## How to be a recovery friendly employer providing flexible, effective and sustainable workplace support

Dr David Best, Centre for Addiction Recovery Research (CARR)

Catherine Wilson, Gambling with Lives

Chris Sylvester, Getting Clean CIC

Dot Smith, Recovery Connections

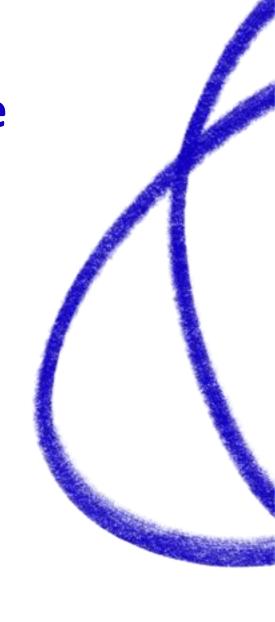
Grace Imrie, Financial Inclusion, Leeds City Council

Jack Rutter, NHS Northern Gambling Service

James Grimes, Gambling with Lives

Matt Whitton, Forward Leeds Aftercare Service

Panel facilitated by Anna Quinn-Martin, Leeds Mind



### Schedule

11.25 Recovery and Work: Applying a recovery capital lens to the workplace

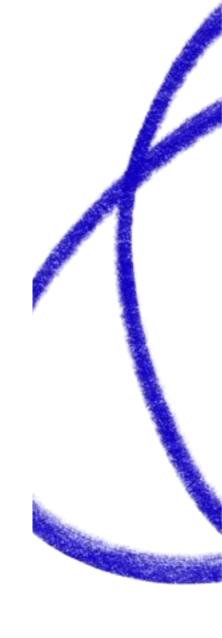
Dr David Best

11.35 Introduction to our panel

Panel Discussion/Q & A

Facilitated by Anna Quinn-Martin, Leeds Mind

12.15 Signposting





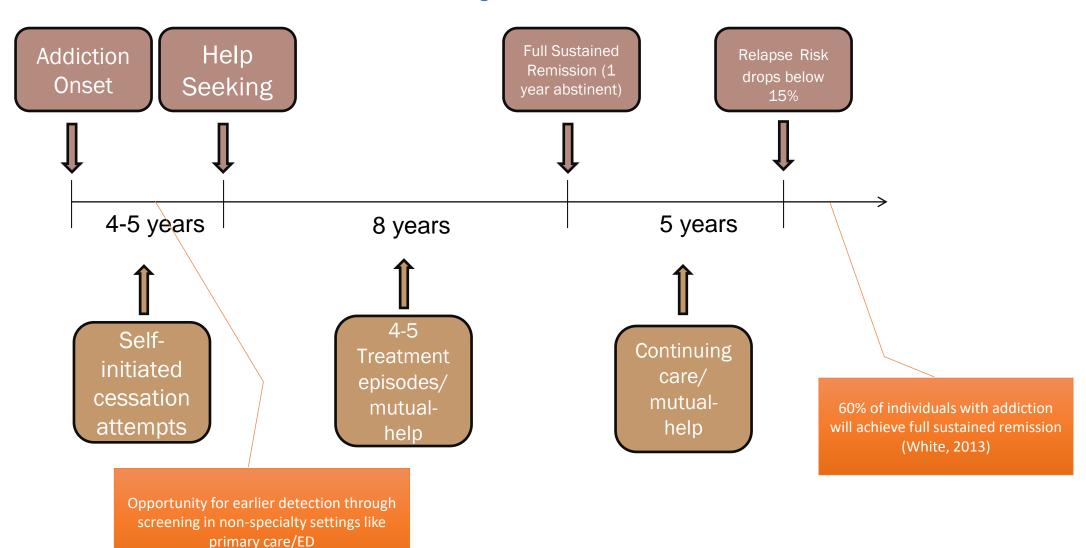


## Recovery and work: Applying a recovery capital lens to the workplace

**Dr David Best** 

### For more severely dependent individuals...

the course of dependence and achievement of stable recovery can take a long time...



### What does a strengths-based process mean?













From expert-patient to partnership

From deficits to strengths

From clinic to community

From the individual to the social

From professional to peer-based

From replication to continuous innovation





### Core conditions for personal recovery

#### **Jobs, Friends and Houses**

- Somewhere to live
- Someone to love
- Something to do

### A summary of recovery science – not from but to

- A safe place to live that is free from threat
- Positive social networks supportive of the recovery journey
- Meaningful activities and a sense of purpose in life

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# What is Recovery Capital?

Granfield and Cloud (2008) define recovery capital as

"The breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems."

• White and Cloud (2008):

"Stable recovery best predicted on the basis of recovery assets not pathologies."





### Proposed Dimensions of Recovery Capital





### Hypothesis

Recovery growth is a dynamic between individual growth and institutions that create or hinder the conditions for recovery growth.

Workplaces create positive and negative community capital, positive and negative networks so opportunities or barriers to personal recovery capital growth

- Recovery capital has provided a metric for individual recovery capital (and we are currently developing a family and affected others version).
- But we need an equivalent metric for:
  - individual Employment Recovery Capital (ERC)
  - Organisational Recovery Capital (ORC)

With employment outcomes a consequence of the two

### Level 1: Personal Employment-Related Recovery Capital (PERRC)

- 1. Duration of recovery
- 2. Personal Employment Related Recovery Capital (PEC) at baseline (prior working history, skills, qualifications, motivation and recovery stability)
- 3. What kind of meaningful activity? 'Recovery job' or vocational
- 4. Motivation

### Level 2: Social Employment-Related Recovery Capital (SERRC)

	Inside the employment	Outside the employment
	context	context
Recovery related	Recovery coaches	Sponsor
	Peer recovery mentors	Home Group
General	Social networks	Family
	Colleagues	Intimate partner
	Manager	Friends

## Level 3: Community Employment-Related Community Capital (CERCC)

	Inside the workplace	In the lived community
Local	Policies around EAP; Management	Access to:
	attitudes; Substance use and recovery	- Mutual aid and professional services
	literacy and awareness; (Lack of)	- Housing, education
	stigmatising attitudes; Culture and	- Recovery awareness in the community
	climate	
Structural	Recovery-Friendly workplaces	Discrimination legislation
	Employment law	Treatment and recovery resources and funding

### **Panel Discussion**



**Dr David Best** 



Catherine Wilson



**Grace Imrie** 



**Jack Rutter** 



**Chris Sylvester** 



**James Grimes** 



**Dot Smith** 



**Matt Whitton** 

### Local/national signposting



























