

Recovery Matters 2014 Full Day Workshop – Our Reflections Edinburgh Recovery Hubs

4. Edinburgh North East – Wednesday 8th October 2014

Introduction

“Recovery Matters 2014” is a baseline intervention for staff, paid or not, at any level of addiction treatment and related services. This workforce development opportunity comes free to ADP’s and treatment providers at point of delivery and our experience shows it has greater impact when senior managers and commissioners take part. We use current recovery research, ongoing examples of practice in Scotland and the local lived experience of long term recovery as standard in any of our workshops.

Our aim

1. To contribute to a practice based recovery “paradigm shift” in the workforce
2. To build local learning from the lived experience of recovery
3. To use shared learning and dialogue based tools that respect the wisdom and experience of the participants’

Agenda

The ‘brain food’ learning, in four sections that each last for ten minutes, introduced the participants to:

1. The lived experience of sustained recovery
2. The Road to Recovery – A radical shift in drug policy
3. The acute model/ recovery model
4. The power of recovery and ‘better than well’ effect
5. The next recovery right step – the culture of transformation and individual commitment.

The workshop included dialogue and round table exercises, a film show and a question and answer section.

We facilitated meaningful conversations between treatment providers and recovery activists in Fife from a diverse range of organizations and disciplines. We chose to give small bites of learning we call “brain food” alongside space for participants to dialogue in order to digest their collective thoughts/ learning and ideas.

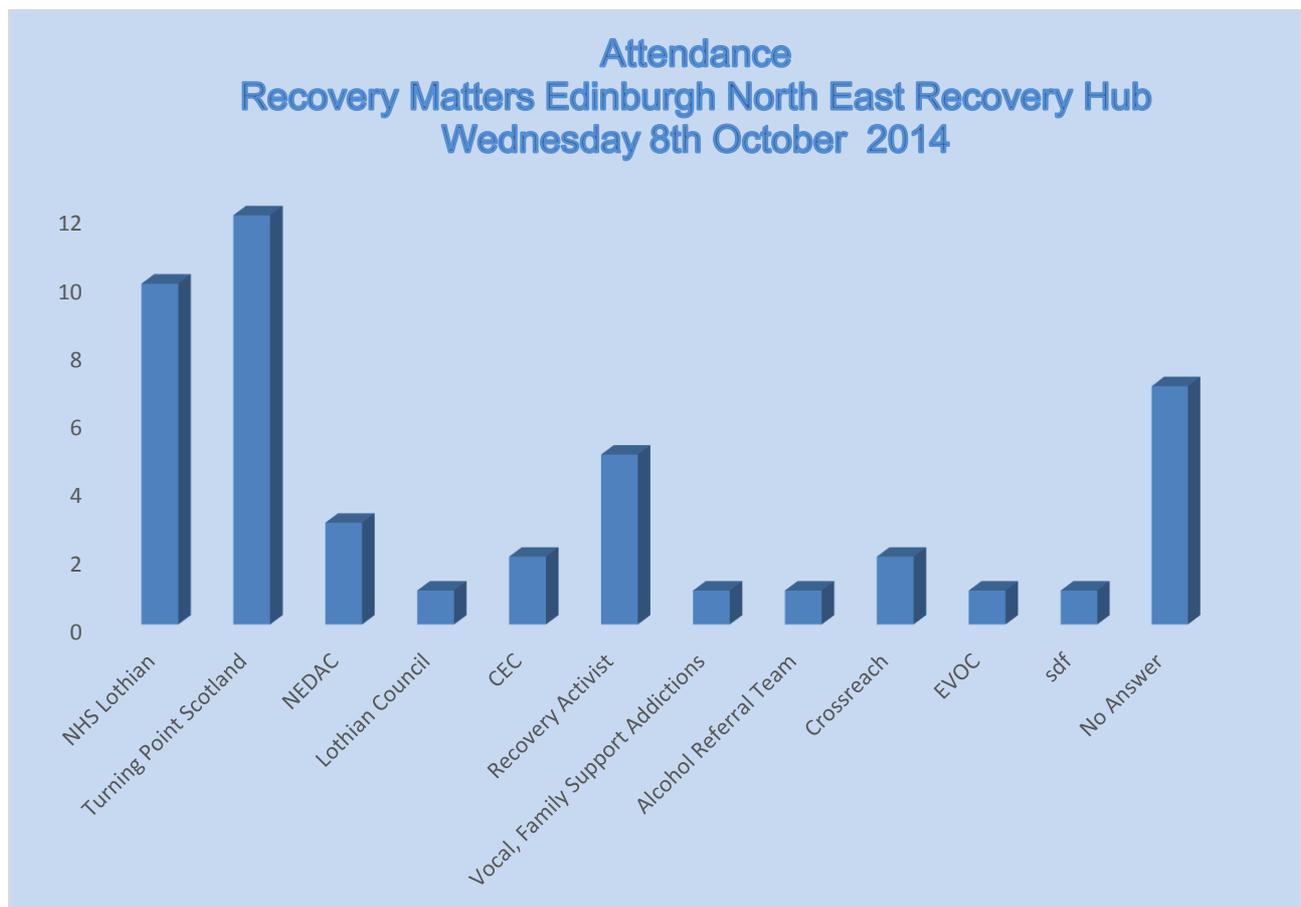
Event planning

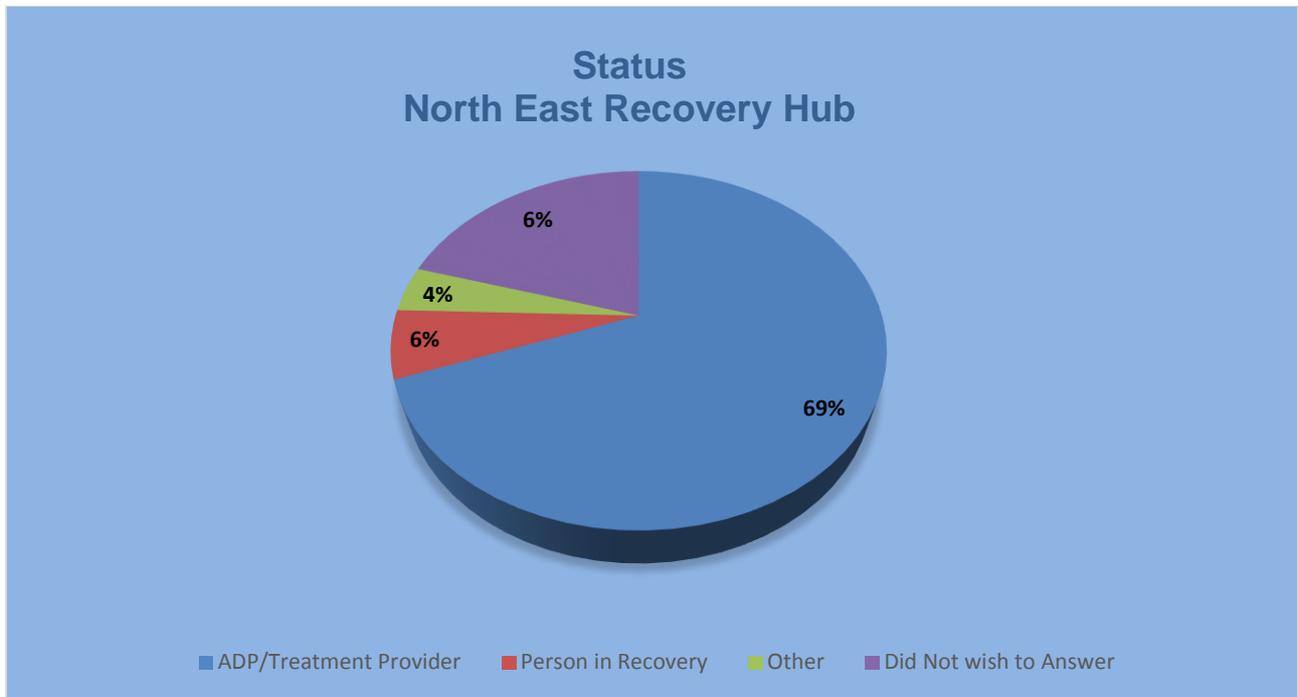
I was contacted by Jim Shanley, Manager Harm Reduction Team/Administration

MCN Prevention Lead NHSL. Having organized a Recovery Matters full day workshop on 2nd June 2014. Although there was uptake in the Registration and there were 17 Recovery Focused individuals who had signed up. A decision was made by the senior management team to cancel this workshop. This was due to the fact that the people registered were not the intended target participant's. As this was the first workshop we have had to cancel I was disappointed but appreciated the reasons behind this.

It was then decided that our organizing group would include Elizabeth Watson and David Williams. It was decided that the hubs would shut or run with a skeleton staff and training be held in the 4 different hubs in Edinburgh. I thought this was generous and very inclusive for all staff so everyone had the opportunity to attend. It also allowed participants to attend a different date if they could not make their own. I was not convinced that having such a directive approach would work as I am much more used to working with the people who actually want to be there not necessarily the people who don't so I thought this could be a challenging experience for me as a facilitator

4. North East Edinburgh Recovery Matters - 45 People Registered - 42 Attended
31 Recovery Commitments Made





Feedback

Feedback was gathered from a survey monkey questionnaire and informally on the day – 6 responses were collected -

We asked about your experience of the Recovery Matters Workshop. You Said:

“I felt it was not very specific, at the end of the day I did not go away feeling that I learned anything new or that anything was achieved through us all meeting for the day”

“I found the day incredibly futile and rudimentary and in fact, insulting to assume that we were not already working with clients in a recovery focused way and have been for some time. Furthermore Abstinence is not everyone’s meaning of recovery despite the ongoing undercurrent throughout the day”

“I found it interesting as all these meetings are different”

“I really did not enjoy the experience as I have attended a lot of conversation café events and this was sadly, the worst one I have attended”

“really still unsure as to what the point of the day was. I understand that I was supposed to be enlightened by David’s talk at the start however he seemed to express his political beliefs, in which I did not feel was an appropriate setting so stopped listening.

“I appreciated the sentiment, but didn’t learn anything new. I think I would prefer something more practical”

We asked, what if anything, did you learn from the day? You Said:

“I don’t feel I learned anything”

"nothing, although I enjoyed doodling on the table cloth"

"What I continue to learn is the differences in perception of the various groups working in the field and their perceptions of their place in it"

"I learnt nothing"

"nothing"

"as above"

**We asked, Did you see anything differently as a result of the Recovery Matters Workshop?
You said:**

"No Not at all"

"No"

"Refer to previous answer"

"I feel as my practice is already recovery focused the event was patronizing"

"No I did not as the day was very unclear to me what the event was actually about"

"Not really, though it was interesting hearing lived experiences"

We asked, What is your Next Right Step? You said:

"to continue working with the clients in the most person centered way I can"

"to continue to be available to make sure the message that recovery does and is happening all around us"

"to continue to be committed to recovery"

We asked, do you have any suggestions for the Scottish Recovery Consortium as a result of your attendance at the Recovery Matters Workshop? You said:

"I felt the day was organized very well and delivered with enthusiasm, however I still don't understand what the desired outcome of the day was meant to be, or what it was set up to achieve. All the topics that were discussed were nothing new and I felt it was regurgitating. "what is recovery", the section where we were to split into groups to come up with ideas of things we can do "regardless of the budget", was a tad patronizing given that we are constantly told we cannot spend any more money and budgets are so tight. Staff are not being replaced when they leave etc., etc., so to ask us to do this was ridiculous."

"No"

"Keep on keeping on"

"Please try in future to have a clear purpose for an event, I felt that putting my arms in the air for silence was very childish. The slide about "Better than well" needs far more explanation as it appears to show that anyone with an addiction will achieve far more in their lives than "normal" people, and does not take into account other personal struggles. The word "normal" needs in my opinion to be removed."

“please name your cafes! I do not like the language that was used i.e. Dialogue. There should also be a facilitator at each table, if you are always going to use conversation cafes as a means of getting a message over use them appropriately or not at all. Sorry this is a very negative response but that is how I feel.”

“again I appreciated the sentiment but I feel the day was a bit “airy-fairy” and perhaps a more pragmatic approach would be useful. I don’t feel the day had a clear purpose/outcomes. Additionally getting everyone to raise their hands to quieten down serves only to irritate- I think that being treated like adults and having a more practical course would have helped.

29 Recovery Commitments were made, these are

1. To continue to earn new skills and develop my practice as a nurse to help others facilitate recovery and achieve their goals.
2. To be brave about implementing new ideas and to stop thinking of barriers and why not's. Just give it a go
3. To continue to listen to people, empathize and see the best in them.
4. Promoting Mutual Aid More
5. Empower Service Users
6. To find out more about services that will enable them further into their recovery and maintenance, i.e. voluntary work, education and weekend support
7. That I will continue to work towards long term recovery for the individual that I work with and help them maintain what they "want" to achieve
8. To continue to support service users to have access to support for a aspects of things which might pay against them in their recovery.
9. To learn to use anxiety in more positive way
10. Definitely read Chapter 3 of the Road to Recovery! Pushes for the setting up of a peer-led group, maybe focusing on creative stuff (art, drama, singing, creative writing etc.) but definitely looking at mutual support (ultimately self-facilitated)
11. To continue working to give back to those seeking recovery any help and guidance they need in doing so I will disempower myself in order to allow others to empower themselves.
12. To be more aware of the longer term "Recovery Journey" of service users and not to be reluctant to explore long term aspirations
13. Read Chapter 3 of the Road to Recovery
14. To support more service user involvement
15. Supporting clients to engage with recovery services and facilitated self-directed support 0- read the Road to Recovery
16. I will ensure that my practice will focus on recovery. Therefore providing the best outcome for my service user.
17. To continue to be welcoming and non-judgmental to staff and service users.
18. Learn more about Recovery and Methadone Maintenance and to try and influence the assessment process with SMD to become more strength base
19. Abstinence - Through a recovery program and the northeast hub service users group
20. To make sure that I go to any groups that are going to help my recovery, also would like to give help to others like myself. I am going to work towards my goals
21. To ask my manager to consider/accommodate AA/NA Groups at Simpson House. To attend an open AA Meeting.
22. To Display "The Power of Recovery" in clinical areas where I work. Design "take away" leaflets with service users/consumers containing the power of recovery message and to distribute in 1 to 1 sessions and have available in service areas.
23. To continue to stay abstinent from drink and drugs to help others through my lived experiences, by supporting others to make changes in their lives
24. To continue to promote recovery in my professional and personal life and to shine the light of recovery so people in active addiction can see it.

25. To guard against cynicism look for the positives and to remember on a daily basis why I wanted to work in the addictions in the first place.
26. To have a look at the road to recovery book as I have not seen this before Chapter 3
27. To build on my knowledge and read chapter 3 of the Road to Recovery
28. To work within my own remit to promote ROSC by taking opportunities to develop - service user (consumer) led- Peer Support (delivering-person cent red services,.
29. Involving more individuals with lived experience in the running and development of our service.
30. Remember the mantra, "You can do it and we can help", repeat, and encourage others to do the same.

Visibility: Initial impact

- Dialogue between participants who previously had not met and found the networking incredibly helpful

International impact

None

What did we learn?

- That although doing several pieces of work in an area, there is always room for more as new staff and activists come on Board
- Not everyone "Walks" the "Talk"
- There was a disconnect from the wonderful recovery commitments made to the deficit based feedback, which was vindictive and unnecessary. We love critical feedback this helps develop practice but not malicious as it goes against everything to do with a Recovery Oriented Approach.

Appreciation

- A huge thank you to all participants.
- A huge thanks to the Recovery Seeds
- Participant's for their Commitments to Recovery
- Jim Shanley and Elizabeth Watson and
- ADP for their input and presence at all workshops

Anne-Marie Quigg
11th February 2015