for example, Alcoholics Anonymous or others)?

Please tick one of the following

Yes

No

If YES please describe these recovery organisations and the support they provided

18. Would you recommend [Name of the Recovery Community] to others, for example, your family and friends?

Please tick one of the following

Yes, definitely

Yes, probably

No, probably not

No, definitely not

Not sure

Not applicable

19. Is there anything else that you would like to say about your experiences? Please use the box below if you have any other comments, or if there are things that we have not asked that you think are important for us to know.

Thank you very much for completing the questionnaire. Your responses are valuable to us.