

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

### **3. Edinburgh South West – Tuesday 30<sup>th</sup> September 2015**

#### **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.

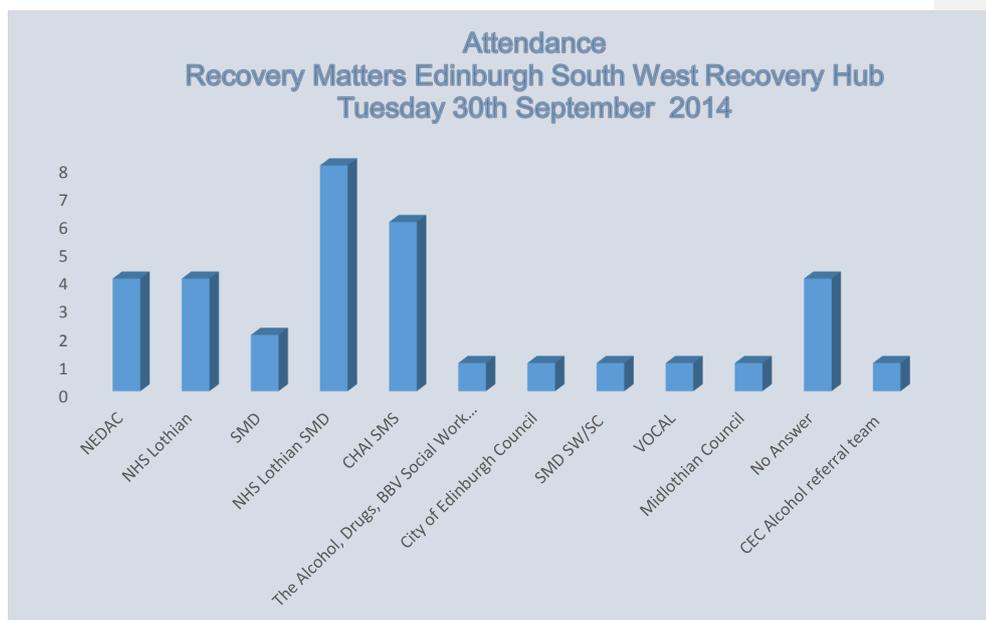
We facilitated meaningful conversations between treatment providers and recovery activists in Fife from a diverse range of organizations and disciplines. We chose to give small bites of learning we call “brain food” alongside space for participants to dialogue in order to digest their collective thoughts/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

#### **Event planning**

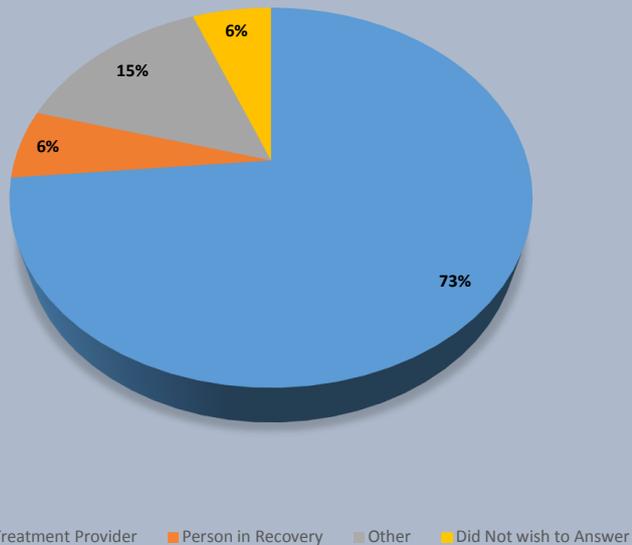
I was contacted by Jim Shanley, Manager Harm Reduction Team/Administration MCN Prevention Lead NHSL. Having organized a Recovery Matters full day workshop on 2<sup>nd</sup> June 2014. Although there was uptake in the Registration and there were 17 Recovery Focused individuals who had signed up. A decision 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.

**3 South West Edinburgh Recovery Matters - 37 People Registered - 24 Attended**  
**37 Recovery Commitments Made**



### Status South West Recovery Hub



#### Feedback

Feedback was gathered from a survey monkey questionnaire and informally on the day – 7 responses were collected -

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

“this was a required to attend event, it was focused on the 12 step movement, there was little opportunity to explore peoples experience of working within a recovery model”

“excellent, a really creative way of groups coming together to discuss different issues”

“it felt it was a waste of time as it was mostly about reflection then for 1hr in the afternoon thinking about peer support”

“the day was fine,. It just concerns me that the 12 step programme seems to be sold as the only way to recovery sometimes, when there are many different ways to recover”

“I did not feel it was relevant to my line of work”

“It lacked any clear agenda (Brainfood – really what does that mean?) or planning, this prevented me from being able to make any useful preparation for the day, the facilitator while very pleasant seemed to lack any focus and the service users present on the day had

to be roped in to make presentations without any preparation as the planned presenters failed to attend or the arrangements made with them were as woolly as the day itself and they didn't understand what had been arranged. I found the whole experience to be poorly organised and informed with little if any evidence presented to support why we "services" are travelling this route with information presented as fact with no references to support it – what on earth is "better than normal" and how can anyone take such terminology seriously when there is no evidence or science presented to support it. In these times of target driven performance, when it is demanded that we use only treatments etc for which there is an evidence base this smacks of double standards and a politically driven agenda. Best thing about it was lunch which didn't cater for vegans present – (I believe) and had a distinct lack of general healthy choices – cake and biscuits for breakfast/morningbreak – no fruit or orange juice, really? And finally – how much money was spent on those silly certificates and badges for attendees I would have thought there was a more pressing need for frontline resources rather than gimmicks? Our entire service closed for this day denying our client group any access to support across South West Edinburgh (yes, you haven't even got the area right!) to allow this event to take place, please tell me how that equates to a fair and equitable service to people struggling with substance misuse issues? Oh enough of this I need to move on.....

"I really enjoyed having so many breaks but it made the day disjointed and I feel we could have had a lot more learning"

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

"I learnt that it would be difficult to express any ideas that did not fit in with a 12 step interpretation of recovery and that anyone who was not "in recovery" (or outing themselves with that terminology) was not welcome or had no contribution to make"

"speaking to the participants who were in recovery was interesting and inspiring and showed how important, as a worker, it is to hear the stories of hope"

"not much"

"I didn't really learn anything new"

"n/a"

"To plan my annual leave better so as to avoid future box ticking exercises"

"how important it is to encourage peers to participate"

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

""increased concerns that the recovery movement is being diverted to a single viewpoint approach"

"no"

"Not sure what you are meaning here"

"N/A"

"no"

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

"What do you mean, right (right/wrong?) – judgmental?"

"Encourage more participation at recovery groups and events"

"not sure as I am already promoting recovery. From my point of view it comes down to time and resources (lack of). Front line staff who have huge workloads etc., Until this is addressed I cannot see anything changing"

"n/a"

"Encourage more participation at recovery groups and events"

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"n/a"

**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 think it would be a wonderful approach to open up to all that is possible and potential for people to consider a more person centered approach"

"Promote your website around services as it is a great source of info, especially about events"

"no as they have decided the agenda already"

"see previous question"

"Everyone I spoke to during breaks (maybe half a dozen people) said they felt the course could have been covered in half a day."

"Be more careful what you spend your money on and resist anything without an evidence base which appears to be a box ticking exercise driven solely by a political agenda"

**29 Recovery Commitments were made, these are:**

1. Read Chapter 3. Use the word recovery more when working with client.
2. As a smart facilitator, encourage more people to attend/set up their own group. Help people to get to serenity café, set up fellowship contacts with people I work with change my negative attitudes
3. To check out the SRC Website
4. To be more focused on recovery and remember to talk about recovery more with patients by making recovery the main topic of conversation as much as possible
5. Keep the journey going To check out the SRC Website
6. To be more focused on recovery and remember to talk about recovery more with patients by making recovery the main topic of conversation as much as possible

7. Keep the journey going
8. To take note of myself and those around me.
9. To encourage, support and appreciate people's strengths and weaknesses and help build their hope and confidence in their recovery goals and hopes for the future
10. I will encourage my clients to always move forward and ensure that I am not feeding in to them staying stuck. I will encourage peers to participate more in a group I run. They can support new members more than I realised
11. To ask clients what they perceive Recovery to be also look into family based support i.e. parenting etc.,
12. To start more conversations in support sessions with regard to aspirations the individual might hold. To encourage more active peer involvement
13. Read Chapter 3 of Recovery Matters. Possible engagement in peer support/voluntary opportunities
14. Investigating options for peer support within NERDAC contact
15. I will read chapter three of the Road to Recovery
16. To be more active looking into Peer Support for social work Recovery hub
17. To assist to establish a mutual aid support group similar to serenity café in the south west of Edinburgh
18. To have more respect for colleagues and clients for the hard journey ahead  
Read Chapter 3
19. To promote and encourage peer led groups and volunteering within the hubs.
20. To discuss recovery at my initial appointment with every patient and have it discussed at every appointment. I will also signpost activities in the recovery community to my patients
21. To build long term recovery. To keep giving back to new corners and doing recovery voluntarily. To keep working alongside people in addictive behaviours. To keep myself safe when having a bad day. Keep it in the day Ongoing
22. Try to tailor my treatment interventions to the needs of the individual, rather than generic
23. To be proactive in discussions with colleagues in and out of the NHS and recovery focus on our work and north west Edinburgh
24. To encourage, help, support and hope for a good recovery for everyone
25. Keep looking and caring for myself and my daughter. Carry the message of recovery and stay strong. Keep doing what I am doing and stay strong. Keep doing what I am doing and I will be okay, Hope, faith, courage x.
26. Enhance and facilitate better use of service users and those that have recovered.  
Try and buy nurses enough time to engage in ROSC
27. To encourage better peer feedback to improve service delivery
28. To encourage more customers into peer led recovery groups and to participate in the recovery of others
29. To encourage more peer led facilities within my organisation

Commented [AQ1]:

Commented [AQ2R1]:

#### 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**  
**11<sup>th</sup> February 2015**