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Evaluation of Four Recovery Communities across England: Interim Report Summary

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1. INTRODUCTION

This is a short, plain summary document providing the key details of the first part of an evaluation carried out by the Centre for Public Health, Liverpool John Moores University. The full report can be found at: www.cph.org.uk/publications

The Give it Up Fund defines recovery as: *“A process through which an individual is enabled to move on from their problem of drug and alcohol use with a commitment to abstinence and become an active member of society.”*

The Comic Relief: Give it Up Fund is a pilot programme that aims to develop and build abstinence-based recovery communities, and learn more about their effectiveness. The large grants programme element of the Give it Up

“Russell Brand’s advocacy for abstinence based recovery has been really helpful for us even prior to the comic relief funding... comic relief is so well established and so well loved and our association with this as a funder has been massively helpful.”

Fund is supporting the development of recovery communities in: **Durham** (The Cornforth Partnership, Clean and Sober Living), **Birmingham** (CHANGES UK, Peer led support and mentoring services), **Gloucester** (The Hub), and **London** (Spitalfields Crypt Trust, Choices and Progression) by creating partnerships offering collaborative working and approaches that aim to sustain recovery.

Since September 2014, Comic Relief has been working with the Centre for Public Health, Liverpool John Moores University, to find out how the recovery communities are contributing to ambitions of improved and sustained recovery.

2. MIXED METHODS WITH SOCIAL RETURN ON INVESTMENT

A mixed methods approach was used for the evaluation, which included undertaking an evaluation of the social outcomes using a **forecast Social Return on Investment (SROI) analysis**.¹ The SROI enabled the researchers to look at the social value of the Give It Up fund at **three** of the four recovery communities (Spitalfields Crypt Trust, London; The Hub, Gloucester; CHANGES UK, Birmingham). An **outcome evaluation** was undertaken in the fourth (The Cornforth Partnership, Durham) in order to establish if the programme was achieving its objectives. We also undertook a **process evaluation** to evidence the experiences and perceptions of key stakeholders involved in the delivery of **all** of the recovery communities.

3. FINDINGS

A number of **contextual factors** were identified across the recovery communities that were considered to contribute to the delivery of an effective recovery community: **fostering community (belonging and space), peer support, options/choices, routine and structure, sense of fun, person-centred and not Monday to Friday 9-5pm.**

¹ For further details regarding Social Return on Investment please go to: SROI Network (2012) The Guide to Social Return on Investment. Available from: http://socialvalueuk.org/publications/publications/cat_view/29-the-guide-to-social-return-on-investment [Accessed 24th November, 2015].

3.1 Outcomes

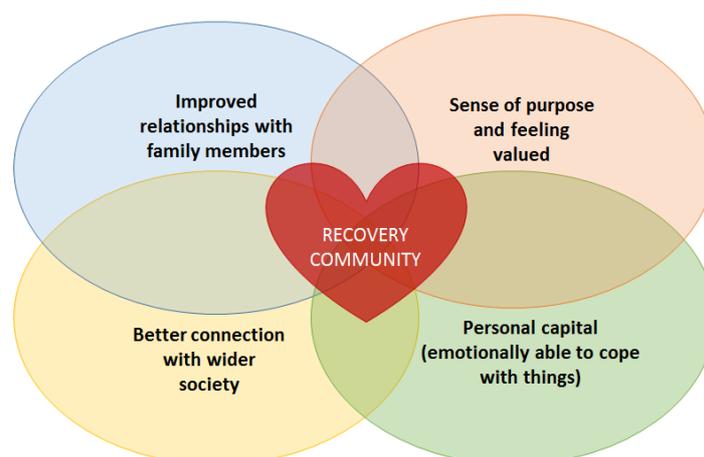
Across the three recovery communities, there were a number of common experiences that were identified by those in recovery:

"I think one of the main things that stands in the way of recovery is the stigma towards people in recovery. A profound lack of understanding not only in general in society, also in the medical field... what addiction is and what is required for recovery....this is an ongoing lifelong challenge for some people and then it can take years to ingrain healthy habits."

- **A connection with themselves** – learning about their assets and deficiencies, a process of self-discovery, building self-confidence and resilience, developing practical skills and knowledge and taking on responsibilities;
- **A connection with peers** – social interaction, making new friends, building trust in others, learning appropriate social skills;
- **A connection with family members** – becoming responsible, building trust, re-establishing positive relationships;
- **A connection with those not in recovery and society** – communication skills, feeling of equality and reduced stigma.

Two recovery communities independently identified four outcomes that were most important and placed them in the same **order of priority: a sense of purpose and feeling valued, personal capital** (e.g. resilience, emotional stability, feeling responsible), **improved relationships with family members and friends, a feeling of being connected or belonging to wider society**. These four outcomes were considered to be inter-related and the ordering revealed the relative value of the outcomes (Figure 1).

Figure 1: Shared outcomes



A process was followed that valued the outcomes (in three of the recovery communities) and considered how much impact these communities could claim; and led to the calculation of the amount of social value created.

- **CHANGES UK peer led support and membership services** were shown to have the potential to create **£9.24** of social value for every £1 invested.
- **Spitalfields Crypt Trust Progression and Choices** was shown to have the potential to create **£6.61** of social value for every £1 invested.
- **The Hub** was shown to have the potential to create **£5.17** of social value for every £1 invested.

It is important to note with each of these analyses that this is a forecast SROI and therefore additional beneficiaries/stakeholders and intended/unintended outcomes may not have been identified.

3.2 Clean & Sober Living evaluation

Weekly therapeutic peer support groups are led by two Clean and Sober Living staff. Engaging with the group which was led by those in recovery helped the service users reconnected with their family and friends, gain the motivation and confidence to stay “clean”, take on responsibilities and start in employment or education.

Professionals who attended Clean and Sober Living’s training on addiction and recovery reported that the training had improved their understanding of addiction, abstinence-based recovery and stigma. Learning about addiction from the perspective of those in recovery contributed to the majority (61%, n=11/18) of participants’ improved understanding. All 18 attendees felt that their ability to communicate with someone in addiction and recovery had improved as a result of the training.

4. CONCLUSIONS AND NEXT STEPS

Across all focus groups participants agreed that once they had become abstinent, it was important to become engaged in positive activities to combat social isolation and return to “normality”. Recovery from substance misuse is a **continual journey** in which the person rebuilds their life and interacts with the world around them. Even though the recovery journey is an **individual experience**, there are **shared stories**. Recovery communities provide a **non-judgemental, safe environment** and the **freedom** in which to build necessary **social and practical skills**. **Peer support** is essential for recovery and those further along the recovery journey act as **role-models** for those less experienced. Nearly everyone in recovery wants the opportunity to “**give back**” to the community. Therefore, members of recovery communities tend to engage in **voluntary and mentoring roles**. These roles provide a foundation for **developing skills** that are vital for **personal progression, maintenance of abstinence and the recovery journey**.

“Recovery isn’t just about being abstinent; it’s about participating in the community, being a kind of positive influence on those around you. Being active, responsible...it can be defined by progress, you know, people who are moving forward....”

Following on from this evaluation, an **evaluative SROI** will be conducted in the **Spring/Summer 2015/16**. The evaluation team at LJMU will **work in consultation** with the recovery communities to **embed continual and longer-term monitoring and evaluation processes** in order to **measure the four key outcomes** identified. Specifically for **Clean and Sober Living** we recommend that they **continue to collect monitoring data on their training** in addition to embedding the above measurement and monitoring tools into their systems.



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