



INCLUSIVE RECOVERY CITIES

An introduction to
becoming one



RECOVERY
CITIES



Inclusive
Cities.

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Introduction

The purpose of this resource is to provide an introduction to the Inclusive Recovery Cities (IRC) movement and outline what is involved in becoming one. We hope that this will encourage conversations to take place and an increasing number of cities/ locations to become part of the movement.



Background - What is an IRC and what is its purpose?

Professor David Best (Leeds Trinity Uni) and Dr Charlotte Colman (Ghent Uni) first published a paper on the concept in 2018.



The concept of an Inclusive Recovery City builds upon:

- The work of Professor David Best (and others) around the importance of 'Recovery Capital' – or in other words, the resources which individuals have access to, to support recovery from Substance Use Disorder (SUD);

- A growing recognition of the value of Recovery Oriented Systems of Care (ROSCs), which, as well as including effective services and professional expertise, places great emphasis on leveraging Lived Experience and community assets to effect recovery.

- A recognition of the importance of community as the place where recovery happens and where effective recovery communities are a positive and vibrant resource in the overall wellbeing of the community.

- **In a nutshell, an Inclusive Recovery City (IRC) is centred on the understanding that sustained recovery takes root and flourishes in the community; an IRC is like a 'super-charged' Recovery Oriented System of Care, with an emphasis on the role of the community in supporting recovery, at a city-wide level, and the reciprocal role of the recovery community in enhancing the overall quality of life in the wider community.**

Core ideas

Few people *can* and no-one *should* have to walk the recovery path alone. The IRC approach takes action to remove the shame and stigma surrounding substance dependence, increasing understanding, support and opportunities for recovery, and one of the core goals and essential metrics for success is reducing stigma and social exclusion

There is a mutual benefit – not just for recovering people, but for the city, in that people in recovery, individually and as part of a vibrant and integrated recovery community, make the city a better place for everyone!

Current activity

The model now has international traction, with European cities of Dublin, Gothenburg, Ghent and 14 Balkan cities, and others in the US, Canada, South Africa, Australia and New Zealand interested in joining the movement. The first US IRC – Beckley in West Virginia – will launch in March 2024.

There is a National Roundtable Group of several cities, made up of Lived Experience Recovery Organisations (LEROs), service providers, city councils, universities, employers and anyone who is interested/ invested in the concept for their area.

The IRC movement is at an exciting stage and presents an opportunity for cities and towns:

- To build on local progress towards a Recovery Oriented System of Care
- To build community capital from the existing and emerging successes of multiple recovery communities
- To assume no single pathway to recovery or definition of recovery to create a coalition committed to inclusivity and citizenship
- Increase early intervention/ prevention of substance -related issues locally through combatting stigma
- To unify and amplify efforts to leverage Lived Experience and peer-led initiatives, in line with OHID strategic/ funding priorities and [‘From Harm to Hope](#)
- Increase early intervention/ prevention of substance -related issues locally through combatting stigma
- Broker fruitful relationships with other sectors, making as big an impact as possible for people in recovery and the city/ town.

Purpose

To make recovery visible – From research, we know that people discriminate more often when they are not familiar with the topic. That contact with people with addictions and in recovery reduces stigma and exclusion.

This also involves championing and showcasing social enterprise, volunteering and other contributions made by the recovery community

To celebrate recovery – organising activities that bring people together. This involves a ritual, and such rituals foster social bonding, and strengthen solidarity and social cohesion by bringing people together and celebrating success.

To challenge stigma around recovery and the associated social exclusion – at the city level – through policy and practice.

Through doing the above, to generate as many opportunities and pathways for longer-term recovery to flourish as possible and enhance existing assets and partnerships.

Process of becoming an Inclusive Recovery City

Through oversight groups in the UK and internationally, our aim is to be inclusive and to help and guide candidate cities through the process of creating the coalitions, identifying and engaging the local assets and contributing to the national and international movement.

This has to be both a 'top-down' and a 'bottom-up' process, where strategic engagement combines with grassroots activity and energy to coordinate engagement and impact at a city level.



Who needs to be involved?

It requires different stakeholders to work together:



People in recovery/ local Lived Experience Recovery organisations (LEROs)



City councils or equivalent*



Public & and private organisations/sectors – e.g. universities and local employers



Criminal justice agencies & and treatment providers



Family & and friends of people in recovery/ citizens

Plus as many disparate community groups as possible who share the vision of inclusion and active participation in community building.

**In some locations the National Drugs Office (or a Ministry where the Drugs Office is based) will need to be involved*



Process Steps



IRC Council

Create a local IRC Council: Oversee the creation of an IRC council consisting of representatives from lived experience, service providers, policy makers, city council members, employers, citizens. All of these groups do not have to be present at the start and building the right coalition is a gradual process that will take time and trust.



Mission Statement

Co-produce an inclusive cities mission statement that has consulted a range of stakeholders including the voices of policy, science, practice and lived experience of recovery. There are some existing examples and templates but they should be adapted to the specifics of your own city and its IRC model.



Audit/ Asset Map

Conduct an audit of existing assets and resources, to include an exploration of any gaps in the existing eco-system, but primarily to identify the key resources and strengths that the IRC will be built upon.



Activity Planning

Co-produced Activity Plan and agreed outputs/ impact, tailored to the location (based upon identified growth areas, likely to include a programme of associated activities/ events (minimum of 4 a year)



Activities

The four activities should be public facing and inclusive – ideally they should showcase recovery successes and achievements and include things like film festivals, recovery walks, conferences and seminars, sports days and events, music events – all built on inclusive recovery principles.



Communication Plan

Produce a communication plan that ensures engagement with different audiences using different channels of communication.



Monitoring and Evaluation Plan

Develop a monitoring and evaluation plan to review progress and inform ongoing changes, improvements and innovations – this will initially focus on activities and evaluating how successful they are but the bigger picture outcomes should look to assess:



Things to assess

- Visibility and awareness of the recovery community
- Stigma and social distance
- Contribution
- Connectedness within the recovery community and into the wider community

How will we know we are one?

Certain steps will have been taken and kinds of activity will be ongoing, such as:



An active IRC council, representing a range of stakeholders, ideally led by people with Lived Experience and including civic representation.



Evidence of implementation of the Activity Plan particularly around the four core events and any ongoing campaigns or processes.



Understanding of the Building Inclusive Recovery Cities Charter (produced by David Best and others already engaged with the process – see appendices). Ideally this should be signed off by a senior dignitary or elected member of the city or by a key strategic group such as, in the UK, the Combatting Drugs Partnership.



Ongoing participation in and contribution to the national/international IRC group.



This is an emerging movement, so you can be a part of its growth and evolution and help to shape it going forward.

The remainder of this document is a series of appendices that will help you understand what has been achieved to date and some documents that will help you prepare to become an Inclusive Recovery City.

Case Study

MIDDLESBROUGH

An early adopter of the initiative is Middlesbrough, led by Recovery Connections, the local LERO, who officially launched their commitment to the agenda in May 2023.



There are three essential elements in the work in Middlesbrough:



LERO-led

An incredibly innovative Lived Experience Recovery Organisation (LERO) in Recovery Connections who have an established track record of community engagement and participation around two hubs, Bedford House and Fork in the Road as well as the mobile catering units with the coffee bike and the food truck. They have also been innovative in actively engaging with the local universities to create UK Collegiate Recovery Programmes.



Political Engagement

Political engagement and leadership partly through national grants but also because of an established and trusting relationship between the City Council and Recovery Connections that means direct funding (rather than the usual whole-system approach in England) and a commitment to a recovery vision for the city.



Integrated approach

An increasingly integrated approach and model to service delivery that is striving towards a recovery-oriented system of care. This includes strong links with all substance misuse services and institutions in Middlesbrough to align them with the recovery city goal (alcohol care team, police, prison, probation, and the council's commissioned services), as well as the wider community engagement in Middlesbrough, community cafes, community hub, youth groups, community cafes, localised community projects

Cross-Sector Involvement

This has resulted in work with the local university (Teesside University in the form of a Collegiate Recovery Programme) and the largest employer in the city (PD Ports), as well as social enterprises that contribute to the wellbeing of the wider community.

This is the ideal starting point for an Inclusive Recovery City, and the hosting of the launch event brought local people together with recovery champions and advocates from all over the UK in May 2023. And with the event opened by senior members of the local public health team, and concluded with the signing of the Recovery Cities Charter by the newly appointed Mayor, Middlesbrough already has the support it needs at all levels to develop this crucial work

Case Study

GOTHENBURG

Gothenburg is leading the way in implementing a Recovery Cities model and hosted a 2-day event that has helped to build awareness, engagement and commitment to an Inclusive Recovery City.



Day 1:

Building on the principle of starting with innovation and success, the first day focussed on the city district of Majorna-Linné, where there was existing interest in strengths-based solutions to local alcohol and drug problems. We held an initial workshop in the district to map local assets and to encourage the growth of a coalition of hope for building recovery and inclusion. Around 20 people participated in this initial workshop.

The second of these meetings has provided a template for initiating and implementing recovery cities based on a two day visit by the four-person team from the Recovery Cities working group.

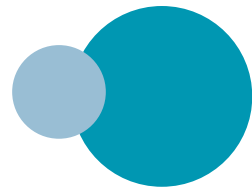
Day 2:

At the Ullevi Stadium in the centre of the city, a citywide event was held with around 100 people present, and taking part in a recovery awareness day and a strengths-based approach to identifying and recruiting Community Connectors and Recovery champions.

By the end of the two-day event, around 40 connectors had been recruited and extensive assets were identified across the city in preparation for a mobilisation phase of actively engaging assets and bringing together the community connectors to work as a team.

Whilst each city will be unique, this basic model can be adapted for use in any partner city

Further information and resources



[Inclusive Cities published paper](#) - Prof David Best and Dr Charlotte Colman

[Never walk alone as an addict](#)- by Charlotte Colman - TEDx Talk Ghent

[Magazine article about IRCs](#) by Professor David Best, Professor Charlotte Colman and Stuart Green.
Include me in - Drink and Drugs News

[Magazine article about IRCs](#) by Professor David Best & Dot Smith:
How to create an inclusive recovery city & why it matters - City Monitor

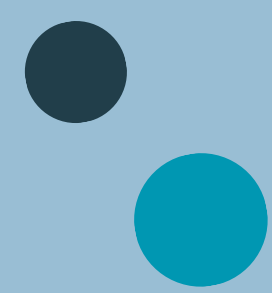
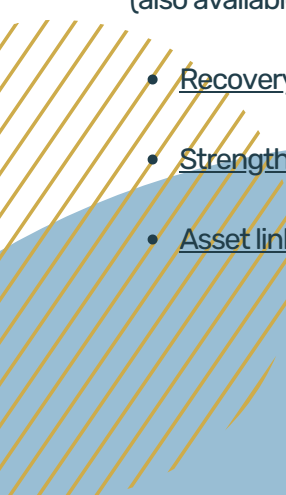
[Channel 4 news piece](#) in the form of a short video about IRCs including Middlesbrough, Leeds & York:

[Short video about the launch of Middlesbrough as an IRC](#) - Recovery Connections

[The Recovery Games 2019](#) - short video about an event celebrating recovery

Usable surveys (Google Forms) for mapping recovery assets/ gaps (developed by Dr David Patton)
(also available as PDFs on request):

- [Recovery Forum Feedback](#)
- [Strengths and barriers, hopes and dreams of recovery in my city.](#)
- [Asset link of recovery resources in my city.](#)



BUILDING INCLUSIVE Recovery Cities

CHARTER

This charter describes the commitment of this city to focus on making recovery from substance use visible, as well as taking actions towards inclusiveness for people in recovery, following the principles of "Inclusive Cities".

The idea of "Inclusive Cities" starts from the scientific fact that recovery is not only an issue of personal motivation but also about acceptance by family, friends and a range of organisations and professionals across the community that reduce exclusion and generate pathways to community resources that are generally needed to support recovery.

Recovery happens in the community, in our city. It does not happen in a vacuum. Therefore, to support pathways to recovery, structural and contextual endeavours are needed to supplement individually-oriented interventions and programmes. Further the victims of exclusion and marginalisation are not only those who are on their own recovery journeys, but also the affected others such as partners, parents and children of persons in recovery.

This Charter is developed by the International Community of Inclusive Cities, led by **Prof. David Best, Prof. Charlotte Colman, Stuart Green, Dot Smith and Mulka Nisic.**

In an Inclusive City, we bring the city council, private and public organisations, housing facilities, welfare and health centres, specialist treatment providers and recovery community groups, employers, neighbours, people in recovery and their families together to make recovery visible and to celebrate it.

Recovery involves a ritual and the role of such rituals is to foster social bonding, strengthen solidarity and social cohesion by bringing people together and celebrating success. Celebrating the change process of a person in recovery is beneficial, not only for the person in recovery, but also for the community as a whole. Visible people in recovery, spread the possibility of recovery among those who need it most: they are the living example that recovery is possible and that a life in recovery is a productive and successful life. We are committing as a city to promoting and supporting that process.

Charter continues, overleaf.



**Inclusive
Cities.**



BUILDING INCLUSIVE Recovery Cities CHARTER

As such, the intended impact of Inclusive Cities is:

- To increase the knowledge about recovery within the community and awareness of the recovery community;
- To create new connections to community resources for people in recovery and to strengthen existing pathways;
- To encourage people struggling with addictions that recovery is possible and to promote and champion visible pathways to recovery;
- To challenge stigma towards people in recovery and exclusion of people at all stages of their recovery journeys;
- To engage and involve the wider public, policy makers and practitioners in making recovery visible and celebrate it;
- To contribute to the connectedness and wellbeing of the wider community
- To recognize the contribution of the recovery community to the wellbeing and vibrancy of the city.

I, the undersigned Mayor, recognise and value the idea of Inclusive Cities and I aim to implement them in my city.

I will:

- Facilitate the work of the Inclusive Cities Council, which is the core group of people in the city who are leading the implementation process of "Inclusive Cities" in my city
- Support the mission and vision specifically developed for my city by the Inclusive City Council
- Support the activities, developed by the Inclusive City Council, to make recovery visible and to celebrate it in my city
- Facilitate the monitoring and evaluation of my Inclusive City
- Engage in a European and/or international exchange of good practices regarding Inclusive Cities. By building a learning set of cities across the world, the idea of Inclusive Cities might be implemented and tested in practice.
- Contribute to an international dialogue to promote the merits of Inclusive Recovery Cities

As the International Community of Inclusive Cities we:

Assist in implementing the ideas of an Inclusive City
in your city.

Share good practices from other Inclusive Cities
Provide a forum to exchange insights
and good practices

Champion the Inclusive Recovery Cities model



**Inclusive
Cities.**

Recovery
connections



Mission Statement - Inclusive City

How does recovery happen?

Recovery research shows that people overcome addictions and recover by a combination of three factors: 1) personal factors such as maturation and personal motivation 2) social factors such as support from family and friends 3) community factors such as effective community reintegration. This indicates that recovery is not only an issue of personal motivation but also about acceptance by family, by friends and by a range of organisations and professionals across the community.

In the beginning, research and practice mainly focused on understanding personal and social factors in recovery. But today we know that what is equally, or even more, important in recovery is one's relationship with the community. In fact, recovery happens in the community, it does not happen in a vacuum. Therefore to support pathways to recovery, structural and contextual endeavours are needed to supplement individually-oriented interventions and programmes.

(Re)building one's relationship with the community is however a difficult journey. While the community could be central to recovery by building and strengthening bridges between diverse community members, this community could also act as a barrier to recovery. People who struggle with addiction, even those in recovery, experience exclusion, stigma and discrimination from different members in that community such as employers not offering them a job, landlords who discriminate against them, or neighbours who ignore them. Such a community imposes negative consequences for sustaining the recovery process of her citizens.

Building Inclusive Cities

It is against this backdrop of exclusion, stigma and discrimination at a community level that the drive for Inclusive Cities arises. An Inclusive City promotes participation, inclusion, full and equal citizenship to all her citizens, including those in recovery. The first purpose of Inclusive Cities is to build and promote Inclusive Cities for people who are in recovery from illicit drug and alcohol use. The larger aim, however, is to challenge exclusion and stigma through a championed model of reintegration for other excluded and vulnerable populations in the near future, by channelling peer successes and building on innovation and existing connections.

The central idea of an Inclusive City is that no one should walk the recovery path alone. In an Inclusive City, the city council, private and public organisations, housing facilities, welfare and health centers, employers, and neighbours commit to working together with people in recovery to support them in their recovery process. By focusing on social connection an Inclusive City aims to challenge exclusion, and by doing so reduce stigmatisation.

Examples of initiatives that fit within the idea of inclusive cities are vast in number. These examples could be small steps involving limited budget or more structural steps such as establishing a social enterprise model.

One of the attempts of an Inclusive Cities is to celebrate recovery and to create a safe environment supportive to recovery. After all, celebrations involve rituals, fostering social bonding, strengthening solidarity and social cohesion by bringing people together. But although we celebrate a lot of events in our lives such as graduations, marriages or births, we do not have the tendency to celebrate

successful recovery journeys. Therefore, one of the first steps to celebrate recovery, is to make recovery visible. Related activities such as recovery marches, recovery games, recovery bike rides and recovery cafes have been an attempt to create a visibility about recovery, to create a common bond and to challenge exclusion and stigmatisation. We will attempt to collect stories and successes, and promote innovations and exciting new initiatives through our website (<http://inclusivecities.info>).

- Another attempt of an Inclusive city is to focus on peer and community support and cohesion. Setting up a recovery café, such as the Serenity Cafe in Edinburgh or Café Sobar in Nottingham, could be an initiative to foster this. A recovery cafe is a social place where people can support each other in their recovery journey. Because the cafe aims to promote social integration and broaden social networks, it is open to everyone: people in recovery, volunteers and the general public. Also activities are regularly organised in the café, including training programs to become recovery coaches, social and hobby groups and recovery support groups.

- Furthermore, an Inclusive City focuses on meaningful life and social roles, such as access to meaningful jobs. Therefore, a city could work together with employers to foster certain skills, promote apprenticeships and as such create access to meaningful jobs. Inspiration for setting up such an initiative could be found in Blackpool's "Jobs, Friends and Houses" project.

How do you become an inclusive City?

Becoming an Inclusive City is a process that takes time and even small steps, mostly focusing on making recovery visible in the community by raising public awareness, are steps towards the right direction. According to the resources available in the community, the role of the community can range from the provision of mutual aid and peer support for people in recovery and educational campaigns, over establishing inter-sectoral partnerships to promote social inclusion, to carrying out activities and setting up structures to change attitudes and reduce stigma towards recovery, providing incentives for employers to employ persons in recovery and implementing anti-discrimination policy. Yet our initiative is an indication that there is a growing momentum that we are tapping into and bringing together from its disparate roots.

Today, several cities across Europe have raised their interest to become an Inclusive City. Of course, no plan for Inclusive Cities can have any chance of acceptance and implementation without a positive mindset and the buy-in of key stakeholders involved in local government. So the first step is bringing several actors, from different organizations responsible for employment, housing, social welfare, in each city together to make an overview of existing practices for people in recovery, as well as to identify current gaps. They will also define the city's mission, vision statement and related (short-time as well as long-term) goals and actions to support recovery, in line with the available resources and the people's needs. People in recovery, as well as their families, will be included in defining these actions, leading to services being better used and tailored to their needs. The second step is implementing the identified actions, while monitoring and evaluating the process.

By [building a learning set of cities across Europe](http://www.Inclusivecities.info), the idea of Inclusive Cities might be implemented and tested in practice. When several cities engage with the idea of Inclusive Cities, ingredients and – hopefully- good practices to improve social justice and community engagement could be shared.

David Best & Charlotte Colman

<http://www.Inclusivecities.info>

“Becoming” an Inclusive City is a process that takes time but even small steps are steps in the right direction. In this overview we identify some steps to be taken.

1. Engaging stakeholders, raising awareness and developing support

Recovery from drug use asks for a comprehensive approach, making the buy-in of different stakeholders essential in different life domains including housing, work, health, social welfare crucial. No plan for an inclusive city can have any chance of acceptance and implementation without the buy-in of key stakeholders, also called “community connectors” who can bridge the gap to engagement and acceptance in a range of community resources for a population who are otherwise excluded and marginalised.

Achieving requisite “buy-in” could depend on many factors political, policy, resource, cultural, to name a few. However, keep in mind that the most important thing is getting started.

Therefore, before starting, it is essential to identify who will take up the leadership and what they are leading on. Also, stakeholders should be engaged in setting up the cooperation model, preferably at the same time as the needs assessment (see step 2). The involvement of all actors should be

ensured in the design of the cooperation.

Furthermore, it is essential to co-produce the project from the very start and so should include people in recovery as well as professionals. People in long-term and stable recovery, also called 'recovery champions', are individuals who spread the possibility of recovery among those who need it most, are the living example that recovery is possible and as such they are a huge community prevention asset.

How?

- 1 Identify a leader or a group of leaders and come up with a strategy for them to work with,
2. Engage community connectors from housing, work, health, city council as well as people in recovery who will be the 'recovery champions' to take the project out to people in the community. This will require a clear communication strategy as a way of raising awareness.
3. From this group of leaders, community connectors and recovery champions develop a "Recovery City Coalition" who will work together to roll out this model.

2. A needs assessment

Having recruited and engaged a group of champions and brought them together with a clear mission to develop a Recovery City, the next step is to work out what is needed in the city to support recovery pathways. Setting up a cooperative model across different community actors starts from an adequate assessment of the 'state of the art': how do we define recovery in our city? Only after defining this, the most adequate responses can be selected. Finally, the(se) response(s) need(s) to be implemented and evaluated.

The state of the art assessment starts with scanning the current situation in your city and setting goals. Talking about short and long term goals is important to get everybody thinking in the same direction. A good way to start is by setting preliminary goals both to address urgent needs and to identify things that can be 'quick wins'. It is important that preliminary goals are specific and attainable in order to make the organization of corresponding actions (events) feasible (see step 3), and to enhance the cohesiveness of the coalition and increase the commitment of its members.

So, this step includes identifying:

- 1) A definition of recovery
- 2) A needs assessment tailored to your city.

Data and inventories are needed on how recovery is already addressed in your city, and where the key resources and supports are including community and mutual aid groups. Most importantly, an inventory should be made of existing activities that exist in the community that support recovery (the method for this is called Asset Based Community Development) combined with data on the profile of persons in recovery, as well as an overview of actions that are lacking, and gaps that exist in recovery provision and community engagement.

Additionally, actions should be identified to meet your goals (see step 3). The needs assessment is important, but it does not have to be a tremendous task. No matter how small the first starting point is, it enables you to start somewhere. The needs assessment helps to develop a mission statement and an agenda for action, and a way of recruiting new people and new groups to the Recovery City Coalition.

How? Data analysis and organising a focus group with professional stakeholders and people in recovery

The focus group should be a kind of launch event where you attempt to get consensus around the main goals and recruit people to become part of the organising coalition and to be community connectors and recovery champions.

3. Implementation of actions/events

Choosing actions means deciding what kind of intervention is mostly needed, combined with verifying which preconditions are present and needed. According to the resources available in your community, the role of the community can range from educational campaigns, bike rides to make recovery visible, over establishing partnerships to promote social inclusion, to setting up structures to change attitudes and reduce stigma towards recovery. We have separate documents outlining some of the most successful of these including:

1. Recovery Games event
2. Recovery College

It might be advisable to start with what is easiest and make some quick wins. Building on small successes at the beginning of the process is important. What is important is that there are both champions and connectors to bring this to life and to ensure that sustainable pathways are created to community assets and resources . Celebrating what your community is already doing well is a good starting point and looking at how that can be developed and enhanced is important.

How?

A) Events focusing on the visibility of recovery

One of the attempts of an Inclusive Cities activity is to celebrate recovery and to create a safe environment supportive to recovery. After all, celebrations involve rituals, fostering social bonding, strengthening solidarity and social cohesion by bringing people together. But although we celebrate a lot of events in our lives such as graduations, marriages or births, we do not have the tendency to celebrate successful recovery journeys. In fact, we keep recovery hidden in our community. There have now been many cities that have hosted recovery walks to celebrate the achievement of recovery; to bring people together to share their experience but also to challenge stigmatising views and attitudes in the community.

Research indicates that people discriminate more often when they are not familiar with certain phenomena. Therefore, one of the first steps to celebrate recovery, is to make recovery visible in order to create a common bond and to challenge exclusion and stigmatisation. This does not have to take the form of a walk but can involve any kind of public event that showcases what people in recovery can achieve.

These events should be organized together with the community connectors and recovery champions (step 1). They should be open to the entire community.

A1) Educational events such as “Recovery Colleges”

Recovery colleges on the role of the community in supporting recovery.

Recovery colleges attempt to champion the ideas of recovery-oriented systems of care and are designed to support and educate people in recovery, family members and professionals involved with recovery groups, and to inform about the role of the community in supporting recovery. Develop educational sessions/workshops, together with academic experts and people in recovery, explaining the evidence base on recovery to a broad audience of practitioners and the general public. One of the roles here is to educate professionals in addiction services about recovery but also to support their health and wellbeing

A2) Other events

These events could be seen as “recovery awareness” events.

Possibilities:

- Recovery games
- Recovery walks
- Recovery bike rides
- Recovery barbeques and picnic

B) Structural interventions

B1) Building a meeting place, such as a recovery café

A recovery cafe is a social place where people can support each other in their recovery journey. Because the cafe aims to promote social integration and broaden social networks, it is open to everyone: people in recovery, volunteers and the general public. Also activities could be regularly organised in the café, including training programs to become recovery coaches, social and hobby groups and recovery support groups. But they should also be fun - so for every 12-step meeting, there should be a music or comedy night or a film show.

C) Focus on access to meaningful jobs

An Inclusive City focuses on meaningful life and social roles, such as access to meaningful jobs. In fact, access to meaningful jobs could be seen as an essential component in successful recovery. Therefore, a city could work together with employers to foster certain skills, promote apprenticeships and as such create access to meaningful jobs. Inspiration for setting up such an initiative could be found in Blackpool's "Jobs, Friends and Houses" project. . There are stepping stones needed for many people and this may involve educational activities, training and volunteering - and the latter is essential to build bridges into the community and to challenge stereotypes and exclusions.

D) Using inclusive language

Avoid using stigmatizing language in all correspondence, including policy texts, such as "addict". Words are powerful. It only requires a small effort to choose words that show your ability to help and to encourage rather than to hinder or hurt someone.

E) Evaluate and review your activities and be open and engaging and accessible

Measuring the effectiveness of community engagement and community connections in a recovery city - Professor David Best - Aug 2019

The overall principle for this work will derive from the concept of CHIME. This stands for:

- Connectedness
- Hope
- Identity
- Meaning
- Empowerment

The acronym comes from a review of the mental health recovery literature undertaken by Leamy and colleagues in 2011 and is based on the idea that all successful recovery interventions and models can generate this range of positive experiences.

In a recovery cities model, our challenge is to work out how we can effectively measure these things at three levels:

1. The person in recovery
2. In their families and homes
3. In their communities

From our previous research we have three primary measures that we use to quantify recovery wellbeing, each of them described in research papers attached to this document.

They are:

1. REC-CAP: This is a measure of recovery capital which refers to the resources an individual has to support them in their recovery journey. The paper primarily measures:

- personal capital (skills and capabilities)
- social capital (connections and supports)
- recovery group participation
- wellbeing and quality of life

- commitment to sobriety

But the scale also assesses barriers to recovery including risk taking and substance use, homelessness, criminal justice involvement and unmet needs. The scale takes around 15 minutes to complete and can provide a metric for recovery resources that can be administered to people in recovery around every 3 months to measure changes in wellbeing.

So this is a measure to use at the individual level as an outcome indicator (see the attached paper).

2. Social Identity Mapping (SIM): Although this would also be completed by the person in recovery (or possibly by the family member) the focus is now very much on connections and social networks and belonging.

Essentially (as illustrated in the Beckwith paper attached) the aim is to create a visual chart that represents the number of groups a person belongs to and how supportive or inimical those groups are to their recovery efforts.

This is a task that is interactive and visual and raises awareness about the social nature of addiction and recovery and is highly effective as a tool to promote social network transition. Again, this can be administered at quarterly intervals to measure change in social networks.

3. Asset Based Community Development (ABCD): This is not an individual level activity but is a group activity that should be undertaken by a diverse range of community members and professionals to identify the resources that exist in a local community that can be mobilised to support the recovery pathways of individuals who are marginalised and excluded. The aim of the exercise is basically three-fold:

3.1 Identify community assets

3.2 Mobilise those assets

3.3 Identify, train and support individuals to act as connectors to link people early in recovery in to these assets.

The attached paper shows one example of how this model can be adapted to suit the needs of a particular population. Again, this can be repeated to account for two things:

1. Increases in the number of assets that are available

2. Increases in the number of connectors to link people new to recovery into community group

Overall, the aim is to support the recovery journey of the individual in recovery but also to enhance the wellbeing and connectedness of communities. The list provided is by no means exhaustive but they provide strengths-based options that can be added to whatever routine measures are collected in your city or municipality including information on:

- numbers of NGOs
- numbers of recovery groups, including mutual aid organisations
- number of family support groups
- numbers of peers trained
- numbers of professionals with recovery course attendance and accreditation
- rates of employment
- rates of volunteering

The key is to find measures that are not intrusive but that capture the essential elements of CHIME at minimum cost and within the parameters of what can be processed and analysed.

If you would like to find out more or
are interested in attending the next
IRC meeting, please contact:

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