Independent Review of the Glasgow Recovery Communities

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Introduction

The publication of *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (Scottish Government, 2008) signalled a fundamental shift in the way we think of problem drug use and in the approach to the types of interventions that are appropriate to address it.

In particular, the move to a recovery model represented the recognition that the resolution of addiction problems involves not only the individual, but also their family and their community. It also recognises that recovery is a complex process likely to endure over a number of years after the point of stabilisation or abstinence, and that is likely to involve fundamental changes in a person's social functioning and wellbeing, as well as in their place in their community and society.

In 2018 the Scottish Government published a new strategy which aims to improve health by reducing alcohol and drug use, harm and related deaths (Scottish Government, 2018). This acknowledged the rapid growth of recovery communities in Scotland which have '*Added a new dimension to Scotland's response to alcohol and drug problems. It has enabled those involved to socialise, reduce isolation and support each other. It has also improved the overall understanding of addiction, and recovery, and the impact of stigma and discrimination.'*

Recovery Communities have been active in Glasgow since before the publication of the 2008 strategy and have now been formally constituted for several years. The positive contributions that they make to people who use them, volunteers, families and the communities that they exist in has been acknowledged, respected and celebrated across the city.

In 2018, Glasgow Alcohol and Drug Partnership (GADP) commissioned McMillan Rome Ltd to conduct a review of the three Recovery Communities in Glasgow; North West Recovery Communities (NWRC), North East Recovery Community (NERC) and South Community Recovery Network (SCRN), and to produce an evidenced-based report making recommendations on how GADP may best support the continued development of recovery communities across the city.

Methods

The review adopted a co-productionist approach, involving the Recovery Communities in the collection and creation of evidence, discussing and agreeing data sources and data collection methods against each of the goals. The conclusions and recommendations are provided solely by McMillan Rome Ltd to provide an objective analysis. Fieldwork was conducted between July 2018 and November 2018.

The review process was designed to be as inclusive as possible in order to enable the views and experiences of a wide range of people to be recognised. This included people in recovery who are already engaged with the recovery communities as well as those who are attending care and treatment services but not the recovery communities, and staff and wider stakeholders who have a role in supporting people in their recovery.

A review of literature was conducted to provide a theoretical understanding of the role of recovery support within the context of addiction recovery and the development of pro-social networks. It consists of a summary of key studies in this area.

Information was collected using a range of methods including questionnaires, online surveys, focus groups and 1-1 interviews. The table below shows the total number of people involved in the different data collection methods. In total, 423 submissions were received from over 400 individuals.

The term 'Recovery Attendees' is used in this context to refer to people actively involved in the recovery communities, similarly 'Recovery non-attendees' refers to people engaged with service providers but not actively involved in recovery communities.

Table 1: Summary of contributions

	NERC	NWRC	SCRN	Glasgow-wide	Total
Recovery attendees	53	78	80		211
Recovery non-attendees	12	6	26		44
Focus Groups attendees	9	5	8		22
Interviews	7	7	6	6	26
Staff	69	49	29		120*
Total	150	155	149		

*27 staff members stated that they worked in more than one area

The review also sought data previously collected by the recovery communities which provided evidence of the nature and scale of recovery-oriented activities, as well as information about how the recovery communities have supported people to make positive changes in their lives.

Quantitative data was entered into Excel spreadsheets where it was analysed and coded. Semi-structured interview data were audio-recorded, and notes taken during and after the interviews. In order to ensure reliability, the audio tapes were listened to and categorised and coded according to the various topic headings to allow for a comparative analysis.

Recovery paths

The use of the term ‘recovery’ means different things to different people. Some bodies have sought to define these in ways which meets with their corporate or social agenda. Others have provided very personalised statements based on lived experience.

Recovery is always going to be interpreted in ways which sit well with the beliefs and ambitions of individuals and organisations. However, in order to be consistent in the way in which we understand what this means in Glasgow, insofar as the way recovery communities have evolved, it is important to understand and agree some basic principles and set out the concept behind a treatment-compatible model.

Principles

1. A person’s recovery journey is individual and unique to them.
2. Recovery happens at different rates for different people and sometimes a person is more ready to change particular aspects of their life than others.
3. For some people recovery will mean abstaining from drugs and alcohol, and for others it will mean being able to exert control over their use of substances.
4. It can be a difficult process for people in recovery, those close to them and for people working in services who may have a role in supporting that person or family through change.
5. Sometimes recovery doesn’t happen in a straight line. As people test themselves and set new challenges, they can experience setbacks. It is important that these setbacks are viewed by all as being part of the recovery process and that the individual is supported through them in a positive manner.
6. Recovery can be a long journey. Some will regard it as a lifetime journey. During it, people should be enabled to engage with services as they feel the need. This can often present challenges for services and be viewed in negative terms.
7. Recovery is possible, and most people will experience a desire to move away from problematic drug or alcohol use at some point in their lives. That recovery may, or may not, involve engaging with ‘helping professionals.’

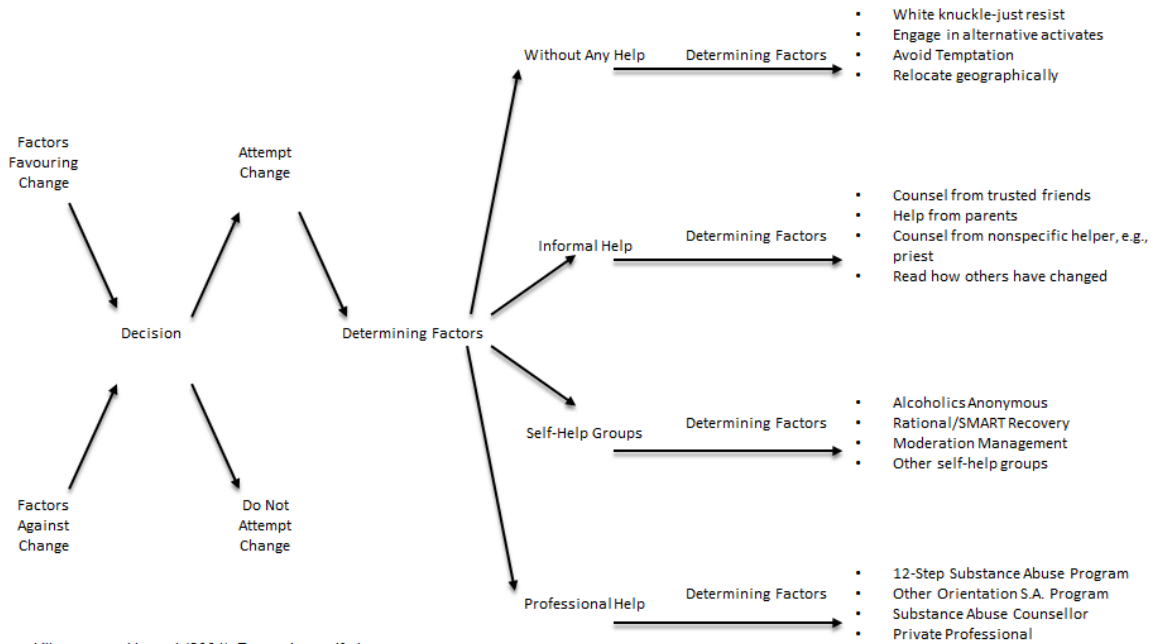
In 2012 the Advisory Council on Misuse of Drugs produced a report setting out the evidence on recovery from drug and alcohol dependence (ACMD, 2012). This stated that many people recover from drug and alcohol dependence without formal intervention.

‘This is most sharply illustrated by tobacco and alcohol research, though there are also important studies into this phenomenon with heroin users, and through population studies of lifetime rates of dependence.’

The report cited evidence to support the assertions that,

- Natural recovery is far more likely for individuals with low dependency and high recovery capital. There is emerging evidence that those with high dependence and low recovery capital have a better prognosis if they engage with substance misuse treatment.
- For some people, natural recovery occurs almost spontaneously, triggered by changes in life circumstances, responsibilities or outlook.
- For others, natural recovery is a more gradual process, consistent with the idea that some people simply 'mature' out of addiction.

These findings are consistent with writings on promoting self-change from problem substance use (Klingemann et al, 2012) which identifies a decision-making process with determining factors which lead people towards different levels of support; no help, informal help, self-help groups or professional help.



Klingemann H. et al (2001) Promoting self-change from problem substance use

The function of a Recovery Oriented System of Care is to ensure that there is adequate access to a range of services, interventions and supports for individuals and their families at different stages of their recovery.

Recovery communities have, over the past decade, grown into spaces locally where there is identified need or shortfall in support. In Klingemann's model the potential scope of recovery communities is to provide a multi-faceted support at all points; before, during, after and, where appropriate, instead of formal treatment and care services.

Why are Recovery Communities (RCs) important?

The presumption on which the recovery community model is based is that they are a good thing, they promote and contribute to the recovery of individuals, families and communities affected by drug and alcohol addiction. In order to objectively review the Glasgow Recovery Communities, it is necessary to consider what we know about the different elements of RCs and how effective these are in supporting recovery.

In 2010 the Scottish Government commissioned a review of the evidence for recovery (Scottish Government, 2010). This was undertaken by an academic team led by Dr David Best and included Andrew Rome, William White and Michael Gossop as the principal investigators. The following section draws heavily on this wide-ranging review, supplemented by additional subsequent research.

It considers the evidence around community engagement and empowerment, positive psychology and social inclusion and the importance of peer supporters as partners in recovery.

Community Engagement and Recovery in the Community

At the heart of work done around the concept of community engagement or development has been the concept of 'empowerment' defined by Zimmerman and Rappaport (1988) as, *'A process by which individuals gain mastery or control over their own lives and democratic participation in the life of their community.'*

One of the key principles that has been emphasised by community engagement writers is that empowerment is for the individual and the community, and Perkins et al (1990) have argued that it is essential that empowerment has a collective orientation, that it is inclusive and evolving as the community grows and shifts.

Baldwin (1987) has outlined what he sees as core principles for effective community development which include: asking community members to identify the geographic boundaries of their communities; compiling a neighbourhood resources directory and a linked directory of workers who are based in that community; developing action plans for each community and target; and focusing on community members' quality of life as experienced as a core outcome indicator.

One of the core texts in this field - *Building Communities from the Inside Out* (Kretzmann and McKnight, 1993) has described the Asset-Based Community Development model (ABCD). The ABCD model is based on the idea that the resources needed to develop a community are already there within it in terms of individuals, associations and organisations and that the solutions to local community problems do not result from increasing involvement of more professionals from outside. Indeed, Kretzmann and McKnight argue that external resourcing is not enough and that:

'it needs to be realistically recognised that if all the outside resources did suddenly begin to be available in low income neighbourhoods, without an effective and connected collaboration

of local individuals, associations and institutions, the resources would only create more dependency and isolation before they were finally dissipated.' (Kretzmann and McKnight, 1993, p374)

Applying this to recovery from substance use, this would suggest a 'bi-productionist' approach where, at least in the initial stages, people in recovery will need effective links and supports from local agencies and institutions, and empowerment will be a gradual but planned process. It is not simply the case of handing over power and resources without condition.

The mechanism that Kretzmann and McKnight propose is an inventory of the skills and capacities of local people, supplemented by engagement with local associations and institutions, with local associations seen as having a key role in empowering individuals, building strong communities, creating effective citizens and making democratic activities work. Additionally, they see a key role for local organisations like hospitals, the police, schools and the local authorities in economic regeneration through:

'local purchasing, hiring locally; developing new business; developing human resources; freeing potentially productive economic space; local investment strategies; mobilising external resources and creating alternative credit institutions.' (Kretzmann and McKnight, 1993)

But the core of their model is to ensure that the drive for change and regeneration originates within the community. For recovery groups, this will involve identifying the interests and the skills of those in recovery and allowing them the support and access to resources to provide the basket of recovery groups required.

This area of work has also addressed the question of the role of professionals in community development work. Gottlieb (1982) reported that the most appropriate forms of professional engagement in community activities were indirect, involving consultation and referral, with much less support for more direct forms of professional engagement. While some form of professional help was welcomed by most community members in Gottlieb's work on self-help groups, autonomy was highly valued by the groups with considerable group commitment deriving from self-direction from group members. Orford (1992) has argued that there is a culture change required by services and staff if they are to be sensitive to community groups and to support the transition of community members to maximise effects.

The role of peers in recovery

In a study on changing network support for drinking, Litt et al (2009) randomised 186 participants to network support (NS), case management (CM) or network support plus case management (NS+CM). They found that, ‘the addition of just one abstinent person to a social network increased the probability of abstinence for the next year by 27%’, concluding that social networks can be changed by an intervention that is specifically designed to do so.

Gordon and Zrull (1991) examined the role of social networks on recovery from alcoholism and concluded that outcomes are likely to be improved if AA-oriented treatment programmes

are committed to helping the patient draw on the resources of the social network. Then, support may be at hand to meet the many challenges in the early stages of sobriety.

In an examination of the dynamics of social networks of patients who had graduated from the Lothians & Edinburgh Abstinence Programme (LEAP), Van Melick et al (2013) found that people in recovery are well connected to other people in recovery; they spend most of their time with other people in recovery and go to them for emotional support and practical help. Furthermore, reviews of studies comparing professional workers and volunteers have tended to favour the latter group as help agents. In a review of 42 studies conducted by Durlak (1979), involving psychiatric in-patients and out-patients, 28 studies showed no outcome differences between professional and 'paraprofessional' help across a range of psychiatric conditions. In only one case did a study find in favour of the professionals and 12 studies suggested better outcomes when help was provided by paraprofessionals (the final study had mixed findings). Although their study has been subjected to subsequent challenge, Hattie, Sharpley and Rogers (1984) conducted a meta-analysis of the studies reviewed by Durlak, with the analysis concluding that:

'On the whole, paraprofessionals are more effective than (or at least as effective as) professionals.' (Hattie, Sharpley and Rogers, 1984, p536)

As to why self-help groups may offer something that professional support cannot, Orford (1992), in a review of a diverse range of community groups not linked specifically to addiction or mental health, has suggested eight key functions of self-help organisations:

- Emotional support
- The provision of role models
- A powerful ideology
- Relevant information
- Ideas about ways of coping
- The opportunity to help others
- Social companionship
- A sense of mastery and control

Structural and Process elements of the ROSC

In order to be able to reflect on the extent to which a Recovery Oriented System of Care is working within a wider Recovery Community there are a number of structures and processes which can be identified as being the building blocks of recovery.

Stephen Bamber identified 8 influences on the formation and development of the UK addiction recovery movement (Bamber, 2011);

- A critique of the present provision
- Lessons from the mental health recovery movement
- The presence of mutual aid groups
- Local and National policy supporting recovery
- Addiction recovery experience from U.S.A.
- Local recovery organisations

- Influential recovery champions
- Grassroots activity.

What are the features of a ROSC in action?

Best and Gilman suggest that there are a number of elements which are integral to the success of a ROSC and should be clearly visible and be subject to testing as their absence would indicate a sub-standard system of recovery. These are;

- Real informed choices at each stage of the treatment process
- Medical and psychiatric support
- Mutual aid
- Assertive linkage
- Long-term pathways to recovery
- No stuck staff and no stuck clients
- Celebrations of success (Best & Gilman, 2010)

These elements provide a useful ROSC checklist against which activities across the three recovery communities in Glasgow can be assessed.

Focus of this review

The research evidence of effectiveness relates largely to the development and management of a Recovery Oriented System of Care as defined in monographs written by William White. This review has its focus on the development of a community-based recovery network which forms an integral part of a larger multi-faceted ROSC. The review therefore concentrates on those aspects of a ROSC that would expect to be visible and evident within the Recovery Network's sphere of responsibility and influence.

Following consultation with representatives of each of the recovery communities, three questions emerged as the basis of the review:

What did the recovery community set out to do?

To what extent has this been achieved?

What should the recovery community be doing in the future?

In addition to these, the review also considered the governance arrangements of each RC, including issues of risk, decision-making, accountability and finance.

What did the Recovery Communities set out to do?

Within the last 5-7 years, the three Recovery Communities in Glasgow were formed following a consultation process of Recovery Conversation Cafes. These have brought together the different pre-existing recovery activities and groups within the three areas and provided a co-ordination and governance function.

The three Recovery Communities are supported financially by the Alcohol & Drug Partnership through the provision of £100,000 each, which is drawn from the care and treatment services budget in each area and overseen by the respective Locality Managers with budgetary responsibility for this spend.

Each Recovery Community has a core team of people whose role it is to manage the Recovery Community to meet local need and provide the necessary budgetary assurances to Locality Managers.

From the research evidence set out in the previous section it is clear that there is a set of core functions of a peer-led social network that should form the basis of a Recovery Community (Orford 1992, Kretzmann and McKnight 1993).

Reviewing the objectives

Table 2 sets out the stated initial objectives of the three Recovery Communities in Glasgow. These have been taken from the written Constitutions of NERC and SCRN and the NWRC 2016/17 Action Plan set out in its 2016 annual report.

It can be seen that there is a high degree of compatibility between the objectives of NERC and SCRN. NWRC had similar objectives to NERC and SCRN in terms of encouraging the development of peer-led activities and developing partnerships with existing services but had a greater emphasis on developing the infrastructure of NWRC as well as establishing core programmes and functions.

There are a number of areas although not explicitly mentioned, which could be construed as being addressed through other objectives e.g. Promoting Recovery. For some other objectives the same assumptions could not be made.

Table 2: Initial Objectives of Glasgow Recovery Communities

NERC	SCRN	NWRC
Promote recovery from addiction to alcohol and drugs; Promote improvement of mental and physical wellbeing for individuals who engage with NERC; Promote learning and employability opportunities for individuals who engage with NERC	To promote recovery from Alcohol and Drugs.	Implementing a Recovery Pathway
		Implementing Volunteering Structure
To encourage people in recovery from alcohol and drug misuse to come together for mutual support;	To encourage members of the recovery community and families to come together for mutual support and discuss common issues that affects them in their recovery process.	Launch of Women's Recovery Drop-in
To represent the views of NERC, on recovery within the North East area, which will include planning, provision, development, promotion and delivery of recovery services;	To represent the views of the recovery community on addiction structures, which will include effective participation in the planning, provision and delivery of addiction services.	*Not explicitly stated but may be construed from other objectives*
To identify gaps in existing service provision and work in partnership with providers to fill these areas;	To help identify gaps in existing services and work in partnership with relevant bodies to fill these gaps.	Development of Interface and Programme with Department for Work & Pensions
To promote and develop strategies, plans and structures in partnership, aimed at meeting the diverse needs of individuals accessing NERC initiatives;	*Not explicitly stated but may be construed from other objectives*	*Not explicitly stated but may be construed from other objectives*
To empower people in recovery in the North East to assist in research, analysis, and comment on relevant policies on addiction recovery related issues;	To assist in research, analyse and comment on relevant policies on addiction related issues on behalf of service users	*Not explicitly stated*
To co-operate and work in partnership with relevant organisations in gaining information for NERC participants, volunteers and individuals in recovery in the North East.	*Not explicitly stated but may be construed from other objectives*	*Not explicitly stated but may be construed from other objectives*
Provide a therapeutic environment that offers different models of recovery for individuals who are affected by addiction.	To provide a forum for south sector recovery groups to come together and provide recovery opportunities throughout the south sector	Launch of Mindfulness Programme
Not explicitly stated	To provide the basis for a formal banking relationship for South Sector recovery Groups to provide a larger platform for applying for funding and to streamline this process.	Consolidate & Implement Funding Strategy
Not explicitly stated	*Not explicitly stated*	[Establishment of] North West Co-ordinating Centre

More recently, NWRC has developed a Constitution which contains an additional emphasis on culture change, reducing stigma and addressing negative attitudes in the community.

In 2017/18, NWRC introduced a series of ROSC events which were to provide a consultation and decision-making function in terms of its strategic and operational plans. The NWRC website provides information on 10 ROSC Action Planning Themes. It also provides several associated documents related to this work.

The table below is an attempt to marry up the work streams set out in these documents with the stated objectives within NWRC's Constitution. In broad terms there appears to be the potential for synergy between the workstreams and some of the objectives, but it remains unclear how some objectives will be addressed in the future using this model.

Table 3: Comparison of NWRC objectives and ROSC work streams

Constitution Objectives (Undated)	**ROSC Work Streams**
To change the culture, perceptions, prejudices and general attitudes concerning alcohol and drug misuse.	Prevention and Education
To break down the stigma of alcohol and drug misuse	
To educate staff members, families and community around the dangers of stigma.	
Changing attitude in the promotion of well-being and recovery.	P&E Affit
To promote equality within the community and to be inclusive of all irrespective of age, sex, ethnicity, ability, religion or political view.	Gender and recovery
To promote peer-led initiatives at a community level and beyond.	
To integrate people in recovery back into their community and society as whole.	Improving physical and mental health
To delivery peer-support model programmes utilised by persons in recovery and community members.	Developing a recovery workforce
Building on and nurturing community assets and increasing community capacity.	
To promote partnership working throughout communities i.e. services, activists, community members, heads of services and organisations.	Integrating recovery within CAT clinics
To encourage services to adopt a more recovery focused approach, with the explicit outcome being the promotion of recovery at all levels.	Integrated recovery and criminal justice Promoting recovery within homelessness
To create opportunities for employability i.e. training programmes, education and working in partnership with outside city-wide organisations.	DWP and recovery partnerships
To develop structured educational programmes for families and supporters.	Families in recovery

Use of social media to communicate recovery messages

The use of social media to communicate with people with an interest in recovery locally and further afield is a low cost/no cost method which can be highly effective.

The table below provides a summary of the social media profiles of the three recovery communities.

NERC appears to have no social media presence on any platform. Both SCRN and NWRC have Facebook Community pages and Twitter accounts although none of these are used optimally. The Facebook accounts show regular posts although these are often repetitive posts showing the weekly diary of events. These types of posts attract very few likes, limiting their onward reach to other potential participants. The posts by NWRC regarding the winning of the Healthier Lifestyle Award at the Scottish Health Awards in November 2018 only resulted in 26 likes and six comments. On Twitter it generated 27 likes and 7 retweets.

NWRC has a website which includes key documents for download, however, there has been nothing posted in the 'News' section since May 2018 and there does not appear to be any information on meetings, minutes and decisions taken.

Table 4: Social media profiles of Recovery Communities

Area	**Website**	**Facebook**	**Twitter**
NERC	None	None	None
SCRN	None	141 Followers Regular posts, Repetitive content 1-20 likes per post	3 Followers 4 Tweets in past 4 months No hashtags
		RAFT – 139 Followers Last post May 2016	
		RISE – 232 Members Last post March 2018	
		CREW – 489 Followers Last post Jan 2019 Regular posts, Repetitive content	
		ICR – 84Followers Last post May 2018	
NWRC	Yes No 'News' update in 8 months No notes of meetings/decisions	190 Followers Regular posts, Repetitive content 1-10 likes per post	223 Followers Active tweeter (699 tweets)

The views of people attending Recovery Communities

A questionnaire was developed to seek the views of people attending Recovery Community activities. These were confined to six questions in order to maximise participation in the knowledge that people were attending for other purposes and may be reticent to participate in a lengthier process of questioning.

- How long have you been involved with the recovery community?
- How did you find out about the recovery community?
- Why did you decide to get involved?
- What kind of activities or groups do you go to that are provided by the recovery community?
- What do you think have been the benefits to you of being involved with the recovery community?
- What other things would you like the recovery community to do in the future?

The questionnaires all had self-seal envelopes and were distributed by Recovery Co-ordinators or Development Workers. Two hundred and four completed questionnaires were returned.

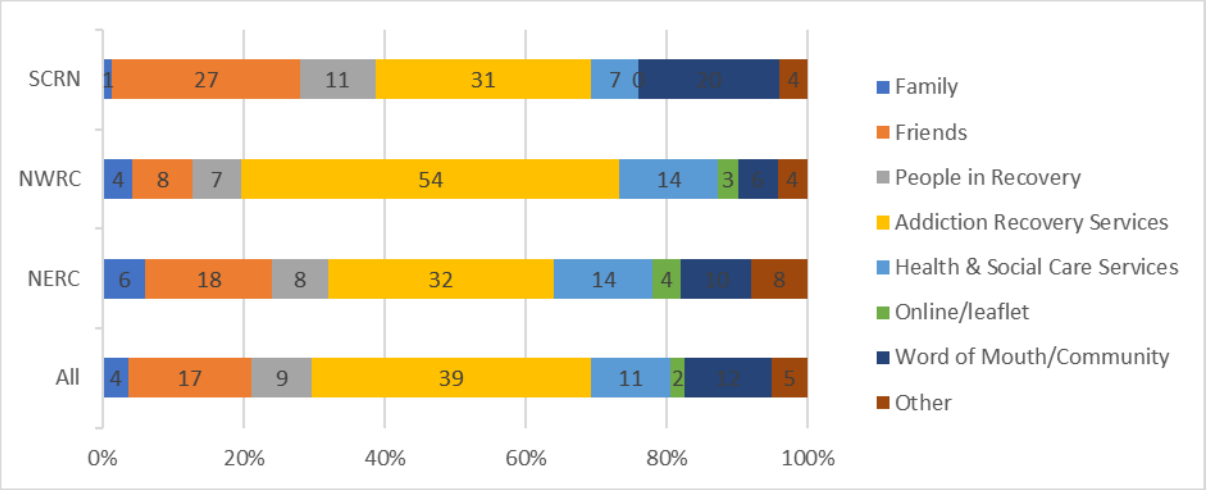
Some people who participated were at the very early stages of their recovery, others had been involved with the Recovery Community for several years. The average length of time engaged in the recovery community was 23 months.

How did you find out about the recovery community?

Chart 1 displays the routes into the different recovery communities. NWRC has a higher proportion of people finding out about it through services (68%) than NERC (46%) or SCRN (38%). SCRN had the highest proportion of people hearing about it through friends (27%) or people in recovery (11%).

This demonstrates a wide range of sources of information about recovery communities and underlines the crucial role of Addiction Recovery Services and wider health and social care services in signposting people towards recovery communities.

Chart 1: How did you find out about the Recovery Community?



Why did you decide to get involved?

Less than a quarter of respondents said that getting off drugs/drink or staying clean was the primary reason for getting involved with recovery communities. Most people gave more affirmative reasons such as giving back, socialising and getting their lives back.

Table 5: Reasons for getting involved

Reason	**Number of responses**	**% of participants**
To get off drugs/drink. To stay clean	44	22
To give back/volunteer	36	18
To socialise/new networks	33	17
To get well/get my life back	24	12
Peer support	15	8
To fill my day	12	6
To help my recovery	11	6
Suggested by family/friend/worker	8	4
It looked good	5	3
Other	8	4

What kind of activities or groups do you go to that are provided by the recovery community?

Four hundred and thirty-six responses were provided. These were categorised into the activities set out in the table below. The most popular activities were fairly evenly split between recovery-focussed meetings and recreational activities. Combining the fellowships meetings together (CA, NA, AA and Fellowship) produces a combined total of 26% of participants.

Table 6: Activities and groups enjoyed by participants

Activity	Number of responses	% of participants
Recovery meetings	26	13
Women's group	24	12
Massage	23	11
Recovery cafe	19	9
Meetings	16	8
Arts & Crafts	15	7
ORT groups	13	6
Volunteering	12	6
Acudetox	12	6
Mindfulness	10	5
CA Meetings	8	4
Reiki	8	4
AA Meetings	7	3
Acupuncture	7	3
Bingo	7	3
NA Meetings	7	3
Nails & Beauty	7	3
Meditation	5	2
Table Tennis	5	2
Fellowship Meetings	4	2

What do you think have been the benefits to you of being involved with the recovery community?

Almost a third of respondents (31%) stated that the main benefit of being involved with the recovery community was socialising and meeting new people. The other main benefits were peer support (18%), mastery over alcohol/drug use (16%) and increased confidence or self-esteem (13%).

Table 7: Benefits of recovery community

Benefits	**Number of responses**	**% of participants**
Socialising/Meeting new people	61	31
Peer Support	36	18
Mastery over alcohol/drugs	31	16
Increased confidence/Self-esteem	25	13
Better understanding of addiction and recovery	7	4
Developing new skills and interests	5	3
Improved relationships	3	2
Other	31	16

What other things would you like the recovery community to do in the future?

People currently involved in the recovery communities were keen to see more social events and a further spread of recovery activities into other areas. Twenty-four people (13%) stated that there was nothing that they would change.

Table 8: Suggested developments

Suggestions	**Number of responses**	**% of participants**
More social events	32	17
Spread to other areas	30	16
Nothing/Continue as it is	24	13
Training/Education/Skills Development	20	11
Exercise/Sport	17	9
Employment Opportunities	15	8
Away Days	13	7

Support with health issues (Mental health, Women's health)	6	3
Family Activities	4	2
Further promotion/Advertising of Recovery Communities	2	1

Views of people not currently engaged with Recovery Communities

The views of people who were engaged with addiction services in Glasgow but not recovery communities were sought in order to understand what the barriers to attending might be. Forty-four completed questionnaires were returned.

What do you know about recovery communities?

Most people (91%) were aware of the existence of recovery communities in the city. Half (50%) of the people knew where they were based and over a third (36%) knew what they did. Five people (11%) had already attended at least once.

Table 9: What do you know about recovery communities?

Answer groups	**Number of responses**	**% of participants**
Not Aware	4	9
Aware	18	41
Know where they are	6	14
Know what they do	11	25
Attended	5	11

What stops you attending?

Family or work commitments prevented a quarter (25%) of people from attending. Another quarter (26%) were not interested or had other things on. Three people stated that they feared intimidation by men and people trying to sell or buy drugs, and six people experienced anxiety or that they didn't go out of the house much.

Table 10: Things that stop people attending.

Responses	Number of responses	% of participants
Family caring commitments	7	16
Anxiety/Don't often leave the house	6	14
Not interested	6	14
Other things on	5	12
Employment	4	9
Not aware of them	3	7
Fear of intimidation	3	7
Too early	3	7
Health	2	5
Nothing/Don't know	2	5

What would need to change for you to be able to attend?

The responses provided suggest that there are individual and systems reasons for people feeling unable to attend. The individual reasons included the person's own frame of mind (7%), their addiction (7%) and their family commitments (5%). The systems reasons included transportation (17%) and support to attend (10%). The comment regarding better vigilance relates to the concern about intimidation.

Table 11: What would need to change?

Responses	Number of responses	% of participants
Nothing/Don't know	12	29
Transport	7	17
Support to attend	4	10
Already attending	4	10
My frame of mind	3	7
Own addiction	3	7
Family life	2	5
Health	2	5
Better vigilance	2	5

Views of staff and volunteers working in addiction services

This section examines how a model of recovery support could be developed within a wider community-led social recovery network in Glasgow. It draws on the views and experiences of 120 staff and volunteers working in substance misuse services across the three areas. A breakdown of numbers by area is provided in Table 1 (p2).

Eighty-four (70%) respondents described themselves as workers, 13 (11%) as team leaders, 19 (16%) as managers and 4 (3%) as volunteers.

What is peer support?

This report does not seek to categorise peer support in rigid definitions, instead it points to ways of describing the elements which are likely to be common to any peer support model.

Within the mental health field, peer support has been characterised as a sharing activity and one which depends on a common shared experience.

'Peer support occurs when people share knowledge, experience, emotional, social or practical help with each other. It usually involves individuals who have common life experiences with the people they are supporting.'(MindWell)

The Centre for Substance Abuse Treatment in the U.S. describes four types of peer support; *Emotional, Informational, Instrumental* and *Affiliational* (CSAT, 2009. p2).

Staff working in services in Glasgow were asked their views about what recovery support should include. Their responses are set out below.

Recovery support should include recreational or leisure activities

CSAT describes 'Affiliational' support as, *'Facilitates contacts with other people to promote learning of social and recreational skills, create community, and acquire a sense of belonging.*'

The vast majority of respondents (88%) agreed that this type of activity would fall within the definition of peer support, 7% of staff disagreed.

Recovery support should include helping to find ways of coping without drugs or alcohol.

Combining the CSAT terms *Informational* and *Instrumental* brings together two groups of activities aimed at sharing knowledge and information and providing practical support. Almost all (99%) agreed with the role of peer support in this. One member of staff strongly disagreed.

Recovery support should include emotional support for when things get difficult.

CSAT define emotional support as, *'Demonstrating empathy, caring, or concern to bolster [a] person's self-esteem and confidence'* (CSAT, 2009. p2). Almost all respondents (97%) agreed, one person strongly disagreed and two stated 'Don't know.

Who should deliver recovery support?

The consultations sought to test out staff views on whether recovery support required to be delivered by people with very similar life experiences.

One-third (33%) of those who responded to the staff survey agreed with this, however more than half (54%) stated that they disagreed or strongly disagreed.

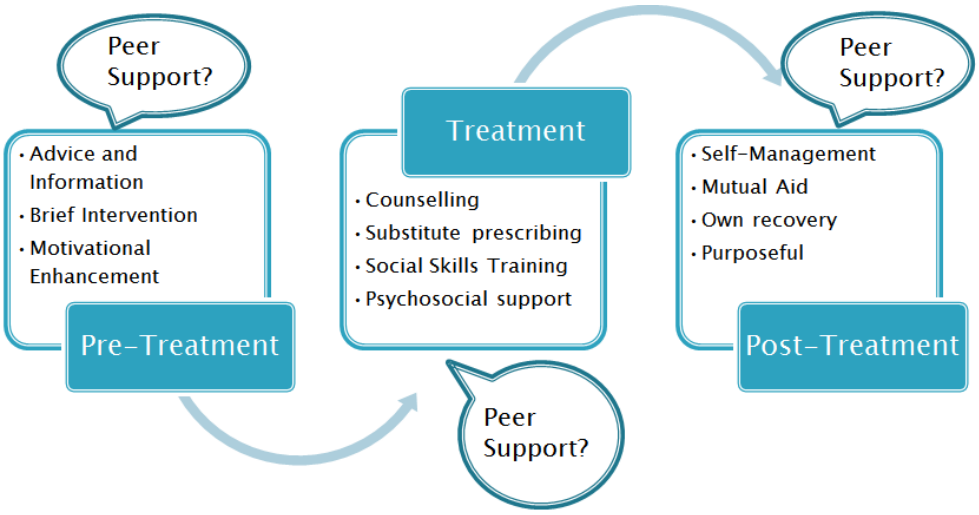
Are there adequate levels of peer support?

Almost a third (30%) of staff who completed the survey stated that there were not adequate levels of access to peer support available in this area, sixty percent thought that there were, and 10% stated 'Don't know'.

The role of peer support in relation to treatment and care

While it is important to retain the collective understanding of recovery as a personal state of change, subjectively measured against an individual's own goals, it is also important to acknowledge that the nature of addiction often militates against such positive movement. The role of treatment is often to provide an environment conducive to change in an individual's beliefs, cognitions and behaviours which pave the way for them to express their own ambitions for recovery.

The graphic below helps to conceptualise the role that treatment can play in conjunction with a wider support system and raises the question of when peer support might provide a positive contribution.



What stage of treatment and care?

In a report produced by the Centre for Substance Abuse Treatment (CSAT, 2009), the Recovery Community Services Program states that it provides recovery support services that meet the needs of different people at different stages of the recovery process. Specifically, support would:

- Precede formal treatment, strengthening a peer's motivation for change.
- Accompany treatment, providing a community connection during treatment.
- Follow treatment, supporting relapse prevention.
- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.

Most staff who participated in the Glasgow survey saw a role for recovery support following treatment and care (91% agreed or strongly agreed) and alongside treatment (94% agreed or strongly agreed). Almost three-quarters (71%) agreed that it should be delivered to people outside of treatment and half of staff (54%) saw a role for recovery support before formal treatment commenced.

In answer to a similar question, fourteen respondents (14%) were of the view that recovery support should only be offered when a person is in stable recovery (6% Don't know, 51% disagree, 29% Strongly disagree).

Assessing recovery support needs

The need for peer support or the benefits that it could provide appear to be routinely explored as part of the initial referral/assessment processes of drug and alcohol services in Glasgow. Most (83%) of staff who responded to the online questionnaire stated that it was routinely explored, 14% stated they didn't know and 3% stated that it was not routinely explored.

Over three-quarters (78%) of staff stated that involvement of recovery support is regularly reviewed throughout a person's contact with their service. The remainder either disagreed (7%) or stated that they didn't know (15%).

Staff views about how recovery support could be improved in the future.

<u>Glasgow-wide approach</u>

There was congruence amongst all staff that there is a need to be working closely together in the form of more city-wide team meetings and to have parity of training resources available across Glasgow.

'We need to be working closely together from all the sectors within Glasgow, there could be more city-wide team meetings with all these that are working within the recovery sector.'

Service Issues

Staff commented that access for recovery support in all that it has to offer has been affected/reduced by funding issues; and that there are restrictions or barriers to referral to services like the Crisis Centre and the Kershaw Unit.

Whilst many pointed out that everyone's journey is unique, this is often not reflected in the options of services available. Better, regular communication with the CAT team is suggested as a means to improving timely, appropriate referral onwards.

'It should not be a one option fits all approach. Each individual has different needs, and this should be reflected in the option of what their recovery needs are and what best suits.'

Access/Engagement/Outreach

Better and more widely publicised signposting with longer access opening is cited by many staff as a way to ensure appropriate and timely engagement. Staff commented that there are areas e.g. Moodiesburn and Stepps and Cumbernauld that are covered by health teams and social care but do not advertise what may be available in terms of recovery support. Recovery support information could be placed in health centres, Housing Offices etc.

'Either more supports to access geographically nearer support or funded travel.'

Clique

A recurring theme reported by staff was the issue of the formation of 'cliques' within the recovery communities, and that this has had a negative impact on engagement. It was stated that some recovery communities have become *'very closed'* to the point of being unwelcoming. It was acknowledged that communities have and continue to do fantastic work, however staff commented that they believed inadequate pathways, giving too much responsibility to those themselves in recovery, has led to areas where those seeking help often feel excluded and judged rather than be included.

'There is constant feedback of recovery communities seeming cliquey to newcomers. This is a role which can easily be slipped into without being aware of and I feel that longer term attendees should be aware of this and make a concerted effort to be welcoming to newbies.'

'I have had very negative experience of lead volunteers and key volunteer not being welcoming of new people to the recovery communities and this putting clients off going back. This can be very very dangerous. There are too many big egos and nasty people fronting some of these activities…that put people off engaging. If you are not their pal, then they do not want to know.'

'There are lots of examples of fantastic work done in the recovery community however this is not for everyone. Lots of people have had poor, negative experiences of the recovery community and the negative attitudes of some of the key leaders. It can be very clique and unwelcoming if you are not part of their gang.'

Activities

Staff reported that there is a need to be more cohesive with events being supported by more funding. But also, that there should be a more even spread across the north west to ensure parity of access. Comments also suggest that there should be pro-active peer-led incentives that target specific groups who have had problematic experiences in past recovery. It was proposed that there should be more street resources and more resources from statutory services.

HR/Resources

Staff across areas felt concern for volunteers who themselves may be at different points of their own recovery and their capacity to take on ever-increasing responsibility. It was suggested that to support these volunteers they should have more supervision meetings offered to them, and that working with more partners from different backgrounds would ameliorate the strain on volunteers and workers.

More remuneration and more paid counsellors with job opportunities was also suggested by staff as a positive step to improving those in recovery.

'Better pay for current workers releasing the financial pressures of everyday life. Often stress at work mixed with stress in a worker's personal life can break the very best of workers. As workers most work hard to help provide others with a better quality of life at the cost of their own wellbeing, if we can`t look after employees what chance have, we got of helping society?'

Choice

One staff member told of the unacceptable situation where a client was 'forced' to attend meetings and recount their experience. Staff proposed that there should be more emphasis on offering new skills and developing new hobbies rather than 'compelling' people to attend meetings when they may not feel comfortable doing so. It was suggested that there is a feeling that to follow a person-centred ethos there should be a broader choice within the recovery communities.

Mental Health

Although a key issue, only one member of staff stated that there should be more understanding of people with mental health issues and have a more flexible an adaptive approach to deal with unpredictable situations.

Community integration

'More involvement with local people - getting information about local support out through leaflets in local shops - getting local housing associations involved as they see a lot of people on a daily basis who have addiction issues.'

Interface with Services

Staff were divided in their opinions as to whether lived-experience is the necessary requisite to help people in recovery. It was suggested that those with lived experience act as great role models for those in recovery and that having those individuals occasionally based in clinics would signpost new clients to the appropriate communities. But it was also suggested that there is a benefit of staff being made available to communities. In essence, integration and collaboration between generic services and recovery communities was seen as the key to underpinning the recovery processes for individuals and would lead to clear, care plans and exit strategies.

'It would be great if we could potentially have more people from recovery services based in community addiction teams on occasions. I am more inspired by people in recovery with lived experience who act as great role models.'

Information is regarded as a two-way process. It was felt that communities should be prepared to advertise and inform services what is happening locally so that staff can pass this on to clients.

A culture of 'them and us' was suggested to exist across the areas. It was felt that if addiction workers were able to attend recovery meetings then they would be able to help in the development process. Whilst it was acknowledged that the key component of the Recovery Coordinator is to disseminate information as well as develop the service, there is still a lack of up-to-date information about what is available. More integration into the wider community and not just the recovery network would bring a mixture of support from different people with lived and not lived experience.

'Improved communication including harm reduction as part of recovery rather than this being dismissed and not valued. Acknowledgement of clinical concerns being important and part of recovery. Integration of recovery network with CAT - currently very divorced from CAT.'

ROSC

Staff stated that without a greater formality around the ROSC model from all stakeholders, each of the different elements will continue to think independently rather than inter-dependently. However, it was recognised that, whilst there is a positive development plan in place to progress to a ROSC this is compromised by Recovery Lead availability and competing demands to drive this forward at the pace required.

Mapping of activities against objectives

Using a co-productionist approach, each of the recovery communities was asked to conduct a mapping exercise to demonstrate what activities they had undertaken against their stated objectives. Written guidance was provided to each group (See Appendix 1). In addition, they were asked to provide documentary evidence of the outputs (evidence of delivery) and outcomes (evidence of effect) that related to these objectives.

The tables below set out the evidence found in support of the objectives of the Recovery Networks. These consist of the processes identified in the mapping exercise and the supporting data on outputs and outcomes. The 'Findings' are drawn from these data as well as relevant information from the focus groups, questionnaires and interviews with key individuals within each Recovery Community.

NORTH EAST RECOVERY COMMUNITY

REVIEW OF OBJECTIVES

NERC Objective 1	*Promote recovery from addiction to alcohol and drugs;* *Promote improvement of mental and physical wellbeing for individuals who engage with NERC;* *Promote learning and employability opportunities for individuals who engage with NERC*
Processes & outputs identified by NERC	• NERC promotes recovery through therapeutic recovery cafes, o Provide recovery meetings – 7 per week o Acudetox - 5 per week o Massage – 24 treatments per week o Yoga – Previously 2 per week. Stopped now o Reiki – 8 treatments per week o Netball - Previously 1 per week. Currently on hold o CBT counselling - 2-3 sessions per week o Walking group – 1 per week o Arts and crafts – 4 per week • Promotes learning and employment opportunities through the provision of various training courses and links with organisations such as; o Jobs & Business Glasgow – 2x3hr drop-in sessions offered per week o Wise group – 2x3hr drop-in sessions offered per week

	○ Kelvin College – 6 workers @ 3hrs per week ○ Elevate – 6 cafes are attended by Elevate staff ○ Citizens advice – 5 cafes have a worker available per week ○ Promotional materials – 25,000 per year ○ Pop up Cafes – 7 per year previously. Not as many this year ○ Information stalls at various local events – 10 times per year ○ Interface with treatment services within clinics – Started 1 per week ○ Support Glasgow recovery runners – 1 club per week and 5-6 races per year • Deliver recovery matters training to staff and treatment services. • Run an office 9-5 in the local community (Bridgeton) where anyone can drop-in or phone up for information and support.
Findings	The data provided by NERC staff and the information collected through visits, focus groups and interviews provides evidence of a significant level of support, delivered through a broad range of activities. It is clear that these activities are targeted at promoting recovery, health and wellbeing.

NERC Objective 2	*To encourage people in recovery from alcohol and drug misuse to come together for mutual support.*
Processes identified by NERC	• Cafes. • Recovery meetings. • Fellowship meetings.

	• Feelings check-ins in cafes. • Volunteer nights out and development weekend at Winston lodge. • Monthly NERC planning meetings.
Outputs and outcomes	Based on individual separate attendances (will often be the same people coming much more than once). Attendance figures for different NERC cafes in last 12 months: Parc - 2836. Based on checking 12 weeks' worth of sign in sheets at 709 and as it is relatively consistent throughout the year, multiplying 709 x 4. Sparc – 1202. Last 12 months sign in sheets were counted. Renew – 1300. Based on estimate of average weekly figures of 25 x 52. Consistent attendance. Charlie Canning Centre – 2328. Based on checking 12 weeks' worth of sign in sheets at 582 and as it is relatively consistent throughout the year, multiplying 582 x 4. Sunday Social – 2340. Estimate based on average weekly figures of 45. NERD – 1040. Estimate based on average weekly figures of 20.
Findings	Estimates provided by NERC staff suggest that there are over 11,000 attendances per year at the 6 cafes provided throughout North East Glasgow. Of the 52 people from NERC who completed the survey, the average length of times attending was just under three years (33 months). Table 6 highlights that attending recovery cafes, recovery meetings, fellowships and women's groups were amongst the highest-rated activities.

NERC Objective 3	*To represent the views of NERC, on recovery within the North East area, which will include planning, provision, development, promotion and delivery of recovery services.*

Processes identified by NERC	• NERC attendance at ADP meetings, • Citywide recovery meetings. • Recovery subgroup. • East community addiction forum. • Interface meetings. • Attend consultation meetings with regards to new model for residential and community rehab services.
Findings	NERC appears well-connected within the local community as well as with planning forums across the city. The structure of the board and the way in which it operates ensures that there are two-way channels of communication between the six cafes and the board, providing confidence that the views put forward at external fora are representative of the people attending NERC.

NERC Objective 4	*To identify gaps in existing service provision and work in partnership with providers to fill these areas.*
Processes identified by NERC	• Provide recovery housing for volunteers who are homeless. • Provide practical and financial support in new tenancy. • Develop a peer mentoring programme to support individuals to attend appointments and access the recovery community. • Promote learning and employment opportunities through the provision of various training courses and links with organisations such as Jobs & Business Glasgow, Wise group, Kelvin College, Elevate, Citizens advice and SDF

	placements. • Set up a woman's recovery café to assist women to access recovery. • Set up a recovery café in Springburn area as there was little recovery activity in the area. • Develop a Naloxone peer supply model that delivers training and kits within homeless and addiction services out-with core hours. • Develop homework club within SpARC café. • Work in partnership with family support groups and kinship carers who attend recovery cafes. • Attend consultation meetings with regards to new model for residential and community rehab services.
Outputs and outcomes	**Education & Training** Estimate based on average weekly figures of 20. Since 2014, 162 people from NERC have enrolled in courses provided by Kingston College. In that time, fifty-one people have competed SVQ Certificates (Level 4; 14, Level 5; 30, Level 6; 7) and a further 30 are in progress (Level 5; 25, Level 6; 5). 58 NERC volunteers also completed Community Achievement Awards at various levels in partnership with Glasgow Kelvin College. 20 NERC volunteers completed Recovery College facilitated by SRC, which includes the Steps to Excellence programme. 10 completed 5 Day Auricular Acupuncture Practitioner course. 6 completed level 1 or 2 Reiki courses. 6 completed Mindfulness Training. 7 accessed other volunteering placements at with other agencies such as: Waverly Care, CAB, Phoenix Futures and

	Addaction. 3 completed Erasmus Foreign placement trips. 2 received outstanding student recognition – John Wheatley Award. **Employment** At least fifty-three people have gained full time employment and two have gained part-time employment. At least three people have gone on to start their own businesses.
Findings	Overwhelming evidence of effect across a range of measures including personal growth and community development. The focus group held at RENEW demonstrated an advanced level of recovery in that, during the informal discussions amongst group members, drugs and alcohol were not mentioned. Discussions were about social activities and personal wellbeing.

NERC Objective 5	*To promote and develop strategies, plans and structures in partnership, aimed at meeting the diverse needs of individuals accessing NERC initiatives.*
Processes identified by NERC	Work in partnership with organisations who provide financial, emotional and personal development opportunities in cafés. i.e. College, Citizens Advice, Jobs and Business Glasgow. Provide childcare facilities within RENEW & women's café and SPARC. MOT for men health checks. Work in partnership with family support groups and kinship carers. Provide on-site access to CBT counselling if required at various cafes.

Findings	It is clear from the interviews and focus groups that NERC has a very clear understanding of the different needs of those accessing support. Over the years they have worked to identify emerging themes and seek a range of option to help address these. Many of these options have been provided by external organisations in partnership with NERC.

NERC Objective 6	*To empower people in recovery in the North East to assist in research, analysis, and comment on relevant policies on addiction recovery related issues.*
Processes identified by NERC	• Attendance at consultation meetings regarding new model for residential and community rehab. • Consultation for new strategy 'all together now'. • Play active role in research report with McMillan Rome Ltd.
Findings	NERC staff were highly engaged in collecting data for this review. Their willingness to participate suggests a very clear buy-in to evidence-based practice. This, along with the examples of other consultation activity provided by NERC, provides evidence of achieving this objective.

NERC Objective 7	*To co-operate and work in partnership with relevant organisations in gaining information for NERC participants, volunteers and individuals in recovery in the North East;*
Processes identified by	Provide information stalls at recovery cafés with flyers from support organisations throughout the city.

NERC	Work in partnership with various organisations who have a presence within the cafes. Signposting individuals to various support networks.
Outputs and outcomes	Promotional materials – 25,000 per year. Information stalls at various local events – 10 times per year.
Findings	NERC staff and volunteers are very proactive in the community and have networked well in the sense of physically attending and providing a presence at events and community activities. The lack of active social media activity (Table 4) suggests a missed opportunity in terms of how they can collect and disseminate information about local opportunities to a potentially large audience at minimal cost.

NERC Objective 8	*Provide a therapeutic environment that offers different models of recovery for individuals who are affected by addiction.*
Processes & outputs identified by NERC	• Provide recovery meetings – 5 per week. • ORT recovery meetings – 1 per week. • SMART recovery meetings – Was 1 per fortnight. Currently on hold. • Second Chance and Addaction project provide 12 step group-work sessions – 1 per fortnight. • Mutual Aid Partnership. • Acudetox sessions within most cafes – 5 per week. • Complementary therapies i.e. massage, mindfulness and Reiki groups – 32 per week.

Findings	The data provided by NERC staff and the information gained from visits, interviews and focus groups provide evidence of a broad approach to recovery that is in keeping with the Klingemann model set out at the beginning of this report which suggests that there needs to be a range of options to meet the needs of different philosophies and paths to recovery.

SUMMARY

The North East Recovery Community Constitution was written in February 2014 and amended in July 2015. It sets out eight objectives. The evidence presented here clearly demonstrates that these have been addressed to a very high standard.

The key area for future development for NERC should be to embrace social media as a way of further promoting the excellent work that they do for the individuals, families and communities of North East Glasgow.

SOUTH COMMUNITY RECOVERY NETWORK

REVIEW OF OBJECTIVES

SCRN Objective 1	*To provide the basis for a formal banking relationship for South Sector recovery Groups to provide a larger platform for applying for funding and to streamline this process.*
Processes identified by SCRN	None
Findings	Evidence from visits to the Adelphi Centre and discussions with staff members identified the role of SCRN in providing financial and banking services for the different recovery groups. SCRN has recently obtained charity status from the Office of the Scottish Charity Regulator (OSCR). One of the main purposes of this is to enable SCRN to seek funding from grant-making organisations. It is unclear whether this will be in addition to, or in place of, the current core funding provided by the ADP.

SCRN Objective 2	*To provide a forum for south sector recovery groups to come together and provide recovery opportunities throughout the south sector.*
Processes identified by SCRN	The SCRN operates a participation model of recovery where participants and families can come and seek support throughout the network. Individuals have come from treatment and care, residential support, the community and 3rd sector services to access aftercare lived experience support. Access to training and personal development opportunities, learning basic life skills, volunteering opportunities,

	personalised support through supervision to support the needs and aspirations of the volunteers. Guiding and signposting individuals who are ready; towards employability opportunities. Supporting people towards future employment, getting help with benefits, housing and relationships with families. Mental health support, fitness, health and wellbeing support. Helping individuals build up new skills and positive self-esteem. COSCA counselling training, Acudetox training. Motivational Interviewing training. Induction training delivered by 2 p/t staff members.
Outputs and outcomes	Established SVQ3 Health & Social care training programme – 8 volunteers completed, 6 moved onto employment. Currently 1 volunteer due to complete in Dec. 3 volunteers had the opportunity to complete 3-week work placement in Sweden and Netherlands. Volunteers working towards community achievement awards through partnership with Kelvin College. Working with partners to provide training & learning opportunities i.e. Kelvin College, Marie Trust, Mungo Foundation.
Findings	The 4 component bodies of SCRN (ICR, CREW, RISE & RAFT) retain their separate identities but function as a collective entity to provide recovery opportunities across the south of the city. The Adelphi Centre provides a community-based focal point for a range of activities including innovative partnership working with Children 1st and a safe space for meetings of the Women's Group.

SCRN Objective 3	*To promote recovery from Alcohol and Drugs.*
Processes identified by SCRN	Recovery Cafes, provision for men and women's health and wellbeing drop-ins. Lived experience support, supervision support and one to one support. Opiate Replacement Therapies mutual aid support. Partners with citizens theatre i.e. puppet making course, Health Improvement elementary cooking. Volunteers wellbeing night. Football Team, holistic therapies, beauty therapies. Arts & Crafts, sports and leisure and signposting. Music group learning to play guitars. Advocacy – benefit support, housing support, support with accessing ADRS, recovery hub, day programmes, counselling. Recovery housing – recovery volunteers obtaining & receiving support with own tenancy.
Findings	Promoting recovery is about more than just dealing with the absence of substances. SCRN provides a balanced mix of fellowship and recovery support along with a range of prosocial activities including arts, physical activities and practical help. Partnerships with agencies such as the Health Improvement Team are providing the opportunity for people to try new activities and challenges (e.g. rowing on the Clyde, climbing wall).

SCRN Objective 4	*To encourage members of the recovery community and families to come together for mutual support and discuss common issues that affects them in their recovery process.*

Processes identified by SCRN	Lived-experience community support to guide participants in their own personalised recovery journeys. Each volunteer allocated a supervisor (2 part-time workers & recovery co-ordinator) and receiving regular one to one supervision/support. Partners in delivery Children 1st ensuring access for parents in recovery. Children & Families Summer programme.
Findings	SCRN has worked with Children 1st to provide support to children and families attending the recovery groups and activities at the Adelphi Centre. Discussions with SCRN staff and Children 1st provided evidence of an approach taken to meet an identified need within families in recovery.

SCRN Objective 5	*To represent the views of the recovery community on addiction structures, which will include effective participation in the planning, provision and delivery of addiction services.*
Processes identified by SCRN	Emphasis on co-production and developing partnerships with South Alcohol Drug Recovery Service, South Health Improvement team, South Recovery Hub, Homelessness services and Criminal Justice. Network has maintained stakeholder representation in local community 3rd sector forums, Alcohol and Drug Partnership meeting from strategic level to south sector sub group level. Participating and supporting national recovery walks and city-wide events in conjunction with partners across the city. Delivering recovery presentations within south sector services and providing lived experience support to service users. Trained Naloxone peer educators delivering naloxone training within SCRN and other south sector services. Members have successfully completed DTO's and community payback orders through volunteering. Members presenting at various events. Psychiatrist's seminar, ACE'S event, HSCP collaborative leadership workshop,

	Criminal Justice open day with Sheriffs, SDF conference.
Findings	The information provided by SCRN staff and interviews with key individuals provides evidence of a high degree of collaborative working with external agencies and groups. The structure of SCRN ensures that there is active representation on the board, operational group and via the volunteers' meetings from all the drop-ins and groups under the SCRN umbrella.

SCRN Objective 6	*To help identify gaps in existing services and work in partnership with relevant bodies to fill these gaps.*
Processes identified by SCRN	Partnership working with Health Improvement – rowing, football coaching, climbing, cooking, YOGA. Providing a space to bring Black Minority and Ethnic (BME) Communities together. Lived experience working in partnership with commissioning to design new residential treatment service specification. Volunteers in Core and Shared Care providing lived experience support to ADRS clients.
Findings	The examples set out here provide an indication of the involvement of SCRN in identifying gaps in service provision. From discussions with key individuals it is clear that SCRN has managed to effectively raise these issues and participate in finding solutions without getting drawn in to being a pseudo-service provider.

SCRN Objective 7	*To assist in research, analyse and comment on relevant policies on addiction related issues on behalf of service users.*
Processes	Having input into the national strategy through participation in the Partnership Against Drugs (PADS) groups.

identified by SCRN	Organising & facilitating citywide focus group to evaluate new recovery hubs, recommendations made at ADP strategic meeting for lived experience input to be included in all processes relating to new services. Recommendations accepted. Membership on short-life working group for Safe Consumption Room with one member speaking at Parliament advocating on behalf of lived experience. Membership on National Volunteer Forum for Drug Related Deaths – this led to lived experience recommendations being included in the Staying Alive in Scotland document which is used by all ADP's in Scotland. Input to ADP drugs and alcohol strategy 2017 -2010 through focus group with members.
Findings	The SCRN staff provided significant support to this review and were able to collect a large volume of data from its members. The evidence presented here suggests that SCRN is engaged locally and nationally in reducing harm and promoting recovery.

SUMMARY

The South Community Recovery Network operates a highly devolved decision-making model supported by a core team of dedicated workers. It has demonstrated a very high level of congruence between its current activities and its stated objectives as set out in its Constitution.

Objectively, there appear to be two immediate risks. Firstly, the reliance on the two part-time staff and the demands put on them which appear to be in excess of what is achievable within the contracted hours. Secondly, the change of legal status to be a Scottish Charitable Incorporated Organisation (SCIO) carries with it an inherent risk to continued funding. It is clear however that the board have already given great thought and consideration to the pros and cons of this move.

NORTH WEST RECOVERY COMMUNITIES

REVIEW OF OBJECTIVES

Aim: To promote recovery in the community through partnership working. To use the direct personal experience of people, families and communities who have been subject to the negative effects of alcohol and drugs. To support those who commission, design, deliver, and/ or evaluate services and programmes intended to reduce alcohol and drug problems and promote recovery within the north west of Glasgow.

The 'Processes identified by NWRC' data is a summary of the submissions made by NWRC to this review. These can be viewed in full in Appendix A1.4.

NWRC Action Point 1	**North West Recovery Co-ordinating Centre**
	Co-ordinate diary of activity *Launch premises* *Launch website* *Arrange rotas* *Publicity material*
Processes identified by NWRC	Regular planning meetings of 5 recovery settings Regular planned out-of-area activities NWRC premises opened in 2017 Successful funding bid in partnership with GCA to employ additional 3 members of staff Volunteers worked with web designers to design and set up website Content collected by volunteers Linked to Glasgow's HSCP website to promote NWRC and inform workforce

	Office is staffed every day by workers and volunteers Unique branding of NW Butterfly established Each recovery setting has its own leaflet linked to Facebook and website
Findings	The NWRC premises have been established in line with their aspirations. The property is spacious and welcoming. At the time of data collection there were a number of vacant posts, however subsequent assurances have been provided that these are now filled or in the process of recruitment. This will enable the premises to be staffed every day. The NWRC butterfly takes pride of position on the office wall and is noticeable on all NWRC materials. This provide instant brand recognition of NWRC. The use of social media is sporadic (See Table 4) and provides further opportunities for development.

NWRC Action Point 2	**Implementing a Recovery Pathway**
	Creating a culture of sustainable recovery *Engaging in community recovery settings* *Promoting personal development* *From services to communities and communities to services* *Community asset and capacity building* *Interface with CATs and recovery hubs* *Moving on to education and employability*
Processes identified by	Development of a ROSC Seminar Programme

NWRC	Identification of 10 work streams. Short films were made by NWRC to show at recovery events, Recovery activists provide SEEDS and talk about their recovery journeys. Developed a pathway for potential volunteers to then attend an Information Session hosted by the Recovery Co-ordinator every week in the new premises. Access for interested individuals to the 1-2 days Citywide Recovery Volunteer Induction Training Opportunities afforded to individuals to take part in Confidence Building sessions, Core Skills, Creative Writing, Arts Development, Groupwork Skills and CBT. Establishment of a referral and signposting process and a pathway to support this in a barrier-free way. Participation in planning processes including NW ADP Strategic Group, ROSC Seminar Programme and NW ROSC workstreams. Jointly developed work plan to increase the level of ROSC operational within ADRS. NW ROSC Seminar Programme led by NWRC is focusing on Quality Principles and developing the quality of the joined-up approach with a focus on these. Monthly meeting with Recovery Hub Manager; quarterly commissioning meeting. Development of strong connection to Employability Services, makes referrals/receives referrals and incorporates employability planning into its Volunteer Supervision delivery.
Outputs and outcomes	18 Recovery Seminars involving approximately 1300 participants NWRC has delivered 12 x 2 day courses over the last 2.5 years with 65 participants Recovery Settings in NW Sector attracts over 300 participants per week; Drumchapel 50, Possilpark 50, Women's Meditation 20, Men's Mindfulness 35-45, Women's Recovery Network 30-40, Recovery Central 100-120.

Findings	The Aftercare Recovery Community café at the Whiteinch Centre provides evidence of community involvement and integration with local people coming in to have lunch at the Well-Fed café in amongst all the recovery activity. There was evidence presented at visits and interviews of the various peer-support activities including the men's mindfulness group in Whiteinch and the Promoting Women's Recovery Network at Possilpoint Community Centre. The activity data above which was provided by NWRC in their submission appears to be in conflict with these contained in the 2017 stats.xls spreadsheet also provided. This sets out accurate monthly attendance figures of 187 participants per week; Drumchapel 30, Possilpark 37, Women's Meditation 9, Men's Mindfulness 20, Women's Recovery Network 23, Recovery Central 68.

NWRC Action Point 3	**Implementing volunteering structures**
	Support and supervision *Training and development* *Mentoring and coaching* *Recruitment and induction*
Processes identified by NWRC	The NWRC 'Levels of Volunteering' document identifies 4 levels; Active participants, Shadow volunteers, Recovery volunteers and Recovery support volunteers. Additional documentation provided sets out:- • Recruitment plan template • Registration of interests form • ROSC volunteer role description

	• Service pathway info sheet • Volunteer agreement • Volunteer application form • Volunteer reference request letter • Volunteer support record
Findings	The NWRC has put in place structures and systems to recruit and support volunteers. A number of volunteers are now at the stage where they are looking to move on to another stage of their recovery and are seeking 'exit strategies' from what they describe as 'early recovery'. Volunteers described this as a process of self-actualisation, with changing needs which NWRC has not kept pace with.

NWRC Action Point 4	**Launch of Women's Recovery Drop In**
	Women's Mindfulness and meditation *Partnership approach with service providers* *Health improvement interventions* *A range of opportunities on a drop in and structured basis*
Processes identified by	Women's Recovery Network Drop in every Thursday supported by Volunteers and team of workers from different services.

NWRC	Arts Development Programme underway. Survive and Thrive Trauma Programme underway. Personal Development tasters and courses. Regular Women's Team Meeting to review and plan work. Development of Women only provision in recovery settings. Close working with other parts of ADRS in terms of care and treatment. Training and development sessions to support working with women: trauma informed practice, domestic abuse, gender-based violence, ACEs. Core business for NWRC – ROSC seminar programme is the most obvious partnership working. However, there are also work projects underway with DWP, GCA, Elevate, CATs, Recovery Hubs. Health improvement interventions available at every Recovery setting with NW Sector; Smoking Cessation, Safer Alcohol Consumption, Healthy Eating, Cooking, Health & Hygiene, Sexual Health. There is a regular programme of activity across NW Recovery Communities.
Outputs and outcomes	The NWRC submission stated that Women's Mindfulness and meditation was implemented in April 2018 and that 25-35 women are taking part every week. The spreadsheet sent by NWRC as part of the submission contains Women's Meditation attendance figures for 8 weeks between July and November with an average of 17 attendances per week (Range 11-20). Women's Network figure for 48 weeks between January and December showed an average of 25 attendances per week (Range 15-37). In total there were 1005 attendances.

Findings	NWRC provides a varied range of Women-only activities alongside their programme which is open to men and women. The evidence collected from people in recovery (Table 7) suggests that Women's groups are highly valued by participants.

NWRC Action Point 5	**Development of interface and programme with DWP**
	Setting up and launching recovery café within DWP *Joint training programme* *Regular liaison arrangements between volunteers and DWP personnel*
Processes identified by NWRC	Setting up and launching recovery café within DWP not completed. Internal reorganisation within DWP meant the premises no longer available. Training programme rolled out on multi-disciplinary basis. Ongoing workforce development taking place via ROSC seminar programme. Monthly meeting between Recovery Co-ordinator and DWP managers. Regular presence of volunteers in DWP offices. Direct referral route from DWP to NWRC.
Findings	An interface has been established between the NWRC and DWP. The setting up of a recovery café appears to be currently out-with the control of the NWRC. However there has been significant progress in opening up a referral channel from DWP to NWRC supported by the visibility of volunteers in DWP premises.
NWRC Action	**Launch of mindfulness programme**

Point 6	*Accountability for successful funding bid* *Development of mentoring arrangements* *Recruitments to 3 x courses 2016/2017*
Processes identified by NWRC	Development of mentoring arrangements completed Recruitments to 3 x courses 2016/2017 - completed
Outputs and outcomes	£21,000 funding secured. 6 Training Courses delivered 70 participants. 12 Mindfulness Facilitators trained. Women's Mindfulness programme every Wed with around 18-25 participants per week. Men's Mindfulness Programme every Wed with around 35-45 participants per week.
Findings	The spreadsheet sent by NWRC as part of the submission contains attendance figures for Men's Mindfulness for 42 weeks between January and December with an average of 24 attendances per week (Range 12-36). Figure submitted regarding the Women's Mindfulness are stated above, averaging 17 attendances per week. From information collected from volunteers, staff and people in recovery, the mindfulness programme appears to be very well received and well attended. In this regard the NWRC should consider this Action Point to be fully met and may wish to consider how it could collect qualitative information on the effectiveness of the programme in terms of the impact on people's feelings of health and wellbeing.

NWRC Action Point 7	**Consolidate and implement funding strategy**
	Regular finance meetings and accounting *Progress meeting with big lottery* *Produce funding strategy* *Preparation of funding bids*
Processes identified by NWRC	Regular meeting (monthly) takes place to consider proposals, fundraising, accountability. Not progressed following initial consultation. NWRC not keen to progress at this time due to need for charitable status. Funding Secured from Integrated Grants Fund to employ staff within NWRC office. £100,000 consolidated within ADRS budget from ADP to support development of Recovery Communities. Small bids completed to support International Women's Day events, further mindfulness programme and volunteer development.
Findings	NWRC has taken the decision not to pursue external funding at this time as this would require charitable status which would jeopardise the continuation of core funding from the ADP. From the evidence collected from a range of individuals, there appears to be differing views about how such decisions are taken. Further analysis of this discourse suggests that decisions relating to operational matters (manning the cafes, organising outings, volunteer rotas etc) are taken by peers. However, decisions regarding strategic direction appear less straightforward. The recent change of emphasis from the development of a recovery community (Action Plan 2016/17) to the focus on the development of a ROSC with a different set of objectives including culture change and changing public attitudes

	(recent Constitution and identified work streams) might also call into question the criteria for continued core funding. The key questions should be: 1) Where is the evidence that this future direction is based on the expressed wishes of people in recovery? 2) Is the development of a ROSC and culture change the responsibility of a Recovery Community or should that be part of a city-wide partnership programme which includes all recovery communities and other key partners? There is already a concern amongst peer supporters regarding the workload that is expected of them and the lack of recognition/remuneration that they receive for this. Future funding strategy and subsequent bids should address the core aims of the recovery community and ensure fairness and parity in remunerating those giving their time and energy to achieving these aims.

SUMMARY

The NWRC has clearly achieved the aims set out in its 2016/17 Action Plan. A number of its initial objectives were start-up processes which have now been completed. It does now need to refresh its strategy which it is in the process of doing through its ROSC seminars.

The current direction of travel risks moving away from the principles of community engagement (Perkins, 1990) and empowerment (Gottlieb, 1982) which seek to balance the supportive role of professionals against the need for clear lines of decision-making and responsibility which go back to individuals in recovery.

The apparent disconnect between the objectives set out in the 2016/17 Action Plan, the Constitution, and the proposed ROSC workstreams should be remedied by a clear statement on how these are linked strategically and operationally, how they relate to the evidence of effective practice and a schematic of the decision-making processes.

Governance arrangements

The benefit of encouraging the organic growth of the recovery communities in Glasgow is that it allows the opportunity for individuals and groups to develop and grow according to their strengths, needs and aspirations. This freedom to flourish has been evident in the similar but distinctly different ways in which the three recovery communities in Glasgow have developed.

This section considers how the Recovery Communities function and how they ensure that their efforts provide maximum benefit. There are three areas to explore:

- Ethos
- Structure and decision-making processes
- Finance and accountability

Ethos

Each of the recovery community states that they are seeking to promote recovery. This is effectively the overall aim of all three, although there appears to be a degree of overlap between how the aim is expressed in relation to objectives, goals and work streams.

Table 2 seeks to provide a side-by-side comparison of the objectives of the three recovery communities. This displays a relatively congruent relationship between what the three RCs want to do in order to achieve their aim of promoting recovery. The more recent objectives of NWRC, as set out in their Constitution, differ from those of NERC and SCRN in that they have a strong emphasis on cultural and attitudinal change in relation to addiction e.g. tackling stigma. There is limited evidence available to ascertain how these objectives were decided, or who made the decision, but a number of these objectives appear to be more akin to the role of organisations such as the Scottish Recovery Consortium or Scottish Drugs Forum rather than the core business of a peer-led recovery community.

Tables 5, 6 and 7 set out the views of people engaged with the three Recovery Communities on why they got involved, what activities they enjoy, and what they see as the benefits. The strong themes emerging from these are around peer support, meeting new people and trying new activities. These appear to be the central planks of a recovery community.

Structure and decision-making process

All three RCs are constituted bodies, a pre-requisite for being in receipt of public funds. SCRN has recently changed its legal structure to a charity, NERC and SCRN operate under a board structure with an elected chair. NWRC does not appear to have a ratified constitution but the draft constitution states that the Recovery Co-ordinator will chair all meetings. This appears to combine the two functions of strategy/governance and operational delivery.

SCRN has a clearly defined structural map which sets out the lines of accountability between the ‘Drop-ins’ who each have their own chairperson, the volunteer forum, the staff team and

the board. It could be described as a federal system with each drop-in making its own operational decisions and coming together for strategic planning.

The NERC model appears similar although it has one body (the board) for operational and strategic decision-making. The Recovery Co-ordinator and other support staff attend the meetings but do not have a vote, creating a firewall between the planning and operational functions.

At the time of the review NWRC had a number of vacant posts although these were in the process of recruiting. The Recovery Co-ordinator line-manages the other posts in the NWRC office and is responsible to the NW Recovery Lead. Strategic decisions are taken at a series of ROSC seminars attended by volunteers, people in recovery and wider interested parties.

Finance and accountability

Each of the RCs manage their funds independently of each other. Their annual budgets consist of the core funding provided by the ADP through Locality Managers and additional funding streams for specific, time-limited pieces of work on behalf of partner organisations locally.

Budgets cover direct running costs (e.g. staff, premises, travel) and project costs (outings, activities, food etc). Accounts are not published publicly but are submitted to the ADP for scrutiny and accountability.

On occasion, the three RCs will jointly fund an event by each paying for a relatively equal component part (e.g. one pays directly for the catering, another pays for the buses etc.)

The current financial arrangement with the ADP has recognised pros and cons. It provides security of funds for the foreseeable future but also limits the ability to seek funds from external grant-making bodies.

Conclusions and Recommendations

Conclusions

The development of the Recovery Communities in Glasgow has been congruent with the concepts of community development, particularly using an asset-based approach, and the principles of peer support. The staff and board members have clearly applied the principles of recovery into their strategic and operational practice.

The extent to which the Recovery Communities can contribute to, or co-produce, a recovery-oriented system of care is dependent on two factors: where their natural interfaces are and how receptive these are to a co-productionist approach.

In its early stage of development, the natural interface for the Recovery Community has been addiction treatment and care services. The experience of this appears to have been relatively good, although there is evidence that a minority of staff working in addiction services harbour some negative cognitions regarding the relationship between recovery and treatment. There is potential for the further development of peer-led support within services to support early engagement. However, the ambitions of the Recovery Communities are not to 'become another service provider' and it is therefore important that they are not seen as additional resource in that regard. The Recovery Communities are provided by people in recovery for people in recovery and should develop into areas and relationships that meet their own objectives. This may involve continuing to develop the strong relationships with Further Education, Employability Services, Housing and broader health and social care providers, other than those focussed primarily on addiction.

The progression towards a Recovery Oriented System of Care, characterised by a philosophy of joint working and a focus on the development of strengths and attributes of individuals and those around them, amounts to a change in culture for many service providers. This can be achieved by focussing on three objectives: changing the way in which different services work together, the types of things that they do with people and the relationship between staff and those using services.

Dickinson identified three determinants of culture within organisations (Dickinson, 2007). These are:

- The beliefs, values and assumptions of the founders of the organisation.
- The learning experiences of group members as the organisation evolves.
- The fresh beliefs, values and assumptions brought in by new members.

This insight into organisational culture shows that culture is not static and that as new influencers are introduced, the culture of the organisation evolves.

The Recovery Communities have passed a crucial milestone. There is evidence of a clear transfer of power (responsibility and accountability) from staff to volunteers. Individuals within the community are taking on new roles as leaders - a step towards it being self-sustaining. The challenge in this next phase is to support and facilitate this empowerment at

an individual and collective level, support growth and manage expectations. For this reason, it is essential that the roles of the Recovery Co-ordinators and Development Workers are continued to provide that 'Scaffolding' to support the building work. In order to do this, it is important that these staff are well supported, both in terms of adequate supervision and workload management and fair remuneration that is consistent with similar roles across the city.

This review has raised some challenging questions for the NWRC particularly relating to how its future plans fit with its previously stated objectives. It does appear that there are differing views amongst those involved at different levels within NWRC as to the role that staff play in the decision-making processes. While it is extremely positive to have these Recovery Champions on board, it appears contrary to the principles of community development outlined earlier in this review (Kretzmann and McKnight 1992, Gottlieb 1982, Orford 1992). Assurances should be sought that there is a transition plan in place to support and promote peer-led community development.

A brief review of the social media activity of the three RCs found minimal activity on Facebook and Twitter (Table 4). Recent posts were often repetitive, formulaic and targeted at current attenders/followers. There was minimal use of hashtags or incentives to like, follow or retweet. The winning of the Healthier Lifestyle Award at the Scottish Health Awards in November 2018 was a missed opportunity for a concerted social media campaign across the city and beyond. There would be benefit in developing a Glasgow-wide social media strategy to publicise and celebrate recovery across the city.

The Recovery Communities in Glasgow have achieved a tremendous amount in a short space of time, particularly in its partnership working with education and employment services. In order to build on this good work, the RCs might wish to collectively or individually consider the potential role of the business sector in a city-wide ROSC. This could take the form of routes into employment or contributions-in-kind to provide expertise in other areas.

Finally, during the review process there was evidence of a latent rivalry between the three Recovery Communities, some of which was about expressing how good one was compared to the others (a natural phenomenon in an external review) but also a sense of protectionism. The report into city-wide recovery month in 2017 identified some of the challenges in working together including communications and differing priorities, but suggested that the central planning group should, *'Set up a 'large event' short life working group made up of individuals from across the city that concentrate exclusively on planning and delivering a one off large scale event and they report back to the planning group regularly on their progress. In this way these events will get the attention to detail and priority status required for a successful delivery.'*

From an objective standpoint, in comparison to other areas of Scotland, recovery in Glasgow has a lot to shout about and little to fear. Each RC has strengths but could also learn from its neighbours. There would be considerable benefit in working together on Glasgow-wide projects, such as Affit-type events and co-ordinated activities for women across the city, as well as providing a unified voice for recovery in the city at national level.

Recommendations

The following recommendations are drawn from the evidence discussed throughout this report. They are presented here for the consideration of the Glasgow ADP and its partner organisations as well as the individual Recovery Communities.

1) The ADP should consider putting in place a city-wide Human Resources function to serve the three Recovery Communities. This would ensure that there are consistent job descriptions, grading and remuneration for the roles that staff, and volunteers are being asked to carry out.
2) The Recovery Communities should consider creating links with the business sector through bodies such as the Chamber of Commerce in order to further their objectives relating to training and employment.
3) The ADP should consider investing in a fund to support the development of Glasgow-wide activities. This would be open to bids by the Recovery Communities, jointly or individually, for events and campaign that cover the whole city.
4) The emphasis on ensuring that there are positive, safe pro-social recovery groups for women across the city is commendable. There would be merit in investing in a city-wide support role to encourage further growth in this area.
5) The Recovery Communities should explore the potential benefits of a joint social media strategy as a cost-effective marketing tool.
6) The ADP should continue its efforts to ensure that all staff working in addiction services are aware of the positive role of recovery alongside treatment.
7) The Recovery Communities should consider creating relationships with other established recovery communities in Scotland through social, sporting and family-oriented events.

Appendix 1: Self-Evaluation Exercise

A1.1 Mapping Activities against Objectives/Goals

The purpose of this exercise is to identify the extent to which the activities carried out by the recovery community fit with its stated ambitions. For the South Community Recovery Network these will most likely be the stated aims of SCRN as set out in its Constitution.

This exercise should be carried out by a group of individuals who have been involved in the planning and delivery of the recovery communities' activities.

Starting with a blank sheet of paper, write the objective/goal at the top with the sub-heading below (if applicable) e.g.

Heading: Implementing a Recovery Pathway

Subheading: Creating a culture of sustainable recovery

Underneath this the group should list all the activities that the recovery community has undertaken that are relevant to this goal e.g. *developing and running recovery cafes*.

This should be repeated with a new page for every heading/subheading. Some will have more activities relating to them than others.

At the end of the exercise the group should discuss whether there are any activities that the recovery community is involved in that don't sit well under any of the headings/subheadings. If there are these should be written on a separate sheet under the heading of 'Miscellaneous'.

The finished sheets should be photographed and sent on to me. The originals will remain the property of the recovery community for future reference.

A1.2 North East Recovery Community

Promote recovery from addiction to alcohol and drugs; Promote improvement of mental and physical wellbeing for individuals who engage with NERC; Promote learning and employability opportunities for individuals who engage with NERC

- NERC promotes recovery through therapeutic recovery cafes,
    - Provide recovery meetings,
    - Acudetox,
    - massage,
    - yoga,
    - Reiki,
    - Netball,
    - CBT counselling,
    - walking group,
    - arts and crafts.
- Promote learning and employment opportunities through the provision of various training courses and links with organisations such as
    - Jobs & Business Glasgow,
    - Wise group,
    - Kelvin College,
    - Elevate,
    - Citizens advice and
    - SDF placements.
- Promotional materials,
- Pop up Cafes,
- information stalls at various local events,
- Interface with treatment services within clinics,
- support Glasgow recovery runners,
- deliver recovery matters training to staff and treatment services.

- Run an office 9-5 in the local community (Bridgeton) where anyone can drop-in or phone up for information and support.

To encourage people in recovery from alcohol and drug misuse to come together for mutual support;

- Cafes,
- recovery meetings,
- fellowship meetings,
- feelings check-ins in cafes,
- volunteer nights out and development weekend at Winston lodge,
- monthly NERC planning meetings.

To represent the views of NERC, on recovery within the North East area, which will include planning, provision, development, promotion and delivery of recovery services;

- NERC attendance at ADP meetings,
- citywide recovery meetings,
- recovery subgroup,
- East community addiction forum,
- Interface meetings,
- attend consultation meetings with regards to new model for residential and community rehab services,

To identify gaps in existing service provision and work in partnership with providers to fill these areas;

- Provide recovery housing for volunteers who are homeless
- Provide practical and financial support in new tenancy.
- Developed a peer mentoring programme to support individuals to attend appointments and access the recovery community.
- Promote learning and employment opportunities through the provision of various training courses and links with organisations such as

  - Jobs & Business Glasgow,
  - Wise group,
  - Kelvin College,
  - Elevate,
  - Citizens advice and
  - SDF placements.

- Set up a woman's recovery café to assist women to access recovery.
- Set up a recovery café in Springburn area as there was little recovery activity in the area.
- Developed a Naloxone peer supply model that delivers training and kits within homeless and addiction services out-with core hours.
- Developed homework club within SpARC café.
- Work in partnership with family support groups and kinship carers who attend recovery cafes

To promote and develop strategies, plans and structures in partnership, aimed at meeting the diverse needs of individuals accessing NERC initiatives;

- Work in partnership with organisations who provide financial, emotional and personal development opportunities in cafés. i.e.
  - College,
  - citizens advice,
  - jobs and business Glasgow.
- Provide childcare facilities within RENEW & women's café and SPARC.
- MOT for men health checks,
- work in partnership with family support groups and kinship carers.
- Provide on-site access to CBT counselling if required at various cafes.

To empower people in recovery in the North East to assist in research, analysis, and comment on relevant policies on addiction recovery related issues;

- Attendance at consultation meetings regarding new model for residential and community rehab,
- consultation for new strategy ‘all together now’,
- play active role in research report with McMillan Rome Ltd.

To co-operate and work in partnership with relevant organisations in gaining information for NERC participants, volunteers and individuals in recovery in the North East;

- Provide information stalls at recovery café’s with flyers from support organisations throughout the city.
- Work in partnership with various organisations who have a presence within the cafes.
- Signposting individuals to various support networks.

Provide a therapeutic environment that offers different models of recovery for individuals who are affected by addiction,

- Provide recovery meetings,
- ORT recovery meetings,
- SMART recovery meetings,
- Second Chance and Addaction project provide 12 step group-work sessions,
- Mutual Aid Partnership.
- Acudetox sessions within most cafes and
- complementary therapies i.e. massage, mindfulness and Reiki groups.

A1.3 South Community Recovery Network

- To provide the basis for a formal banking relationship for South Sector recovery Groups to provide a larger platform for applying for funding and to streamline this process.
- To provide a forum for south sector recovery groups to come together and provide recovery opportunities throughout the south sector
- To promote recovery from Alcohol and Drugs.
- To encourage members of the recovery community and families to come together for mutual support and discuss common issues that affects them in their recovery process.
- To represent the views of the recovery community on addiction structures, which will include effective participation in the planning, provision and delivery of addiction services.
- To help identify gaps in existing services and work in partnership with relevant bodies to fill these gaps.
- To assist in research, analyse and comment on relevant policies on addiction related issues on behalf of service users

Support Network

To provide a peer support network using a person-centred approach.

Statements from members as follows;

To provide a peer support network using a person-centred approach

Recovery Cafes, provision for men and women's health and wellbeing drop ins

Partners in delivery Children 1st ensuring access for parents in recovery.

Lived experience support, supervision support and one to one support

Opiate Replacement Therapies mutual aid support

Partners with citizens theatre i.e. puppet making course, Health Improvement elementary cooking

Volunteers wellbeing night

Football Team, holistic therapies, beauty therapies

Arts & Crafts, sports and leisure and signposting

Music group learning to play guitars.

Advocacy – benefit support, housing support, support with accessing ADRS, recovery hub, day programmes, counselling.

Recovery housing – recovery volunteers obtaining & receiving support with own tenancy.

Each volunteer allocated a supervisor (2 pt workers & recovery co-ordinator) and receiving regular one to one supervision/support

Partnership working with Health Improvement – rowing, football coaching, climbing, cooking, YOGA.

Children & Families Summer programme.

Community Participation

Focuses on inclusion and bringing individuals and families together in unity to make recovery visible in the communities and provide lived experience input to influence and effect change in service structures.

Statements from members as follows;

Breaking down stigma, identifying and overcoming barriers to community recovery.

Emphasis on co-production and developing partnerships with South Alcohol Drug Recovery Service, South Health Improvement team, South Recovery Hub, Homelessness services and criminal justice.

Network has maintained stakeholder representation in local community 3rd sector forums, Alcohol and Drug Partnership meeting from strategic level to south sector sub group level.

Participating and supporting national recovery walks and city-wide events in conjunction with partners across the city.

Delivering recovery presentations within south sector services and providing lived experience support to service users.

Having input into the national strategy through participation in the Partnership Against Drugs (PADS) groups.

Providing a space to bring Black Minority and Ethnic (BME) Communities together.

Lived experience working in partnership with commissioning to design new residential treatment service spec.

Volunteers in Core and Shared Care providing lived experience support to ADRS clients

Organising & facilitating citywide focus group to evaluate new recovery hubs, recommendations made at ADP strategic mtg for lived experience input to be included in all processes relating to new services. Recommendations accepted

Membership on short lived working group for Safe Consumption Room with one member speaking at Parliament advocating on behalf of lived experience

Membership on National Volunteer Forum for Drug Related Deaths – this led to lived experience recommendations being included in the Staying Alive in Scotland document which is used by all ADP's in Scotland

Trained Naloxone peer educators delivering naloxone training within SCRN and other south sector services.

Members have successfully completed DTO's and community payback orders through volunteering

Members presenting at various events. Psychiatrist's seminar, ACE'S event, HSCP collaborative leadership workshop, criminal justice open day with Sheriff's, SDF conference.

Input to ADP drugs and alcohol strategy 2017 -2010 through focus group with members.

Recovery Pathways

The SCRN operates a participation model of recovery where participants and families can come and seek support throughout the network, individuals have come from treatment and care, residential support, the community and 3rd sector services to access aftercare lived experience support.

Statements from members as follows;

From chaotic lifestyles individuals begin to take responsibility in their own lives

Lived experience community support to guide participants in their own personalised recovery journeys.

Access to training and personal development opportunities, learning basic life skills, volunteering opportunities, personalised support through supervision to support the needs and aspirations of the volunteers.

Guiding and signposting individuals who are ready; towards employability opportunities.

Learning key social skills.

Family recovery, community recovery and supporting others is what it is all about.

Moving on with your life and back into mainstream society

Personal development and support.

Supporting people towards future employment, getting help with benefits, housing and relationships with families.

Mental health support, fitness, health and wellbeing support.

Helping individuals build up new skills and positive self-esteem.

COSCA counselling training, acudetox training MI training.

Induction training delivered by 2 p/t staff members

Established SVQ3 Health & Social care training programme – 8 volunteers completed, 6 moved onto employment. Currently 1 volunteer due to complete in Dec.

3 volunteers had the opportunity to complete 3-week work placement in Sweden and Netherlands

Volunteers working towards community achievement awards through partnership with Kelvin College

Working with partners to provide training & learning opportunities i.e. Kelvin College, Marie Trust, Mungo Foundation.

Needs Led

For the network this is about identifying and evaluating whether we are meeting our aims and objectives and finding solutions to overcome any barriers to future development.

Statements from members as follows;

Through evaluation and feedback throughout the membership; the SCRN opened the first community recovery aftercare centre in Scotland.

The network is often requested to do additional work within other services and city-wide work but do not have the capacity to fulfil this i.e. criminal justice – drug court, alcohol court, homelessness, research requests., more presence in ADRS, training requests, peer mentoring requests, presentation requests.

Some of the volunteers also need protected from taking too much on and often need increased supervision.

Not enough paid members of staff to support the bulk of the work already being done and the part time staff are working over and above their permitted hours.

Future work and development must be put on hold until the capacity is built this includes service support and city-wide working.

Disparities across the city in terms of support and allocation of resources toward the sector recovery community's equality should be a goal.

More employability opportunities for those in recovery who have no interest in working within health and social care.

Should be more of a focus on retaining the lived experience recovery volunteers who have invested so much of their own personal recovery in the growth and development of the recovery network.

Should be a 3-5-year strategy put in place to support the recovery community to become self-sustaining.

Need for lived experience advocacy as demand outweighs the capacity

Demand to re-establish weekend parent's in recovery group which ended due to lack of funding and capacity.

Desire to develop in house training programme as this encourages participation

A1.4 North West Recovery Communities

Goals taken from NWRC Action Plan 2016/17

1. North West Recovery Co-ordinating Centre

a. Co-ordinate diary of activity

Regular planning meetings for each of the 5 Recovery settings within NW area. For instance, each of the 5 Recovery Settings will meet discreetly as a planning group to plan the diary of activities for the relevant recovery setting. These will be supported by staff members. (Drumchapel Drop In, Possil Drop In, Women's Recovery Network, Men's Mindfulness Programme, Recovery Central)

In addition, one of activities or those which take place outside of the Recovery Settings would be diaried in to include, Fishing trips; Outdoor Bowls; Visits to other Recovery Settings (inside and outside of Glasgow); informal catch up for a coffee; attendance at Fellowship Meetings etc.

Training & Development: Regular Volunteer Planning Meeting, Outdoor Residential Team Building events; COSCA training programme; Volunteer Induction & Core Training Programme

The overall idea was to have a Diary of Activity that did not clash/work against each other and that would allow for gaps to be identified and filled.

b. Launch premises

NWRC premises were opened in March 2017 following a period of refurbishment. The premises had been identified by Glasgow Housing Association following a discussion that took place at Glasgow City's Flourish Awards Ceremony where NWRC won an award for "Improving the Health and Well Being of Glasgow". Securing the premises involved negotiations with GHA, partnering up with other stakeholders in the recovery world to support the infrastructure of the organisation and to ensure governance surrounded the taking on of the premises. The task was to ensure the ownership of the premises remained with NWRC as an organisation but that they were well supported by other organisations.

Securing a group of staff who could inhabit the premises and bring them to life involved applying for funding for staffing. A joint application was prepared with Glasgow Council on Alcohol (GCA) for staff who would staff up the NWRC office base, assist with the development of the Action Plan and help take us closer to a ROSC model of working within NW area.

3 x members of staff were employed (1) Recovery Administrator full time (2) AFFIT Co-ordinator –to plan and deliver a series of Alcohol and Drug free events, linked to Alcohol

Action Plan full time (3) Recovery Liaison Worker part time – attached is a copy of the Evaluation Report detailing the activity achieved during 2017-2018

These 3 members of staff were supported by Recovery Co-ordinator and Recovery Lead who ensured the work carried out was in line with the goals of NW ADP Strategic Group.

c. Launch website

Volunteers working with website designer to design and set up the website

Identify an initial set of materials to add to the website

Ensure that there would be a steady flow of material to upload onto the website – this involved Volunteers going around recovery settings, engaging with participants, gathering information/photographs/quotes/comments to add to the Website.

Linking the website to Glasgow's HSCP website – promotion is for the community and people in/seeking recovery, but it is also for the workforce, to help develop an understanding of why this work is important.

d. Arrange rotas

This was about making sure the office was open, welcoming and accessible.

This meant at the monthly Volunteers meeting there needed to be a discussion about cover.

The Recovery Administrator would rota volunteers into sessions of covering the office supported by a member of staff. The front face of the office was about lived experience, community connections and a passion for engaging people in recovery.

Every day there was a presence of Volunteers within the office ensuring meaningful work was being carried out while at the same time receiving some training/coaching on different administrative tasks.

e. Publicity material

An overall Recovery Activity poster was devised and regularly updated

This would be added to the website, circulated in recovery settings and circulated to staff and services

Each of the 5 Recovery Settings designed their own leaflet, specific to their own recovery setting. These were linked to the Facebook Page and on a weekly basis the NWRC programme was uploaded and circulated on the Website and Facebook

The plan was that everyone would know what was happening day to day. If anyone looked on FB, then they would be inclined to see something recovery focused happening in the NW area on that very day.

With the development of a Recovery Orientated System of Care – workshops launched in July 2017, attention turned towards the publicising of ROSC, the coming together of care and treatment provision, commissioned recovery hubs and recovery communities. The material evolving from those discussions were printed onto the ROSC seminar folders and have become a regular talking point within NW sector and now the rest of the city, since July 2017.

The branding of the NW butterfly remains central to the publicity with NW Sector however we are also moving towards a shared branding not only in NW Sector but across Glasgow City.

2. Implementing a Recovery Pathway

a. Creating a culture of sustainable recovery

Development of ROSC Seminar Programme, developing discussion and training opportunities that would lead to a more joined up, seamless approach to delivering recovery orientated systems of care

Since launching in July 2017 (25 months) there have been 18 Recovery Seminars involving on average 1300 participants. Participation is made up of staff, recovery volunteers, local people, local businesses, DWP, Housing Providers, HSCP staff and managers (Criminal Justice, Children and Families, Health Improvement. For example)

A series of 10 areas of work have been prioritised with the key focus being on those highlighted below:

- Integrating Recovery with Care & Treatment Services
- Faith Based Recovery
- Developing a Recovery Workforce
- Families in Recovery
- Gender Based opportunities within Recovery
- DWP & Recovery Partnership
- Integrating Recovery & Criminal Justice
- Promoting Recovery within Homelessness
- Improving Physical & Mental Health and Wellbeing
- Prevention & Education

The message promoted at these events are around the concept that “Recovery is Possible”, that Communities are central to ROSC and that small steps/achievements can lead to significant outcomes and benefits. It is an Asset Based model of thinking and behaving.

Short films are made by NWRC to show at these events, Recovery activists provide SEEDS and talk about their recovery journeys. We focus on Strategy and bringing this to life and being inclusive of all stakeholders.

b. Engaging in community recovery settings

Ensure that a broad range of staff supporters are present in recovery settings. Ensure they do not lead or "take over" recovery settings but that they are there to provide support and encouragement to volunteers, to help develop and maintain governance and to utilise their skills to identify any issues and to help the planning team find solutions.

This involved commissioned recovery hub provision identifying a worker to link in to each of the 5 recovery settings. Within the newly commissioned Recovery Hubs Service Specification it had been highlighted that part of the role of the new provision was to help build community capacity in all of the recovery settings, to develop new ideas and opportunities in partnership with recovery volunteers and others with lived experience and to help take forward a Recovery Orientated System of Care.

Staff were also tasked with helping to identify individuals who were showing strengths around volunteering, individuals who were coming along and showing an interest, getting involved, showing commitment and energy for taking a lead in developing the work.

Developed a pathway for potential volunteers to then attend an Information Session hosted by the Recovery Co-ordinator every week in the new premises. This would allow for folk to get a standardised information input about NWRC, its history and development, its aims and objectives and the type of roles/volunteering available within its settings. From here, potential volunteers would be tasked with linking into all the Recovery Settings, finding out more about what goes on in the other drop ins/groups, in other parts of the city and then coming back to an individual discussion about their interests going forward. They would then be given access to the 1-2 days Citywide Recovery Volunteer Induction Training. This had been developed by a citywide group of volunteers who were keen to standardise the initial induction into volunteering in recovery communities for all.

NWRC has delivered 12 x 2-day courses over the last 2.5 years with 65 participants

c. Promoting personal development

This begins in recovery settings, people are encouraged to build confidence, resilience and wellbeing. All participants are encouraged to at least attend the Recovery Meeting in Recovery settings. These meetings are full of good news stories and experiences which can help broaden goals and aspirations for recovery. It promotes the idea that Recovery is Possible.

Links have been made with Elevate Personal Development Staff who can run tasters and recruit participants from Recovery Settings (Recovery Settings in NW Sector attracts over 300 participants per week) Drumchapel 50 Possilpark 50 Women's Meditation 20 Men's Mindfulness 35-45 Women's Recovery Network 30-40 Recovery Central 100-120. As well as activity-based programming opportunities there are opportunities for individuals to take part in Confidence Building sessions, Core Skills, Creative Writing, Arts Development, Groupwork Skills and CBT. All of these programmes are aimed at increasing participants' skills and abilities.

d. From services to communities and communities to services

This is the establishment of a referral and signposting process.

Service providers now recognise Recovery Communities as an appropriate environment to signpost to and vice versa. There is a specific pathway to support this in a barrier-free way.

e. Community asset and capacity building

This is done through the local structures:

NW ADP Strategic Group

ROSC Seminar Programme

NW ROSC workstreams

f. Interface with CATs and recovery hubs

This is a strong development in North West. We operate a recovery model which includes CATs Recovery Hubs and Recovery Communities. We have a number of operational meetings in place to progress the joined-up ROSC approach.

There is a work plan to increase the level of ROSC operational within ADRS and we have developed and deliver this jointly with Recovery Hub.

NW ROSC Seminar Programme led by NWRC is focusing on Quality Principles and developing the quality of the joined-up approach with a focus on these.

Monthly meeting with Recovery Hub Manager; quarterly commissioning meeting

g. Moving on to education and employability

Since its inception NWRC have seen a steady flow of its participants/members move into education and/or employment.

NWRC has a strong connection to Employability Services, makes referrals/receives referrals and incorporates employability planning into its Volunteer Supervision delivery.

3. Implementing volunteering structure

a. Support and supervision

b. Training and development

c. Mentoring and coaching

d. Recruitment and induction

see attachments for agreed volunteer pathway to cover work involved in the above

4. Launch of women's recovery drop in

Women's Recovery Network Drop in every Thursday

Supported by Volunteers and team of workers from different services

Arts Development Programme underway

Survive and Thrive Trauma Programme underway

Personal Development tasters and courses

Events for Women

Regular Women's Team Meeting to review and plan work

Development of Women only provision in recovery settings

Close working with other parts of ADRS in terms of care and treatment

Training and development sessions to support working with women: trauma informed practice, domestic abuse, gender-based violence, ACEs

a. Women's Mindfulness and meditation

Implemented April 2018

25-35 women every week taking part. Popular activity

b. Partnership approach with service providers

Core business for NWRC – ROSC seminar programme is the most obvious partnership working. However, there are also work projects underway with DWP, GCA, Elevate, CATs, Recovery Hubs

c. Health improvement interventions

Available at every Recovery setting with NW Sector

Smoking Cessation, Safer Alcohol Consumption, Healthy Eating, Cooking, Health & Hygiene, Sexual Health

d. A range of opportunities on a drop in and structured basis

There is a regular programme of activity across NW Recovery Communities (copy of programme can be provided)

5. Development of interface and programme with DWP

a. Setting up and launching recovery café within DWP

Not completed. Internal reorganisation within DWP meant the premises no longer available

b. Joint training programme

Training programme rolled out on multi-disciplinary basis. Ongoing workforce development taking place via ROSC seminar programme.

c. Regular liaison arrangements between volunteers and DWP personnel

Monthly meeting between Recovery Co-ordinator and DWP managers

Regular presence of volunteers in DWP offices

Direct referral route from DWP to NWRC

6. Launch of mindfulness programme

a. Accountability for successful funding bid

£21,000 secured

6 Training Courses delivered 70 participants

12 Mindfulness Facilitators trained

Women's Mindfulness programme every Wed with around 18-25 participants per week

Men's Mindfulness Programme every Wed with around 35-45 participants per week

b. Development of mentoring arrangements

Completed

c. ***Recruitments to 3 x courses 2016/2017***

Completed

7. Consolidate and implement funding strategy

a. Regular finance meetings and accounting

Regular meeting (monthly) takes place to consider proposals, fundraising, accountability

b. Progress meeting with big lottery –

Not progressed following initial consultation. NWRC not keen to progress at this time due to need for charitable status

c. Produce funding strategy

Funding Secured from Integrated Grants Fund to employ staff within NWRC office

£100,000 consolidated within ADRS budget from ADP to support development of Recovery Communities

d. Preparation of funding bids

Small bids completed to support International Women's Day events, further mindfulness programme and volunteer development

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