Sandwell
Metropolitan Borough Council

VISION 2030 SANDWELL

Implementation Plan for a

Recovery Oriented Integrated System of Care (ROISC) in Sandwell

June 2023

Table of Contents

1. Introduction and Purpose

Introduction to Recovery

There is a widely held belief among the general public that is perpetuated by mainstream media, that goes, 'once an addict, always an addict', this exclusionary attitude for one is largely hypocritical, and secondly stigmatises people with alcohol or drug problems as difficult, deviant, undeserving, outsiders.

Where these attitudes are held by professionals, who are after all, members of the public too, they become self-fulfilling prophecies of hopelessness and helplessness. If people who are struggling with addiction are surrounded by these views and treated accordingly, and if they have no examples or role models of recovery around them, how will they ever believe that they could recover?

Evidence would suggest that in the first year after people detox from alcohol or heroin, the likelihood of relapse is between 50 and 70% but by the time they get to five years of consistent sobriety or abstinence from their problem drug, the likelihood of relapse has dropped to 15%, on average it takes about 5-years from the point of putting down drink or drugs, until people can self-sustain their recovery journey.[1] People do recover, in fact, most people do recover.

Research shows that when people reach five years into recovery, not only do they become active contributing citizens with strengths and assets, **they become 'better than well'**, they volunteer more, they're more active in the community, they take fewer duvet days. This 'better than well' phenomenon is one that everybody benefits from.[2]

In keeping with the Five Ways to Wellbeing which are based on years of scientific research and show that human connections are the number one factor in all our wellbeing,[3] the evidence base for recovery places huge emphasis on social networks and transitioning from excluded networks of fellow addicts and drinkers, to pro social networks. In all models of 'recovery capital', social capital comes before personal, human, community or cultural capital, which are the foundation of long-term recovery. While treatment is essential and even lifesaving for many, it is the contagion of hope that's at the heart the recovery process. Recovery is contagious but you've got to expose yourself to it to catch it.

Where people recover without support or treatment, 'natural recovery', occurs if people still have some of that capital, not lost their jobs, their homes, or their family. For people who do lose all those things, it's a long slow process to rebuild and recover.

> *"Those who possess larger amounts of social capital, perhaps even independently of the intensity of use, will be likely candidates for less intrusive forms of treatment"* [4]

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[1] *Inside Health, BBC Radio 4 Feature – Drug Addiction Recovery, with Prof. David Best, 07/02/2018, https://www.bbc.co.uk/programmes/b09qd716*

[2] *Inside Health, ibid*

[3] *Five Ways to Wellbeing: Communicating the evidence, 2008, Jody Aked, Nic Marks, Corrina Cordon, Sam Thompson https://neweconomics.org/2008/10/five-ways-to-wellbeing*

[4] *Cloud, W. & Granfield, R. (2008) 'Conceptualizing Recovery Capital: Expansion of a Theoretical Construct' in Substance Use & Misuse, vol. 43, no. 12-13, pp. 1971-1986.*

Therefore, there is a core requirement that there are external supports at the start of that process but also throughout it, to build the infrastructure around people to enable them to recover.

What is Recovery?

Those entering treatment services tend to have lower levels of personal and social capital and are more vulnerable.[5] The role of recovery-oriented support is to help and support the person and their significant others, to build their recovery capital and become less reliant on treatment services, helping with the identification of personal and social capital that builds on people's strengths, resources, resilience and ability to manage their own life. This is in stark contrast to a deficit-based approach that highlights problems and needs.

There are two key predictors of positive quality of life for people in recovery,[6] they are

- Higher number of non-using peers in recovery
- More meaningful activity in the last month

'Recovery capital' describes the range of factors in and around an individual that can help and support them in finding their route to recovery and to stay in recovery even after lapses or in difficult times. Today, recovery capital is broken down into four main categories:

Human recovery capital includes your values, skills, knowledge, experience, education, interpersonal skills, and problem-solving abilities. It also includes certain personality traits, such as self-awareness, self-esteem, optimism, conscientiousness, confidence, perseverance, humility, and a sense of purpose. They are the qualities that make an individual attractive and are the means for forming friendships, relationships, and support.

Physical recovery capital represents the most basic needs for ongoing maintenance – a safe place to live, enough to eat, adequate clothes and access to transportation. Without this, an individual will not meet the bare minimum of recovery capital needed to maintain recovery. There are further physical needs such as good health, financial security and an ability to be able to generate income through skills and employment.

Social recovery capital is all your relationships, these could be intimate relationships, family, at work relationships, friendships, or members of your sober network. Social capital means you are surrounded by people who support your recovery and other positive changes. This can be found in the form of peer-led support groups such as AA and NA. It could be participating in groups who share a common interest, maybe with charitable aspirations or focused on the growth of spiritual practice.

Cultural recovery capital is the support available through your community and culture, it could be your local community, neighbourhood, the broader community, or communities of shared interest (groups). It includes things like access to treatment and mutual aid groups like AA or NA meetings. Recovery could grow if the individual chooses to invest in a social setting where sobriety is at its core which is why many in recovery become more involved in the

[5] *Drug Treatment and Recovery, Dr David Best, Presentation, 2010*
[6] *Drug Treatment and Recovery, Dr David Best, Presentation, 2010*

church. Therapeutic support or self-help tools aid in planning how you will increase your recovery capital. You can choose where and who you spend time around, avoiding people who are not supportive.

Think of recovery capital as money in the bank. Every time you learn a new skill, make a new friend, pay off a debt, save a little money or help someone else, you are making deposits to strengthen your recovery. The more deposits you make, the more you can withdraw in the form of support, self-esteem and purpose that will serve to motivate you in difficult times.[7]

The advantage of a quality treatment program and therapeutic intervention is that it will help you develop physical, human, and social capital. Treatment is effective in destabilising addiction and the early stages of recovery can be initiated in treatment. A recovering individual moves from a problematic drug using culture to one which supports recovery, each with its own cultural values, language, symbols, rituals and rules. Individuals may need support from a recovery "guide" or "role model" with knowledge of both cultures.[8]

The aim of recovery (and therefore treatment) is for marginalised individuals and families to develop healthy, supportive and contributing relationships within their community. Recovery can only be maintained in natural community environments and if treatment services do not work with individuals to build individual, family and community recovery capital, they will be continually recycled through the treatment system.[9]

Definitions of Recovery

Many people have had a go at defining recovery over the years, often from a perspective that has taken one preferred route over all others, or that has come from a moralising perspective in the first place, as with abstinence only definitions. William White was one of the first people to acknowledge and start to evidence that outside of treatment services there was a wider recovery community arriving via the mutual aid (AA/ NA) route, and as many again finding their own routes to 'natural recovery' without ever going near a treatment service, he said "Recovery is a reality" and "There are many pathways to recovery and ALL are cause for celebration"[10]

There is an established definition from the U.K. Drugs Policy Commission (UKDPC)[11] in 2009:

> *"The process of recovery from problematic substance misuse is characterised by voluntary-sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society"*

This works well as it is not solely abstinence focused but can include people receiving substitute prescribing and/or using drugs recreationally in a controlled way; it provides a

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[7] *Adapted from "What is Recovery Capital?", https://addictionsuk.com/blogs/recovery-capital/*
[8] *Bamber, S. (2010). Recovery writing volume one: 2009-2010. Manchester: The Art of Life Itself.*
[9] *"Recovery: The treatment - peer support continuum", B-DAAT, Feb 2009*
[10] *"The New Recovery Advocacy Movement", Peter Rainford, Recovery Rising Issue 6, Spring 2011*
[11] *Bamber, S. (2010). "Recovery writing volume one: 2009-2010". Manchester: The Art of Life Itself.*

framework in which individuals can develop a personal definition of recovery; and it avoids the false polarisation of harm reduction and abstinence.

When does the recovery journey begin? When you make the decision, when you walk into treatment, when you achieve your first day without your problem drug, when you leave treatment? Or as Phil Valentine, of CCAR (Connecticut Community for Addiction Recovery) put it, "You are in recovery when you say you are".[12]

Background to a community-based recovery offer

The movement towards more joined up systems of care in the alcohol & drugs field can be tracked back to William White's identification of the need for a Recovery Advocacy Movement in the USA as far back as 1997.[13] Skip forward ten years and the National Treatment Agency which was already making great strides in improving treatment outcomes, began to embrace the recovery agenda in the UK too with the publication of the Routes to Recovery series of practitioner tools.

In the past decade, the health and social care sector has seen a greater recognition and gradual implementation of person centred and strengths-based approaches to helping people (such as the 3-Conversations model), and that building connections and aspirations, in communities is a better strategy than focusing on deficits and pathologising people as needy.

Recognising that every person has a contribution to make to the wellbeing of others around them, is a key philosophy of the ABCD movement as much as the recognition that all communities hold a wealth of undiscovered or untapped assets that can contribute to all our wellbeing. The six towns of Sandwell are no different, according to SCVO there are over 1,200 individual voluntary sector groups and organisations in the borough, and therefore hundreds of opportunities on all our doorsteps for people to find things that suit them to help in building their recovery by filling time and developing new skills. Easier said than done, walking into any situation alone for the first time is a scenario that makes most of us slightly unsure, nervous or even anxious, imagine those feelings multiplied threefold when you believe that everybody will judge you and reject you.

What is required is a cultural shift across services and sectors, a shift to where everybody believes in the recovery movement and understands the part that they can play in supporting people in recovery, recovery in all its manifestations including mental health, addictive behaviours (alcohol, drugs, gambling), domestic violence, offending behaviours, homelessness, or any other trauma; the outcome of all this will be a truly Recovery Oriented Integrated System of Care (ROISC).

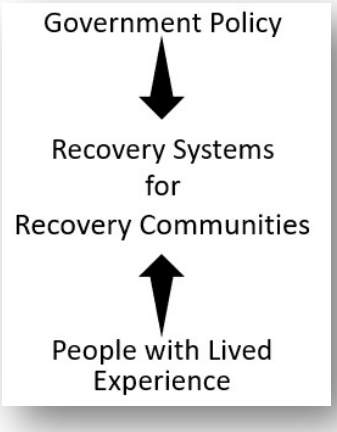
In 2023, the UK recovery movement is vibrant and visible in many towns and cities. There has been an annual recovery walk held in a different UK city each year since 2009. There are hundreds of LERO's (Lived Experience Recovery Organisations) that are entirely run by people with lived experience, there has been a National Recovery Champion since May

[12] *"The New Recovery Advocacy Movement", Peter Rainford, Recovery Rising Issue 6, Spring 2011*
[13] *"The New Recovery Advocacy Movement", Peter Rainford, Recovery Rising Issue 6, Spring 2011*

2019, and just this month (May '23), Middlesbrough has declared itself the UK's first Recovery City.

A genuinely Recovery Oriented Integrated System of Care[14] looks like this:

- Real informed choices at each stage of treatment process
- Medical and psychiatric support
- Mutual aid
- Assertive linkage
- Long-term pathways to recovery
- No stuck staff and no stuck clients
- Lived Experience Recovery Organisations
- Supportive peer recovery activities and networks
- Celebrations of success



Mutual Aid

Because "recovery is constructed in communities of recovery or recovery communities", there is a need to foster the growth of these in every area. One of the biggest assets in the community is the anonymous 12-step fellowships like AA and NA, and more secular psycho-social groups like SMART UK or the groups referred to as an example in the Linxs Report that are facilitated by DATUS in Birmingham, it is these groups that already form the nucleus of recovery communities across the UK and the US.

The act of talking with others going through the same battles is immensely powerful in finding motivation, encouragement, and even support to stick at it. If there isn't a meeting near you, start one, somebody has to. I strongly recommend finding a mutual aid group to suit you. Don't be put off by the things you have probably heard the most, that it is God based, or that you must work the 12-steps, that is not the case. The references to God have been replaced by 'Your Higher Power', and there is no requirement to start the steps straight away.

It is an interesting fact that as a member of a 12-step fellowship such as AA, NA, or CA, you could get off a plane anywhere in the world and find a welcoming recovery community.

Mutual aid organisations such Al-Anon, Alcoholics Anonymous, Cocaine Anonymous, Families Anonymous, Narcotics Anonymous and SMART Recovery also have a vital role to play and can support the drug and alcohol treatment system, helping people to achieve and maintain recovery.

[14] *Adapted from: Drug Treatment and Recovery, Dr David Best, Presentation, 2010*

Sandwell Drug and Alcohol Strategy 2022

In autumn 2022 SDAP published the new Sandwell Drug and Alcohol Strategy 2022-2032[15] following a Substance Misuse Needs Assessment (SMNA) carried out by S-Squared (S^2). The strategy addresses the three themes of From Harm to Hope[16], the national drugs strategy published in December 2021: Breaking Drug Supply Chains; Delivering a World Class Treatment System; and Reducing Demand for Drugs. Recovery is addressed within the Treatment section and the SMNA made the following recommendations regarding recovery specifically:

COMMITMENTS - RECOVERY

HEALTH AND MENTAL HEALTH

COMMITMENT 1: We will work to ensure that the mental health needs of those with a drug or alcohol problem is addressed in a joined-up way.

COMMITMENT 2: We will work to ensure that those with a drug or alcohol need have appropriate access to physical healthcare.

JOBS & PURPOSEFUL ACTIVITY

COMMITMENT 3: Regarding employment and other purposeful activity, we will continue to improve the response of employment services and relevant community organisations to those with a drug or alcohol need.

HOUSING

COMMITMENT 4: We will continue to develop our response to those with drug or alcohol problems and ensure that people's ability to engage in treatment is not hampered by their need for support with accommodation.

SOCIAL AND PEER SUPPORT

COMMITMENT 5: We will ensure that peer-based recovery support services and communities of recovery are linked to and embedded in Sandwell's drug and alcohol treatment system.

COMMITMENT 6; We will engage with people with living or lived experience as we develop and strengthen our pathways into recovery services outside of treatment and the services themselves.

In addition to the commitments of the Strategy, the SMNA also made the following recommendations based on key findings:

- More community outreach locations should be explored around the borough.
- Substance misuse policies in all partners.
- Written pathways into specialist drug and alcohol treatment in all partners.
- There should be an aim in Sandwell for all services to work towards achieving a Recovery-Orientated Integrated System of Care (This will require action from all partners in the SDAP to actively engage, promote, and enable a ROISC in Sandwell).
- Drug and alcohol champions amongst social workers who are upskilled in the available services locally and how to identify and work with those young people who have a drug or alcohol problem.
- Probation staff could also be upskilled regarding brief interventions.

[15] *Sandwell Drug and Alcohol Strategy 2022-2032, SDAP*

[16] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021*

- IBA use should continue to be promoted amongst partners.
- Explore upskilling of housing practitioners.
- Upskilling of current services working with families regarding drug and alcohol needs.

The Sandwell Drug and Alcohol Strategy 2022-2032 will be owned and taken forward via the local Sandwell Drug & Alcohol Partnership (SDAP) however we recognize the need to ensure its ownership across other relevant partnership meetings including Safer Sandwell Partnership, and the local Health & Wellbeing Board amongst many others.

The Sandwell Recovery Report

Delivered in April 2023, the Linxs Recovery Report for Sandwell[17] reviewed the first-hand accounts of interviewees to identify a range of barriers to recovery in Sandwell, several which were barriers to even entering treatment, let alone recovery. The report looked at case studies of recovery projects, services and groups in several locations from Australia and Sheffield, to neighbouring Birmingham.

The following key themes and barriers emerged from the LINXS consultation process:

- Benefits of Peer Group Work
- Signposting and Referral for Substance Misuse Support at Point of Disclosure
- Department of Work and Pensions (Job Centres)
- Experience of Mental Health Services
- Need for Longer-term 1:1 and Community-based Support
- Lack of Information Concerning a Wider Recovery Offer
- Supported Housing Accommodation and Resettlement
- Volunteering Opportunities
    - (a) Current opportunities
    - (b) Untapped potential
    - (c) Overcoming stigma
- Lack of Education and Support for Families
- Culturally Based Support – Is a Faith Based Approach an Enabler or a Barrier?

In the recommendations section of the report there were three levels or stages of engagement with the recovery community that were outlined: involve, collaborate and empower, which form the progressive stages outlined in this proposal; as well as the ten direct recommendations that Linxs made which were:

- A Community-Based Recovery Offer
- West Bromwich Leisure Pass
- Appropriate Response in Primary Care Settings
- First Responder Responsibilities
- Accessing Mental Health Support
- 1:1 Longer-Term Recovery Support
- Substance Misuse Support within Supported Accommodation
- Availability of Family Support

[17] *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

- Recovery Support Regardless of Cultural Background

Drawing on these reports, this implementation plan sets out to establish a Recovery Oriented Integrated System of Care (ROISC) that would address all these barriers and deliver each of the recommendations. Current services in Sandwell are available to all residents regardless of culture or ethnicity, ensuring that people are confident in accessing the support available and are knowledgeable about it, is an ongoing challenge.

Some of the barriers identified refer more specifically to access to treatment in the first place, a fully developed ROISC will address these obstacles through wider partnership membership and engagement with partners, targeted presentations, training availability, and celebrating recovery at every opportunity.

2. Stakeholders and Partners Responsibilities

Since 2010, recovery has featured significantly in the national drug strategies which have made it clear that there is a duty on all public sector organisations to play their part in enabling communities of recovery to grow and flourish.

> *"We will deliver the key recommendations in part two of Dame Carol Black's review, using a whole system approach, alongside locally-held joint responsibility and accountability, needed to regenerate and revitalise the system"* [18]

Recovery from addiction requires the support and engagement of a range of local agencies, including providers of housing, training and employment, and it is crucial that this partnership approach is reflected across departments to provide better end-to-end management of individuals through the system, 'including a more effective use of pooled funding and individual budgets, with a sharper focus on achieving positive outcomes for drug users, their families and their communities. The scale of change that is required should not be underestimated: planning, training, communication, time and resources are needed for effective participation.[19]

> *"At the heart of our objectives will be effective multi-agency partnerships that bring to life the principles of comprehensive treatment and recovery"* [20]

From Harm to Hope recognises that recovery is a process that takes time to achieve and effort to maintain, and that people need something meaningful to do, somewhere safe to live and a support system in the community. Having a secure home is key to recovery and that treatment is less likely to be effective without this, with a much higher chance of relapse.

> *"Strategic partnership working to develop a Recovery Offer with the local housing services as well as mental health and primary care services"* [21]

HM Government is requiring local areas in England to have a strong partnership that brings together all the relevant organisations and key individuals, and to provide a single point of contact for central government. This partnership must have proactive oversight of the implementation of all three strategic priorities of the strategy and make sure that local organisations work together and jointly agree provision and where they can improve. In Sandwell we already have the SDAP in place and steps are already being taken to widen membership, this plan focuses on the recovery aspect of this and steps to facilitate participation of individuals to represent the recovery community.

Areas in England are expected to produce their own annual report, analysing local performance and identifying appropriate next steps. Organisations must jointly identify how they will address their agreed priorities, allocate their respective resources to meet the joint

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[18] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p32*
[19] *"Whole Person Recovery: A user-centred systems approach to problem drug use", Rebecca Daddow and Steve Broome, November 2010, RSA Projects*
[20] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p53*
[21] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p32*

objectives and identify where they need more support or where government can better enable action or remove barriers.[22]

The emphasis on partnership approaches stems from the principle that people who are engaged in addictive behaviours are entitled to the same services and support as anyone else in the community and that all providers should address the barriers that prevent or deter them from doing so and be proactive in addressing them. This underpins the proposals in this plan which require SDAP partner organisations to develop organisational statements and policies.

A Recovery Oriented Integrated System of Care (ROISC) means that organisations and their staff are given training to understand recovery and the part that they play in supporting recovery.

The aims of the national strategy in terms of the treatment system are recovery oriented and provide a framework for local authority partnerships to build recovery-oriented, integrated systems:

Deliver a world-class treatment and recovery system
We will treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive by:

1. delivering world-class treatment and recovery services – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes

2. rebuilding the professional workforce – develop and deliver a comprehensive substance misuse workforce strategy

3. ensuring better integration of services – making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery and enforcement

4. improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing

5. improving employment opportunities – employment support rolled-out across England and more peer support linked to Jobcentre Plus services

6. increasing referrals into treatment in the criminal justice system – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment

7. keeping prisoners engaged in treatment after release – improved engagement of people before they leave prison and better continuity of care into the community

From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021

[22] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p58*

Communities of Recovery

Social support and networks help people to recover. Local authorities in England are expected to use additional investment to make sure that that peer-based recovery support services and communities of recovery are linked to and embedded in every drug treatment system.

People who have had or who currently have a drug or alcohol problem must be involved in these developments, having input into service provision, improving their treatment experience, and having control over their own recovery. However, peer supporters should not be left to do the work of professionals without appropriate training, pay or support.

At its most effective, co-production is not just about service users being in control of choosing and purchasing services, but about producing their own solutions and generating social capital.

> *"We will support local areas to involve people with lived experience of drug dependence as peer supporters and recovery coaches and, at a national level, encourage the development of a flexible and innovative network of recovery organisations"* [23]

The proposals that follow aim to create a framework and infrastructure for the recovery community to grow and thrive in Sandwell, for new groups to develop into constituted bodies and to challenge the stigma and prejudice that restricts people from moving on in life.

[23] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p40*

3. Implementation Proposals

3.1 Strategic Framework for a Recovery Oriented Integrated System of Care (ROISC)

3.1.1 With the aim of developing an integrated Recovery Oriented Integrated System of Care (ROISC) across Sandwell, the Sandwell Drug and Alcohol Partnership (SDAP) will continue to expand its membership to ensure full representation of services and groups working across our Borough. Present and proposed membership of the SDAP is specified in the Sandwell Drug and Alcohol Strategy (p12).[24]

3.1.2 SDAP will also welcome the input of people with lived experience, to facilitate this the Drug & Alcohol Partnership Project Officer (Nick Shough), will continue to provide opportunities for representatives of the recovery community to attend public networking meetings. We will offer an 'Attending Meetings' workshop working in partnership with Sandwell Safeguarding Action Board (SSAB) who already offer a 'Chairing Meetings' course which would be a further progression opportunity for people.

3.1.3 The members of SDAP will be surveyed to establish and map their present and potential recovery-oriented provision, using criteria from the CQS Self-Assessment[25] tool for partnerships, it is hoped that this exercise will raise awareness of the role they already play in people's recovery journeys (good and bad), within partner agencies at a senior level, identify gaps and raise expectations for building an integrated ROISC.

3.1.4 The next step in establishing a Recovery Oriented Integrated System of Care (ROISC) across Sandwell, will be to ask all partners to sign a pledge, committing to work towards this. Each partner organisation will be asked to produce its own statement of commitment to the ROISC, stating what their organisation offers to support recovery and how they will ensure their workforce are fully informed and fully committed to the ROISC.

3.1.5 To promote community wide understanding and belief in recovery, the Drug & Alcohol Partnership Project Officer (PPO) will actively promote the ROISC at forums and public events, offering to present to partner organisations, services, and teams on ROISC Development, encompassing Recovery Capitol and the Five Ways to Wellbeing in an ABCD Strengths Based Model; working to promote the **widest definition of 'recovery'** so as to encompass mental health (anxiety, depression, PTSD, trauma, abuse) and addictive behaviours (alcohol, substances, gambling, gaming, pornography and sex).

> *"We must begin to create naturally occurring, healing environments that provide some of the corrective experiences that are vital for recovery"* [26]

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[24] *Sandwell Drug and Alcohol Strategy, Sandwell Drug and Alcohol Partnership (2022)*

[25] *CQS Self-Assessment tool and guidance: https://www.gov.uk/government/publications/commissioning-quality-standard-alcohol-and-drug-services/commissioning-quality-standard-alcohol-and-drug-treatment-and-recovery-guidance#introduction*

[26] *Bloom, S. L. (2006). Trauma-Informed Systems Transformation: Recovery as a Public Health Concern. Report for the Trauma Task Force, Department of Behavioral Health, City of Philadelphia, Philadelphia, PA*

3.2 Empowering the Recovery Community

3.2.1 Planning A Recovery Networking Conference

Every year around the world, September is marked as International Recovery Month. We will be holding our first recovery event in Sandwell, the recruitment of volunteers to help plan and facilitate this has begun. The aim of this will be to bring together all our stakeholders, partner organisations, the community sector, recovery groups and people with lived experience; to promote and celebrate recovery in Sandwell.

3.2.2 A community- based recovery offer

Sandwell Public Health will initiate a mapping project to produce a Recovery Directory for Sandwell, people with lived experience will be recruited to undertake this, visiting services, groups and businesses that can play any part in helping individuals to build their recovery capital in the community, including volunteering opportunities.

> *"Too many people in recovery feel they have nowhere (else) to go and are not being introduced into services/groups/activities"* [27]

Volunteers will receive training in asset mapping skills to produce a listing of all resources, activities, groups, and volunteering opportunities that are available that may support individual recovery planning; identifying what there is as well as what there isn't on a town-by-town basis.

The directory will be promoted online via social media, as well as in print format for distribution. *"Other areas have coordinated this through a Facebook 'recovery community' to provide a source of information as well as a route to peer support"* [28]

Volunteers involved in this project will then be tasked to raise awareness of these resources and help to engage people who are new to addiction recovery into these local resources.

3.2.3 Co-production

Through direct networking, advertising, targeted mailings and word-of-mouth, we will be recruiting people with lived experience of recovery to form a **ROISC Strategic Planning Advisory Group (SPAG)**, to meet bi-monthly or quarterly.

> *"Tapping into the large number who want to 'give something back'** and introduce locally based peer support"* [29]

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[27] *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

[28] *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

[29] *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

*** The notion of 'giving back' to society has become ingrained in the recovery mindset dating back to at least the 1980's but its use is discouraged as it implies that something was 'taken' from society. A more positive phrase such as 'paying it forward' is preferred.*

This forum will consider a range of issues including but not limited to current service provision, service development, harm reduction, campaigns and promotions, gaps in provision, funding priorities, new projects, activities, and events.

This will work like a ward meeting of the Recovery Community, meetings will be open to all with a chair and elected representatives who will attend SDAP and other forums where they are welcomed.

Working towards full co-production of services based on the following key principles:

- Genuine relationship building and a long-term commitment.
- Clarity about the influence being afforded.
- Routine feedback on developments made due to co-production processes.
- Ensuring that power imbalances are addressed; and
- Comprehensive support for participants.

An appropriate program of training will be developed with local partners and offered on a rolling basis so that new participants are offered the chance to develop their skills.

3.3 Opportunities for Recovery Building

3.3.1 Mutual Aid

There are presently just three AA groups that meet in Sandwell and there are no mutual aid meetings for drug users in Sandwell; there are nine N.A. meetings within a five-mile radius of Oldbury Council House but none are within Sandwell.

The Drug & Alcohol Partnership Project Officer will be collating a list of available venues that could be available for N.A. groups in the six towns, to run at different times and make this available to anyone wishing to start an N.A. group.

Staff and volunteers at Cranstoun who are already trained as SMART UK facilitators are planning to reinstate a SMART UK group to meet once a week at Cranstoun.

We will begin discussions with DATUS to deliver the use of the LIFE & ACT model which they use, that is based on evidence-led methods. DATUS have over fifteen years' experience of setting up and facilitating mutual aid group meetings in locally based settings and are themselves a LERO (Lived Experience Recovery Organisation.

3.3.2 Volunteering

The Linxs report identified that while there are many potential volunteering opportunities for people in Sandwell, there is a lack of coordination to enable the recovery community to tap into these. We will ensure that there are links to volunteering opportunities for anyone who has started their recovery journey, by engaging with volunteer coordinators and particularly with SCVO (See glossary) to:

- Identify organisations who can provide opportunities. Some are already engaged and unused – e.g. projects that have received small 'recovery grants' from PHABT
- Coordinate volunteering to match individuals with organisations, and ensure appropriate support is provided.

We know that volunteering can play an enormous part on the route to recovery, developing self-esteem and building confidence, meeting new people and social interactions, taking on commitments, keeping to a schedule, managing money or resources, learning new skills and starting to build a C.V. for the future. Volunteering also addresses the Five Ways to Wellbeing by providing social connections and the giving of time, which returns a personal sense of fulfilment and self-esteem.

3.3.3 Employability

The Public Health Drug and Alcohol Team will work with all agencies in the employment sector to promote understanding of the 'Better Than Well'[30] philosophy and evidence base, so that those services are able to proactively challenge the stigma and other barriers experienced by people with past experience of addiction who are re-entering the labour market. There is a place on the SDAP for the Department of Work and Pensions (DWP) who have a responsibility to help people in recovery to return to work.

On the Route2Wellbeing portal provided by SCVO, there are 53 organisations in Sandwell who offer employability support at some level, ranging from Job Clubs, to dedicated projects like BBO Bridges and Just Straight Talk. The Drug & Alcohol Partnership Project Officer (Nick Shough), will engage with these services offering presentations and/ or staff development workshops which will be co-facilitated and eventually completely facilitated by people with lived experience.

3.3.4 Sandwell Recovery Academy

To provide a framework for people in recovery to transition from client, to volunteer, to mentor, to coach, to professional, there are a number of short and longer courses that we are aiming to develop with partner organisations in the education field. as the demand or need arises including asset mapping, basic research, public participation, mentoring, coaching and more, at various levels up to level-2.

We will develop a **Recovery Network Training Program** offering:

- Attending meetings and Chairing meetings training
- Asset mapping training
- Peer Mentor training
- Recovery Coach training
- Presentation skills, and Training the Trainers Training
- Accredited NCFE level 2 training courses which could include: Drug Awareness, Alcohol Awareness, Health and Nutrition, Counselling Skills, Safeguarding, Domestic Violence, Mental Health, Advice and Guidance, Research Skills

Offering multiple levels of learning to prepare individuals for a variety of roles and responsibilities that may emerge as the recovery community grows.

3.3.5 Promoting 'Bumping Spaces' in each town

In Cradley Heath, the Community Links Café offers support sessions and opportunities to people in recovery alongside the rest of the local community, and Cranstoun now provide satellite surgeries

[30] *Inside Health, BBC Radio 4 Feature – Drug Addiction Recovery, with Prof. David Best, 07/02/2018,* https://www.bbc.co.uk/programmes/b09qd716

there on a weekly basis. We would like to support developments like this in the other towns of Sandwell, initiated by and involving the recovery community, this might begin with regular drop-in sessions or meetings in community centres or community cafés.

- There will be a live online calendar of groups, activities, drop-ins, meetings
- This and a fortnightly newsletter will be produced by the asset-mapping team and the SPAG

3.3.6 Fostering Recovery Enterprises

By ensuring that there is a solid educational offer available to people in recovery who wish to learn and gain formal qualifications to various levels to suit everyone, and as the recovery community grows and matures in coming years, we hope to foster and support the emergence of **Lived Experience Recovery Organisations (LERO's)** in Sandwell providing a range of roles and opportunities similar to these which exist in many LERO's across the UK, for example:

- Peer volunteers: getting involved in activities or events, supporting projects or activities.
- Peer buddies: buddy-up and do things or go places together, attend mutual aid groups with others and introduce and welcome new members.
- Peer mentors: proactive in exploring and leading others to engage in the assets on offer in their local area, promoting and attending mutual aid groups.
- Peer coaches: motivate people in their recovery journey, support them to solve their own problems, drawing on existing strengths and building new skills and networks.
- Peer outreach: engaging the hardest to reach groups, people who are severely self-neglecting, homeless people, asylum seekers, etc.
- Peer advocates: supporting people to assert their rights and representing those who need someone to represent their best interests.
- Peer educators: trained to co-facilitate and facilitate training to services on alcohol and drugs awareness, harm reduction, and recovery.
- Harm Reduction Peers: promoting safer injecting, promoting naloxone and overdose prevention, BBV testing, removing drug litter.
- Recovery Ambassadors: volunteering, promoting recovery, giving talks and presentations, and making recovery visible.
- Mutual Aid Facilitators: trained to set up and run recovery support groups such as SMART UK or other models (NA do this through the fellowship meetings).
- Ear Acupuncturists: training registration and insurance to provide treatment that supports the immune system, is calming and balancing.

There are numerous LERO's that began as voluntary endeavours, that have grown into social enterprises, able to receive grants, win contracts, and employ people with lived experience in paid positions; SCVO will support groups that wish to formalise into an association, social enterprise, CIC (Community Interest Company), business, or charity, provide development advice and working with local organisations who help social enterprises or businesses get started.

We will support any LERO's that emerge in Sandwell, to identify and apply for funds, with finding premises if applicable, and linking in with recovery groups and LERO's elsewhere. We

would be delighted to see the emergence of a localised recovery centre/ hub/ café in each of the six towns of Sandwell.

3.4 Workforce Development

The Public Health D&A Team will work towards a Sandwell training offer that is delivered by peer educators with lived experience, trained to co-facilitate training to services and businesses on alcohol and drugs awareness, harm reduction, and recovery.

3.4.1 Roll-out of SBIT (Practitioner) training with Cranstoun and with DECCA.

3.4.2 Collaborating with Cranstoun and DECCA to develop and embed recovery planning skills.

> *"We need to rebuild the sector's health professional workforce and improve the level of skill and training among drug workers and peer recovery workers, so that they are all well equipped to deliver the psychosocial and health interventions that drug users in treatment require to succeed. This workforce will also be better able to address the trauma and mental health problems which can underpin a lot of drug addiction, and will be agile in responding to the needs of different populations, including women, people who are LGBT, and people from ethnic minority backgrounds."* [31]

3.4.3 Develop a new (advanced) training program on Building Recovery in the Community, to be available from 2024 that is delivered by people with lived experience.

3.4.4 Promoting and supporting Cranstoun bespoke training offer to all partners and developing targeted programs for staff in housing and probation services, as recommended by the Linxs report.[32]

3.4.5 Identify, nurture and support staff Recovery Champions in each service.

3.4.6 Embed Recovery Ambassador volunteer opportunities in partner organisations. Numerous cross-sector partners (e.g. housing, employment, family support) sign-up to offer placements – embeds volunteering within a committed partnership network. The provision of a lived experience perspective to the service in which the individual is placed enables the service to be more responsive to addiction and recovery needs moving forward.[33]

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[31] *From harm to hope: a 10-year drugs plan to cut crime and save lives, HM Government, December 2021, p36*

[32] *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

[33] *Linxs Consultancy for Sandwell Council: Review of Local Lived Experience Mechanisms and the Effectiveness of the Recovery Support System in Sandwell, Linxs, April 2023*

4.0 Indicators of Success

- Individual level: improved quality of life; increased community engagement; meaningful activity
- Family level: lower symptomatology; reduced inter-generational transmission
- Communities of recovery: vibrant and dynamic, based on choice and empowerment
- Changes in lived communities: recovery community perceptions and actions
- Tipping points: recovery as prevention and public health

A more detailed monitoring schedule is still in development and will be shared with SDAP at the meeting in September.

Appendix 1

Glossary

AA	Alcoholics Anonymous
AOD	Alcohol and Other Drugs
BCHFT	Black Country Healthcare NHS Foundation Trust
CA	Cocaine Anonymous
CQC	Care Quality Commission
D&A	Drugs and Alcohol
DNA	Did not attend
EBE	Expert by Experience
EBI	Evidence-Based Intervention
EDI	Equality, Diversity and Inclusion
IAPT	Improving Access to Psychological Therapies Programme
IBA	Identification and Brief Advice
ICS	Integrated Care System
ICP	Integrated Care Partnership
LEC	Lived Experience Consultant
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
NA	Narcotics Anonymous
NICE	National Institute for Health and Clinical Excellence
PBRSS	Peer-based recovery support services
PCN	Primary Care Network
PHABT	Public Health Addictive Behaviours Team
PPO	Partnership Project Officer
ROISC	Recovery Oriented Integrated System of Care
SBIT	Screening and Brief Intervention Tool
SCVO	Sandwell Council of Voluntary Organisations
SDAP	Sandwell Drug & Alcohol Partnership
VCSE	Voluntary Community and Social Enterprise

Appendix 2

Commissioning Quality Standard: Alcohol and Drug treatment and Recovery Guidance, HM Government, 2022

To assess whether local partnerships and commissioners are delivering effective local services government has also set out a Commissioning Quality Standard. The standard, which has an accompanying self-assessment tool, includes elements which highlight the need to include those with experience of local services and of using drugs and alcohol in the design and oversight of work locally.

Standard 3.3 is probably most associated with the focus of this review where the partnership should enable recovery-oriented systems of care. Here the partnership should actively enable and promote recovery-oriented systems of care so that there is a hope and ambition for every person who enters treatment to recover and live a life independent of services. The eight criteria for this standard being:

3.3.1 The partnership actively promotes support that makes recovery more visible and increases opportunities for people to recover, such as recovery communities. Local systems also support people in different stages of recovery, including through abstinence-based recovery and medically assisted recovery.
3.3.2 Recovery-oriented systems of care integrate recovery and harm reduction approaches so that they are not mutually exclusive.
3.3.3 People affected by problem alcohol and drug use can see other people in recovery and visible recovery is a strong focus for treatment services. Services support people to identify their post-treatment support needs as early as possible from their initial contact with treatment.
3.3.4 At a minimum, recovery planning includes: housing, learning and employment, people's social connections (friends, family, peers, colleagues), meaningful activity and connections with people in recovery, and recovery networks.
3.3.5 The intensity of support after treatment is tailored to each person and recovery planning incorporates the needs of their families, carers and dependants.
3.3.6 The treatment system is part of a wider recovery-oriented system of care and the partnership explores opportunities to align, integrate or co-commission treatment and other recovery focused services.
3.3.7 Organisations that provide care to people with alcohol and drug problems (such as prisons hospitals and mental health facilities) engage treatment and recovery providers to ensure that people are supported to build and maintain their recovery capital.
3.3.8 The recovery-oriented system of care ensures rapid and supported re-entry into treatment for people who have relapsed.

Also of note here, are the following standards which are also related to the inclusion of lived experience and user voices into the commissioning and strategic decision-making process.

- Standard 1.1 – includes having people with lived experience, such as lived experience recovery organisations (LEROs) represented on the strategic partnership.
- Standard 2.1 - understanding local need states the partnership should ensure it has a shared understanding of local need, including the experiences of diverse populations. Included within the requirements for meeting this standard are identifying community assets (like education, employment, mutual aid and leisure activities) that support people affected by problem alcohol or drug use as part of a recovery-oriented

systems of care and incorporating the views of people who may benefit from support for problem drug or alcohol use, including people who are attending treatment and recovery services and those who are not.

- Standard 2.2 – includes promoting recovery within the standard which is related to outlining priorities.
- Standard 2.3 – ensuring services are inclusive and well thought out includes the requirement to ensure services are close to the people they serve and are welcoming and accessible for a variety of groups of people being responsive to their needs.
- Standard 2.3 – this is related to measuring quality of performance and includes criteria that the partnership co-produces monitoring systems with people who use the services, acts on their contributions and provides feedback to them on the actions they take.
- Standard 3.1 – this standard relates to engaging other services and has criteria that states in developing pathways to meet identified local need the partnership should work with stakeholders, including people with lived experience. It also includes criteria which state the partnership should have a local service directory which includes sites of co-located service provision.
- Standard 4.3 – under this standard the partnership should provide a full range of evidence-based support including recovery support. Under criteria 1 this states that recovery-focused support, including housing, learning and employment, personal finance, healthcare, social connectivity, meaningful activity and mutual aid should be included. Criteria 3 also focussed on ensuring that families and those affected by someone's substance use should also be supported.

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#Recovery_is_possible

#Recovery_is_out_there_RIOT

#Recovery_is_contagious-Pass_it_on

#Recovery_is_all_our_business

#Progression_not_perfection

#You're_in_recovery_when_you_say_you_are