

Recovery Journeys

WY-FI Peer Research, Neil Broach (WY-FI Research and Evaluation Volunteer)

June 2018

Peer research Method Statement

This piece of qualitative research on lived experience of recovery journeys, sought the views of people recovering from HARM issues. It has been co-produced with WY-FI Network members and was carried out by co-production workers and designed by a volunteer assistant to the research and evaluation team. It was commissioned by the WY-FI Research and Evaluation Coordinator after a consultation exercise on potential research topics was run at the WY-FI Business Review Event (Oct 2017)

It was designed to examine two topics: Firstly, what type of support people recovering from HARM issues feel they may have missed out on in the past. Secondly, the role of *meaningful activity* in the recovery process. A supplementary topic was the role of the 'recovery community' in supporting people to engage in meaningful activity.

During the design process, consultation and dry-run exercises were held to get initial feedback from WY-FI network members with lived experience (see Annex 1) and their views on how the research questions could be more relatable. The research questions went through a few iterations of refinement and we tried to simplify them as much as possible. This was not a tick box process we were aiming to get forthcoming and insightful feedback from respondents

The research was designed around the premise that there are stages to a recovery process, *e.g. chaos, seeking help, addressing immediate problems, critical change, rebuilding (feeling empowered) and maintaining recovery*. A loose framework for understanding recovery along those lines was found to be helpful. With it in mind we asked at what stage of their recovery people found meaningful activity most helpful. The questionnaire provided a working outline of what we intended by the term 'meaningful activity' (*positive, healthy and motivating*)

The research sessions were organised and run by the WY-FI Co-production team under the supervision of WY-FI's Co-production and Engagement worker. Co-production Champions helped organise the sessions, gaining clearance from management at two hubs; the Vault in Bradford and Calderdale Basement. These are drug treatment and abstinence support services. Network members (experts by experience) also attended, assisting as peer researchers. A beneficiary of WY-FI was also involved in encouraging people to work through the questionnaires at the sessions. As the Co-production and Engagement worker observed; "*if people understand the purpose of the research it helps get better level of engagement*".

One session was reported as being a more challenging environment for the researchers as some 'active substance users' were present. It was also reported that some respondents struggled in comprehending the questions at the sessions. The co-production workers and peer researchers were able to support respondents who, perhaps due to poor level of literacy, had this difficulty.

Most respondents gave their answers in these group session settings, a small number returned answers after completing questionnaires in their own time. A further batch of responses was

obtained from WY-FI's then current cohort of peer mentor trainees with the assistance of the WY-FI Employment, Training and Education Team.

It should be noted that as the bulk of responses were collected in a drug recovery setting, the answers may have a bias in seeing 'recovery' in relation to substance use problems rather than more widely. We didn't seek responses in a more specific mental health setting, for instance.

The responses were collated, producing a cross section of responses to each question so that any recurring themes found across people's responses could be picked out. Where individuals have provided fuller responses, the format of the research allows for a more narrative case study of their individual recovery journey. Responses were anonymous.

Findings: some common themes

1. The research tried to find out what support people feel they missed out on at an earlier stage that might have prevented troubled times.

- Common themes :
 - being denied treatment, detox or change of script
 - More accessible support e.g. out of hours telephone
 - Peer support networks
 - Having more awareness e.g. insight into why using and consequences
 - Mental health support

2. The research tried to find out what kind of personal needs were not being met previously

- Common themes:
 - Mental health (finding suitable meds)
 - Moral support to take part in groups (buddy)
 - Complication of multiple dependencies i.e. psychiatric meds and methadone programme
 - Being able to access empathetic support e.g. one to one talking therapy

3. The research tried to ask what people identified as the turning point and what has enabled them to move on

- Some answers related to recognising the seriousness of their situation – eg imprisonment or losing family. Some with being able to access appropriate support e.g.
 - supported housing, structured groups, support network
 - Encouragement from peers/befrienders/role models
 - New friends and interests

4. The research tried to gauge the role of the 'recovery community' in enabling people to move on to meaningful activity

- Most respondents were positive about the role of peers and support workers in encouraging them to do meaningful activity (have new positive influences)
- A small number felt this had not happened or that there were not options outside the recovery community

5. The research tried to ask whether accessing meaningful activity was more helpful in sustaining recovery or to encouraging people to embark on recovery process

- Most respondents reported that it was important in maintaining recovery
- A large minority stated that it had been lacking before critical change or was harder at that stage
- Others pointed to its role in encouraging and enabling people to make those critical changes

Analysis of common themes

Although many of the research respondents were participating at sessions at drug recovery services much of the responses focus on wider needs, with a lot of responses emphasising the need for psychological/empathetic support through the recovery process

Accessibility of early informal support (guidance)

- Not being able to talk out of hours - Quite a few respondents thought an out of hours telephone support line could have been helpful to them
- Empathetic support: not being able to access one to one support or having a 'buddy' (moral support to go to groups)
- Some felt they had a lack of awareness of why they were using and what consequences would be. (Lack of insight)
 - When asked what would have prevented them being drawn down a bad path one respondent said:
"the pathway was in place from high school and the friends I kept, at that age. I had no concept of addiction or services" and that *"support from someone with lived experience"* may have prevented this.
- Involvement in meaningful activity can play a role in stimulating people to want to make critical changes at the beginning of the recovery journey encouraging them to change (maybe engage with services)

Treatment rules/ decisions preventing the changes in treatment that clients were hoping for. e.g.

- Finding suitable psychiatric meds
- Treatment held up by complication of combination of methadone and psychiatric meds
- Denied treatment or change of script when they felt ready
- Responses from Calderdale and Bradford sessions:
 - *"It was impossible for me to reduce my intake of alcohol so a detox was of the utmost importance, but the panel didn't see this"*
 - *"there was no resettlement plan after detox. Nobody to support you apart from yourself..."*
 - *"..I wanted to reduce on my methadone, but was told to think about it for a month and things got way worse"*

Enablers of critical change

Positive:

- Getting into supported housing, structured groups finding a support network
- Encouragement from peers/befrienders a role models
- Finding new friends and interests
- Meaningful activity can have a role to play for some, but many need to be further along recovery process to get a consistent benefit

Negative:

- being forced to recognise seriousness of their situation e.g. imprisonment or losing family

How effective is the recovery community in signposting and outreach to wider meaningful activity?

- The majority of respondents were positive about peers and workers in the recovery community having encouraged them to participate in meaningful activity in the wider community. This was mostly leisure activities and finding peer support, but also some ETE related activity.
- A small number stated their meaningful activity had not gone beyond the recovery community or did not feel that they had these wider options.

Difficulties for and enablers of people accessing meaningful activity:

- **Potential problems:** Low motivation, social anxiety, overcoming initial trepidation etc, financial expenses, travel difficulties, parenting duties
- **Enablers:** Sense of achievement, living in structured setting, motivation to help others, positive reinforcement, able to be comfortable and honest, knowing others with similar experience involved, free bus pass

Popular meaningful activities, resources, suggestions:

5 aside football, walking groups, music/singing, gym, swim, boxing, I.T. skills, coffee group, cooking, book group, volunteering/facilitating, mentoring, employment, college courses, breakfast club at recovery group,

Resources to link into: wellbeing groups, mindfulness, SMART groups, fellowship meetings/mutual aid, confidence courses

This research summary was written by Neil Broatch - Assistant to the WY-FI Research and Evaluation Team with the input of Dr Mark Crowe, Research and Evaluation Coordinator. Co-production and Engagement Worker Shaun Allison reported on the running of the research sessions.

Annex: Some early findings from feedback on the research design (Dec 2017)

'Recovery stages':

A beneficiary was asked at what stage meaningful activity played a role in his recovery journey. (Walking the dog with peer mentor and helping at a bike shed) It came at an earlier stage of his recovery and played a role in building confidence to engage with services. This would counter any assumption that meaningful activity would be mostly relevant to the later maintaining recovery stages of journey.

Stuck in chaos

Another network member pointed to the role of co-dependent and/or abusive relationships in keeping people in chaos, potentially family issues where courts may take children. They felt that their past experience of service was that mental health issues were not addressed as she was a drug and alcohol service client.

The turning point in terms of wishing to engage constructively with services was about "realising you needed the help". One WYFI worker with lived experience spoke of the "gift of desperation".

Motivations for recovery:

look to be positively focused aspirations such as wanted to help people, pursue your interests, and not just about addressing problems,

Risks:

In terms of people attending recovery groups or common space in Bradford, there was said to be an issue where 'active' clients and those starting abstinence were rubbing shoulders with each other. So that the recovery progress of some is jeopardised by coming into contact with peers that are 'active'. This was a concern mentioned by a worker at 5 Ways in Leeds, who emphasised that they had to be mindful that for instance "payday users" attending groups such as music workshop may potentially facilitate a relapse for other attendees.

Peers and positive citizens:

More positively both those respondents emphasised the importance of peer relationships in mutual support encouragement to find meaningful activity. The worker at 5 Ways spoke of "trial and error" in finding "meaningful activity" that suited an individual and that the aim of recovery workers was that clients move on to being "positive citizens". They were really looking for clients to be abstinent before referring them on to community activities.