## Lomond and Argyll Advocacy Service

## **Recovery Advocacy Project**

Stories of Hope and Change



Argyll and Bute

2019-2022







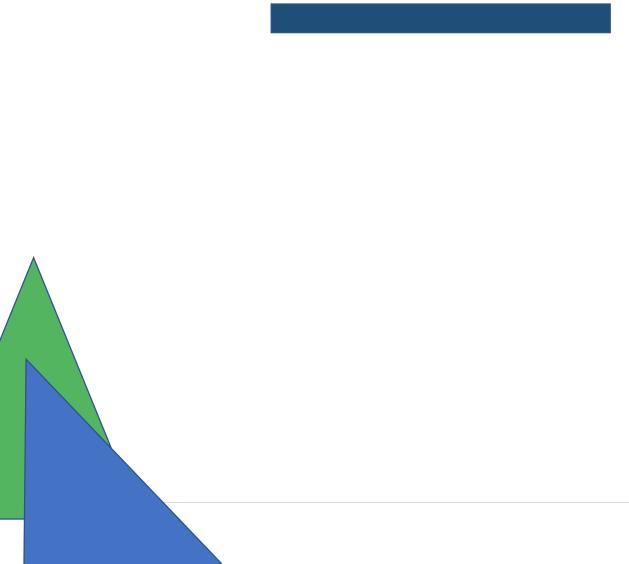
## Section Scotland Foundation

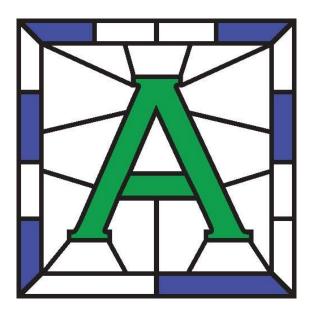




Welcome to our Recovery Advocacy Project booklet. Inside you will find a range of stories from some of the brave individuals we have worked with.

We hope this will inspire you as much as they have inspired us.





## Lomond & Argyll Advocacy Service

Lomond & Argyll Advocacy Service (usually known as 'LAAS') is an independent, free and confidential advocacy organisation operating in the West of Scotland.

INDEPENDENT – this means we are separate from Social Work, the Health Service, and all other organisations.

FREE – we make no charges whatsoever for our services.

CONFIDENTIAL – we don't share your personal information with others unless you ask us to.

We are a registered Scottish charity (no. SC033157), established in 2000. We offer 'one-to-one' independent professional advocacy. We operate across West Dunbartonshire and Argyll & Bute. We are members of the Scottish Independent Advocacy Alliance.

#### Advocacy is about giving people a stronger voice.

- It helps individuals speak up for themselves
- to make their wishes known
- to understand the options open to them
- to claim their rights
- to defend their interests
- to ensure that their voice is heard.

#### Advocacy matters because it:

- safeguards people who are vulnerable, or discriminated against
- empowers people who need a stronger voice by enabling them to express their own needs and make their own decisions
- helps people to get access to information and explore options
- to defend their interests
- ensures that people can speak effectively to the services that matter to them.



### Our Advocates during training with Reach Advocacy.

L to R: Jane (Helensburgh), Jamie (Bute), Sharon (volunteer), Ailsa (Team Leader)

## Where we started

We have been working with the Alcohol and Drug Partnership (ADP), Reach and Scottish Recovery Consortium (SRC) to form a strong and ambitious partnership to support people in Argyll and Bute who are affected by problem alcohol or substance use, and are seeking recovery. We come together regularly to review the plans, aims and objectives.

During Autumn 2019, three people who have lived experience volunteered to join our service to become Peer Advocates. They have all undertaken an SQA in a Rights Based Approach in Independent Advocacy, which was delivered through Reach Advocacy and the SQA programme. The Team Leader in Argyll also undertook the award to ensure she was familiar with the Peer Advocates Learning and better placed to support new colleagues. This skills development will enhance the competence and abilities of the service, to drive forward the initiative to provide Independent Advocacy to People in Argyll and Bute seeking recovery.

The Peer Advocates have worked hard to develop a range of new skills, overcome a variety of obstacles and achieve a personal challenge with all of the team completing the award. They are eager to use their learning and personal experiences to assist, improve and enrich the lives of others. Their willingness and readiness for advocacy casework will ensure we can reach more people who are seeking support.

Injustice can be anywhere and a threat to justice is everywhere. Our Peer Advocates will help to reduce injustices, and ensure people who are marginalised or discriminated against are at the forefront of those we seek to reach. LAAS will bring a new approach to ensuring those who are fearful to seek support, feel supported and valued to reach out to our new project.

### Where we are now

We are providing Advocacy to individuals with substance use or alcohol dependency difficulties in Helensburgh, Cowal, Isle of Bute and in Kintyre. This service has been running since 2020, with Cowal service starting in Autumn 2022. By the end of 2022, we had assisted 152 people with a range of issues, supporting people to have their voices heard, claim their rights and be in the driving seat of their recovery journey.

We have forged great links with local services across Argyll and Bute including:

Argyll and Bute Addiction Team (ABAT), GPs, Health and Social Care Partnership, Justice Teams, Housing, Debt Services, With You, Welfare Rights, Care and support agencies, Mental Health Services.

We have held a #StepIntoMay steps challenge via our Facebook page @LAASRecoveryProject. Exercise and being outdoors can aid good mental wellbeing. Feel free to like and share our page and share photos, ideas, quotes, links to other initiatives and support us to challenge the stigma associated with substance and alcohol dependency.

Evening image from our #stepintomay challenge.



We are looking at developing Learning Opportunities for Lived Experience (LOLE) individuals. This is in the early stages, but we are working alongside other Recovery focused services to explore how best we can utilise development opportunities for people across Argyll and Bute and grow knowledge and awareness in recovery communities.

Bute successfully ran The Recovery Advocacy Walking Group in Summer 2022, meeting weekly. Thanks to the Living Well project for funding this.

MIST Scottish Government locality Interviewers: Four of our Team are trained, registered and are supporting this initiative.

Find out more about this initiative at the SRC's website:

https://scottishrecoveryconsortium.org/mist-q/



## Visit the SRC's website for more information on the recovery walk in Paisley 2022

https://scottishrecoveryconsortium.org/recovery-walk-scotland-2022/



## **Recovery Walks**





*"It was great to see so many people in recovery and how happy everyone was"* 



Jamie - Bute Recovery Advocate



## Group Recovery Advocacy Project

You are invited to attend our Argyll wide Face to Face meeting

> 5th May 2022 10.30am - 3pm Inveraray Inn, Inveraray



Speakers will join us from the Alcohol and Drug Partnership, Scottish Recovery Consortium and Scottish Families

- Are you passionate about supporting people seeking recovery in your community?
- Are you looking to influence positive change and support the people in your community to be heard?
- Will you be keen to help shape our group and support us to reach people, challenge stigma and create a positive image of recovery across your community?

#### Booking is essential as lunch will be provided

Contact your local Recovery Advocate or call 01546 606056 to book Bute: Jamie - 07736 872791 Helensburgh: Jane - 07920 027411 Kintyre: Chelsea - 07553 891035 Mid Argyll: Ailsa - 07789 968597

## **Group Recovery Advocacy Project**

Our Group RAP meetings brought together people from across the Argyll area that are eager to shape changes and help explore how we can support more people to be successful in their recovery journeys. This Group Recovery Advocacy Project for two years, mainly over digital platforms, with a few in-person meetings since lockdown.

We asked people:

Are you passionate about supporting people seeking recovery in your community?

Are you looking to influence positive change and support the people in your community to be heard?

Will you be keen to help shape our group and support us to reach people, challenge stigma and create a positive image of recovery across your community?

Our Recovery Advocates across Argyll had been hosting face to face meetings in their own localities and set up online meetings too which were well received. The individuals who joined and supported this group have been inspirational in developing our advocacy work, growing awareness of advocacy and helping us reach those in greatest need of our supports.

As the pandemic restrictions eased, we set up face to face meetings for Argyll wide participation. Our first full locality meeting was held on the 5th of May 2022 and we were excited to see what conversations and ideas came from this gathering. Representatives from the Scottish Recovery Consortium, Scottish Families Affected by Alcohol & Drugs and Argyll Alcohol and Drug Partnership spoke at this event.

In the of Autumn 2022, it was felt that to support the group to expand and develop its ideas, this would be best supported through recovery support services and community groups. We would like to thank people who contributed and will bring you more information and developments soon.

## Case story 1

We were contacted by a lady who required help to explore options, know her rights and to speak up about issues important to her.

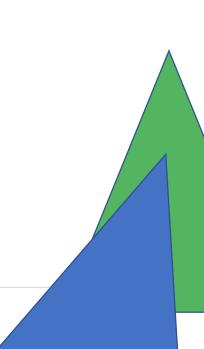
The lady informed me that her children had been adopted due to her problematic substance use. She had been advised that she would receive letters and pictures updating on her children's progress, but she had not received any letters. Both were engaging well with their worker from Harm Reduction Services and third sector support. Since she had not received any letters and updates from the adoptive parents she found this strain and concern was having a significant impact on her wellbeing and she felt her recovery could be jeopardised so she sought support from the GP.

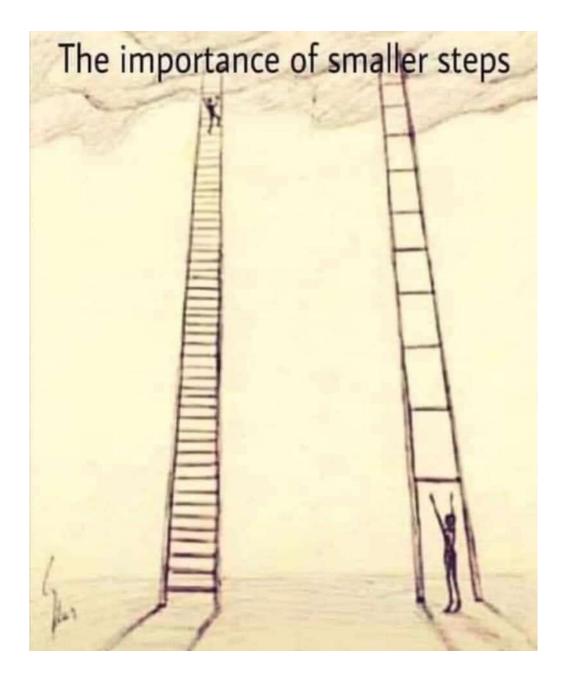
The client was prescribed sedative medication to alleviate the intense feelings of worry and upset. The individual felt this had a negative impact, as was now feeling tired and unable to engage as well with the services that helped her maintain her recovery. The sedation from the medication and the loss of contact with her children was impacting on her day-to-day life.

. . .

The named advocate signposted the client to the local child and family's solicitor and made an appointment on her behalf, giving the solicitor some background information with consent. Contact was made with the named social worker of the children and the advocate engaged with the solicitor on her behalf as requested, mailing him the relevant documentation to enable an application to apply for legal aid. Discussions took place to explore ways to resolve these matters.

Since then the client has now received a letter and pictures of the children. The client was very happy to have received the letter and is now no longer on the medication prescribed for depression having found her mood lifted as she felt was able to better manage and regulate her emotions. The client continues to engage with her support worker and is now back on track and doing well in her recovery.





## Case story 2

The client was referred to the services by With You, this was a returning client from our Core Service but was referred to the RAP project now it is available.

The client has a history of many years of alcohol dependency and was also showing signs of mental distress. The client had recently been offered hospital admission to detox but declined. Later he decided he was ready to start his substance recovery but under no circumstances did he feel he could attend hospital.

After initial conversations with the client, it became obvious that while he wants to be in recovery he struggles with the isolation and boredom that brings. Client had managed to cut his alcohol consumption in half and planned on reducing that at his own pace.

The client required a GP appointment, dental treatment and a visit to the optician. He did not feel able to facilitate these appointments himself so asked if the Advocate could assist. All appointments were made by the Advocate and attended by the client. The client was very happy to have received health care support and was feeling more positive about themselves and their appearance. The client was encouraged to access the local nature classes through a service provider.

The client was signposted, with support, to some local wellbeing activities although he declined to attend. At the same time the client was encouraged to keep himself busy around the house and get out doors for walks when he felt able to.

During a holiday period when a lot of services where closed the Client found that his gas box had stopped working. The client contacted his Advocacy worker who assisted him to explore the problems and the Advocate got in touch with the appropriate company and after liaising a 3 way call with the energy company and client to get to the source of the issue, the Advocate was able to arrange for an engineer to visit the client. This was done within 4 hours of the original call and the client was very happy to have his gas back on. Recovery doesn't mean your problems go away; it just means you have the tools to deal with them.



## Case story 3

Client is in recovery from substance misuse and has now been for two years but admits every day is a struggle. The client met the RAP project criteria after moving to the area from another part of Argyll. After an initial discussion it was decided we would work on one issue at a time to get client settled in the area as smoothly as possible.

Firstly we worked on getting them registered with a local GP and the advocate arranged the clients first few appointments. Although there were things of a sensitive nature to be discussed, the advocate helped the client to prepare for these appointments and also called the client shortly before each appointment so they would remember to attend. The advocate was unable to register the client with a dentist due to a long waiting list but after discussion with the client the advocate got them on the waiting list for other dentist surgeries.

The advocate signposted the client to With You and encouraged them to make use of local resources like the library for UC job searches. The advocate was then able to make a Physiotherapy appointment for the client. The client advised they were struggling for money, so the advocate signposted them to the foodbank providing opening times and a simple description of how to get there.

A few weeks later the client got in touch to ask for assistance with Universal Credit. The advocate contacted UC on the client's behalf and rearranged their meeting and also set up a PIP application.

The client feels that things are slowly getting sorted out and is grateful for the help they are receiving. They feel supported and better connected in recovery.

## **Rights Respect and Recovery:**

### Alcohol and drug treatment strategy

Scotland's Strategy to Improve Health by Preventing and Reducing Alcohol and Drug Use, Harms and Related Deaths.

"Everyone has the right to health and to live free from the harms of alcohol and drugs. Everyone has the right to be treated with respect and dignity and for their individual recovery journey to be fully supported. This strategy is, therefore, about how we best support people across alcohol and drug issues - taking a human rights-based, public health approach to ensure we are delivering the best possible care, treatment and responses for individuals and communities."

- Scottish Government

Find out more at

https://www.gov.scot/publications/rights-respect-recovery/

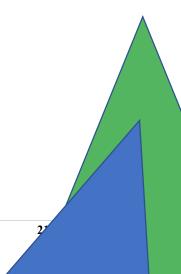
## **Human Rights**

Everyone has the right to health and life. For those with alcohol and substance misuse problems, this will mean that they require good access to effective treatment, support and other interventions which will enable them to live longer and healthier lives.

We are taking a Rights Based approach to working with our clients within the Recovery Advocacy Project, utilising the Human Rights Standards. This ensures that their human rights are at the very heart of what we do. It empowers them to know and claim their rights.

The Universal Declaration of Human Rights can be found at the link below.

https://www.un.org/en/udhrbook/pdf/udhr booklet en web.pdf





## Case story 4

An individual was referred to the recovery advocacy service by the addiction worker. They had recently been released from prison and with no fixed accommodation On release from prison they had contacted their local GP practice for medication to combat their addiction to substances. They were clear that they did not wish to be prescribed methadone although the GP suggested that this was the medication they would be prescribing from their practice and felt was the right treatment.

On speaking to the person about this, I listened to their concerns and fears we discussed their wishes, preferences and right to treatment. We discussed the MAT standards where one of the standards are as follows.

All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

I supported my client to call the support worker from the Addiction Team and supported my client to put across their wishes regarding medication, and there reasons and preferences for this treatment and recovery choice. We also spoke to their GP about their wishes and indeed rights.

This resulted in the individual being prescribed the medication of their choice which they were clear would enable them to feel content with the treatment and feel empowered to remain abstinent of all substances.

This individual has remained abstinent from all substances and is doing well in their recovery. With the support of advocacy, we have worked together on their housing needs and they have now moved into their own tenancy in a nice area. I supported this person with their application and spoke to the allocating officer to ensure they understood this individual's needs and took this into account.

On this matter I used the framework of human rights and the right to housing article and explained that they were more than ready to take on their own tenancy and they need their own home for them to feel safe and secure, grow and develop.

# MAT = Medication Assisted Treatment

## what are they?

#### Help on the day you ask

Being in treatment is a matter of life and death

 when people ask for help we should be ready to provide it. Services will bring in new guidance to allow this to either be a prescription when clinically appropriate, or to ensure access to other support from day one.

#### Reaching out

Staff contact and follow up with individuals they are concerned about, especially during times of high risk. Support will also be offered when a person's risk factors might be changing – e.g when a person is leaving hospital.

#### Staying in treatment

People are to be given support to stay in treatment for as long as they like and especially at times when things are difficult for them. All discharges from services should be planned with the person to ensure this is managed safely.

#### Involving GPs & primary care

Not everyone needs specialist services throughout their recovery, and people should be able to choose to receive their medication and other support through primary care providers.

#### Treating mental health

People have the right to ask for support with mental health difficulties and to engage in mental health treatment while being supported as part of their drug treatment and care.

> Scottish Government Riaghaltas na h-Alba gov.scot

RC SCOTTISH RECOVERY CONSORTIUM Scotland

#### Choice

We should all be involved in the decisions that affect our care, after all, it is us that have to live with it. Different medication options that are available will be discussed with people and they will be supported to make the right choice for them.

#### 4. Harm reduction for everyone

While a person is in treatment and prescribed medication, they are still able to access harm reduction services – e.g needles and syringes, testing for bloodborne viruses, injecting risk assessments, wound care and naloxone. They would be able to receive these from a range of providers – including their treatment service – and this would not affect their treatment or prescription.

#### Improving mental wellbeing



We know that for many people, substances are used as a way to cope with difficult emotions and issues from the past. Services will focus on supporting people to develop positive relationships and new ways of coping as these are just as important as having the right medication.

#### Meeting everyday needs

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To support the whole person not just their drug use, people have the right to ask for support to improve their living circumstances, such as housing and access to their welfare entitlements. Dedicated independent workers will support people to make sure they get what best suits them and that they are treated fairly.

#### Respecting trauma

This ensures we listen to people and offer the kind of relationship that promotes their recovery, does not cause further trauma or harm, and helps builds resilience.

## What are Medication assisted treatment (MAT) standards?

"The MAT standards are evidenced based standards to enable consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These Standards have a significant part to play in helping vulnerable people affected by substance use. "

The standards provide a framework to ensure that MAT is safe, effective, acceptable, accessible and person centred to enable people to benefit from treatment for as long as they need.

#### Find out more

https://www.gov.scot/publications/medication-assisted-treatment-matstandards-scotland-access-choice-support/

"The MIST Q team is part of a wider Government team who are looking to evaluate the impending MAT standards from an experiential perspective. We will be training local areas to identity and interview local service users; their families and service providers to discover how well the MAT standards provide appropriate care and access to services.

The MAT standards aim to improve life for those affected by them, and this experiential data shall be able to feedback as part of a Quality Improvement Program to continually improve services. This mind shift towards being led by Lived Experience in all forms is proactively being sought and acted upon."

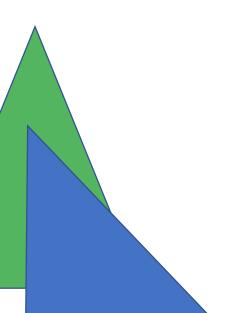
- Scottish Recovery Consortium

https://scottishrecoveryconsortium.org/mist-q/





## Make your recovery your absolute priority.



## Case story 5

I received a referral from a Community Addiction nurse for an individual they felt was powerless in seeking and gaining the support. I started working as a Recovery Advocate for Alan. I explained the role of the Recovery Advocacy Worker. Alan had an addiction to alcohol and described feeling tormented by childhood trauma. Alan said he was beaten down by his addiction and had no confidence, was feeling actively suicidal and was isolated in his house. I listened carefully to Alan, I felt that Alan's voice was not being heard and that he had a Human Right to Health and services that could help him. I explained that Advocacy could help him feel fully supported within the community and would help him find his own type of recovery.

Over the next few months I worked with Alan and he is now connected to services that are helping him, more confident, positive about his future and is much more supported in the community. He is working with specialist addiction support services, he is attending community groups and walks with me when we are discussing the support he requires. He said he is enjoying getting out more, connecting with people and he is feel more positive about his life and the recovery journey. Advocacy has helped Alan work towards his Right to Health and ultimately helps protect his Right to life. Protecting, respecting and fulfilling Human Rights is necessary if we are to address health inequalities and realise the Right to Health for everyone.

> My name is Alan and I have been seeing my Recovery Advocate for a few months now. I feel that Advocacy has helped connect me to services that are helping me with my alcohol and trauma issues. I now feel a lot more confident and supported in tackling these problems. In the beginning I felt that I was in a hopeless situation but now I am enjoying recovery groups and getting out a lot more. Now I can see a way out of my drinking and think Recovery Advocacy has helped me with this.

> > \*Names have been changed for privacy

## **Client comments**

Kind, helpful, on my side and reliable, a great help to me

> you made me feel safe

My advocate went above and beyond for me.

Extremely useful service

Helped me to link with services

Advocacy has helped me a lot.

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## Case story 6

I received a call from a lady who was seeking to see if I could Advocate for her, as she felt that her children were going to be put in care and she was afraid. I explained my role and function as a Lived Experience Recovery Advocate. This lady informed me she had a substance use difficulty and is a parent of young children.

She told me that she struggled to keep on top of the housework and getting provisions in for herself and her family. She told me that the threat of losing her children was very real and upsetting for her. She said that she was in a hopeless situation and that she was afraid to speak up for herself. Through discussions and getting her trust it became clear that this lady's voice was not being heard and that her Right to Health and her Right to Family were at risk.

Over the next few months I have worked closely to connect her to services and groups that will have a positive impact on her thinking and actions, this has made her feel more connected in the community. She is now working with Addiction support services, is more confident and positive about the future for her and her children.

This lady is now attending support groups and feels that she is not alone now and that her is voice is now being heard. Advocacy has helped her protect her Right to Health and ultimately her Right to Family life through speaking up for her, helping her explore options and choices, build trust and connecting her to support services.

Applying the Human Rights Based Approach will strengthen work to address health inequalities and improve health and well being for the most vulnerable people in society.



## What's Next for Recovery Advocacy Project

We have been told that advocacy plays a significant part in promoting and linking people to the right help and at the right times in their recovery and that it is necessary and crucial part of a person's support. We hear what people are telling us and we are keen to grow this project across Argyll & Bute ensuring it reaches into our remote and rural island communities.

We will continue to promote the needs and rights of people and the benefits that one to one advocacy have in enabling and empowering a person to have that support.

We will seek to secure funding to further develop the projects growth and expansion and ensure all people in Argyll & Bute can have the best chance of being successful in their recovery journey and to be fully aware of their rights and treated with respect.

We will build skills within our staff and volunteer team, accessing learning and development opportunities, developing our volunteering roles.

We will be creative to gain greater knowledge and will aim to attend events far and wide to build up knowledge on services to ensure Argyll & Bute is connected to other exciting initiatives across Scotland.

We will endeavour to attend events which promote and support recovery.

Our MIST locality interviewers will help ensure the voices of people seeking or in recovery get heard.

We will continue work with people to feel safe and secure, empowered and valued to enable them to feel their voice can make a difference not just to them but the wider recovery community.

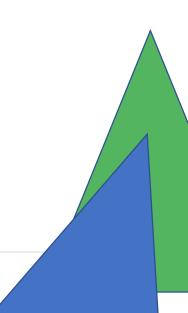
We have listened to our Group Recovery Advocacy Project and we worked with our members to develop the group's aims and objectives.

We will aim to build our skills and knowledge together, learn about the needs of communities, strengthen our networks across Argyll and ensure the way we develop has the fundamental Human Rights Based Approach embedded into our work and the ways in which we promote and support communities.

Through engagements with our communities, we will challenge stigma and create a positive image of recovery. We will be champions of recovery and help ensure everyone who seeks support can access the treatment and help that is right for them.

We want to hear from you and from our communities so we can continue to shape our service based on the needs of those who access our services.

If you are passionate about supporting your community, shaping improvements and helping others in recovery then please contact us.



## Contact Us

Do you have a story to share, or have powerful tips to aid someone in their recovery?

Please let us know, we would love to hear from you.

## Argyll Office 01546 606056

email: <u>admin.argyll@laas.org.uk</u>

## West Dunbartonshire Office: 01389 726543

email: admin@laas.org.uk



## **Our Recovery Advocate team**



Jane Methven Helensburgh



Jamie Campbell Cowal & Bute



Chelsea Willis Kintyre

## **Contact Details**

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Jamie: 07736 872791 jamie.campbell@laas.org.uk

Chelsea: 07553 891035 chelsea.willis@laas.org.uk

If you would like to refer into our Service, either for yourself or someone else, please contact the Advocate in your area.

Or contact our Argyll office on 01546 606056 or email admin.argyll@laas.org.uk

Our advocates can help you to connect with Services across Argyll & Bute.



Ailsa McCrae Team Leader Argyll & Bute

Notes

Notes

## Visit our website www.laas.org.uk

Facebook Twitter Instagram

@laasadvocacy

@LAASRecovery

