

First Steps

Working with peer supporters to build motivation in people who are ambivalent about engaging with alcohol treatment and support.



A good practice guide by
Recovery Cymru and
Alcohol Change UK

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Introduction

Why you should read this guide

“It is not always reasonable to expect someone to show obvious motivation to change. It is often about as reasonable as requiring a drowning person to swim to the shore for help.”¹

Substance use issues are rarely simple.

They may arise from past trauma or current adversity. They may be linked to other physical and mental health issues, and to social and relationship difficulties. They may cause, co-occur with or result from any of these other issues. All these complex needs demand appropriate support, but also create barriers to accessing that support, and it is not always reasonable to expect someone to show obvious motivation to change. It is often about as reasonable as requiring a drowning person to swim to the shore for help.

The experience of implementing Alcohol Change UK’s Blue Light approach has shown that if people need support but don’t come into services, services may need to go out and find them through assertive outreach.² That means making time to work with people in their own settings and build engagement with them through consistent and persistent interactions. This guide is about how people with their own lived experience of substance use can make that outreach more effective.

¹ Ward, M and Holmes, M. (2014) *Alcohol Concern’s Blue Light Project: Working with change-resistant drinkers: The project manual*, online, available at: <https://alcoholchange.org.uk/help-and-support/training/for-practitioners/blue-light-training/the-blue-light-project>.

² *ibid.*

About Recovery Cymru

“When I explain what Recovery Cymru is about, I say it is a bunch of people in recovery helping each other!”³

Founded in 2011, Recovery Cymru is a peer-led, mutual-aid recovery community serving Cardiff and the Vale of Glamorgan. It works to empower and support people to enter recovery and move forward in it, to develop skills and interests and improve their quality of life, and to maintain their recovery while also supporting others to do the same.⁴

As a lived-experience recovery organisation (LERO) Recovery Cymru seeks to share knowledge and experience, so that more people can benefit from the power of peer support. Comments from Recovery Cymru’s staff and volunteers are used throughout this guide to provide first-hand perspectives on a range of topics.

About Alcohol Change UK

Alcohol Change UK was formed in 2017 from the merger of Alcohol Concern and Alcohol Research UK. The charity’s vision is of a world free from serious alcohol harm, and it works towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.

For more than ten years, Alcohol Change UK’s Blue Light approach has maintained a consistent focus on the people treatment services struggle most to engage with, and the lessons of the Blue Light approach are integral to this guide.⁵

³ Comment by a Recovery Cymru member.

⁴ For more details, see Recovery Cymru website: <http://www.recoverycymru.org.uk/>.

⁵ op. cit. Ward, M and Holmes, M. (2014).

How we talk about the issues

The ways we talk about people and the challenges they face say a lot about how we think about them. In this guide we have sought to use language that is clear and comprehensible and that avoids blaming and stigmatising:

- Rather than referring to “misuse” or “abuse” of alcohol or any other substance, we have referred simply to “use”. As the Scottish Drugs Forum have noted, the term “misuse” implies that use of substances by some people is “wholly distinct from other people’s use of the same substance.”⁶
- We have avoided all terms that define a person according to the problems in their life, such as “addict”, “substance misuser” and “alcoholic” (as a noun).
- Although Alcohol Change UK has previously used the term “change-resistant”, we have not done so in this guide, recognising that it is more accurate to say that some people are ambivalent about change and fearful of what change would entail. Often, people want to change but do not know how.
- We have not referred to anyone as “hard to reach”, recognising that it is up to us to adapt our outreach methods to better reach people.
- Recovery Cymru in particular does not use the term “service users”, since its members are not making use of a service but are equal partners in a recovery community. For that reason, we have avoided the term in this guide.

We have also introduced two newer terms:

- We use the concept of “pre-recovery” to describe a stage of life in which someone may have not yet sought help or managed to change their patterns of harmful substance use but may do so in the future with the right support. They may or may not be contemplating change.
- We have referred to people who are contemplating or attempting change and/or are willing to engage in peer support to seek to change their substance use as “first steppers” – a term that emphasises the possibilities for their future.

⁶ Scottish Drugs Forum (2020) *Moving beyond ‘people-first’ language: A glossary of contested terms in substance use*, online, available at: <https://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf>.

Throughout this guide, we have sought to adhere to this positive language and the compassionate and ambitious thinking it reflects. We recognise that this language might not always be perfect and we welcome comments on how best to discuss these issues.

How we wrote this guide

This First Steps guide brings together the expertise and experience of Alcohol Change UK and Recovery Cymru. It is built on a solid basis of research and good practice. It was developed through workshops and interviews with Recovery Cymru's peer supporters and staff, and consultation with Recovery Cymru's wider community of people in recovery from a range of substance use issues.

This is the first edition of the First Steps guide. We very much hope that it will not be the last and that there will be future iterations as we learn more and improve our practice. We are making this guide available to download from the Alcohol Change UK and Recovery Cymru websites, free of charge, in English and Welsh. If you have any comments or questions about the guide, or if you think there is anything we need to add, remove or amend, please do get in touch with your views and ideas. We welcome feedback in both English and Welsh.

Section 1

Peer support for people in pre- recovery

This section explains why you should work with peer supporters, The First Steps programme and more details about the numbers so far.

Developed by



• Est. 2010 •

Peer support for people in pre-recovery

Why work with peer supporters?

Peer supporters are people with lived experience of substance use, who are now in recovery (how they may choose to define it) and are looking to support others who are struggling with alcohol and/or other drugs. Some may be volunteers, others may be paid. Some may be looking to develop a career, others simply wishing to help-others: to “pay it forward”. In the process, they will often also help themselves to build confidence and a greater sense of self-worth.

Peer supporters have worked in many guises in the substance use field over the years. Most famously, members of Alcoholics Anonymous and other self-help groups act as sponsors for newcomers. Peer supporters do not replace professional support, they complement it in very particular ways:

- Because they have first-hand experience of substance use, they may have additional credibility and be able to build a more equal relationship with another person with substance use issues than professionals can
- People report finding it easier to trust someone who has similar had problems of their own, that there is ‘no judgement’
- They may be a more acceptable support option for people who have had bad experiences with professional services: “[The local treatment service] really wasn’t what I was looking for at all: clipboards and robot-like council-made questionnaires”.
- Because many are (or start as) volunteers, their help may be more valued: “I was being listened to...not because it was their job...but because they wanted to help. That reinforced the thought [that] I’m not alone after all”
- They are likely to be familiar with the local area and local services – again, enhancing their credibility – and can share experiences not just of drug or alcohol use but also of negotiating services and barriers to support
- They can offer a model of recovery, showing people what is possible and attracting them into recovery (and their own experiences may well give them a strong desire to do this)
- They can offer a route back into connection with the broader local community
- They are often able to provide the long-term recovery support that caseloads prevent professionals from providing.

Recovery Cymru's peer supporters have described the benefits of peer support in various ways, reflecting their own experience of the work:

- "It helps with engagement if you are talking with someone who has been there themselves"
- "They like talking to people who have had similar experiences"
- "It breaks down barriers. They don't want to listen to someone who has just read [it] from a book"
- "You have been there. You can call people out on their excuses"
- "I've not just lived your life, I've shared the consequences".

JG's story

JG was referred to Recovery Cymru by mental health services. She was awaiting detox, feeling hopeless after two previous detoxes, and was drinking all day every day to cope. She was isolated, suffering from low mood and self-esteem, and felt that her OCD was "controlling her life". At first, her contact with a peer supporter was daily: seven days a week via telephone.

JG's alcohol of choice was vodka, but after conversations with her peer supporter she was able to change this to cider (which has a much lower strength). She agreed with her peer supporter that she would drink two cans in the morning to ensure that her shakes subsided enough for her to carry out daily tasks safely – like using the kettle – and that she would drink throughout the day to prevent withdrawal symptoms.

Over time, she has managed to reduce her drinking to ten cans per day and she has periods during the day when she doesn't drink at all. She has agreed to see psychologist, a referral which she resisted in the past. She has also reconnected with an old friend with whom she now spends time.

No longer feeling frustrated at waiting for detox, JG has accepted that "this is a waiting game". Five months on from her first contact with Recovery Cymru, she is hopeful of a better, sober future. She currently only needs telephone support from Recovery Cymru three times a week but is very much looking forward to attending Recovery Cymru's centres in person after her detox, for connection and continued support.⁷

⁷ Anonymised story provided by a Recovery Cymru peer-supporter.

The First Steps programme

Since its earliest days, Recovery Cymru has been “a bunch of people in recovery helping each other”.⁸

In recent years, the organisation has been working to engage more with people who are not yet in recovery.

This work has developed into the First Steps programme and has led to the development of two new terms:

- We use the concept of “pre-recovery” to describe a stage of life in which someone may have not yet sought or managed to change their patterns of harmful substance use but may do so in the future with the right support. They may or may not be contemplating change.
- We have referred to people who are contemplating or attempting change and/or are willing to engage in peer support to seek to change their substance use as “first steppers” – a term that emphasises the possibilities for their future.

The First Steps programme draws on peer supporters’ experience and expertise to help other people move from pre-recovery into recovery. Accommodating people in pre-recovery – and therefore still using alcohol or some another substance – within Recovery Cymru’s work has been a challenge. Recovery Cymru’s members are expected to behave in ways that do not undermine anyone else’s recovery, and that includes not being intoxicated on the premises. People in pre-recovery are not always able to comply with this. First Steps peer supporters have needed to be robust enough in their own recovery to work with people who are under the influence of substances.

Many of the first steppers Recovery Cymru has sought to support have been referred to the organisation by the local hospital alcohol liaison team, who saw the need to offer a route to support for people who were not yet ready to enter treatment. The initial plan was for the First Steps programme to begin with face-to-face work within the hospital rather than at one of Recovery Cymru’s centres. This had two advantages:

- It kept within the Recovery Cymru model of opening their centres only to people who are willing and able to attend without consuming drugs and/or alcohol.

⁸ Comment by a Recovery Cymru member.

- It meant that people were being seen at their point of need – during the window when they were hospitalised and possibly therefore considering their situation.

However, the start of the First Steps initiative coincided with the arrival of Covid-19, and so interventions had to be conducted by phone or online, and this has been the model since then. Although forced and unplanned for, this change led to the expansion of the project far exceeding expectations. Since the easing of lockdown restrictions, a small amount of work has happened face-to-face but this does depend on finding a place where peer supporters feel safe to meet with people of whom they have little knowledge and are likely to be under the influence of drugs and/or alcohol. One such potential safe space was the hospital “at the end of the bed”, but again, the pandemic removed this option, and it has not yet returned.

Most support has been provided one-to-one, and first steppers seem to prefer this to group work.

MW's story

MW was referred to Recovery Cymru by the community addictions team. He was using benzodiazepine and alcohol and was looking for telephone support. He had caring responsibilities and was experiencing anxiety, low mood and a lack of motivation.

A peer supporter made weekly calls, and sent follow-up texts, but most calls went unanswered. Persistence paid off and MW's engagement improved after a few months, when he disclosed that he hadn't used benzodiazepine for two weeks and had reduced his alcohol intake but was finding it difficult to stop completely. He worked with his peer supporter on a gradual alcohol reduction plan as a safe way to work towards sobriety. This led to him setting a goal to only have alcohol at weekends.

He disclosed he had literacy issues and his peer supporter encouraged him to embark on a reading and writing course at a local library. He went on to complete another English language course which really boosted his motivation and self-esteem. Having voiced a desire to set up his own scrap metal business, he completed courses on health and safety and secured his waste-carrying licence.

Recovery is rarely linear, and once these courses were completed MW disclosed that he was drinking daily again. He had been doing well whilst busy but without routine and purpose he was triggered by low mood and boredom. He worked with his peer supporter on understanding boredom as a trigger and on healthy coping strategies.

A year after his initial contact with Recovery Cymru, MW returned to working part-time as an electrician (which he had done in the past). He enjoyed the structure and routine that the work gave him. Although not quite ready to launch himself into the world of self-employment, MW knows that he has more options available to him and he remains focused on maintaining lasting change.⁹

The numbers so far

Between March 2020 and October 2022 there were 242 referrals of first steppers to Recovery Cymru. Most of these came via the main local hospital but also from the community addictions unit and a support centre for homeless people, along with some self-referrals (via Facebook, the Recovery Cymru website, or on the advice of other services).

For most (69%) of these people, alcohol was the main (or only) substance they used; 18% primarily used other substances; and 13% identified both alcohol and other drugs as their main substances. Of these 242 people, 40% (96 people) developed a relationship with Recovery Cymru – defined as having had at least five connected telephone calls with a peer supporter – and 21% of these (20 people) were still actively engaged as of October 2022.

Considering that what is happening in most cases is cold-calling of people who appear reluctant to change or engage, these represent remarkably high rates of engagement.

⁹ Anonymised story provided by a Recovery Cymru peer-supporter.

Section 2

The stages of peer support

In this section, we look at the range of approaches Recovery Cymru's peer supporters have used to engage with first steppers, reduce the harm they're experiencing, and motivate and support them to enter treatment and remain in it.

Developed by



• Est. 2010 •

The stages of peer support

Most of the material in this section has come directly from peer supporters themselves. There is no one way of doing peer support and not everything in this section will be relevant or helpful for everyone. What we are offering here are suggestions not a definitive guide.

The following flowchart sets out the broad steps of Recovery Cymru's approach to peer support and in the next few pages we've gone into more detail about the stages of the process.

Recovery Cymru's First Steps

Approach To Peer Engagement

An outline of the process peer-supporters work through when engaging first-steppers

Someone is referred to the programme

Send a text message

- Introduce yourself: They may be wary of a text from an unknown number
- Encourage them to save your number in their phone with your name
- Give them day and time when you'll call them.



The first phone call

- If they don't answer, text them and give them another time you'll call
- Give them the option to opt out of calls
- Remember that, if they don't respond, it may just be that they're out of credit or have changed phone
- Contact the referrer if you think the number you have is out-of-date.



Building a relationship

- If they answer the call, say who you are and that you were given their number from Recovery Cymru
- Ask them if they're happy to talk
- Start with low-intensity conversation, to build rapport and trust
- Over subsequent calls, start finding out about their priorities and barriers
- Remember, the aim is to achieve their priorities, not specified outcomes.



NEXT ACTIONS

- Keep a report of important/necessary information
- Tell them how you will take proper care of their information and what their rights are under GDPR
- Set a time for the next call. Text a reminder later.



Harm reduction and stabilisation

- Talk to them about their basic needs
- What are their health problems/needs?
- Where are they staying? Is it safe?
- Do they get into any dangerous situations?
- How well are they eating?



Practical support for immediate needs

- Seeing a GP
- Addressing any housing needs
- Accessing sources of food, e.g. getting a Food Bank referral or visiting a community food pantry.



Facilitating engagement with support services

- Talk to them about the pros and cons
- Understand their expectations, hopes and fears
- Demonstrate your belief in them, to build their belief in themselves
- Offer to go with them to appointments
- Seek permission to talk to their other support workers.



REVIEW NOTES AND PROGRESS WITH YOUR MANAGER/VOLUNTEER SUPERVISOR



ARE WE BEING HELPFUL/PURPOSEFUL?



KNOWING WHEN TO STOP



RE-ENGAGEMENT



Engagement

"You don't know how much it meant to me to have that ten-minute phone call on Friday."¹⁰

It takes time and effort to build the trust needed to sustain engagement, but it all starts with a conversation.

Often the most challenging task is having that first conversation. Peer supporters offered a number of insights into how they get the ball rolling:

- "The first action is [to send] a text. That allows people to know that we are going to contact [them, and] helps them answer the phone to a strange number".
- "[Stage two is] a low-intensity call that offers support and sets out what we can do".
- "In the early stages, it's about building a relationship, building rapport. Then we begin to allow the person to say what would help".
- "It is about a conversation: [just] as you would talk to anyone [else]".

Peer supporters knew that they had to be open, honest, believable and reliable:

- "Someone who has been through what they have been through will require empathy, understanding, and a non-judgemental approach".
- "Don't try to be someone else. You have to be yourself. [Otherwise] they will see through it".
- "Be open and honest. If I say I won't ring for three months, I don't, but I do ring in three months".
- "If you don't know [something], say so".

¹⁰ Comment by a person in recovery.

They recognised the need for them to work hard to keep interactions positive and build first steppers' self-esteem:

- "People often don't notice minor positive changes [in their lives]. We need to pull out the positives – even small changes. I will point that out to them".
- "[You can help them] look back and recognise that they are more confident than last week".
- "Never buy into the 'it will always be like this' attitude".
- "Don't get into conversations about [how] social workers are useless, etc".

They sometimes took on practical tasks, and this could also help build trust:

- "I will help with benefits assessments, problems filling in forms, literacy problems".
- "I advocate on their behalf with other services".
- "I make sure they understand what is going on with social services."

But they also emphasised the need to be clear from the start about what the peer supporters can and cannot do: "We need to be very clear about our role with the individual. We are not a housing officer, a priest, or a pharmacist". (We look at boundary setting again in the section on **Using the peer supporters' own stories** on page 22.

Peer supporters often kept notes, so that they could more easily recall information first steppers had shared with them, such as the names of their children. Having this information easily to hand helped reassure first steppers that their peer supporter was listening and interested.

Alcohol and/or drug use does need to be addressed at some point, but in the early stages of a relationship between a peer supporter and a first stepper, it is unlikely to be a major focus of conversation:

- "What are the priorities at [the] first step? Usually not alcohol and drugs. I don't want to focus on alcohol and drugs too early".
- "Peer supporters need to know that not talking about alcohol [straight away] is not [a] failure".
- "I do talk about alcohol [in the early stages] but it is mainly about keeping them safe".
- "It is about looking for openings: points when they are ready".

The length of calls can vary enormously, from five minutes to ninety, depending on how much support is needed. As far as possible, the direction of the conversation is led by the first stepper:

- "I start off with 'How are you feeling today?'. That drives the conversation from then on".
- "[I ask] 'What can I do to help you?'"
- "I never tell people what to do, but I do suggest things they could try".
- "It is down to us to find out what works for them. Recovery is self-defined".

Everyone emphasised that the whole process takes time:

- "Being patient is vital".
- "First steppers need a lot more patience. The earliest lesson I learned in recovery is patience. I didn't get here overnight, so I am not going to wake up and it will all be well".
- "It's a marathon, not a sprint".

Harm reduction and stabilisation

The next step – after initial contact has been made and a degree of trust established – is to seek to reduce the harm first stepper is experiencing (and possibly causing to others).

Even if the eventual goal is abstinence – and it won't be for everyone – the journey towards it may be a very gradual process. It may well be that harm reduction is not initially about the substance itself. Peer supporters highlighted a range of approaches they have used to encourage people to reduce the other harms that have grown up around a substance use problem.

Addressing issues such as the ones below can help people improve their general physical and mental health, as well as their confidence and self-esteem, and so put them in a better position to reduce their substance use:

- Encouraging people to eat more and better food: Any substance use can disrupt normal eating patterns. Alcohol-dependent drinkers in particular are often malnourished and are particularly likely to be deficient in thiamine (Vitamin B1).

- Encouraging people to stay hydrated, particularly when drinking alcohol and in hot weather.
- Explaining how to practice sleep hygiene: such as having a regular sleep routine, avoid daytime naps, finding somewhere quiet and comfortable to sleep (if that is possible).¹¹
- Helping people understand their health issues, including using the 12 Questions Tool in Alcohol Change UK's Blue Light Manual to identify alcohol-related health problems and take action to address them.¹²
- Finding out whether the place(s) they are staying are safe, and what they can do to make themselves safer.
- Helping them recognise which situations in their life are risky – such as places where they get drawn into fights – and talking with them about how they can avoid such situations.
- Encouraging blood-borne virus testing and follow-up treatment.

PJ's story, in their own words

"We started chipping away at little bits and pieces of the alcohol abuse rather than going full force into everything...[I went] from a life completely encompassed and dominated by alcohol, to a couple of hours in the evening where it still was but the rest was now free for me.

This slowly builds up your confidence...My units went to 120 a week, then under 100, then 80, then under 50, then 30-40 as a target, which I successfully stuck to for about a month. We introduced dry days, 1 at first, then 2, then 3, then 4. This was the key, because then I saw that I wasn't going to die if I didn't drink in a day and actually had such a better life overall."¹³

¹¹ For more details, see American Sleep Association website: <https://www.sleepassociation.org/about-sleep/sleep-hygiene-tips/>

¹² op. cit. Ward, M and Holmes, M. (2014).

¹³ Anonymised story provided by a Recovery Cymru peer-supporter.

Building motivation

"People do change. Even people who seem to have abandoned all hope of a different life can turn themselves around."¹⁴

One of the core messages of the Blue Light approach is that even people who show no obvious motivation to change should not be dismissed as being "in denial".

As Stephen Rollnick and William R. Miller have demonstrated in their work on Motivational Interviewing, denial is a façade and behind that façade is a person who is in a state of ambivalence.¹⁵

They may not believe that change is possible or know how it could happen. They may be scared of what change will bring. Just like the rest of us they are complex people with fluctuating and conflicting hopes, beliefs, and aspirations.¹⁶ The challenge is to reach into that complexity and help people identify and understand their own motivations.

Peer supporters identified a variety of motivational approaches that had worked for them with first steppers. Many started with superficially simple questions that can produce profound and revealing answers. Often, these were not the type of questions people expected to be asked, which may have led to some less guarded (and more revealing) answers. Examples of questions include:

- "What do you want from us?"
- "What's in it for you?"
- "How are things working out for you?"
- "What is a good goal for you?"
- "What do you want to make changes for?"
- "What do you want your future to look like?"
- "How can we help you achieve that?"

¹⁴ op. cit. Ward, M and Holmes, M. (2014).

¹⁵ Miller, W. and Rollnick, S. (1991) *Motivational Interviewing: Preparing people to change addictive behavior*, New York, Guilford Press.

¹⁶ *ibid.*

Peer supporters recognised that some people have difficulty putting their motivations into words. As one said, they may simply realise that their situation is bad and want it to be different. That realisation is often enough of a start.

Another message of the Blue Light approach is the importance of demonstrating a belief that people can change, in order to help them believe that themselves.¹⁷ Peer supporters said they tried to be encouraging from the get-go, recognising the effort first steppers had made simply by answering the initial phone call and having a conversation, however short. Other methods for promoting self-belief included encouraging people to:

- Focus on the positives: "It is not about talking about what is going wrong, but rather what has gone right today"
- Give themselves credit for what they have done: "Encourage them to look back and see how far they have come"
- Be proud of each day's achievements: "You went past 10am without a drink"; "Don't let them say 'only' about something, e.g. it was 'only one day' [sober]"
- Avoid comparing themselves with others: "You can't judge yourself by anyone else in recovery. You have to find your own way"
- Not think too much about goals that seem out of reach: "Don't focus on never drinking; just focus on the immediate [issues]. You will learn to cope as time goes by"; "It is a journey not a destination"; "Recovery is about progression, not perfection"
- Practice simple self-care: "Get up, get dressed, clean your teeth and walk round the block"
- Recognise what's beyond their control. For example, during the pandemic, one key message was: "You are not in control of Covid, you are in control of yourself".

Using the peer supporters' own stories

The use of the peer supporter's own story is central to the work of Recovery Cymru. Sharing it can break down barriers and build rapport and trust. Simply hearing that "I have been there too" can be the encouragement someone needs to start their own recovery journey.

However, the story must be told in a way that is relevant and helpful to the first stepper, and peer supporters will need training and support to make best use of their own story.

¹⁷ op. cit. Ward, M and Holmes, M. (2014).

There are a few principles to keep in mind:

- Although it may benefit peer supporters to tell their story, that is not why they are sharing it: they need to stay focussed on the aspects of their story will benefit the first stepper.
- The story needs to be told with realism and humility. For example, a statement like “I have been in recovery for X years” can feel like a mountain to climb unless the peer supporter takes the time to explain the small steps they took towards that goal. As one peer supported put it, “It is double-edged. It can be good, but fourteen years abstinent can feel very difficult [and] distant from them”.
- Some peer supporters urged caution about over-sharing with first steppers. As one said, “I reveal very little, but you have to be honest”. This is part of broader question of boundary setting: being a peer supporter is not necessarily the same as being a friend, and peer supporters may well want and need to keep some aspects of their life wholly private from the people they are supporting.¹⁸ (One obvious example of this would be their home address).

Helping people into treatment

Although not everyone will want or need to enter a formal treatment programme, for many people with a substance use issue that will be the best route.

Peer supporters can help people get into treatment and stay in it, when it is appropriate:

- “It wouldn’t work if we said you need a detox and rang up and arranged it. It has to come from them”.
- “Our role is to walk alongside them as they get the other help they need, e.g. residential rehab, supporting them on a script.¹⁹ There is an idea that they are going to go into another service but where they want to go is up to them”.

Conversations about treatment may not happen straight away (unless there is an emergency such as unplanned withdrawal). They may develop more gradually

¹⁸ Substance Misuse Skills Consortium (2015) *Peer support toolkit*, online, available at: https://www.drugsandalcohol.ie/23293/1/Skills_Consortium_Peer_Support_Kit_Final.pdf

¹⁹ In this context, a “script” is a prescription for a medicine (such as methadone or Antabuse) to help someone reduce their substance use.

and continue for several weeks or months. In the early stages of support, encouraging contact with a GP is likely to be the main goal, as this offers a route to basic healthcare and testing, as well as referrals to more specialist NHS services.

Peer supporters may also be able to encourage people to engage (or re-engage) with mental health services, and it is worth making sure peer supporters are familiar with the local service landscape.

One barrier to people accessing treatment may be a fear that they are being fobbed off or passed on. Peer supporters can ease the process by making clear that they are still available when someone enters another service.

It is possible that some people will be reluctant to go to an alcohol treatment agency because they believe they will be required to stop drinking altogether. These days, most treatment services operate a harm reduction approach that allows for reduced drinking rather than total abstinence, but it may be worth finding out what the philosophy is of any alcohol treatment service you are suggesting someone attends.²⁰

²⁰ op. cit. Ward, M and Holmes, M. (2014).

PL's story

PL had disengaged from Recovery Cymru but re-engaged and reached out for support in 2022. At that time, he was drinking 3 bottles of brandy each day but was still in employment.

He initially engaged weekly and then started making contact several times a week. He worked with his peer supporter on a plan to reduce his alcohol consumption and was encouraged to contact the local single point of access to treatment services.

He was initially resistant having a hospital detox, but over the course of time he began to see the benefits of it. Recovery Cymru encouraged him to seek an assessment and referral for treatment. He continued working on his alcohol reduction plan in preparation for detox and got himself signed off from work to concentrate fully on his recovery.

He gradually reduced his drinking to half a bottle of brandy each day but then unexpectedly contacted his peer supporter to say he had tried to stop drinking abruptly and was experiencing extreme withdrawal. He was advised to present himself at A&E straight away. He was assessed and admitted to a detox ward, where he continued to engage with day therapy sessions. PL's goal is to continue to engage with therapy on discharge from hospital and his aim is to make lasting changes to his life.²¹

When do you stop?

The aim of peer support is not to create a relationship of dependency and at some point peer supporters may have to decide to stop their outreach work. This decision is not always simple, especially since recovery is not a linear process and people's mindset can change from day to day. Peer supporters have described this complexity to us:

- "The great one is when everything is fine and you can end it, and the obvious one is when the person says 'no'. Sometimes we do get a text back saying 'stop contacting'. The tricky one is in the middle, between these two points: people who are ambivalent. It is important that contact does not become harassment. We will ultimately send a message that we are here, and the door is always open. However, this is a judgement call. It's not 'three texts and [you're] out'. Taking that approach would be easier but it is more important to make a judgement".

²¹ Anonymised story provided by a Recovery Cymru peer-supporter.

- "It's one of the hardest things to learn. It is tempting to do just one more phone call. It is not a nice decision".

One of the most common reasons peer supporters offered for disengaging with someone was that the person they were seeking to support was losing interest in the process (for whatever reason). This can be difficult for peer supporters.

They may feel that they have failed in some way, but need to remember that there are limits to what they can do, for their own good and for the good of the first stepper:

- "You may need to end if you are getting demoralised: if the process is just repeating time after time [and] the same things are said repeatedly".
- "You need to be clear about whether a chat is purposeful or not"
- "You do need to think about this issue. You are allowed to let them go if they are not responding to texts or calls".

It has to be recognised that peer support will not work for everyone, but peer supporters were keen to keep the door open to anyone who disengaged:

- "They are never knocked off the books. They can always come back. They are all on the books and they can re-engage at any time".
- "I don't end it. I am always here. It's down to them to end it".
- "Occasionally I may send a text to let them know we are still here for them".

Section 3

Managing a peer support programme

The following pages contain the tools you need to train and support peer supporters, and includes why peer supporters need support.

Managing a peer support programme

Peer supporters need support

Peer supporters achieve amazing things but they are not superhuman. As the Substance Misuse Skills Consortium have noted, peer supporters need support just like anyone else, and whilst their progress in recovery might be “rightly celebrated as an exemplar to others” they also must “feel comfortable asking for help if they run into issues of their own”.²²

The following flowchart sets out Recovery Cymru’s mechanisms for managing their peer support programme, and in the next few pages we’ve gone into more detail about the training and support provided.

²² op. cit. Substance Misuse Skills Consortium (2015).

Getting started

- Agree on the aims and philosophy of your programme
- Co-produce your ways of working with people with lived experience and with your partner/referrer agencies
- Agree processes for good governance and safeguarding
- Build links with other agencies: healthcare, housing, substance use, social care, community groups
- Develop your guidance and tools.



Make the project visible and inspire people to join

- Use your networks and advertise
- Consider how to 'sell' your programme to potential referrers
- Consider how to 'sell' your programme to potential first-steps.



Recruiting peer-supporters

- What's your recruitment process?
- Who is the role right for?
- What skills do peer-supporters need?
- Who is it not right for?

Recruitment from the
local community

Recruitment from lived
experience recovery
organisations (LEROs)

Have a preparation
programme for new
peer-supporters

The role is not right for everyone...

AND THAT'S OK!

Support and Train your peer-supporters



Ongoing personal and professional development

Training



Mutual support among all staff and volunteers

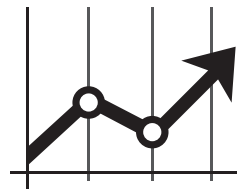


Supporting peer-supporters' wellbeing and recovery

Remember why you're doing the work - that's the glue that holds it all together



What are your programme's aims: what is 'success'?



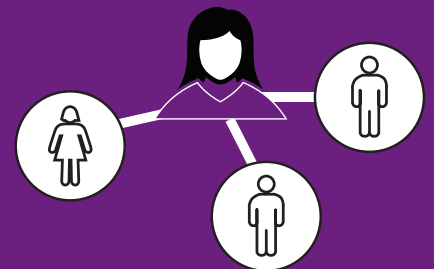
Think about how to measure 'success'



Maintain robust governance without jeopardising the spirit of peer-support



SUSTAINABILITY



Build support from other agencies

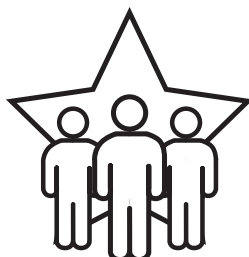


Ensure robust safeguarding

Seek out resources and funding sources



Bring volunteers and staff together in mutual support and respect



Raise awareness and gain buy-in

Training peer supporters

Lived-experience is central to the work of Recovery Cymru but lived-experience is not enough on its own. Peer supporters need and deserve robust training, learning and development. This is particularly beneficial for people who are relatively early in their recovery.

Whilst there is no specific “time in recovery” is needed before someone can become a peer supporter, Recovery Cymru takes a pragmatic and cautious approach to this.

As a pre-requisite of providing peer support on behalf of Recovery Cymru, all volunteers and paid staff must take part in Recovery Cymru’s accredited four-day introductory training which includes:

- An introduction to peer support
- Group facilitation
- Being a recovery champion
- Equality and diversity
- Communication skills
- Recovery Buddy training.

Additional training is provided on:

- Safeguarding
- Maintaining professional boundaries
- Substance use awareness.

There is also ongoing programme of training on issues such as:

- Telephone recovery support
- Meaningful engagement
- Recovery coaching
- Trauma-informed and trauma-enhanced practice
- Motivational interviewing
- Mental health first aid
- Suicide awareness
- Alcohol interventions and brief advice (IBA)
- Using the Moving On In My Recovery (MOIMR) model ²³

²³ For more details, see the Moving On In My Recovery website: <https://www.moimr.com/>

- Peer supporters in hospitals may have to undertake additional NHS training on issues such as confidentiality and health and safety.

Some training is provided in-house by Recovery Cymru, some is accessed via partners, third sector networks and other opportunities.

As a result, it will take at least two months for someone to begin working as a peer supporter with Recovery Cymru.

Supporting peer supporters

As well as specific training packages, peer supporters need ongoing support. There are a number of risks for peer supporters that any support system should seek to mitigate:

- Undermining their own recovery and wellbeing
- Frustration and demoralisation, particularly when “having the same conversations time and again” with someone they are seeking to support
- Concerns about risk and safeguarding – both their own and that of the people they are supporting
- Feeling too much is expected of them
- Expecting too much of themselves: “Our problem is sometimes getting peers to do less and not overwork”
- Difficulty recognising that they can’t do all the work for first steppers
- Difficulty knowing and accepting when to pull back from someone.

Careful monitoring of caseloads is one of the most important aspects of support for peer supporters. Recovery Cymru’s peer supporters can access a range of meetings over the course of a week which provide them with opportunities to share concerns and seek solutions:

- A brief morning meeting at the start of each day to talk about what people are doing
- A weekly 30-minute meeting with their manager / volunteer supervisor
- Fortnightly group meetings in which peer supporters come together to support each other. This is focussed on practical and emotional support rather than information sharing
- Fortnightly information sharing meetings on the alternate weeks
- Every Tuesday afternoon, time is set aside for a meeting or training for all staff and volunteers

- A fortnightly Volunteer Development Group for all volunteers (not just those working with first steppers)
- External coaching as needed.
- Peer support and peer learning from other Recovery Cymru staff and volunteers.

In all this, it is important to emphasise that all learning is a two-way process, with staff as likely to learn from peer supporters as the other way around.

Section 4

Measuring success: outputs and incomes

Measuring success can be complex, especially given that different people – the person seeking recovery, the peer supporter, the support organisation, and the funder – may all have different ideas about what success is.

The aim in the First Steps programme is to focus on what works for the person seeking recovery.

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• Est. 2010 •

Measuring success: outputs and outcomes

Recovery Cymru does not have a single specific outcome measure for anyone embarking on recovery or seeking to maintain it. Instead, success is self-defined by people in recovery as they look at their distance travelled towards their goals. Members of the organisation have begun seeking to measure this using a self-scoring matrix with 13 domains. This matrix is still at an early stage of development, but the table below shows how a small group of five members have progressed and sought to measure that between March 2020 and December 2021.

Distance travelled measure	Average initial score	Average final score	Average change	Percentage with positive change
Accommodation	7.4	9	1.6	80%
Finances	6.4	7	0.6	40%
Physical health	6	7	1	40%
Mental health	5.6	6.4	0.8	40%
Knowledge/skills	6.2	7.4	1.2	60%
Positive attitude	7.2	7.6	0.4	40%
Ability to bounce back	6.6	7.2	0.6	40%
Living to values	6.6	8	1.4	60%
Work (paid or unpaid)	5	6	1	40%
Actively learning	5	7.5	2.5	50%
Social networks	7.4	6.8	-0.6	20%
Family	7.6	8	0.4	40%
Partner	6.25	8	1.75	75%

The following table uses a simpler approach across a larger group of members from March 2020–October 2022 who described their experiences since accessing Recovery Cymru.

Distance travelled measure	Number of people with 'yes' response	Number of people with 'no' response	Number of people with any response	Percentage with 'yes' response
Since accessing Recovery Cymru, I have reduced my using/ drinking	20	3	23	87%
I have experienced periods of stability in my recovery	27	4	31	87%
I feel I am maintaining positive changes	27	3	30	90%
I feel socially connected	18	3	21	86%
I am engaged in community activities outside Recovery Cymru	13	12	25	52%
I feel that my mental health has improved	16	6	22	73%
I have experienced a lapse or relapse in the last three months	20	11	31	65%

The following comments further illustrate peer supporters' idea about what success looks like:

- "One of the signs of success is [them] answering the phone to me when I call".
- "When they start calling me, when they want to discuss things, or say thank you".
- "If we never hear from them again, and then find out they're doing OK"
- "The obvious [one] is when the light bulb goes on for someone [about their drinking]".
- "[It's when] someone wants to do something more".
- "Eating or opening curtains is a success".
- "It's not about length of abstinence; it's about what they are doing in that time".
- "[I ask] does the person see their situation as better now".

With first steppers, Recovery Cymru also measure success in terms of the numbers engaged and the length of engagement, given the evidence that engagement is a good thing in itself and that maintaining engagement is a harm reduction strategy. There is, however, a clear need for more outcome data – such as the extent to which outreach to people in pre-recovery is reducing the demand on statutory services (such as the emergency services) – and Recovery Cymru is seeking ways that this kind of data could be collected.

Section 5

Recovery Cymru's next steps

This section details how Recovery Cymru plan to expand and develop their support.

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Recovery Cymru's next steps

Building on the work described in this guide, Recovery Cymru are planning to expand and develop their support offer in the following ways:

- Most immediately, responding to the current post-pandemic world by preserving the benefits of distance support whilst also increasing face-to-face support and hospital in-reach.
- Extending their work to include offering peer support to the families of first steppers.
- Working with treatment services to improve the access for first steppers to specialist support.
- Increasing understanding of the role and skill of peer supporters, creating respect and equality with other professions.
- Championing peer support for people in pre-recovery in other parts of the UK and offering training and support to other agencies to achieve this.

Section 6

Our recommendations for change

Alcohol Change UK and Recovery Cymru believe that the First Step initiative offers a valuable model for working with people who are not yet engaged with support. We see it as a replicable and scalable model.

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Our recommendations for change

Alcohol Change UK and Recovery Cymru believe that the First Step initiative offers a valuable model for working with people who are not yet engaged with support. We see it as a replicable and scalable model.

- The value of peer support in working with people in pre-recovery should be recognised and championed within substance use and healthcare services, with equal respect for peer supporters alongside other professions.
- Hospital alcohol liaison teams in particular should consider the benefit of peer support in-reach to people on wards for drug or alcohol issues who are not engaged with services.
- Services using a peer support model should have a solid support and development package in place for peer supporters, preferably by linking with a local recovery group/community or Lived Experience Recovery Organisation.
- Services using a peer support model need to be clear about what they are aiming to achieve with that model, and ensure they have a clear idea of how they will define and measure success, with the individual at the centre.
- Service commissioners should consider the benefits of funding paid peer support posts (alongside volunteer peer supporters) with appropriate training and support, and including training for peer supporters (both paid and volunteers) in their workforce development packages.
- Where local peer support networks do not exist, commissioners should consider the benefits of supporting their development.
- The challenges and risks of peer support approaches should be recognised, and professionals given opportunities to explore any concerns they might have.

With many thanks to everyone involved in developing the Recovery Cymru First Steps model and in creating this manual, most notably our peer supporters.

Get involved

We cannot reduce alcohol harm alone. The more we all work together, the faster change will happen.

Recovery Cymru

Recovery Cymru is a recovery community led by people with lived experience and based on support, hope and opportunity. They offer help and guidance to people who are looking to begin, or continue, their journey to recovery from drug and alcohol problems.

Recovery Cymru run two open-access centres in Cardiff and Barry – which are open 365 days of the year – and also offer training and consultancy online to organisations across the UK.

Find out more about Recovery Cymru and the First Steps programme, and get in touch, via recoverycymru.org.uk.

Alcohol Change UK

Alcohol Change UK works for a society that is free from the harm caused by alcohol.

The problem is complex, and so the solutions aren't simple. But Alcohol Change UK are ambitious to create evidence-driven change by working towards in key areas: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.

Find out more and get involved at alcoholchange.org.uk