



Llywodraeth Cymru
Welsh Government

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Review of two peer led recovery interventions in Wales

Research Summary

Social research

Number: 100/2014

Health and Social Research Ltd were commissioned to review the progress and impact, to date, of two recovery communities partly funded by Welsh Government: AGRO (Anglesey and Gwynedd Recovery Organisation) in Anglesey and Gwynedd, and Recovery Cymru in Cardiff and the Vale of Glamorgan.

Both recovery communities were set up primarily in response to the needs of service users. They are run by staff who are dedicated and believe what they offer is a necessary and effective part of the treatment pathway to help individuals overcome substance use.

The project consisted of three phases:

- a scoping and mapping study to develop an understanding of the two recovery communities;
- a study of the progress and impact to date; and
- a synthesis of data to develop a generic logic model to assist those who wish to set up and evaluate a recovery community.

The review explored the views of key stakeholders including members, staff and volunteers of recovery communities, representatives from services directly and indirectly linked to substance use, individuals who use substances who have not accessed recovery communities, family members and significant others.

On the whole AGRO and Recovery Cymru are seen as having a positive impact on individuals who are engaged with the groups and on the wider community. All members, volunteers and staff demonstrate enthusiasm and dedication and are passionate about driving forward the philosophy of the recovery model.

Findings from the study led to a number of key recommendations to help develop and set up recovery communities in other areas of Wales and to identify the aspects of recovery communities, which could be developed or delivered more effectively.

Recommendation 1

The framework underpinning recovery communities has to be peer led. Moreover, the evidence suggests that people who have experienced recovery themselves can positively support the recovery of others. Prior to launching a new recovery community, it is essential that peers meet to discuss and agree the philosophy of their group. This should also be reflected in the appointment of a board of Trustees.

Recommendation 2

There is a need to set up support groups and activities which promote a sense of ownership and personal investment for individuals to understand and engage in their recovery. This can promote a sense of belonging to the group and the wider community, and can be used to help and support others.

This will encourage the development of social capital.

Recommendation 3

Signposting from all treatment services to recovery communities should be possible. For that to happen, recovery communities need to be independent from specific treatment approaches, but need to be clearly identified on the client's journey or pathway.

Recommendation 4

Commissioners and other funders have an expectation that recovery communities provide evidence of their effectiveness. However, the very nature of the philosophy of recovery communities (which encourages inclusivity) makes this criterion for funding problematic. Since the main aim is to develop support and social capital there is a need for both sides to compromise and agree outcomes, for example, using the collation of 'soft' outcomes as viable evidence. However, it is clear that even if outcome measures are not collated as routine, recording footfall and take up of support and group activities is essential.

Recommendation 5

There is a need to promote a sense of continuity. This can only be achieved through coordination of activities and groups, and where possible, a named base or venue where individuals can 'drop-in' for advice and information.

Recommendation 6

Advertising and promoting the community, for example through a website, is essential. However, the information provided, for example the activities offered and how individuals can access the community to join or volunteer, needs to be accessible, easily understood and regularly updated. Recovery communities should also produce leaflets and other literature, and liaise with services (e.g. those providing treatment or housing advice and support) as to the most useful way of informing clients and the wider community.

Recommendation 7

Staff and volunteers need to be adequately trained for the role they will undertake. For example, increasing their awareness regarding the impact of drug and alcohol use.

Recommendation 8

Recovery communities need to liaise with local businesses in order to provide opportunities to access funding. As an example, supermarkets provide small funding to support local enterprises and charities.

Recommendation 9

The logic model developed for this project is generic and can be used to set up and evaluate a recovery community. However, there is a need to test the logic model in a variety of contexts in order to refine and tailor it to the needs of individual recovery communities.

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