Lived Experience Recovery Organisations in England:

Peer Support as Policy

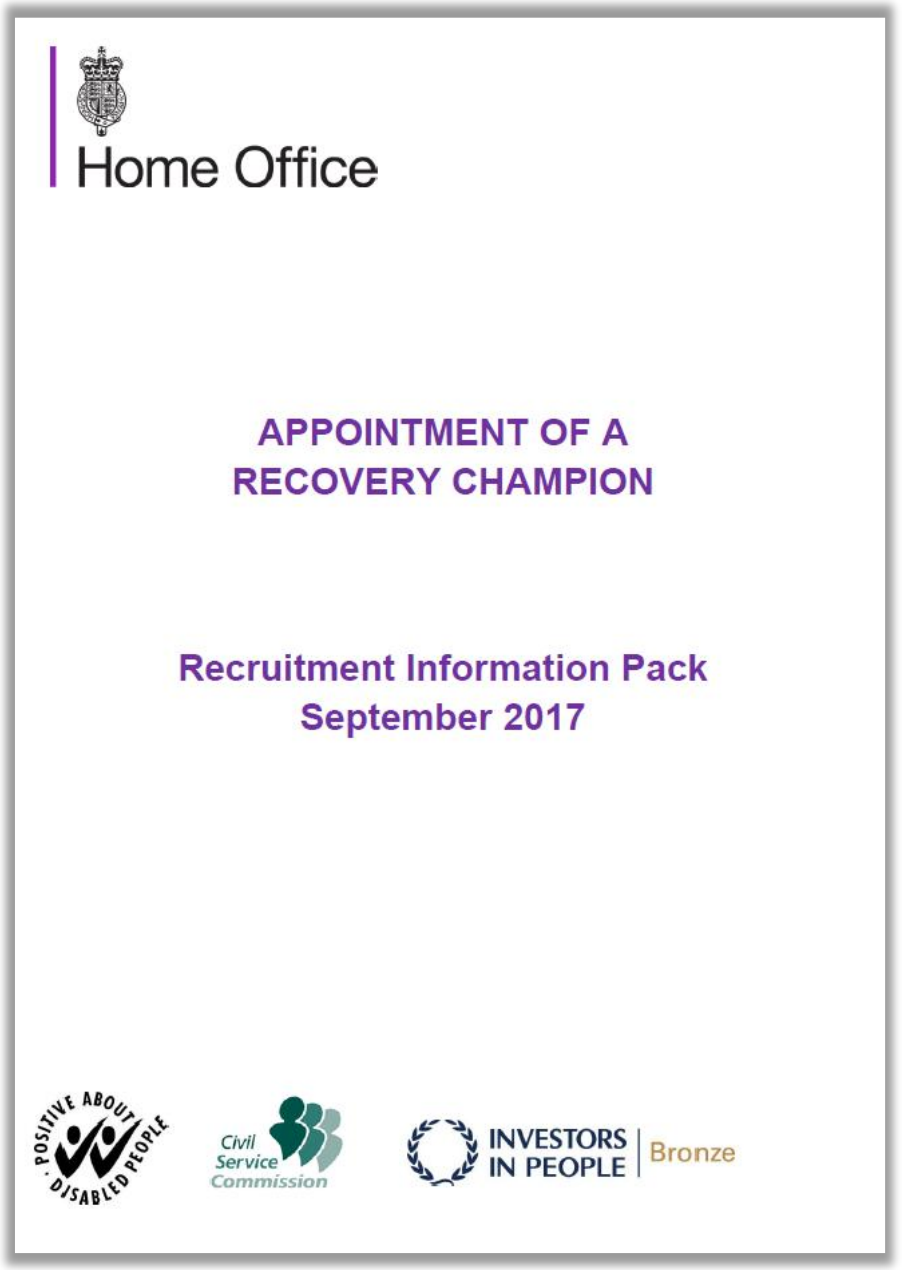
Ed Day
Professor of Addiction Psychiatry

UNIVERSITY OF BIRMINGHAM

Background

- *'…provide a leadership role to help improve the prospects of individuals seeking to recover from substance misuse, galvanising effective partnership working at national and local levels to secure effective recovery outcomes'*

- Encourage greater **partnership** working at a national and local level
- Offer advice on how **evidence-based practice** can be most effectively applied



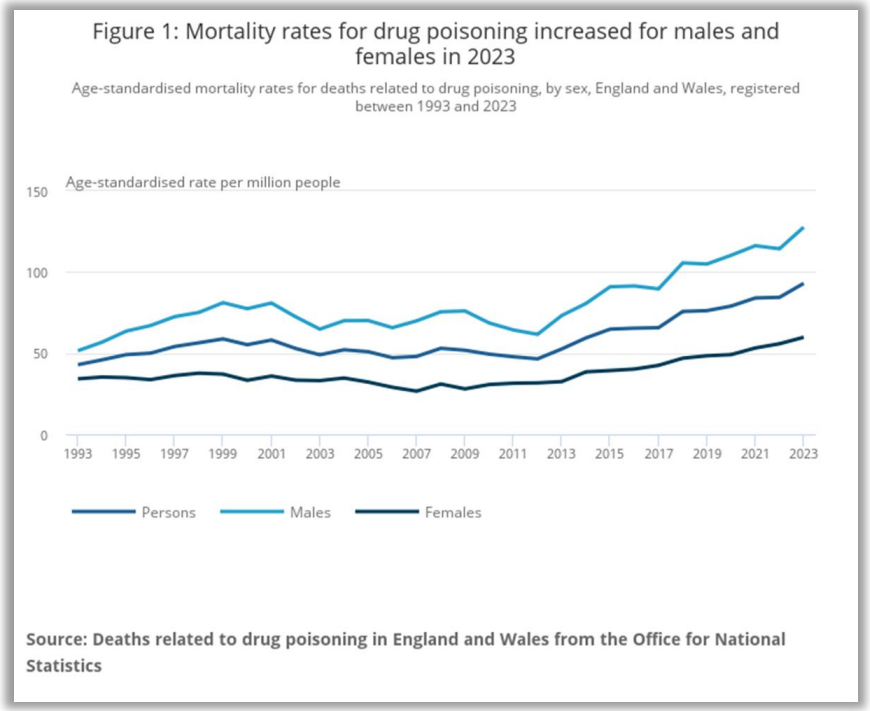
2000s

Expansion of services
Application of evidence-based prescribing
Criminal Justice diversion

2010s

Cuts to services
Recovery and ROSC
More emphasis on peer support





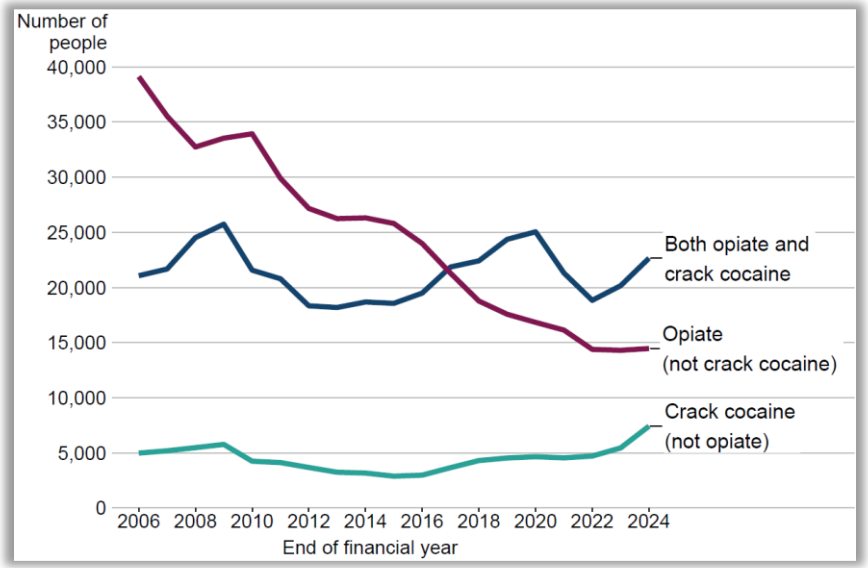
GOV·UK

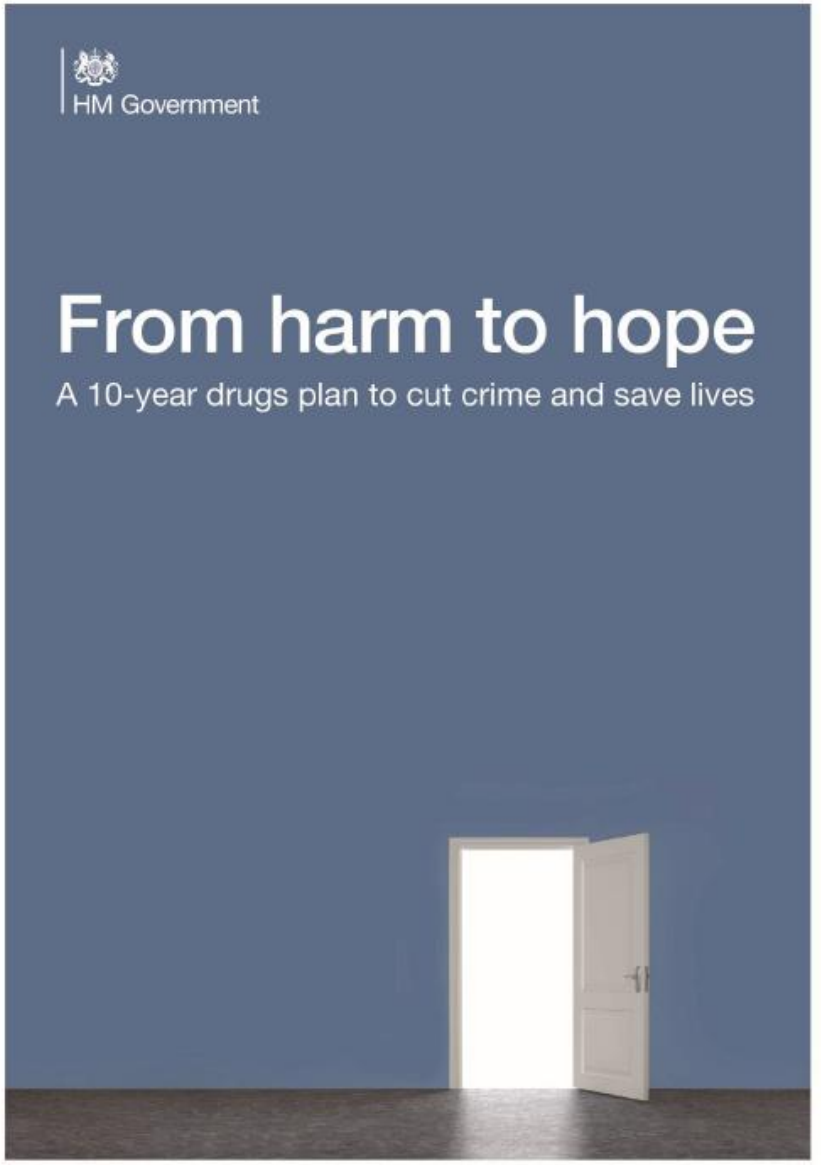
Home > Crime, justice and law

Collection

Independent review of drugs by Professor Dame Carol Black

The review will examine the harm that drugs cause and look at prevention, treatment and recovery.





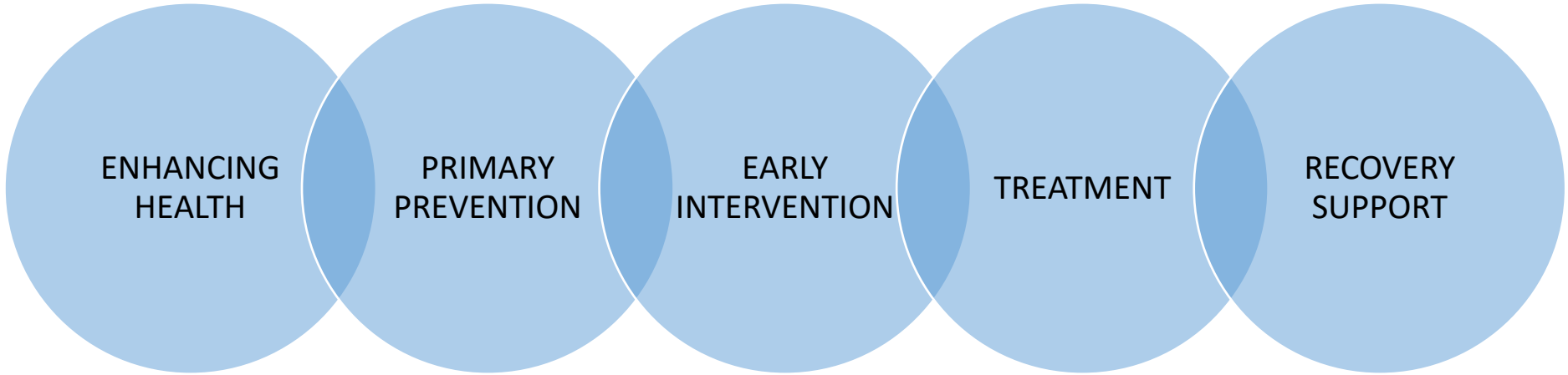
Social or recreational use of alcohol or drugs

Use of substances in a manner, situation, amount or frequency that can cause harm to the user and/or to those around them

Functionally significant impairment caused by alcohol or drugs, including health problems, disability, and failure to meet responsibilities at school, work or home

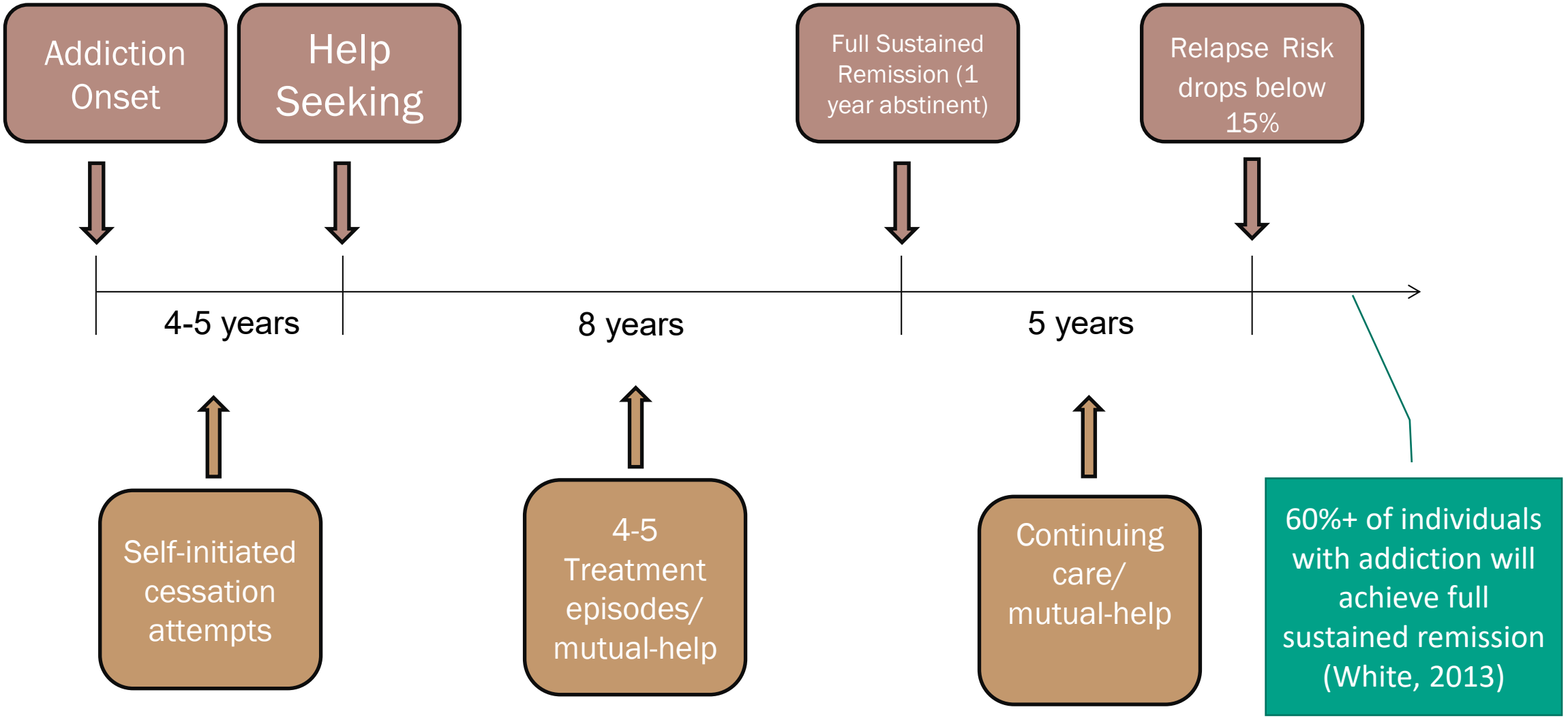
Substance use status continuum

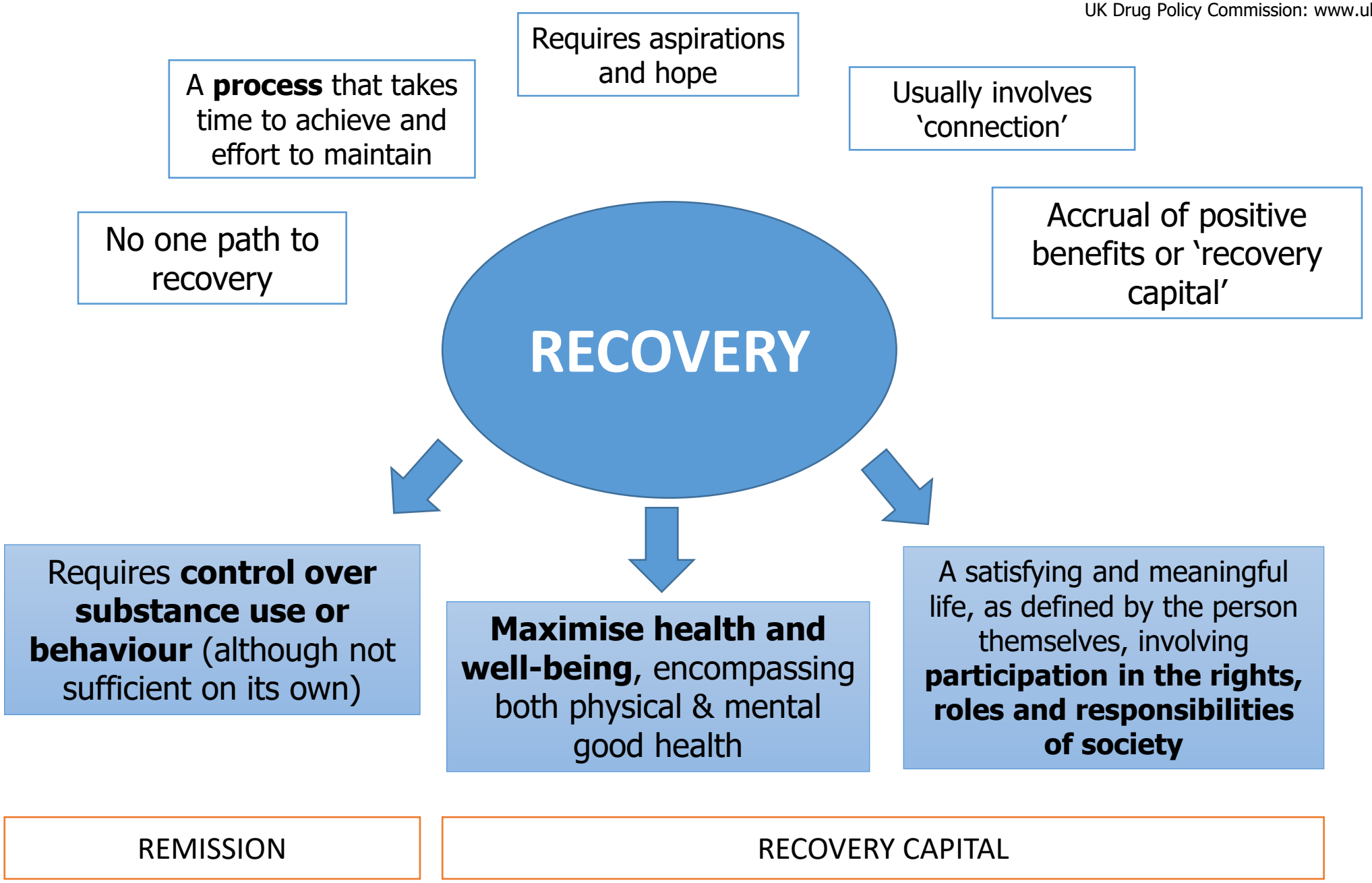
Substance use care continuum



For more severely dependent individuals …

course of dependence and achievement of stable recovery can take a long time …




A **process** that takes time to achieve and effort to maintain
Requires aspirations and hope
Usually involves 'connection'
No one path to recovery
Accrual of positive benefits or 'recovery capital'
RECOVERY
Requires **control over substance use or behaviour** (although not sufficient on its own)
Maximise health and well-being, encompassing both physical & mental good health
A satisfying and meaningful life, as defined by the person themselves, involving **participation in the rights, roles and responsibilities of society**
REMISSION
RECOVERY CAPITAL

How do we develop systems of care that support recovery?



Post-treatment Recovery Environment

INPATIENT UNITS | RESIDENTIAL REHABILITATION

HARM REDUCTION SERVICES

MEDICAL TREATMENT SERVICES

MENTAL HEALTH SERVICES

Treatment Attraction & Access → **Engagement & Retention** → **Behaviour Change:** Substance use, Other behaviours → **RECOVERY COMMUNITY**

MUTUAL AID GROUPS

Treatment services are good at supporting people to achieve remission BUT relapse is common

Building recovery capital can buffer against relapse – need for strengths-based interventions

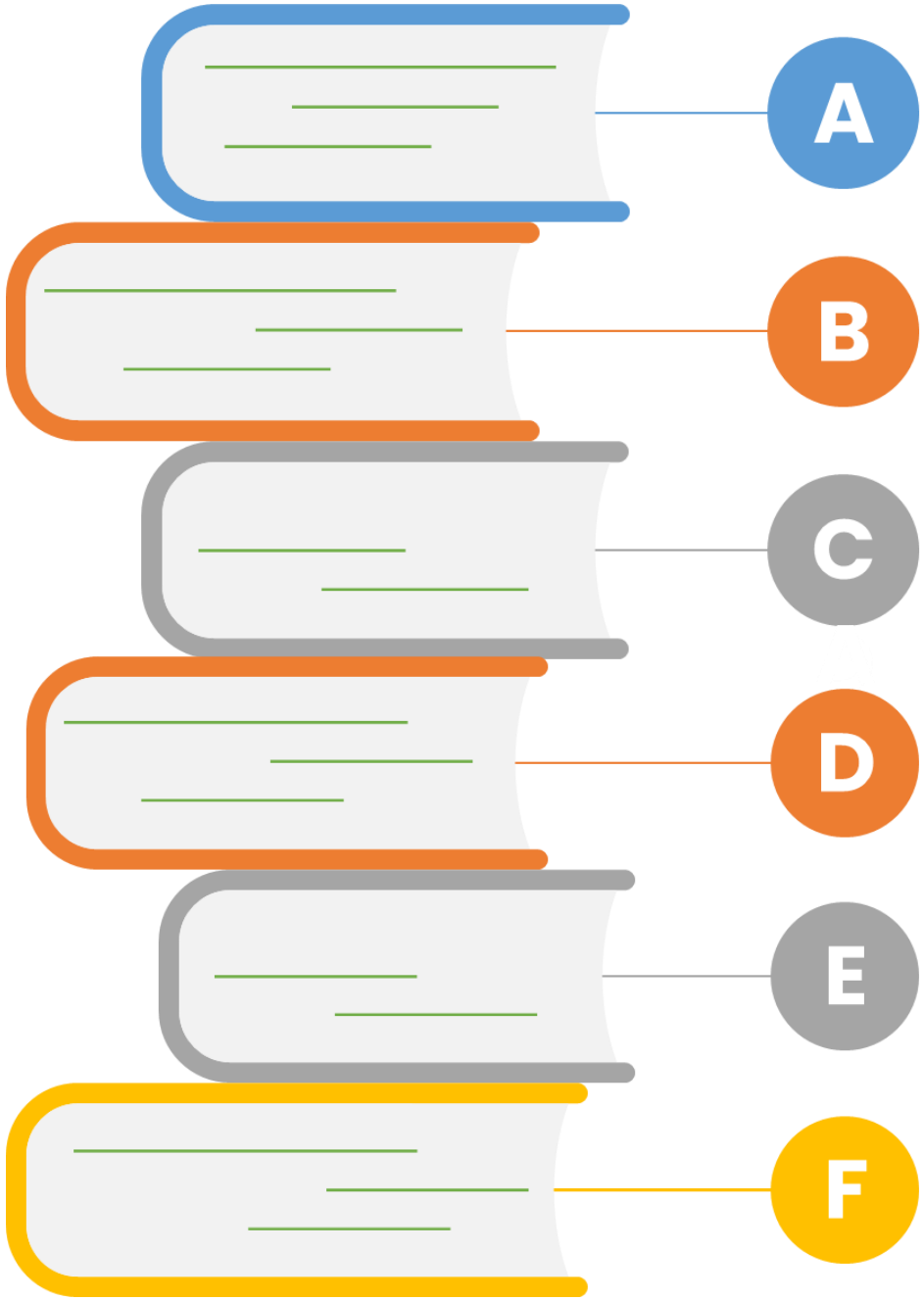
Define Recovery Support Services

+ develop visible recovery in every area of the country



Recovery support services

RECOVERY SUPPORT SERVICES: THE EVIDENCE BASE



PEER-BASED INTERVENTIONS

Reduce harm, increase treatment engagement, build recovery capital and linkage to communities

RECOVERY COMMUNITY CENTRES

Build recovery capital, social network support and quality of life

RECOVERY HOUSING

4 levels of intensity, support abstinence, increase employment and reduce crime

RECOVERY IN EDUCATIONAL SETTINGS

Collegiate Recovery Programs reduce student drop-out and produce better academic results

RECOVERY CHECK-INS

Telephone or face-to-face interventions to support recovery and promote treatment re-engagement after relapse

EMPLOYMENT SUPPORT

Multiple RCTs supporting Individual Placement Support (IPS)

ADDICTION

SSA SOCIETY FOR THE STUDY OF ADDICTION

Recovery Support Services as Part of the Continuum of Care for Alcohol or Drug Use Disorders

GOV.UK

Home > Health and social care > Public health > Health improvement > Drug misuse and dependency

Guidance

Recovery support services and lived experience initiatives

Guidance on supporting lived experience initiatives and recovery support services to help people start and sustain recovery from problem drug and alcohol use.



Guidance

Part 1: introducing recovery, peer support and lived experience initiatives

Published 8 September 2023

Guidance

Part 2: recovery support services - evidence and current provision

Published 8 September 2023

Guidance

Part 3: how to develop systems of care that support recovery

Published 8 September 2023

https://www.gov.uk/government/publications/recovery-support-services-and-lived-experience-initiatives

MENU OF INTERVENTIONS

1. SYSTEM COORDINATION & COMMISSIONING
2. ENHANCED HARM REDUCTION PROVISION
3. INCREASED TREATMENT CAPACITY
4. INCREASED INTEGRATION & WITH CJ SYSTEM
5. ENHANCED TREATMENT QUALITY
6. RESIDENTIAL REHAB & INPATIENT DETOX
7. BETTER RESPONSE TO PHYSICAL & MENTAL HEALTH ISSUES
8. ENHANCED RECOVERY SUPPORT
9. OTHER INTERVENTIONS



Visible recovery



The Power of Lived Experience

Peer Volunteer

Offering and receiving help based on shared understanding, respect and mutual empowerment between people in similar situations

Peer Support Worker

- Peer trained to provide informational, emotional, social and practical support to people with alcohol or drug problems
- Delivered through a variety of organizational sponsors
- Typically paid employee working part- or full-time with some degree of formal training and certification
- Models recovery values of honesty, open-mindedness, capacity for introspection, problem-solving abilities, construction of a recovery-based identity, and a recovery-supportive network

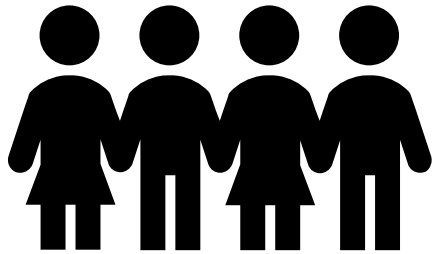
One in 3 people in the workforce has lived experience of their own problems with drugs or alcohol

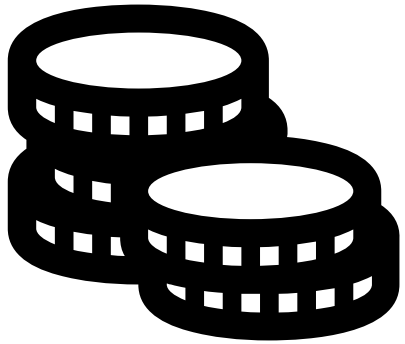


Lived experience in the workforce

- Passion and drive
- Knowledge of services and systems
- Connection and challenge
- Modelling hope

Or…





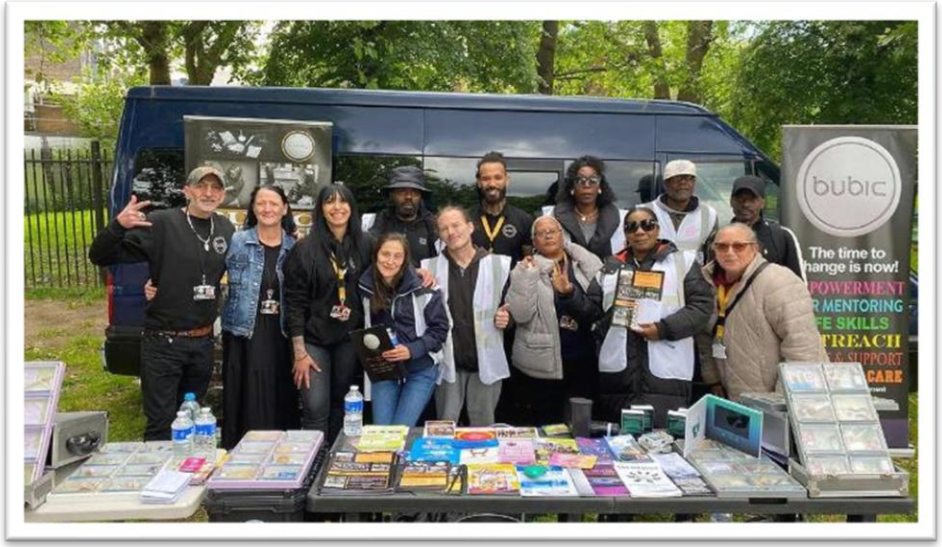
Advantages and challenges of lived experience roles















Visible recovery

Recovery Community Centres

- Recovery coaching, relapse prevention skills building, employment + job training linkages, recreational activities + other support services
- Operated by peer volunteers + addiction professionals
- Key principles:
  - Not allied with any recovery philosophy or model
  - Sustained recovery from SUD related to provision/mobilization of "*recovery capital*"
  - Provide/increase recovery-specific social support to members through the lived experience of its existing members





CLERO
COLLEGE OF LIVED EXPERIENCE RECOVERY ORGANISATIONS



























What is a LERO?

- *“an independent initiative led and delivered by and for people with lived experience offering direct support to people whose drug and alcohol use is problematic and those who identify as in recovery (which is self-defined)”*

This support is typically:

- free at the point of access
- directed by and for local residents
- not time limited
- provided regardless of treatment or recovery status

To maintain its core values, a LERO should have lived experience throughout the organisation:

- the provider leader such as group leader, CEO or Director (if there is one)
- more than half of the board of directors or trustees (if there is one)
- 90% of frontline staff and volunteers

Benefits of LEROs

Peer connection

Led by and for people with lived experience

Entrepreneurial

Skilled at tapping into community resources.

Experts by experience

Understand, connect with and help people to sustain recovery.

Independent & autonomous

Vital to ability to respond, evolve and advocate effectively

Person-centred

Focus on supporting personal growth as much as substance use.

Diverse & inclusive

Grow in response to local needs and work in partnership with local groups.

Asset-based approach

Built on local assets and developed in response to community needs.

No one pathway to recovery

Recognise and respect others' journeys

Reduce stigma

Model recovery in the community, showing that it is possible.

Culture of recovery

Help people to develop a new identity, social network and life.

Complement treatment

'Bookends' treatment journey by providing support before and after.

Advocates for people

Understand substance-related problems and experiences of services.

Agile & innovative

Create change and respond quickly to new situations.

Accessible & flexible

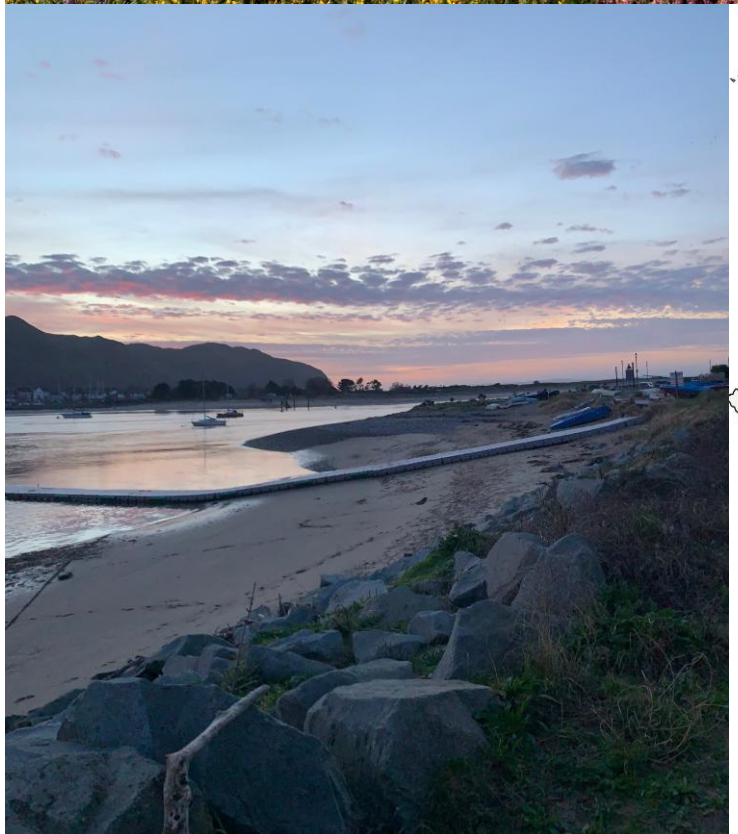
Evenings and weekends, in-person or remote

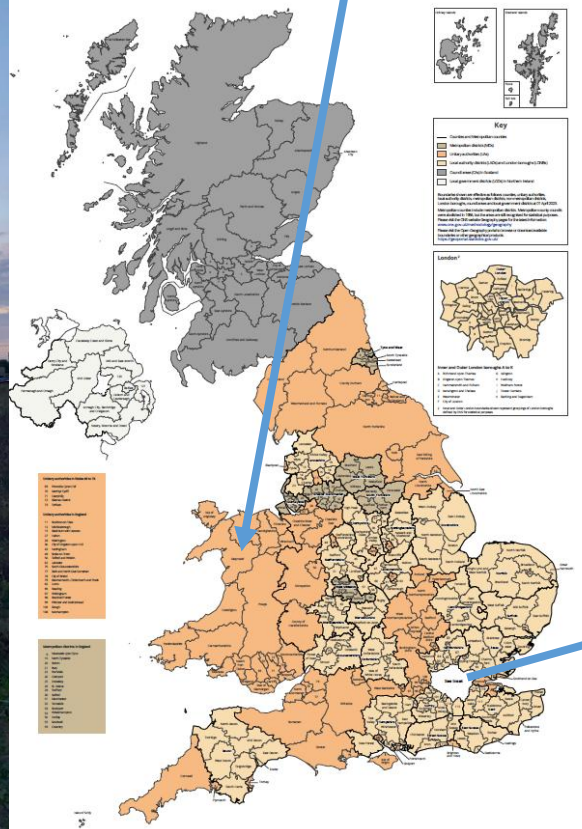
Involve & support families

Recognise the importance and power of close relationships on recovery.



NORTH WALES:
North Wales
Recovery
Communities
(NWRC)











TOTTENHAM IN NORTH LONDON: Building Unity Back in the Community (BUBIC)

The evolution of BUBIC

2002

Bringing Unity Back into the Community name established

2003

"We were invited to a multidisciplinary open day where a discussion took place about establishing a support group run by former 'service users'. I said We could do that. A woman said so why don't you?"

Lanre Babalola

2007

Started hot desking in health centre, grew to 4 FTE workers and a manager

2008

Achieved charity status. Awarded "Tackling Drugs and Saving lives" for best service in London

2012

Secured Lloyds Bank Foundation funding and created new projects and roles, including volunteer opportunities

2014/5

Bought first van

Gained awarding centre status then direct claims status

2015

Direct award of 5-year contract to secure BUBIC's "bespoke… unique… value for money services with community knowledge and networks"

2021

335 calls answered, 8,000 outreach engagements and 6,500 attendances at groups

Secured contracts to support people sleeping rough and launched night drop-in service

2023/4

2024

Employed a strategic engagement officer





bubic



The evolution of NWRC

2014

Inception and sub-leasing of Penrhyn House

2015

Charitable Incorporation and operational launch. Established an asset-based community recovery model funded through housing benefit and employment grants

2016-17

Launch of Growing for Change – horticulture and allotment project

2018

Cultural tipping point and peer-led infrastructure. Resident activities include fitness, hill walking in Snowdonia, + on-site community gardens - dual emphasis on active lifestyle and community connection



James Deakin

2020

COVID-19 pandemic and regional outreach

2021

Opening of Bwyd da Bangor. Community cafe and surplus food hub serves healthy, affordable food grown in NWRC gardens + provides customer-facing hospitality training for individuals in recovery

2022-23

Securing site purchase for long-term relocation

2024

Benchmark of ROSC in Wales


Membership base
weekly schem
Repurposing exces
Ask inside for de


"Making Recovery Visible in Communities"
Anglesey Coastal Path


NWRC
North Wales
RECOVERY COMMUNITIES
CELEBRATING RECOVERY MONTH SEPTEMBER 2019
"Making recovery visible in communities"

Services Provided

NWRC

- Peer-run abstinence-based residential facility in Bangor providing structured housing, peer mentoring and daily recovery routines
- Step-down recovery accommodation
- Psychosocial groups – ACT-based *Moving on in My Recovery* groups, 12-step meetings and SMART recovery
- Bangor Recovery Project – outreach to recovery pathways and building readiness for change
- Social enterprise – Bwyd Da Bangor, Growing for Change, vocational pathways and peer employment
- Physical health, sports and outdoors – boxing and gym club, football, running, yoga, mindfulness
- Outdoor expeditions and hiking/walking trips
- Film-making partnerships (Eternal media), creative writing, art therapy
- Public advocacy and anti-stigma campaigns

BUBIC

- Day and night outreach in communities and night service offering harm reduction, food, laundry and shower facilities, peer support and referrals into BUBIC, housing support, treatment etc
- 1:1 peer support and buddying
- Group work (in person and remote) including *Live and Direct* open group, *Movement from Within* closed 12-week programme for people 3 months+ into their recovery and *CLARE* motivational group
- Meaningful and/or leisure activities including walking, games, communal meals, BBQs, bike rides, art classes and day trips
- Volunteering and employment opportunities facilitated by Volunteer Coordinator and accredited training
- Accredited peer supporter training for those looking to volunteer, and peer mentor training for those looking to move into employment
- Celebrations and cultural events including graduations, annual Recovery Pride event, Black History Month and Christmas day lunch
- Support for people facing housing closure order, preventing eviction

National standards for lived experience recovery organisations

CLERO
COLLEGE OF LIVED EXPERIENCE RECOVERY ORGANISATIONS

- The College of Lived Experience Recovery Organisations has published national standards for LEROs in February 2024.

- These standards were developed to:
  - guide LERO community groups and providers looking to develop and sustain their model
  - review current practice and identify areas for development
  - provide ways in which to evidence and quality assure practice
- These standards were developed by the CLERO with support and feedback from OHID.
- The standards deliver on a recommendation in Dame Carol Black's independent review of drugs part 2 report (2021) and commitments in From Harm to Hope: A 10-year drugs plan to cut crime and save lives.

CULTURE AND VALUES

1. Led, governed and delivered by PWLE
2. Maintains its independence and autonomy to best serve the recovery community
3. Promotes and recognises people's right to choose their own recovery pathway
4. Advocates for people with living and lived experience
5. Co-creates their offer with PWLE to meet identified community needs
6. Takes an asset-based approach, building on the strengths of individuals, the recovery/wider community and maximising the value of available resource
7. Creates safer communities
8. Reaches and supports excluded and under-represented groups
9. Manages and supports behavioural change in staff, volunteers and the people we support
10. Tackles stigma by making recovery visible

SUPPORT OFFER

11. Is free at the point of access
12. Does not time-limit support
13. Is directed by and for local residents
14. Reduces drug- and alcohol-related harm and supports recovery
15. Supports people to improve their general health and wellbeing
16. Offers a culture of recovery in which people can connect and support each other
17. Creates opportunities for people to be active citizens in the recovery community and wider community
18. Involves and supports families and friends
19. Engages with the wider community
20. Provides support and activities in welcoming and accessible spaces
21. Provides support that is inclusive and works to advance equality of opportunity

STAFF & VOLUNTEERS

22. Recruits staff and volunteers safely, fairly and to serve the recovery community
23. Helps staff and volunteers fit into their role and the service comfortably and safely
24. Supports staff and volunteers
25. Is clear about and champions the role and value of peer workers and volunteers
26. Develops peer leaders and leadership roles
27. Proactively eliminates discrimination, harassment and victimisation and is divers and inclusive

GOVERNANCE

28. Is well governed and supported to function effectively and sustainably
29. Trains and inducts staff and volunteers to help them develop and do a good job
30. Checks staff and volunteers where they are working with children or vulnerable adults
31. Protects employees, those accessing support and the public
32. Protects and upholds people's right to confidentiality (except where there is a legal duty mandating sharing information)
33. Assesses quality and performance to ensure safety, impact and equitable service provision

Informal LERO community group:

independent and autonomous peer-led small group with no formal organisational structure

Constituted but not incorporated LERO community provider:

independent and autonomous peer-led constituted group

Incorporated and regulated LERO community provider:

independent and autonomous peer-led organisation that has an incorporated legal structure

The College of Lived Experience Recovery Organisations (CLERO)

CLERO
COLLEGE OF LIVED EXPERIENCE RECOVERY ORGANISATIONS

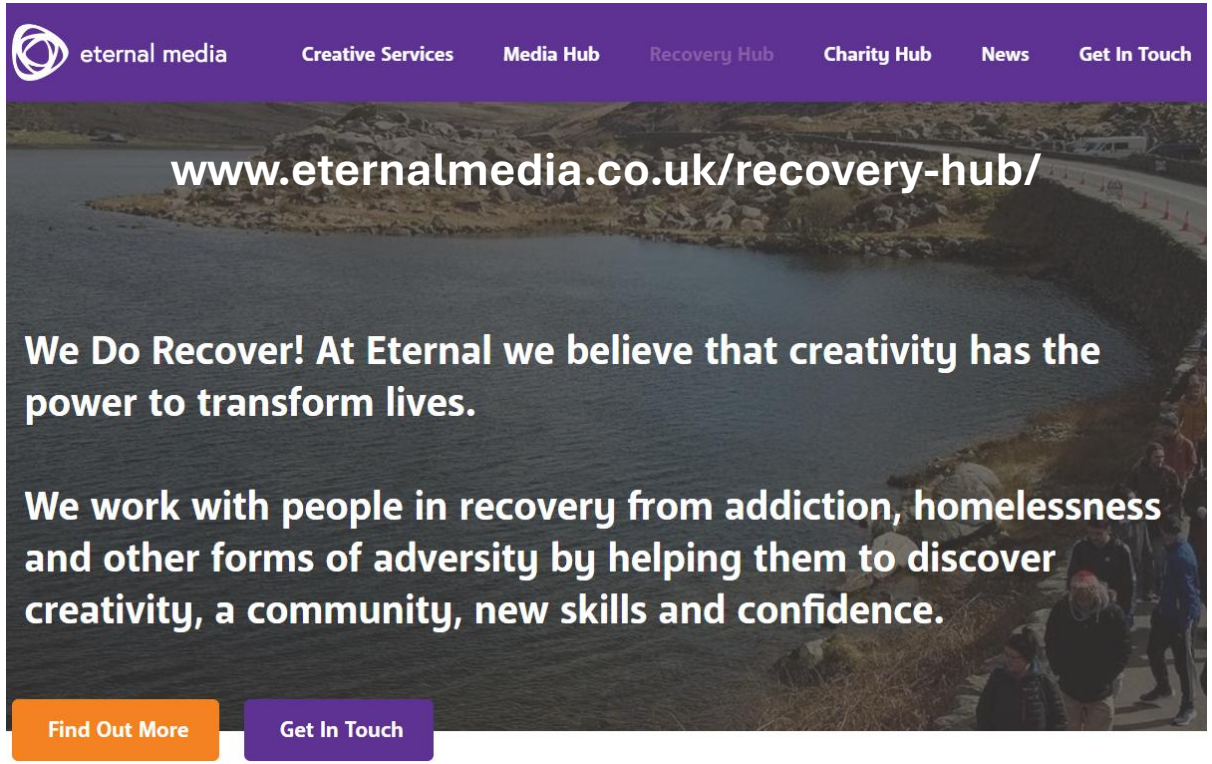
- Named and defined a LERO
- Point of contact for peer support/peer-led issues with UK Government
- Keeps list of LEROs nationally and holds examples of ‘what good looks like’
- Published national quality standards
- Developed website, membership, monthly members meetings
- LERO Masterclasses
- Mentoring scheme for peer leaders (with IMROC, well established peer-led organisation in mental health sphere)
- LERO leadership scheme
- Training in research and evaluation
- Evolving into constituted, democratically-run organisation to promote the benefits of peer-led organisation

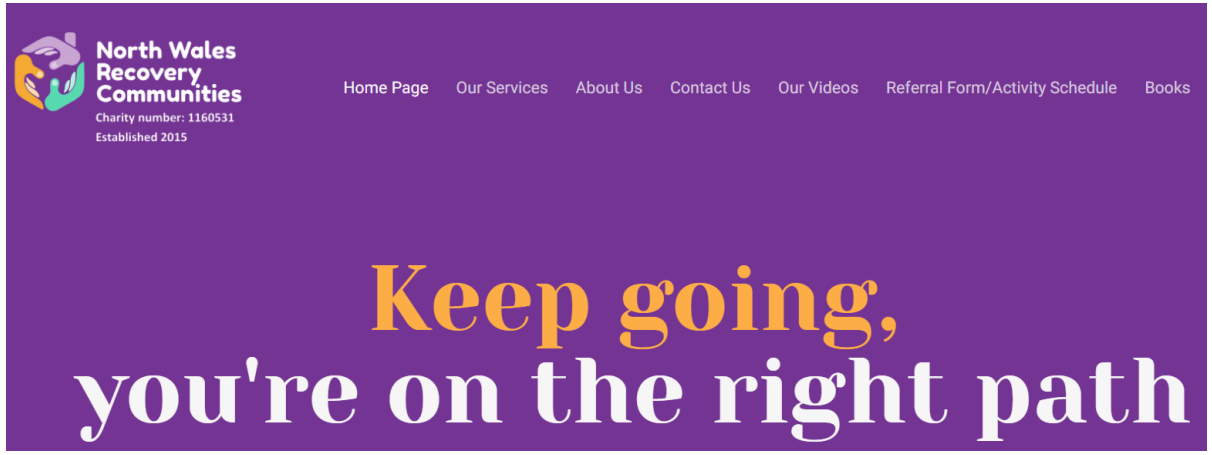
TRANSFORMING PAIN INTO POWER

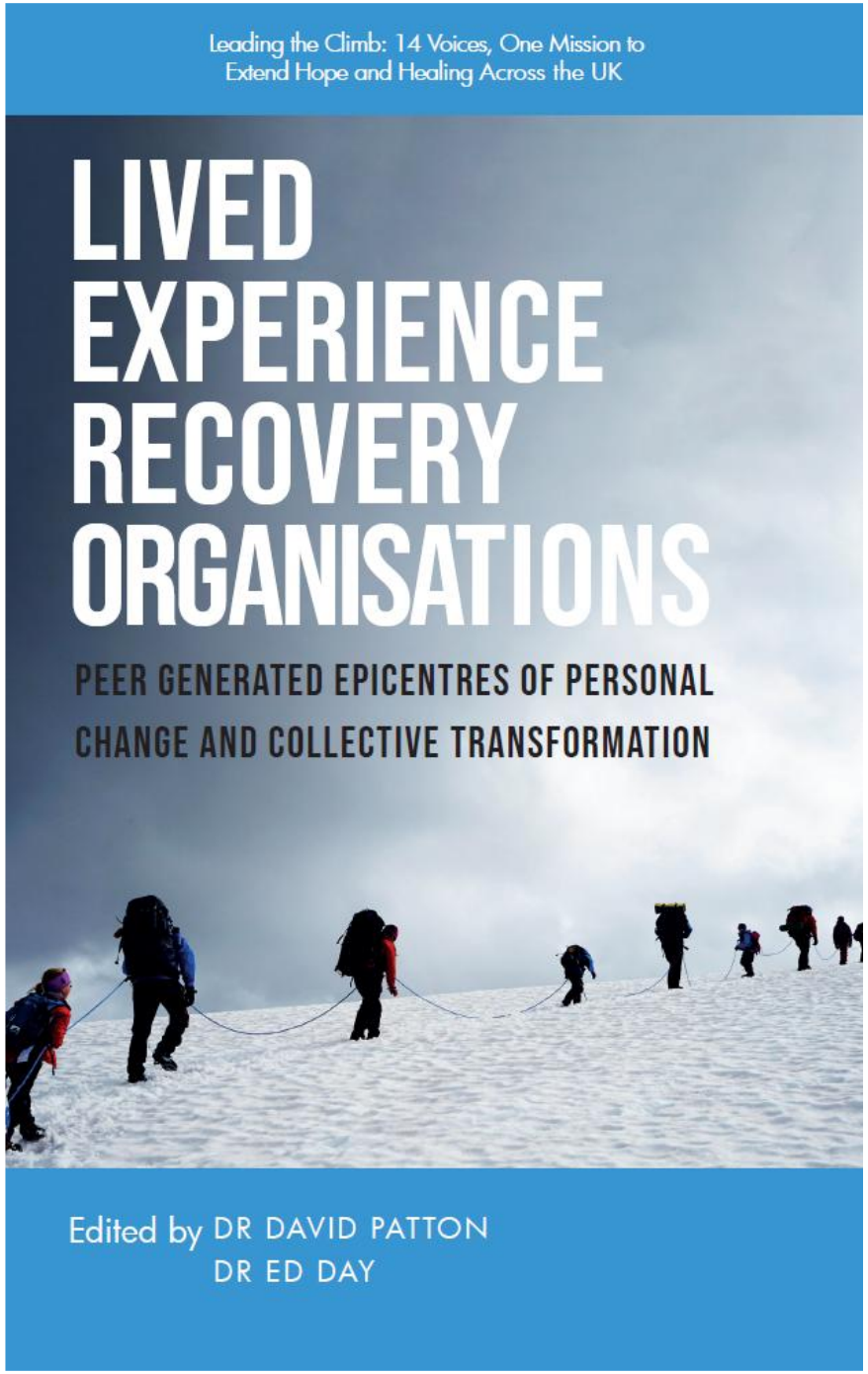


The Story of North Wales Recovery Communities

DAVID CLARK

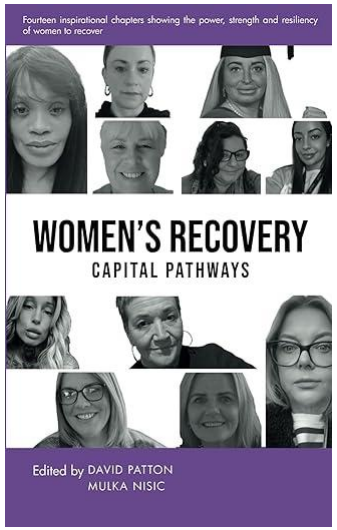


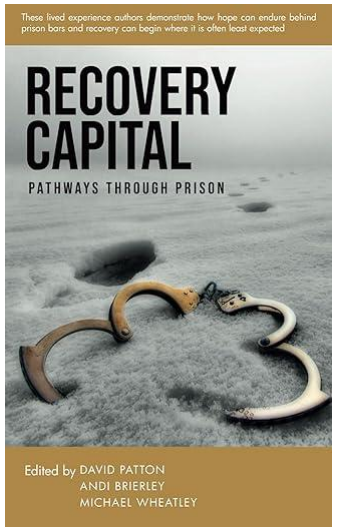




NEW CENTRAL MEDIA

https://switchboardstudio.org/new-central-media

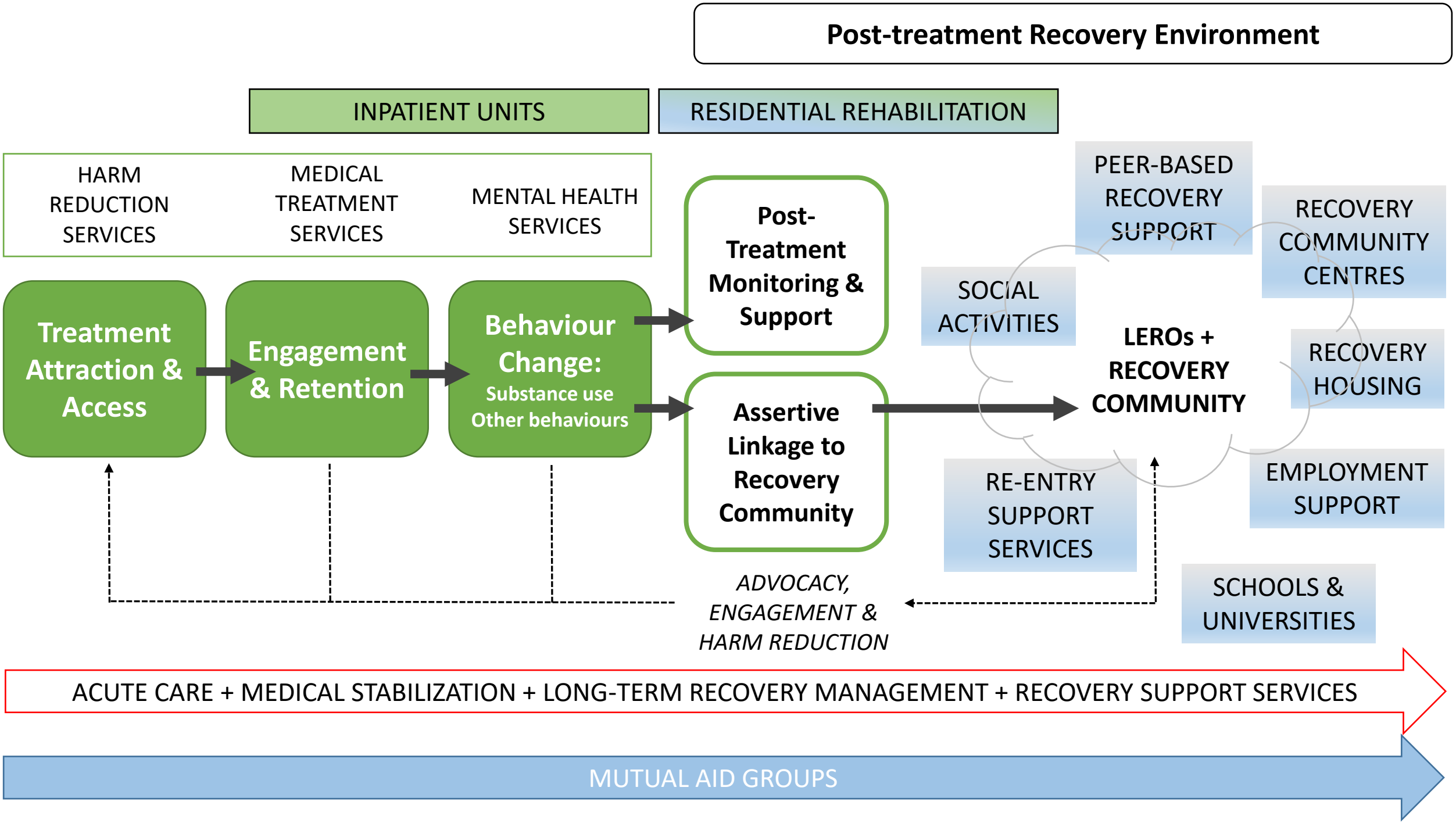






Dr David Patton




Post-treatment Recovery Environment
INPATIENT UNITS
RESIDENTIAL REHABILITATION
HARM REDUCTION SERVICES
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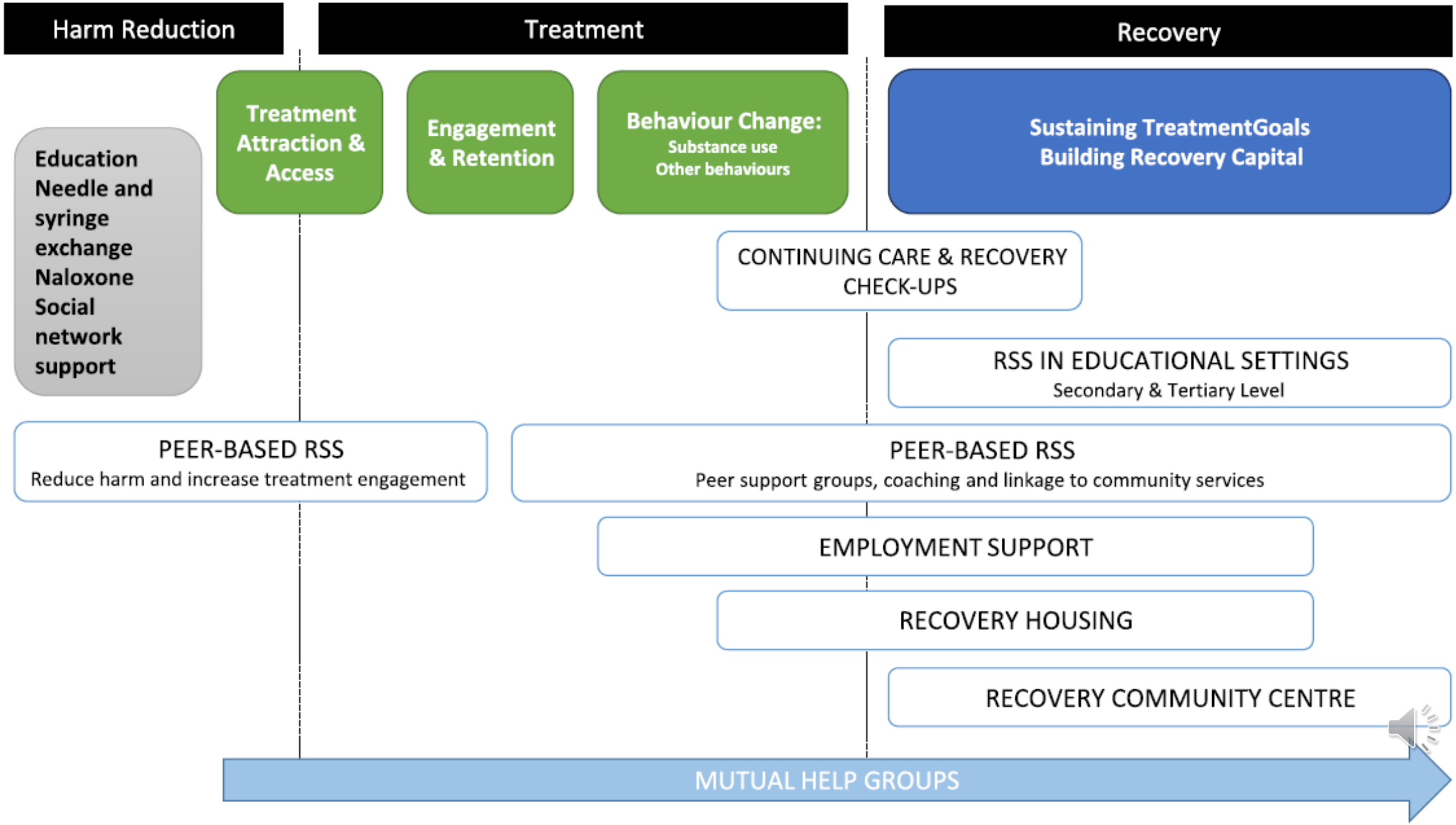
MENTAL HEALTH SERVICES
Treatment Attraction & Access
Engagement & Retention
Behaviour Change:
Substance use
Other behaviours
Post-Treatment Monitoring & Support
Assertive Linkage to Recovery Community
ADVOCACY, ENGAGEMENT & HARM REDUCTION
PEER-BASED RECOVERY SUPPORT
RECOVERY COMMUNITY CENTRES
SOCIAL ACTIVITIES
LEROs + RECOVERY COMMUNITY
RECOVERY HOUSING
RE-ENTRY SUPPORT SERVICES
EMPLOYMENT SUPPORT
SCHOOLS & UNIVERSITIES
ACUTE CARE + MEDICAL STABILIZATION + LONG-TERM RECOVERY MANAGEMENT + RECOVERY SUPPORT SERVICES
MUTUAL AID GROUPS


Harm Reduction
Treatment
Recovery
Education
Needle and syringe exchange
Naloxone
Social network support
Treatment Attraction & Access
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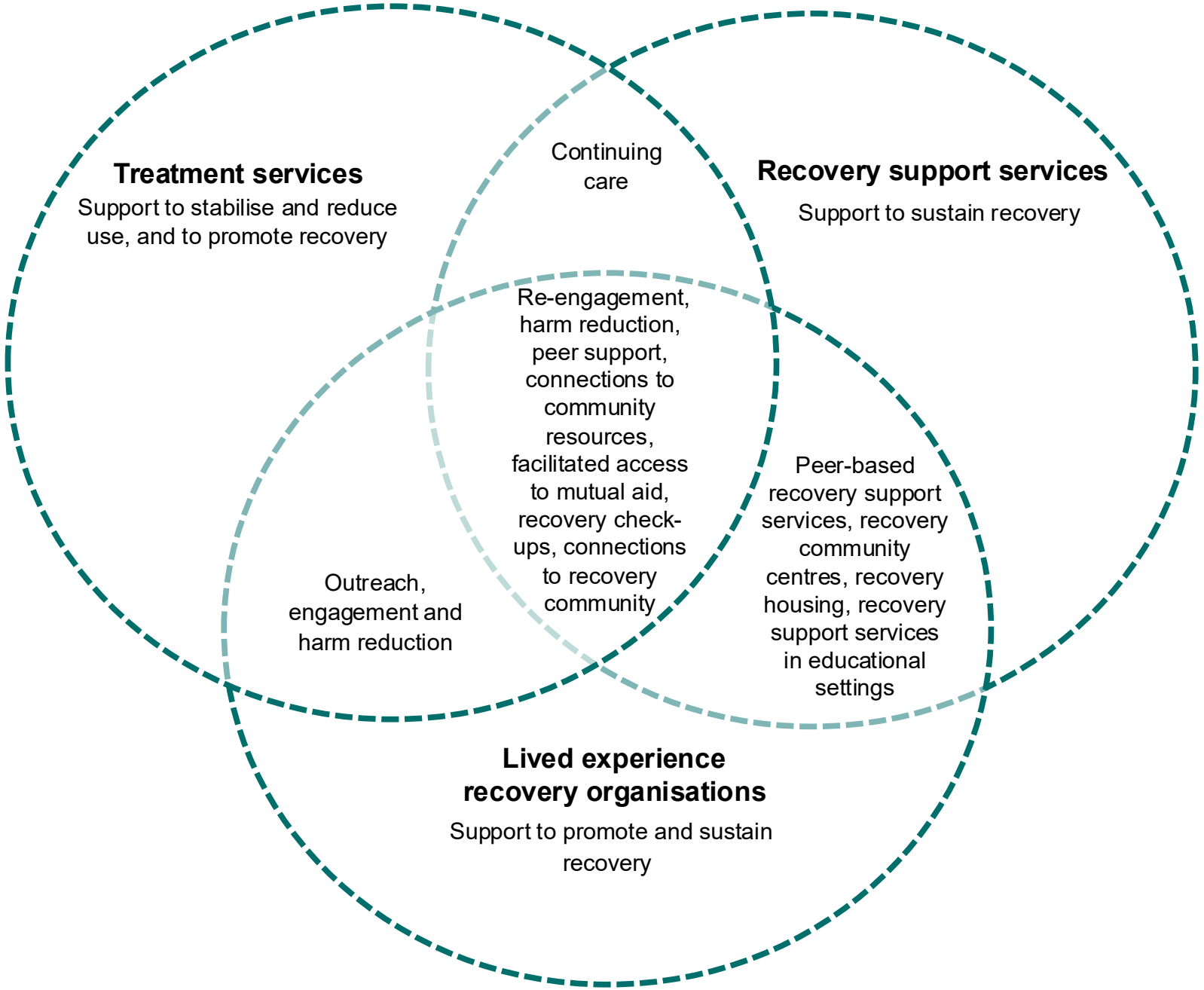
Sustaining TreatmentGoals
Building Recovery Capital
CONTINUING CARE & RECOVERY CHECK-UPS
RSS IN EDUCATIONAL SETTINGS
Secondary & Tertiary Level
PEER-BASED RSS
Reduce harm and increase treatment engagement
PEER-BASED RSS
Peer support groups, coaching and linkage to community services
EMPLOYMENT SUPPORT
RECOVERY HOUSING
RECOVERY COMMUNITY CENTRE
MUTUAL HELP GROUPS


Treatment services
Support to stabilise and reduce use, and to promote recovery
Continuing care
Recovery support services
Support to sustain recovery
Re-engagement, harm reduction, peer support, connections to community resources, facilitated access to mutual aid, recovery check-ups, connections to recovery community
Outreach, engagement and harm reduction
Peer-based recovery support services, recovery community centres, recovery housing, recovery support services in educational settings
Lived experience recovery organisations
Support to promote and sustain recovery

How you can develop and strengthen recovery support and lived experience initiatives

Are people with lived experience and lived experience initiatives respected and autonomous members of the partnership?

What services that support recovery already exist locally? How well are they connected and where are the gaps in support?

Does the planning and commissioning of treatment and recovery services build and integrate recovery support services and lived experience initiatives?

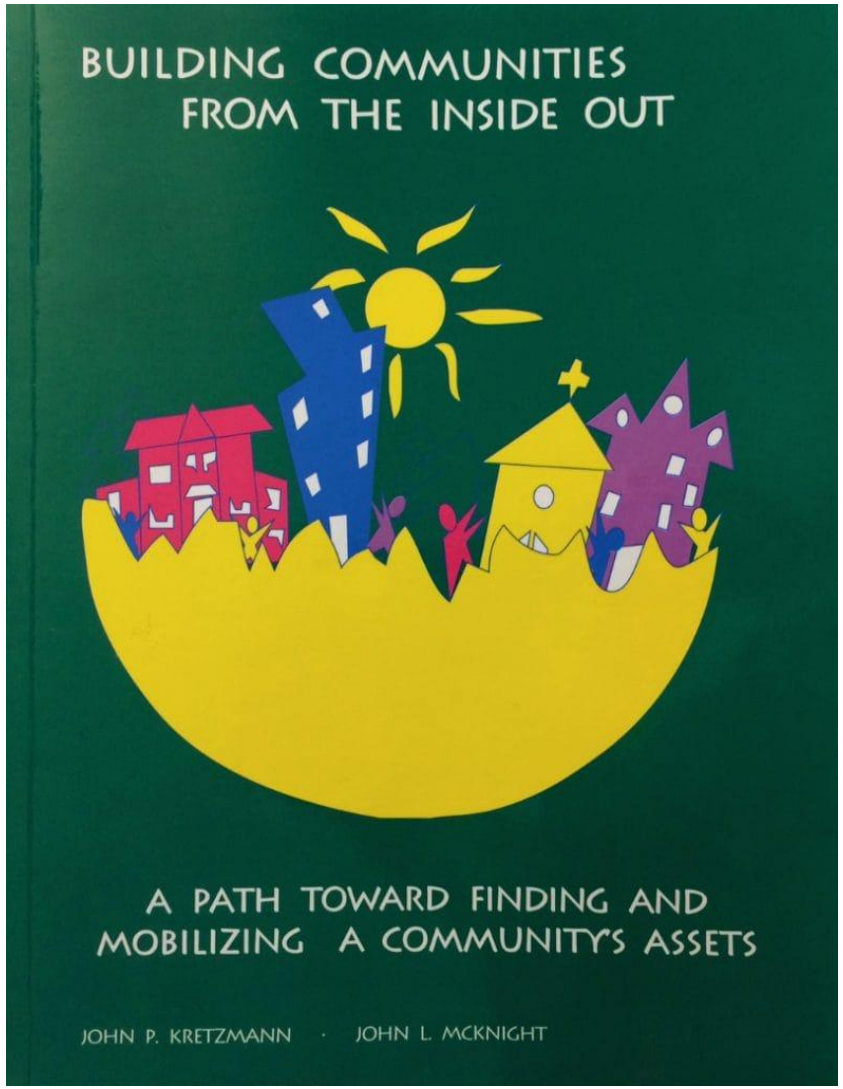
How is the partnership ensuring that lived experience initiatives are safe and effective?

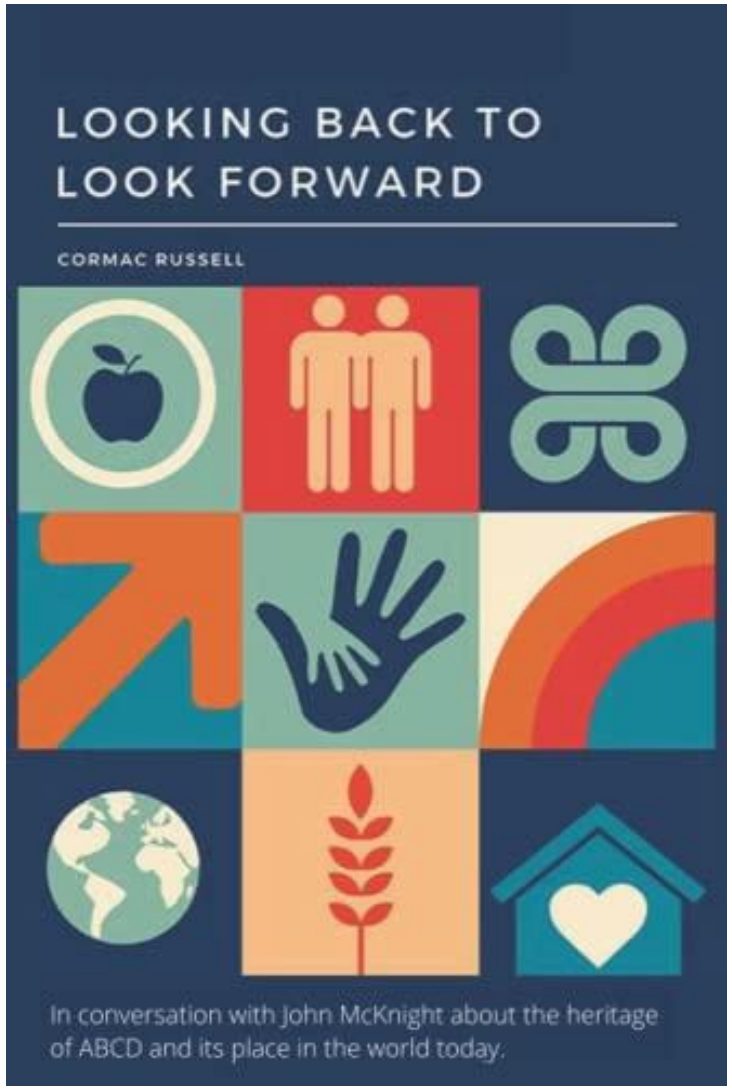
What is the role of the partnership in the funding and growth of recovery support services and lived experience initiatives?

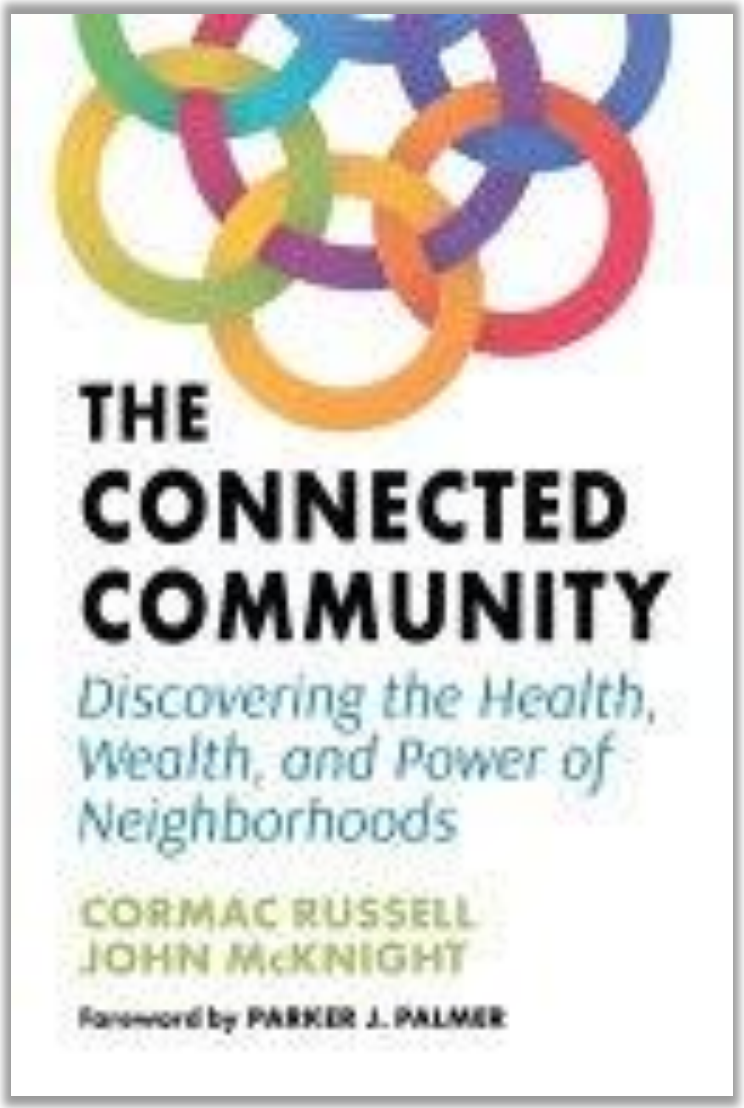
Can the partnership co-produce new ways of monitoring impact?

Examples of visible recovery in services, systems & communities




BUILDING COMMUNITIES
FROM THE INSIDE OUT
A PATH TOWARD FINDING AND
MOBILIZING A COMMUNITY'S ASSETS
JOHN P. KRETZMANN · JOHN L. MCKNIGHT


LOOKING BACK TO
LOOK FORWARD
CORMAC RUSSELL
In conversation with John McKnight about the heritage
of ABCD and its place in the world today.


THE
CONNECTED
COMMUNITY
Discovering the Health,
Wealth, and Power of
Neighborhoods
CORMAC RUSSELL
JOHN McKNIGHT
Foreword by PARKER J. PALMER

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CLERO
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Home Founding Members The LERO Map Blog LERO Standards Chime Research More

National LERO Standards

These standards draw on the collective experience and knowledge of our national network of LEROs. Thanks to members of our network who supported their development and to the alcohol and drug treatment and recovery team in Office for Health Improvement and Disparities (OHID) who also provided support and feedback.

These national LERO standards will help to guide LERO community groups and providers looking to:

- develop and sustain their model
- review current practice and identify areas for development
- find ways in which to evidence and quality assure practice


GOV.UK

Home > Health and social care > Public health > Health improvement > Drug misuse and dependency

Guidance

Recovery support services and lived experience initiatives

Guidance on supporting lived experience initiatives and recovery support services to help people start and sustain recovery from problem drug and alcohol use.


ADDICTION SSA SOCIETY FOR THE STUDY OF ADDICTION

Recovery Support Services as Part of the Continuum of Care for Alcohol or Drug Use Disorders


News and updates Multiple Disadvantage NECG December 19, 2024

National Expert Citizens Group (NECG) brings Lived Experience Voices to drug and alcohol treatment and recovery plans


CLERO MASTERCLASSES

CLERO
COLLEGE OF LIVED EXPERIENCE RECOVERY ORGANISATIONS

Office for Health Improvement & Disparities

revolving doors

Lived Experience Feedback Team

“Seeds of hope being planted”



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Mental health, Workforce

Capability framework for the drug and alcohol treatment and recovery workforce

Capability framework

- Drug and Alcohol Worker
- Senior Drug and Alcohol Worker
- Family Support Worker
- Practitioner Psychologist
- Social Worker
- Pharmacist

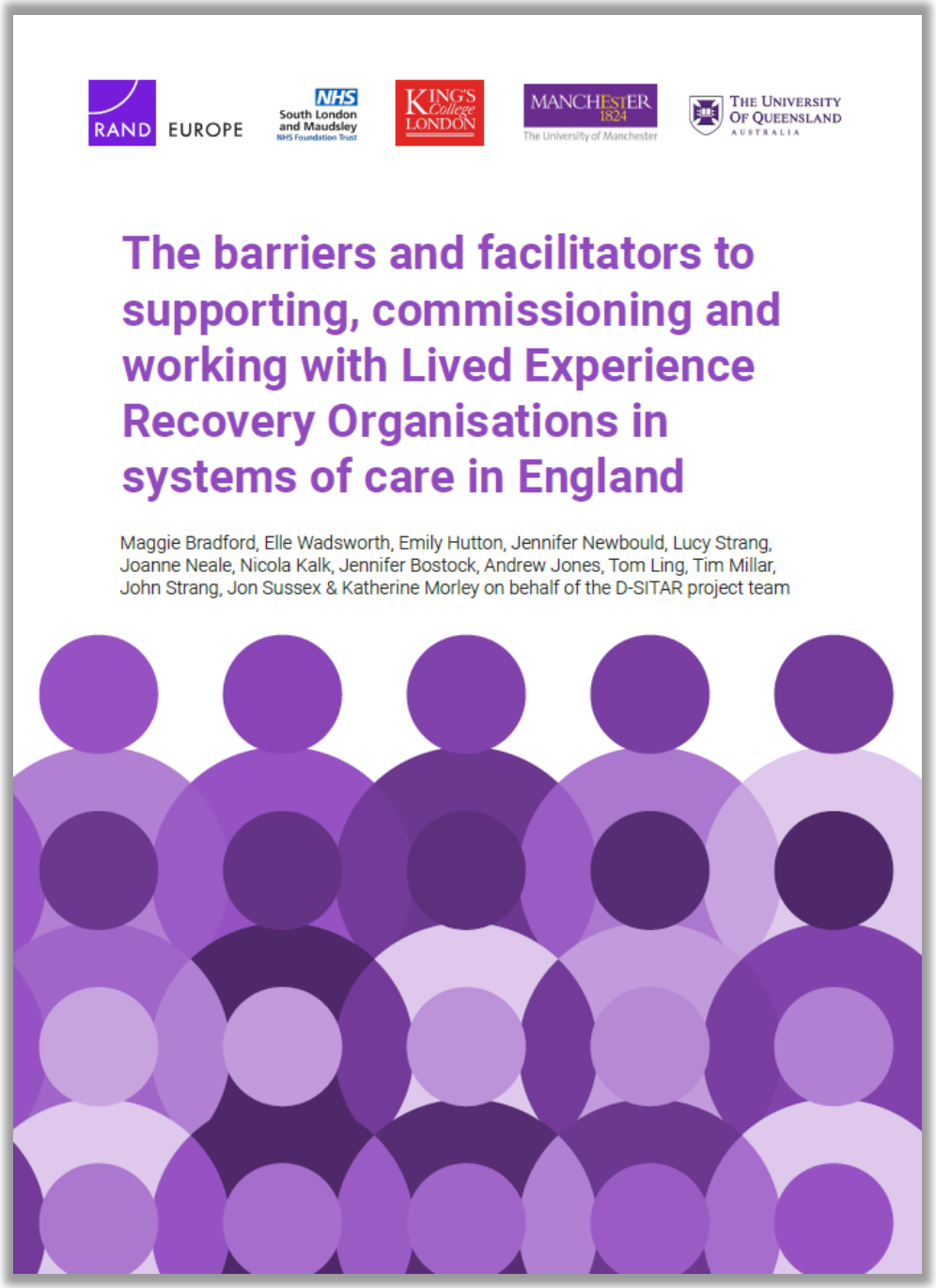
- Peer Support Worker

Example statements from the capability framework

Peer Support Workers

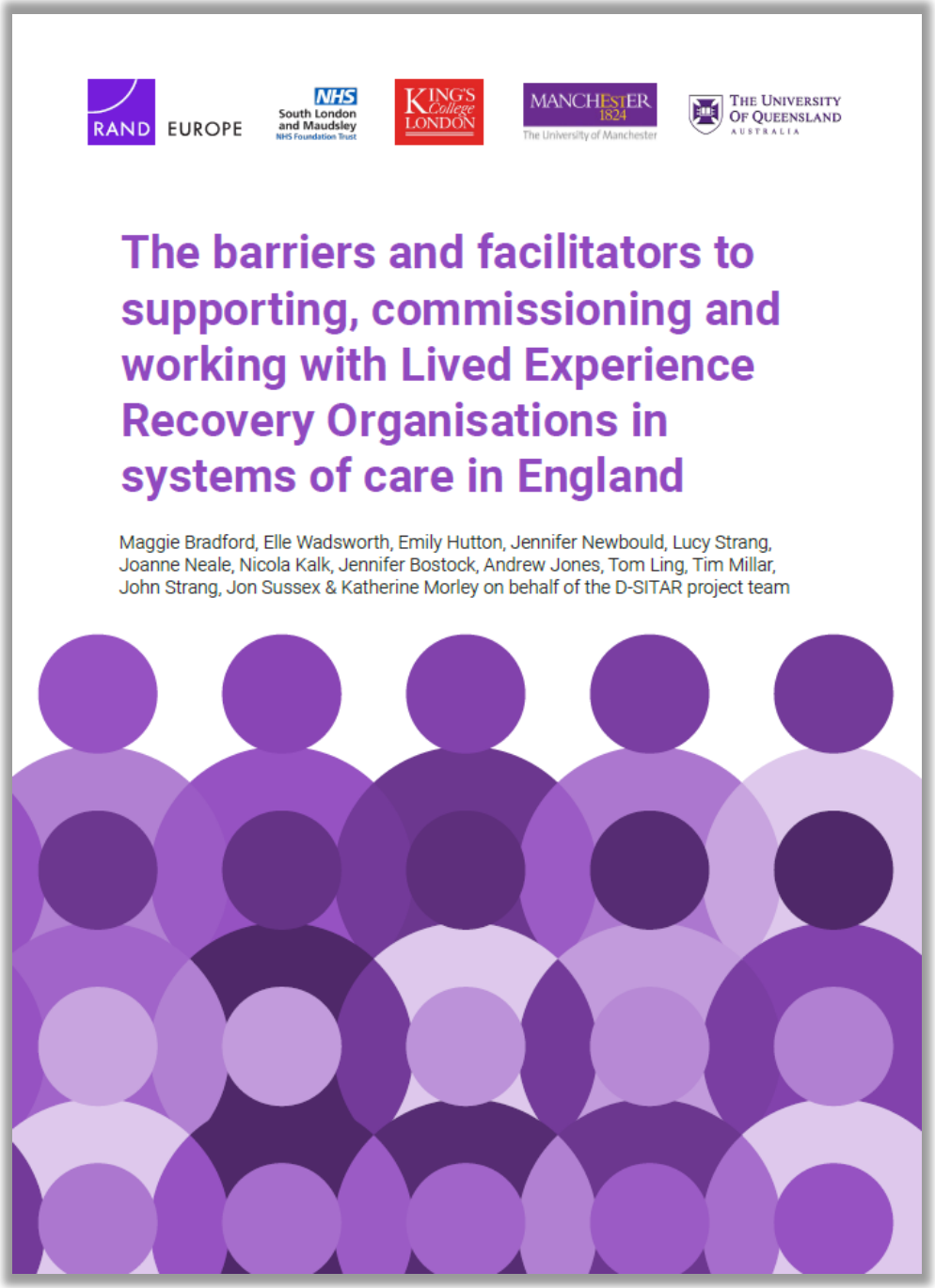
- ✓ have direct lived experience of their own or someone else's problematic drug and alcohol use and recovery
- ✓ trained and employed to support and encourage adults using their lived experience as underpinning guidance
- ✓ able and ready to use their lived experience, skills and knowledge to support others to reduce harm, engage with treatment and other support services, and initiate and sustain recovery

- ✓ **Supporting recovery by encouraging the use of resources**
- ✓ taking a coaching and supporting stance, being alongside someone in recovery
- ✓ able to explore which community resources people are already engaged with, their personal interests and the barriers they face to further community engagement, and assertively link people with community resources matched to their interests
- ✓ able to encourage people to engage with a range of health and social care services where necessary or beneficial, such as their GP, dentist, housing services, the recovery community and peer support groups



FINDINGS

- **Confusion around what a LERO is impedes collaboration and support**
- **LEROs are emerging via different models, each presenting with unique facilitators and barriers to development**
- **Funding models influence the sustainability and autonomy of LEROs**
- **Inclusion in local governance structures was helpful but often informal**
- **Differing views of recovery can undermine system cohesion**
- **Compatibility of workplace culture shapes collaboration between LEROs and treatment providers**



RECOMMENDATIONS

- **National Government should…**
  - work with CLERO to refine and disseminate clear messaging about what constitutes a LERO and what these organisations can contribute to the treatment and recovery system
  - work with local authorities to design and implement targeted support for establishing grassroots LEROs, including guidance on governance structures, access to start-up funding, infrastructure and physical space
  - develop funding strategies to provide focused, longer-term investment in LEROs
- **Local authorities should…**
  - support the inclusion of LEROs in local governance and decision-making structures, ensuring that lived experience is embedded in strategic planning
  - foster mutual respect and constructive collaboration between LEROs and treatment services, recognising the value of diverse organisational approaches to recovery
- **LEROs should collect and share information about what they contribute to the treatment and recovery system**



FAMA Trial

- Multi-centre RCT of Facilitated Access to Mutual Aid vs. TAU



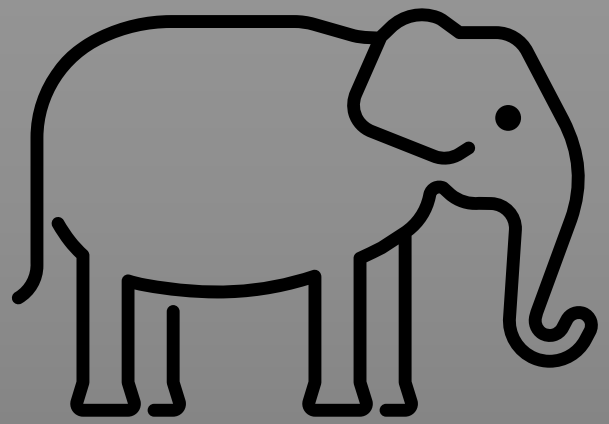
SUPPORT Trial

- Multi-centre RCT of Recovery Check-in intervention

LERO Evaluation

- Realist evaluation of Lived Experience Recovery Organisations in England

Problems implementing this in current system



STIGMA

What we still need to do…

- Establish RSS/LEROs in each local system – '**parity of esteem**'

  + Work on interface with 'professional' services
- Establish **quality markers** for LEROs
- Define and develop the **Peer Support Worker** role
- Develop **process** and **outcome measures** for RSS
- Conduct UK research to explore **mechanism of action for LEROs** and efficacy of RSS



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