Aberdeenshire Alcohol Drug BBV Forums Trip to Serenity Café in Edinburgh
25th June 2013

Overview

From discussion with forums members predominantly in South Aberdeenshire the idea to attend the Serenity café was raised given this had been a positive experience for Aberdeen City recovery community. What is now Aberdeen in Recovery or Air was used as an example of progress. It was felt that if those in Aberdeenshire with an interest in peer support and recovery communities were given the opportunity to see what can be achieved it may give motivation and momentum to progressing recovery communities and peer support in Aberdeenshire.

The bus journey was paid for by Central Aberdeenshire Alcohol Drug BBV Forum and a budget was given to provide a meal to attendees on the return journey. The trip was within the agreed budget. The journey was coordinated by the ADP administrator with the attending CSMS Care manager.
17 members of the community attended with 2 practitioners form the Aberdeenshire community SMS service. All attendees were originally from south central and 3 joined from north when spaces in the bus were not filled.

Of the 17 attendees 12 responded using the questionnaires provided. The care manager also provided an overview of observation and the discussions with the attendees.

Of the seven people who requested more information and membership these have been forwarded to the appropriate chairs of the forum for action

It was agreed the trip should focus its efforts around the ADP Priority of Recovery and the following ADP outcomes; **People can readily access the most appropriate care and support options for their particular need; Focus on sustained recovery and more people engaging with support who have experienced problems with substance misuse**

It was agreed to initially target those from South and Central Aberdeenshire. This was targeted towards adults in recovery looking to feel empowered and inspired to organise or get involved in peer support/mutual aid. The trip was subsequently opened to those in north Aberdeenshire.

The proposed outcomes for the trip were:

<u>Long term</u>
Peer support and Mutual Aid groups run regularly and are attended and appropriately promoted in South and Central Aberdeenshire (include North Aberdeenshire as appropriate)

<u>Immediate</u>
Those looking for more peer support are equipped to set up groups and have increased knowledge and understanding of peer support and mutual aid in action – this is implemented soon after return
Make use of local networks/ forums to promote and advance process
Will have a point of contact in Edinburgh to liaise with for Q&A or advise when barriers met
Service will be less 'hands on' and provide support on request rather than drive the process

<u>Discussion</u>

Peer support
The descriptions of peer support describe it as important, very important and essential. This importance seems to go beyond the actual recovery from substance use. It indicates that recovery may even be impossible without some peer support. All references to peer support are positive and see it as different from the formal support service and in some cases the formality of fellowship meeting. This leaves a little gap in understanding as to if fellowships are viewed by those who use them as peer support or if they view peer support as something different; maybe the fun the social the unstructured support. The Care manager's observations seem to support this informal understanding and social element to peer support.
So if those in recovery see peer support differently than professional and commissioners see it is it more difficult to achieve. It may be a fluke that the approach is complimentary in understanding as it has enough outcomes to achieve what everyone needs to call it peer support. However failures and barriers to peer support that is set up or resourced by professionals may due to counterproductive understandings. Fun and social elements as well as self motivated choice are key themes that have emerged in the responses.

For our responses 11 of the 12 identify with making use of peer support. When asked about what peer support was attended there responses seemed to focus more on formal support through Services fellowships and SMART recovery. But there was still reference to the importance and the freedom to choose. It was seen as important during and after formal treatment and that it needs to be daily and outside of working hours as well as recognising it as part of everyday life. There was recognition here of volunteering as peer support also. It is from responses about attending peer support we are introduced to the need to feel safe. A theme we will address further in this discussion.

5 respondents would consider facilitating peer support with 5 not considering and 2 undecided. It was clear thee is already work in peers support happening across Aberdeenshire but recognition this needs development. The respondents want to get involved but recognise limitations of getting more people in recovery to come along and how to implement the ideas they have. There is also clearly input to the group from professionals with good ideas on what training to get involved in as well as volunteering. Information about how this could be achieved was limited.

7 respondents would like to attend peer support with 5 not answering. Those unanswered may be due to this question falling on the back of the response sheet or because they may have felt they answered this question in previous questions. The amount of peer support available varied from as required to once a month, with suggestion for virtual as well as out of working hours being raised. There was recognition of what a peer invests in the process as well as what they take out of it and listening to others success was noted here as bringing joy. The emphasis for peer support to be as part of social, fun relaxation and wellbeing focused activity was restated here and gives rise to consideration that there is a distinction between formal and informal support. A sense that they are both important is conveyed from the responses.

Serenity Café
Asking what respondents thought of the Serenity provoked 9 responses. They included that the serenity Café was a great place and amazing. Being a member and involvement motivated through simple perks for was identified as giving a sense of belonging to the community. The importance of the community which included friends and family was presenting a clear understanding of this being a community, not just for those in recovery but welcoming for everyone. Welcome safe and buzzing with recovery where people can add structure to their lives, seems to sum up the responses about the café which were all positive.
8 respondents would like to see something similar in Aberdeenshire communities with 4 left unanswered.

A network of places was suggested for Aberdeenshire and Aberdeen City for those in recovery locally. Others were more modest and felt that even somewhere similar to go infrequently would be of benefit. What could or should be offered within these environments focused on the fun the social and the relaxation. The networking element was also promoted, providing a safe place for people in recovery to come and meet others and forming a community beyond addiction. It was suggested that using existing fellowship networks may assist in establishing recovery communities. A café environment would provide informal meeting spaces to progress the ideas and activities. It was recognised that this take times and the serenity café started with 2k investment and 5 years in development to get to where it is now. The Care manager reported that this did not stop the ideas and input to the discussion. Recovery community was described as a net that keeps people together. The observations reflecting on the serenity café were that these environments need to be integrated into existing communities with a welcome to all atmosphere and messages about treatment etc discrete but accessible and promoting community

activity to member, friends and family and moving beyond stigmatising messages. If invested in locally by ADP and other partners these environments could host so many of those in recovery's ideas and dreams and give them hope of community life.

The reference to safe environments throughout the responses, in the care manager's observations and in the literature raises questions about how safe those in recovery feel in other environments. What is it that makes a person in recovery feel safe and why is it possible that in other environments this is not the case. More understanding of this may assist in future development and progress in mainstream communities.

Awareness of forums
The forums should note that 4 of the 12 respondents new about the forum and that it can provide support to set up and run peer support, with 5 stating they did not. 3 did not answer the question. The forums should consider if service are promoting the forums at the appropriate time with those who use their service. It may be inappropriate to inform people at the time they first attend a service but the local ADP strategy and forum remit would suggest this is important information for people wishing to become involved in recovery communities or with peer support. The forum may also wish to consider that service is not promoting the forums due to a reason such as user friendliness or professional dominance.

ADP priorities
The application to the central forum suggested that this trip was to address the ADP priority of recovery. From the responses I think it is appropriate to consider that a recovery community can be an asset not only to the recovery of individuals, their families and friends, but can produce support to the prevention and protection agendas.

Examples include; those in recovery have a lot of information and experience which can provide input to education and raising awareness, helping target public health messages by recommending where to promote and how to reach certain groups using appropriate methods, reducing stigma through being members of communities who show how successful recovery can be and that it is possible. Creating safe environments for people in all stages of recovery, a place where families and those in recovery problems can work together

Outcomes
The trip has produced opportunity for more outcomes to be considered following on from the findings of the report for example;
- **Aberdeenshire community has a dynamic and growing recovery community where people feel safe, empowered and included**
- **Members of the recovery community in Aberdeenshire have fun**
- **Aberdeenshire recovery community includes formal and informal peer support networks that give support to people to share lived experiences and feel less isolated in their recovery**

Recommendations

Recovery Community
- Set up a working group with Recovery Community as its focus and a clear remit to develop Aberdeenshire recovery community using Recovery Activism as a guide
- Clear definition of recovery and recovery community so we can share a language
- Working in partnership but led by those in recovery with commitment and investment from professional community, ADP and Forums
- Information on where recovery communities could be best situated through intelligence gathering, recognising postcode data may not be enough and require a cultural understanding also
- Explore the relationship with those in recovery and safe environments and if this is something those in recovery experience difficulty with in mainstream services and community activities.

Peer support
- Set up a short term working group to address issues and barriers to peer support in Aberdeenshire with clear and time specific objectives
- Clear definition of peer support created with those in recovery for both professionals and those in recovery widely circulated and promoted
- Support individuals and groups to set up and run peer support groups with clear how to guides for accessing locations and funding allowing for, and progressing toward, self-sufficiency of the facilitators and the groups

Forum membership
- More awareness of the forums and their activity to those in recovery and development in peer support through promotion by services, publicity and awareness activity
- Actively make forums more friendly to community members
- Increase membership of forums to include more people in recovery

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