



## **ACT RECOVERY – SYSTEM DIAGNOSTICS**

System diagnostics is a method of working with DAATs using both existing and new data to test three key questions:

1. How effective is the treatment currently delivered in the DAAT?
2. How well connected are the different components of specialist alcohol and drug treatment to each other and to other key sections of local service provision such as housing, education and training, and criminal justice?
3. How recovery-oriented is the treatment system and in particular how good are the links between treatment and mutual aid, and how recovery-oriented are the attitudes and actions of professional service staff and management?

A Recovery Orientated System of Care is a person-centered approach and one that places emphasis on the resources and assets that the wider community can offer in support of an individual's recovery, with a commitment to peers active involvement in recovery support services as well as the inclusion of family and other key people. It supports change through empowering the individual and their community to achieve long term, lasting recovery. But it also relies on effective treatment services and delivery to address acute treatment needs and to ensure that basic client health and wellbeing is supported that will allow clients to engage in recovery-oriented activities and supports.

### ***What is the starting assumption of this model?***

At the heart of transition to a Recovery Oriented System is a change in culture and practice to a system that is strengths-based, linked to the community, and that focuses on ongoing support and care. Moving to a Recovery Orientated System of Care may require:



- **assessment of existing drug and alcohol system;**
- **evaluation of your existing community recovery assets;**
- **assessing the beliefs and attitudes of professionals directly involved in and linked to the specialist alcohol and drug treatment system and understanding their level of awareness and beliefs about recovery**

Tailoring the right approach with the right resources, mapped to your local recovery capital and assets is an individual process. ACT Recovery will use their expertise and experience in this work to evaluate your needs and, if required, offer unique and genuinely bespoke designed solutions.

### ***Undertaking a systems diagnostics***

Our first step would be to work with you around what information and data you already have such as Strategic Needs Assessments, annual reports and summaries of DAAT performance that would contribute to the initial mapping of the treatment system. We would also work with you to assess whether any work done on segmentation could be developed to fit our model of assessing the recovery readiness of sub-groups of clients.

However, the three main components of the system diagnostics would be around:

1. **assessing treatment effectiveness:** this would involve both documentary analysis of DAAT documents and interviews with clients and staff at provider agencies about treatment processes that follow according to the Treatment Process Model (Simpson, 2004). This



means an analysis of early engagement and motivation of clients (Phase 1), of achieving psychosocial change and behavior change (Phase 2) and finally re-engaging with the community (Phase 3). This approach is based on the notion of continuity of care and reconciles addressing the extent to which therapeutic delivery is consistent with evidence-based practice within each service and then assessing how that links to ease and effectiveness of movement across services. The aim within a recovery model is to assess the extent to which clients get 'stuck' at particular bottlenecks in the treatment system – engagement, early stabilization, and in long-term prescribing treatment. More typically, for alcohol clients, the problem will be of a revolving door of short-term treatments with insufficient ongoing treatment and recovery asset development.

2. Links to the recovery community and to wider community assets: Within the work done by David Best for the NTA on recovery-oriented approaches (Best et al, 2011), there are key methods of assessing community engagement – the number of recovery champions available and accessible in the community, the number and diversity of recovery groups, and the effectiveness of the links between acute/formal treatment services and the community recovery resources. The mapping of these relationships and of the recovery community would be supplemented by a mapping of wider community asset engagement and the quality of linkages (particularly assertive and structural linkage) to community supports and resources
3. Staff and management attitudes and actions in relation to recovery: it is critical that there is both an awareness of the principles of recovery (and not a perceived threat) and an understanding of how recovery can be operationalised in the day to day working of addiction professionals.



While there are a small number of basic principles for recovery working:

- a. Convey the belief that recovery is possible and achievable
- b. Provide the therapeutic supports to enable the person to make recovery choices
- c. Provide linkage to recovery groups and champions
- d. Provide case coordination and continuity of care beyond the acute phase of treatment

These principles must be shared by workers but also by managers. What we do in this area is to conduct assessment of recovery attitudes among workers and to use this to shape awareness sessions if required

The overall model is to use existing resources supplemented by original data collection to assess opportunities for recovery at a treatment and systems level, at a community level and in terms of professional attitudes and practices. This will create a roadmap for recovery orientation.

From experiences in the UK and particularly in the US, it is recognized that the transition to a recovery-oriented system will typically take between five and ten years. What this diagnostic work does is to map the challenges around both the acute treatment system (traditional treatment services) and the recovery community to establish gaps and strengths in generating a recovery vision and a recovery orientation in the community.