



# **The 'Exploring Recovery' Event**

**Summary document**

**May 2012**

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## **1. Introduction**

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On Monday 21<sup>st</sup> May the Devon Recovery Consortium hosted an event at St James' Park, Exeter City Football Club to 'Explore Recovery'. The event was attended by 165 people from across the county, including workers and managers from a broad range of services, people who were using services and people in recovery.

The objectives of the event were to:

- Celebrate recovery and provide real life stories of what helps recovery
- Bring people together to develop relationships and foster a greater dialogue around recovery
- To make things happen that will help spread recovery across Devon

In 2010 the Government launched its drug strategy 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life', in the same year the National Treatment Agency released the document 'Commissioning for recovery'. These papers mark the changing agenda of substance misuse treatment systems from one of maintenance to one of recovery, with an aim to support people to live their lives free of substance dependence. These strategies form the context of the Devon Exploring Recovery event.

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## **2. Background**

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A group of people in recovery, supported by workers from a range of agencies, came together in 2011 to progress the Devon approach to recovery.

Conversations originated around how to improve the recovery focus of the treatment system to build and support a thriving recovery community in Devon, and how service users and recovering communities can contribute to service developments.

A 'recovery event planners' group was established to discuss and plan a recovery event to raise the profile of, and push forward, the recovery agenda, with strong representation from service users, ex service users and those from recovery communities. The meetings were facilitated by the Devon Drug and Alcohol Action Team (DAAT), but it was emphasised that it was a mutually owned event, and that the meeting was an open group. The meeting group formulated the agenda for the day and many of those involved also actively took part in running workshops or facilitating discussion.

The target audience was largely professionals who are already directly or indirectly involved in service user recovery.

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## **3. The event**

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The day included:

- A 'recovery wall' created by Devon ReForm, on which people were asked to write what recovery meant to them throughout the day. The wall was later used for people to give their 'recovery pledges'.
- A presentation by Francis De Aguilar, himself an addict in recovery for over 20 years who provided a description of recovery focused treatment ([www.training4treatment.co.uk](http://www.training4treatment.co.uk))

- Ian Sherwood, from the National Treatment Agency, provided the national perspective of the recovery agenda and set the context of the event.
- Inspiring poetry performed by Steve Duncan, who is himself in recovery (<http://www.youtube.com/watch?v=12G8-EHjplc>)
- Catering provided by Bethany Project, an organisation based in north Devon offering support to those with substance misuse and mental health problems.
- Market place displays from organisations across the county to provide literature and information about their projects
- Filming of key parts of the day, secured through LINK Devon. The filming may form part of a wider piece of work documenting recovery across Devon.
- Workshops and round table discussions.

## **Workshops**

The following workshops were each ran twice giving the audience the opportunity to explore different services and initiatives which support recovery

The workshops were designed by the event planning group, but represent only a small selection of recovery services in Devon.

- Devon Drug Service - gave an experiential insight into the early phase of a recovery journey, exploring concepts used to elicit change and how recovery plans are formed
- SMART Recovery – included a presentation on cognitive behavioural therapy, including rational emotive behaviour therapy, and invited the audience to give examples to work on using these techniques
- Narcotics Anonymous - this workshop explained what the programme of narcotics anonymous is and, more importantly aimed to dispel any myths or fears
- Mental Health Services - explored the role of mental health services in helping people with substance misuse needs. It gave three perspectives of the service: service delivery, using the service, and a family/carer perspective
- Soberlink – shared personal experiences from those who have participated in the SoberLink recovery peer mentoring programme and personal stories from mentors who support others through the recovery journey
- Alcoholics Anonymous – showed a short DVD aimed at health professionals. A group member shared their experience.
- Howell Road – gave a short overview of the project and its parent organisation, Shilhay. They shared their aims and objectives and the evolution of a recovery community. Residents shared testimonies of their personal recovery journeys

**Round table discussions** considered the following questions:

- What is the most important part of the recovery journey?
- What are the successes that you know of?
- Where are the gaps or barriers to recovery?
- What would make a difference?

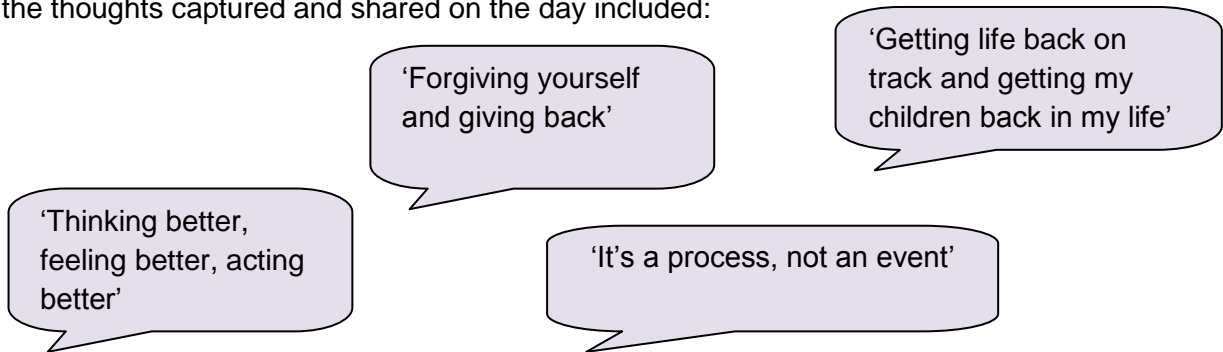
The discussion groups were asked to come up with a proposal for what would make a difference to recovery in Devon. Themes from the discussions are shown in appendix 1.

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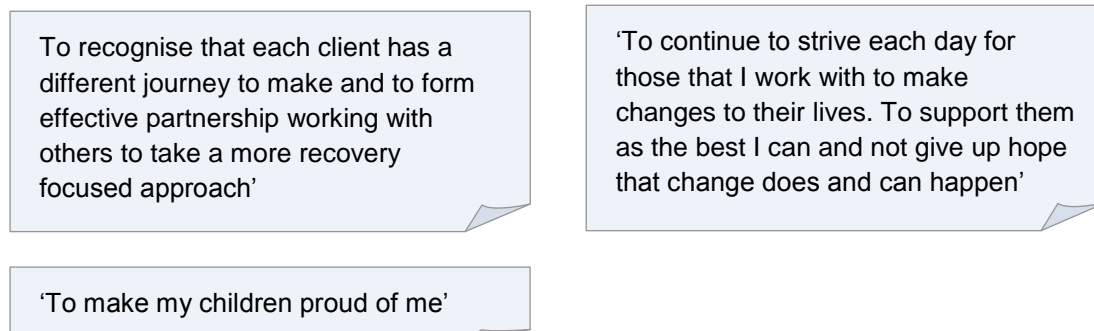
## 5. The recovery wall and recovery pledges

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The 'recovery wall' gave people the opportunity to share what recovery meant to them. Some of the thoughts captured and shared on the day included:



The wall was also used for people to make pledges about the actions they would take away from the day. These included:



Some of these will be revisited next year and we will ask people to report back on the actions they have taken.

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## 5. Themes and feedback from round table discussions

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The discussion groups were asked to come up with a proposal for what would make a difference to recovery in Devon. Themes from the discussion are shown in appendix 1.

Themes from the discussion include:

'The most important parts of recovery' highlighted personal responsibility and the importance of feeling in control of one's own journey, with adequate choice of services along the way.

Successes were recognised in the work carried out by support groups and agencies; however, some inconsistency was also reported in the support available, in particular mutual aid, aftercare, housing and family support.

It was clear from the feedback that there is a need for a more consistent approach and increased provision in certain areas, as well as greater links and communication between services, particularly mental health services and resources.

### **Proposals from the round table discussions**

The discussion groups were asked to write a proposal suggesting a project that could make a difference in supporting recovery.

Themes from the proposals are summarised below:

#### **1. Multidisciplinary approach**

- Having a therapeutic alliance with service users, agreeing on action plans together and joining up with other relevant services.
- Enhancing existing services by using volunteers, mentors, and peers and providing them with training and supervision. Including involving families in treatment that is structured.
- Jointly commission mental health and drug and alcohol services
- Have a fully comprehensive directory of services.
- Multiagency call conferencing - Work with other agencies involved in an individual's case to nominate a lead worker who ensures the work each agency is doing gets done
- Central communications hub staffed by a range of agencies and service users with a protocol for sharing information to form an individual's care plan which is regularly reviewed and provides ongoing support

#### **2. Provision for service users**

- Linking of recovery based support groups
- A managed peer mentoring system to meet with clients to support their recovery process
- Information, advice and guidance in GP surgeries. Mapping services so that GPs can see all people providing services
- Link up service directory with peer supporters and mentors

#### **3. An information hub**

- A web place including services, maps, links and information. An online directory that will highlight where there needs to be services available.

- Having a system with open access to clients, workers and other agencies where we can find out what is out there in terms of interventions and provision for aftercare and positive activities.
- A safe virtual meeting space for professionals and clients - a platform for bringing professionals closer to clients when they need support

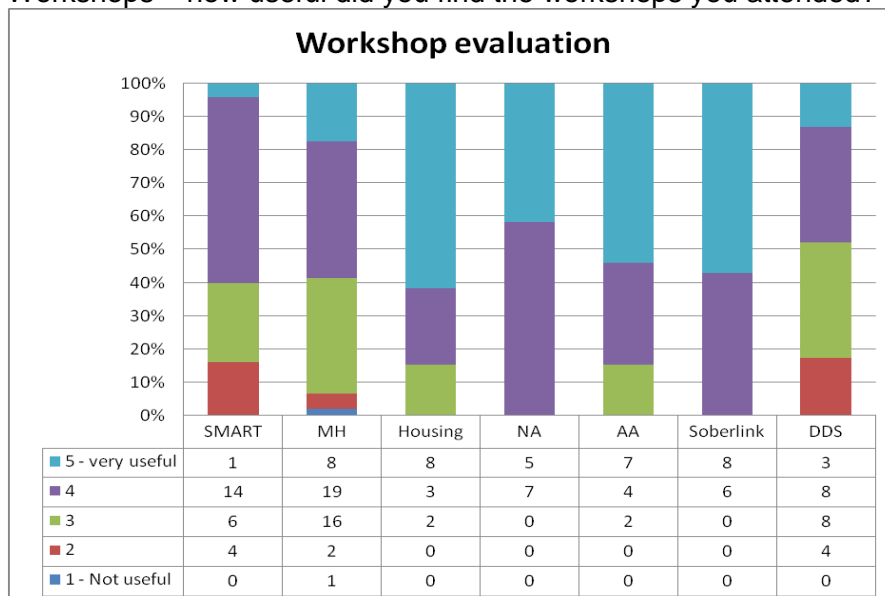
### Cycle of change exercise

Delegates were asked to place their organisation onto a 'cycle of change' diagram. This could help future mapping of services and help locate where there is an abundance or lack of services. The task did not fulfil its aims fully and it will be a future action to develop an effective method to capture this information.

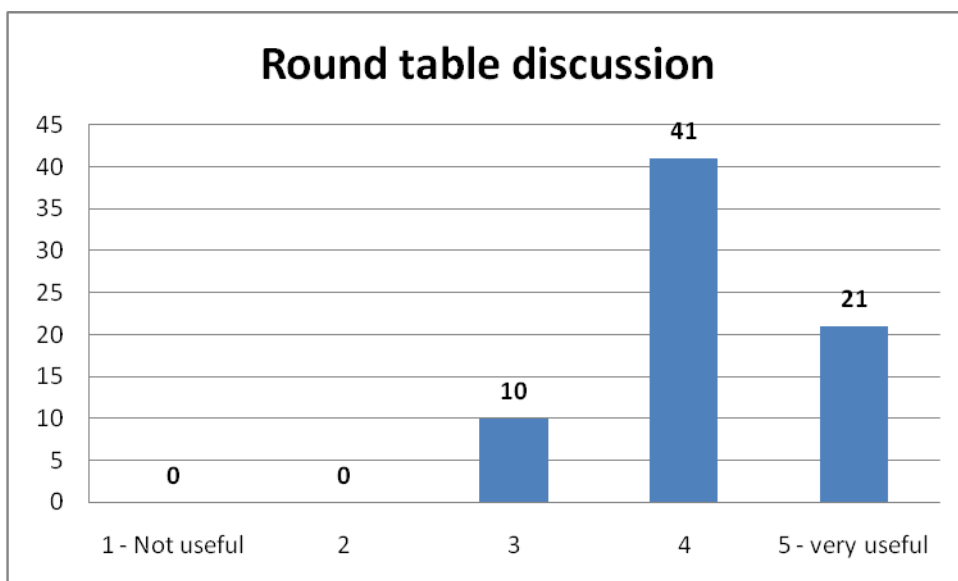
## 6. Evaluation form feedback

The feedback from the evaluation forms was positive. We received 82 evaluation forms back from the day (50%), though not all of them were fully completed.

Workshops – how useful did you find the workshops you attended?



Round table discussions – were they useful?



Out of 61 comments made, 60 people said it would be useful to hold similar events in the future. Delegates were invited to write down what they felt would aid recovery in Devon. The feedback will be taken forward to the consortium.

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## 7. Next steps

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Future events will aim to celebrate recovery and include a higher number and proportion of service users, carers and people in recovery.

The Recovery Consortium will devise a terms of reference and formulate a plan to work through the actions and proposals raised from the event.

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## 8. Acknowledgements

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Everyone who contributed to the recovery event meetings, as well as everyone who took part in the day, especially the speakers and workshop and discussion facilitators:

Addaction	Louisa Street
Alcoholics Anonymous	Gary Pester
Bethany Project	Craig Jones
Devon Drug Service	Elaine Ashworth, Debi Brooks, Des Collins Adam Furnivall, Michele Rowan
Devon Partnership Trust mental health services	Judith Belam, John Lilley
Devon ReForm	Sarah Carlsen Browne
Drug Addicts Anonymous	Johnny Ashton
EDP	Phil Hawksley, Dave Bloch, Haydn Evans
Freedom Project	Phil Knowle
Independent recovery consultant	Francis De Aguilar
Job Centre Plus	Sue Parr
Narcotics Anonymous	Tania
Riverside Church	Aran Richardson
Shilhay Community	Ian Webber, Andy Weir, Donald Church and the Howell Road service users

SMART recovery  
Soberlink  
SURRF  
Telephone Box theatre company  
Others

John Frahm, Will Whitney  
Christine MacKenzie, Tom Gard  
Barry Wheeler, Hans Zebrowski  
Sam Parry  
Ray Harris

And to everyone who attended the event.

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## **9. Useful documents**

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[http://www.nta.nhs.uk/uploads/commissioning\\_for\\_recovery\\_january\\_2010.pdf](http://www.nta.nhs.uk/uploads/commissioning_for_recovery_january_2010.pdf)

<http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/annual-review-drug-strategy-2010/drug-strategy2010-review-may2012?view=Binary>

Healthy lives, healthy people – Department of Health

Link to lecture by Professor Humphreys explaining the benefits of mutual aid peer support groups <http://www.fead.org.uk/video169/Professor-Keith-Humphreys:-SFF-Presentation-on-Recovery-May-09.html>

[http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report\[0\].pdf](http://www.nta.nhs.uk/uploads/medications-in-recovery-main-report[0].pdf)



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## Appendix 1

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Themes from the round table discussions

1. The most important part of recovery:

- Taking personal responsibilities
- Being helped and motivated to move through the cycle of change.
- Individual control of treatment, choice and information. Services' role in giving clients power and ambition.
- Recovery communities, supporting the use of self help and mutual aid.

2. The successes of recovery:

This question seemed to raise debate about how to measure 'successes'. Such as how different agencies and individuals may judge success differently. But some of the examples that could be agreed upon were:

- Reduction in waiting times for treatment/access to treatment
- Recovery communities/mutual aid/self help groups
- Organisations such as Soberlink, Howell Road and Freedom Project that support recovery
- Service user involvement

3. The gaps or barriers to recovery:

- Lack of housing support
- Opportunities for 'meaningful occupation', finding other activities
- Lack of mutual aid support
- Lack of aftercare support – although not defined, the general view is that this area of treatment is neglected
- Attitudes, stigma and understanding of the public and services which can lead to slowing down of an individual's recovery journey
- Lack of close working relationships and clear pathways with dual diagnosis (mental health services)
- Lack of communication and joined up working
- Access to help/lack of services
- Lack of services involving families/addressing family issues
- Comments around funding and resources.

4. What would make a difference?

- Stronger links between organisations
- Interagency communication
- Holistic approach/multidisciplinary approach/person centred
- Sharing information
- Knowing what is available
- More relapse prevention and peer support