



A participative approach to curriculum development for adults in addiction recovery across the European Union

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## Deliverable 4.4: Focus Group Overview

WP4: Focus Group Phase

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# 1 ABOUT THE RECOVEU PROJECT

The RECOVEU project brings together partners from the United Kingdom, Cyprus, Romania, Italy and Ireland with the aim of developing access to learning resources for people in recovery from addiction.

Although the role of learning in the recovery process has been highlighted there is limited evidence across Europe to inform adult learning practice with people in addiction recovery and there is no data which specifically identifies the barriers they experience or how to support them as adult learners. The Consortium wishes to undertake this innovative project to begin to develop a coherent EU-wide approach to adult learning in the addiction recovery community. Cross-European collaboration will offer new insights into the issues involved in this under-developed area and demonstrate the potential for transferable, innovative solutions.

A key factor will be the development of an Evaluation Toolkit designed to support educators to assess the effectiveness of learning activities and their impact, i.e. whether there are meaningful outcomes for participants: for example, an increase in self-efficacy for education and/or the contribution of learning activities to sustained participation in learning. Project outcomes support the aims of the EU Lifelong Learning Programme by improving the attractiveness and accessibility of learning opportunities available to a group of adult learners who are particularly at risk of social exclusion and marginalisation.

## 2 CONTEXT OF THE RESEARCH

During the first year of the project, the Consortium collected data regarding the policy and practice in the field of addiction treatment, education and social reintegration in all five countries. The conclusions based on Partners' reports and the key issues arising from the review have been summarised and a pan-European perspective was developed in the ***Policy and Practice Review***<sup>1</sup>.

All the partner countries are affected by the lack of consensus on addiction treatment and recovery. There are few specific opportunities for adults in recovery to engage with employability programmes in the five partner countries. Also, the opportunities for adults in recovery to engage with informal and formal learning are not insufficient and/or not adapted to the needs of these persons.

One of the major issues confronting policy makers and practitioners in the field of addiction and recovery is the lack of specific data concerning the access of adults in recovery to learning resources that enable them to recover and re-integrate into society.

Consulting with both adults in recovery and service providers will support awareness of the issues prevalent in recovering addicts' lives and lead to the development of adult education which is responsive to the specific barriers this may raise. This will ensure that the adult education curriculum developed during the project will meet the needs of people in recovery, thereby increasing the potential for successful engagement and retention. This particular group of adult learners has not been consulted before on the barriers to accessing education; this is an opportunity for their concerns to be heard and addressed by educationalists.

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<sup>1</sup>Available on the RECOVEU website: <http://www.recoveu.org/index.php/e-library/category/7-wp3-policy-practice-review>

### 3 FOCUS GROUP PHASE

**Work Package 4 – Focus Group Phase** has supported an understanding of the part played by adult education in an individual’s recovery process and provides a way in which people in recovery could be supported to engage in adult education opportunities. The aim of this specific WP was to obtain feedback from service users and providers on what they require from an Access to Learning course and identify key aspects for developing such a course.

The **Objectives** were:

1. To develop the Focus Group Plan to provide guidelines for organising and delivering the research by each partner involving service users and service providers/trainers (i.e. practitioners working in the field of drug recovery/education who are directly involved with delivering learning related activities to the target group).
2. Each partner to hold a series of focus groups for services users and service providers/trainers to identify barriers and enablers to participation in learning.
3. Collect and summarise the focus group data to produce a Focus Group Overview.

The main criterion for inclusion of service users was to target adults in recovery who are capable of moving towards Higher Education. Some of the partners had direct access to potential adult learners in the target group, and their own workers/trainers both participated in the focus groups and set the parameters for which service users to target.

## 4 METHODOLOGY

The Focus Group Phase of the project was carried out using quantitative and qualitative methods.

Quantitative data was collected using the *Focus Group 'Access to learning' Questionnaire*; this contained questions about the participant's personal information (name, age, gender) as well as seven closed-ended questions about their views on access to learning (Appendix 1). All the participants were asked to complete the questionnaire in focus groups held by each partner. Participants' responses were recorded in an excel template document; participants' names were coded for the purposes of confidentiality.

The qualitative data was collected via focus groups conducted by all the partners in the project with two target populations: service users and service providers. The main criteria for inclusion were that participants should be aged 18 or over and that they should be in self-defined recovery (this may mean total abstinence or controlled use). The Focus Group Discussion Guide (Appendix 2) centred on 10 areas of questioning regarding access to learning for adults in addiction recovery and gathered information about ways in which people in recovery could be supported to engage in adult education opportunities. Each partner was able to adapt the specific questions in each area, in order to provide culture-specific issues that would enable a better understanding of the main topic. The data generated in each focus group was summarised by each partner in the Focus Group Feedback Template and finally each partner produced a Focus Group Partner Summary.

Each focus group was conducted by two researchers, according to the Focus Group Plan. The general feedback was that the groups focused the attention for both service users and service providers on the importance of continuing education and also that the project opened new directions in helping recovering people.

## 5 QUANTITATIVE FINDINGS

### 5.1 Focus Groups delivered

Each partner delivered three to five focus groups, either with service users or service providers. The total number of participants was 92 (44 service users and 48 service providers), with a total number of 20 groups delivered across all partners. In Table 1 below we can see the distribution of the groups and the target population per partner.

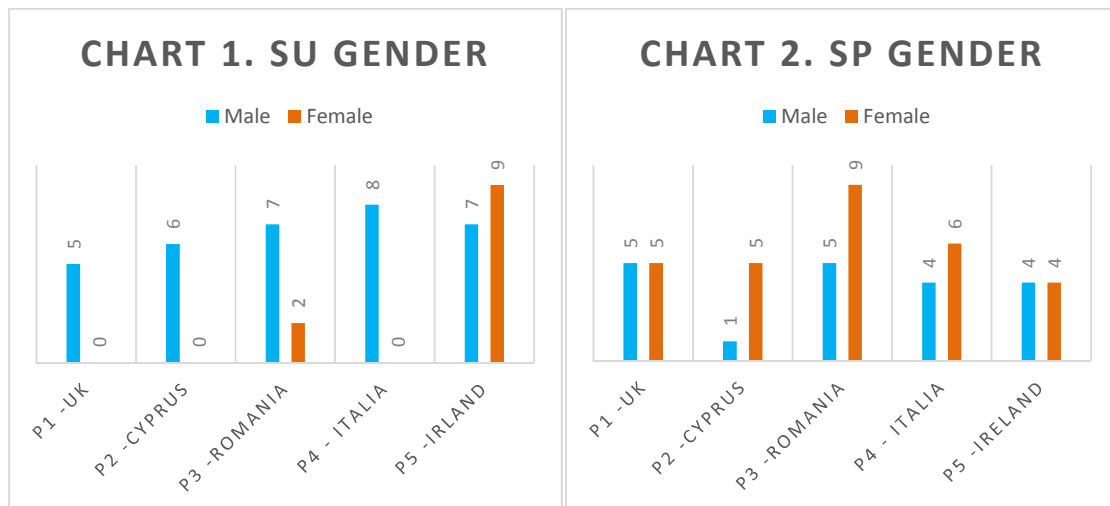
**Table 1. Groups delivered and numbers of participants**

Partner	Groups with service users	Groups with service providers	Pilot groups	Total service users	Total service providers*	Total participants per partner
P1 – Staffordshire University – UK	1	2		5	10	15
P2 - CARDET – Cyprus	2	1		6	6	12
P3 – SDP – Romania	2	2	1	9	14	23
P4 – SASNSAT – Italy	2	2		8	10	18
P5 – Soilse – Ireland	2	2	1	16	8	24
<b>Total project</b>	<b>9</b>	<b>9</b>	<b>2</b>	<b>44</b>	<b>48</b>	<b>92</b>

\* In the UK, seven from the total of 10 service providers were also in recovery (i.e service users previously) and in Romania, four from the total of 11 service providers were also in recovery. See also Chart 3.

**Gender.** 25% (11) of the service users were female, and 75% male (33), while for the service providers the percentage was more balanced with 39.6 % male (19) and 60.4% female (29). The gender distribution by partner can be seen in Chart 1 and Chart 2.

**Charts 1 and 2. Gender distribution by partner**





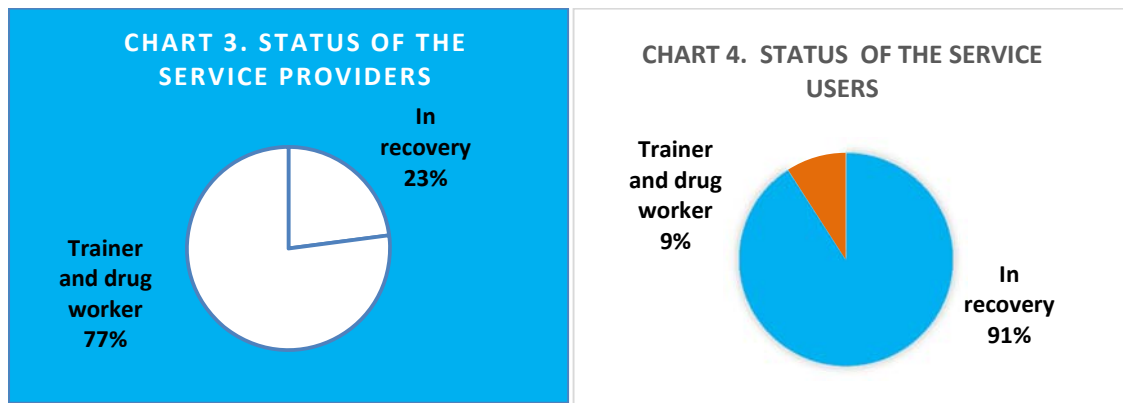
**Age.** The average age for service users was 39 (the youngest 22 and the oldest 64) and for service providers 43 (the youngest was 26 and the oldest 63).

## 5.2 'Access to Learning' questions

### 5.2.1 Question 1. How participants identified themselves

As noted above, 23% (11) of the service providers were also in recovery (UK and Romania) and 9% (4) of the service users were both trainers and working in the addiction field (Ireland and Romania). This shows that they were able to succeed in their education. It also demonstrates the importance of providing opportunities for adults in recovery to be trained in the service field.

#### Charts 3 and 4. How participants identified themselves



### 5.2.2 Question 2. What non-subject specific topics would be needed within an 'Access to Learning' course?

**Service users:** The highest percentage responded to Option 1: Familiarisation with education environments – the total project response was 61.36% (with Ireland and the UK country percentages being higher at 87.5% and 100% respectively) (see Table 2). Generally, the other options were also highly checked, with differences in each country. A relatively high percentage of respondents chose IT Skills; over 50%, except for the UK where only 40% checked this as needing to be included in an 'Access to Learning' course. The lowest responses were for general study skills (Romania, 33.33%) and specific learning need assessments (Italy, only 12.5%).

Other comments identified were: demands of the real economy (Cyprus), artisan work (Italy), support with recovery while studying, and communication and personal development skills (UK), and addiction counselling (Romania).

**Table 2. Service users' responses to Question 2**

	<b>Q2: What non-subject specific topics would be needed within an 'Access to Learning' course?</b>			
Answer	<u>Option 1</u> Familiarisation with education environments	<u>Option 2</u> General study skills	<u>Option 3</u> Specific learning need assessments	<u>Option 4</u> IT skills
<b>P1 – UK</b>	5	2	3	2
% Country	100%	40%	60%	40%
Overall %	11.36%	4.55%	6.82%	4.55%
<b>P2 – Cyprus</b>	1	4	4	3
% Country	16.67%	66.67%	66.67%	50%
Overall %	2.27%	9.09%	9.09%	6.82%
<b>P3 – Romania</b>	3	3	6	6
% Country	33.33%	33.33%	66.67%	66.67%
Overall %	6.82%	6.82%	13.64%	13.64%
<b>P4 – Italy</b>	4	2	1	4
% Country	50%	25%	12.5%	50%
Overall %	9.09%	4.55%	2.27%	9.09%
<b>P5 – Ireland</b>	14	13	11	9
% Country	87.5%	81.25%	68.75%	56.25%
Overall %	31.82%	29.55%	25%	20.45%
<b>Total project</b>	27	24	25	24
%	61.36%	54.55%	56.82%	54.55%

**Service providers:** At first, it is important to note when looking at this data that almost a quarter of service providers had also been service users.

In UK, Ireland and Italy 80% or more service providers considered Option 1 (Familiarisation with education environments) to be the most important; this is consistent with the results for service-users (see Table 3). In contrast, service providers from Cyprus considered specific learning need assessments and IT skills to be the most important.

Over the whole project Option 1 was considered the highest priority (77.08%), with little difference being found between specific learning need assessments (72.92%), general study skills (68.75%) and IT skills (62.5%).

Other comments were: foreign languages (Cyprus), mentor/buddy system, local service liaison, maths/English screenings, and effective careers advice (UK), creative activities/arts/crafts and vocational counselling (Romania).

**Table 3. Service providers' responses to Question 2**

	<b>Q2. What non-subject specific topics would be needed within an 'Access to Learning' course?</b>			
Answer	<u>Option 1</u> Familiarisation with education environments	<u>Option 2</u> General study skills	<u>Option 3</u> Specific learning need assessments	<u>Option 4</u> IT skills
<b>P1 – UK</b>	8	8	7	7
% Country	80%	80%	70%	70%
Overall %	18.18%	18.18%	15.91%	15.91%
<b>P2 – Cyprus</b>	3	5	6	6
% Country	50%	83.33%	100%	100%
Overall %	6.25%	10.42%	12.5%	12.5%
<b>P3 – Romania</b>	10	11	10	10
% Country	71.43%	78.57%	71.43%	71.43%
Overall %	20.83%	22.92%	20.83%	20.83%
<b>P4 – Italy</b>	9	3	7	3
% Country	90%	30%	70%	30%
Overall %	18.75%	6.25%	14.58%	6.25%
<b>P5 – Ireland</b>	7	6	5	4
% Country	87.5%	75%	62.5%	50%
Overall %	14.58%	12.5%	10.42%	8.33%
<b>Total project</b>	37	33	35	30
%	77.08%	68.75%	72.92%	62.5%

### 5.2.3 Question 3a. What type of course delivery would participants prefer?

As can be seen from Charts 5 and 6, overall 44% of service users preferred a full-time course, compared to only 19% of service providers.

Charts 5 and 6. Type of course preferred

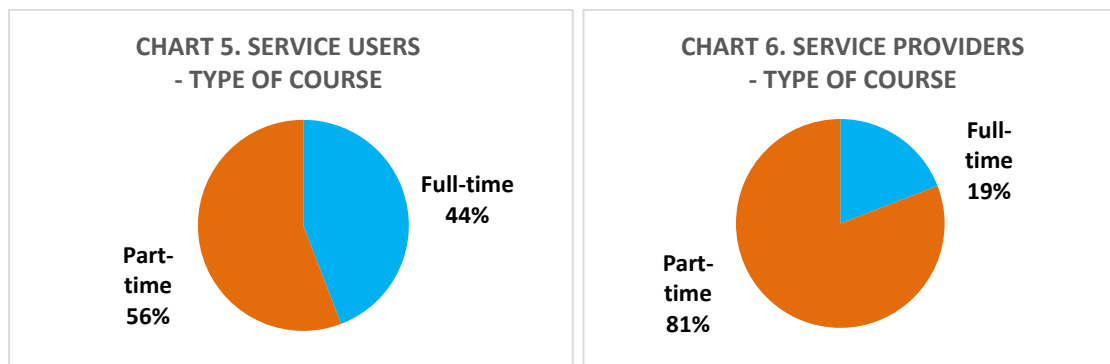


Table 4 shows the pattern of responses by country. Generally, a part-time course was preferred, for both service users and service providers. This was most obvious for Cyprus participants.

Table 4. Responses to Question 3a by country

	Q3a. What type of course delivery would you prefer?			
	Service users		Service providers	
	Full-time	Part-time	Full-time	Part-time
<b>Answer</b>				
<b>P1 – UK</b>	2	3	2	8
% Country	40%	60%	20%	80%
Overall %	4.65%	6.98%	4.55%	18.18%
<b>P2 – Cyprus</b>	2	5	0	6
% Country	33.33%	83.33%	0%	100%
Overall %	4.65%	11.63%	0%	12.5%
<b>P3 – Romania</b>	4	5	3	11
% Country	44.44%	55.56%	21.43%	78.57%
Overall %	9.30%	11.63%	6.25%	22.92%
<b>P4 – Italy</b>	4	2	2	8
% Country	50%	25%	20%	80%
Overall %	9.3%	4.65%	4.17%	16.67%
<b>P5 – Ireland</b>	7	9	2	5
% Country	43.75%	56.25%	25%	62.5%
Overall %	16.28%	20.93%	4.17%	10.42%
<b>Total project</b>	19	24	9	38
%	44.19%	55.81%	18.75%	79.17%

## 5.2.4 Question 3b. How/when would participants prefer this course to be delivered?

Both service users (65.91%) and service providers (52.08%) considered face-to-face learning to be their preferred type of learning (i.e. they gave this as their first choice) (see Tables 5 and 6). The next preferred type of learning was face-to-face learning in the evenings – 29.55% and 31.25% of service users and service providers respectively gave this as their second choice, with 22.92% of service providers also giving this as their first choice. A second choice preference for face-to-face learning at the weekends was also demonstrated (18.18% service users, and 27.08% service providers). There was little preference for distance learning although blended learning was seen as an option.

**Table 5. Service users' responses to Question 3b**

	<b>Q3b. How/when would you prefer this full-time/part-time course to be delivered?</b>									
	1. Face-to-face learning – weekdays		2. Face-to-face learning – evenings		3. Face-to-face learning – weekends		4. Distance/online learning (no need to attend college or university)		5. Blended learning (mix of distance/online and face-to-face)	
Answer	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice
<b>P1 – UK</b>	3	1	1	1	0	0	0	1	1	0
% Country	60%	20%	20%	20%	0%	0%	0%	20%	20%	0%
Overall %	6.82%	2.27%	2.27%	2.27%	0%	0%	0%	2.27%	2.27%	0%
<b>P2 – Cyprus</b>	1	0	0	0	1	2	1	0	3	0
% Country	16.67%	0%	0%	0%	16.67%	33.33%	16.67%	0%	50%	0%
Overall %	2.27%	0%	0%	0%	2.27%	4.55%	2.27%	0%	6.82%	0%
<b>P3 – Romania</b>	6	0	1	3	0	3	1	1	1	2
% Country	66.67%	0%	11.11%	33.33%	0%	33.33%	11.11%	11.11%	11.11%	22.22%
Overall %	13.64%	0%	2.27%	6.82%	0%	6.82%	2.27%	2.27%	2.27%	4.55%
<b>P4 – Italy</b>	6	0	2	2	0	1	0	0	0	0
% Country	75%	0%	25%	25%	0%	12.5%	0%	0%	0%	0%
Overall %	13.64%	0%	4.55%	4.55%	0%	2.27%	0%	0%	0%	0%
<b>P5 – Ireland</b>	13	1	2	7	0	2	0	1	2	2
% Country	81.25%	6.25%	12.5%	43.75%	0%	12.5%	0%	6.25%	12.5%	12.5%
Overall %	29.55%	2.27%	4.55%	15.91%	0%	4.55%	0%	2.27%	4.55%	4.55%
<b>Total project</b>	29	2	6	13	1	8	2	3	7	4
%	65.91%	4.55%	13.64%	29.55%	2.27%	18.18%	4.55%	6.82%	15.91%	9.09%

**Table 6. Service providers' responses to Question 3b**

<b>Q3b. How/when would you prefer this full-time/part-time course to be delivered?</b>										
	1. Face-to-face learning – weekdays		2. Face-to-face learning – evenings		3. Face-to-face learning – weekends		4. Distance/online learning (no need to attend college or university)		5. Blended learning (mix of distance/online and face-to-face)	
Answer	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	1 <sup>st</sup> choice	2 <sup>nd</sup> choice
<b>P1 – UK</b>	5	2	3	7	0	4	2	2	6	0
% Country	50%	20%	30%	70%	0%	40%	20%	20%	60%	0%
Overall %	11.36%	4.55%	6.82%	15.91%	0%	9.09%	4.55%	4.55%	13.64%	0%
<b>P2 – Cyprus</b>	7	0	2	0	1	4	0	0	0	5
% Country	70%	0%	20%	0%	10%	40%	0%	0%	0%	50%
Overall %	14.58%	0%	4.17%	0%	2.08%	8.33%	0%	0%	0%	10.42%
<b>P3 – Romania</b>	6	2	4	4	1	3	0	2	2	3
% Country	42.86%	14.29%	28.57%	28.57%	7.14%	21.43%	0%	14.29%	14.29%	21.43%
Overall %	12.5%	4.17%	8.33%	8.33%	2.08%	6.25%	0%	4.17%	4.17%	6.25%
<b>P4 – Italy</b>	0	0	1	0	0	1	1	2	2	2
% Country	0%	0%	16.67%	0%	0%	16.67%	16.67%	33.33%	33.33%	33.33%
Overall %	0%	0%	2.08%	0%	0%	2.08%	2.08%	4.17%	4.17%	4.17%
<b>P5 – Ireland</b>	7	0	1	4	1	1	0	0	0	2
% Country	87.50%	0%	12.5%	50%	12.5%	12.5%	0%	0%	0%	25%
Overall %	14.58%	0%	2.08%	8.33%	2.08%	2.08%	0%	0%	0%	4.17%
<b>Total project</b>	25	4	11	15	3	13	3	6	10	12
%	52.08%	8.33%	22.92%	31.25%	6.25%	27.08%	6.25%	12.5%	20.83%	25%

### 5.2.5 Question 4. Would participants prefer a vocational type course (i.e. practical skills)?

All of the service providers would prefer vocational type training (see Table 7). A high number of service users (86.36%) would also prefer this type of training.

**Table 7. Responses to Question 4**

	Q4. Would you prefer a vocational type course (i.e. practical skills)?			
	Service users		Service providers	
Answer	Yes	No	Yes	No
<b>P1 – UK</b>	4	0	10	0
% Country	80%	0%	100%	0%
Overall %	9.09%	0%	22.73%	0%
<b>P2 – Cyprus</b>	6	0	10	0
% Country	100%	0%	100%	0%
Overall %	13.64%	0%	20.83%	0%
<b>P3 – Romania</b>	9	0	14	0
% Country	100%	0%	100%	0%
Overall %	20.45%	0%	29.17%	0%
<b>P4 – Italy</b>	8	0	6	0
% Country	100%	0%	100%	0%
Overall %	18.18%	0%	12.5%	0%
<b>P5 – Ireland</b>	11	4	4	0
% Country	68.75%	25%	100%	0%
Overall %	25%	9.09%	8.33%	0%
<b>Total project</b>	38	4	44	0
%	86.36%	9.09%	100%	0%

## 5.2.6 Question 5. Would participants prefer to receive a certificate at the end of the course?

A high numbers of participants (93.18% service users, 97.62% service providers) would like to get a certificate at the end of the course (see Table 8). This seemed to be consistent for all countries, except for Ireland, where only 37.5% of service providers deemed a certificate necessary.

**Table 8. Responses to Question 5**

	Q5. Would you prefer prefer to receive a certificate at the end of the course?			
	Service users		Service providers	
Answer	Yes	No	Yes	No
<b>P1 – UK</b>	5	0	10	0
% Country	100%	0%	100%	0%
Overall %	11.36%	0.0%	23.81%	0%
<b>P2 – Cyprus</b>	6	0	10	0
% Country	100%	0%	100%	0%
Overall %	13.64%	0%	23.81%	0%
<b>P3 – Romania</b>	7	2	13	1
% Country	77.78%	22.22%	92.86%	7.14%
Overall %	15.91%	4.55%	30.95%	2.08%
<b>P4 – Italy</b>	8	0	5	0
% Country	100%	0%	83.33%	0%
Overall %	18.18%	0%	11.90%	0%
<b>P5 – Ireland</b>	15	0	3	0
% Country	93.75%	0%	37.5%	0%
Overall %	34.09%	0%	7.14%	0%
<b>Total project</b>	41	2	41	1
%	93.18%	4.55%	97.62%	2.08%



## 5.2.7 Question 6. Who should the course be open to?

A higher percentage of service users (81.82 %) than service providers (75%) considered that the course should be addressed only to people in recovery, although the proportions were high in both cases (see Table 9). Generally, the proportions of participants who said that the course should only be delivered in specific gender groups were low.

Other suggestions about who the course should be open to were for non-recovery specific participants (service users in Ireland), and non-gender-specific or mixed gender and mixed recovery/‘normal’ participants (UK). In Cyprus, one service user said that the course should be available to ‘anyone in [the] addiction recovery process with the approval and help of a treatment worker ‘.

**Table 9. Responses to Question 6**

Answer	Q6. Who should the course be open to?					
	Service users			Service providers		
	Recovery-specific	Men’s group	Women’s group	Recovery-specific	Men’s group	Women’s group
<b>P1 – UK</b>	3	3	3	6	5	5
% Country	60%	60%	60%	60%	50%	50%
Overall %	6.82%	6.82%	6.82%	13.64%	11.36%	11.36%
<b>P2 – Cyprus</b>	6	0	0	6	5	5
% Country	100%	0%	0%	100%	83.33%	83.33%
Overall %	13.64%	0%	0%	12.5%	10.42%	10.42%
<b>P3 – Romania</b>	6	2	1	12	4	4
% Country	66.67%	22.22%	11.11%	85.71%	28.57%	28.57%
Overall %	13.64%	4.55%	2.27%	25%	8.33%	8.33%
<b>P4 – Italy</b>	7	0	0	7	2	2
% Country	87.5%	0%	0%	70%	20%	20%
Overall %	15.91%	0%	0%	14.58%	4.17%	4.17%
<b>P5 – Ireland</b>	14	1	3	5	2	2
% Country	87.5%	6.25%	18.75%	62.5%	25%	25%
Overall %	31.82%	2.27%	6.82%	10.42%	4.17%	4.17%
<b>Total project</b>	36	6	7	36	18	18
%	81.82%	13.64%	15.91%	75%	37.5%	37.5%

## 5.2.8 Question 7. What are the practical barriers to participation in education?

We notice that for service users, retention of benefits, and availability of specialist learning support are the highest obstacles to participation in education (50%) (see Table 10). Almost equally important is time out of employment (47.73%); this seems to be more of a concern to Cypriot and Romanian participants than does retention of benefits.

For service providers the three highest barriers are: retention of benefits (72.92%), time out of employment (60.42 %) and time out of the education (56.25%) (see Table 11); time out of employment again seems to be of less concern for Romania participants, whilst Italian participants seem to be less concerned about retention of benefits compared to the other countries.

Other barriers suggested by the service providers were: lack of financial resources/benefits including childcare (Ireland), low confidence, funding, age range of group, travel, cost, and flexibility (UK), and stigma for recovering people (Romania).

Service users identified: lack of self-belief (Ireland), financial constraints (Cyprus and Ireland), support when stressed over studying (UK), and time (Romania).

**Table 10. Service users' responses to Question 7**

	<b>Q7. Which of the following are practical barriers to participation in education?</b>					
Answer	Retention of benefits	Time out of employment	Availability of specialist learning support	Coursework assessments	Exam assessments	Time out of education
<b>P1 – UK</b>	4	2	4	2	2	0
% Country	80%	40%	80%	40%	40%	0%
Overall %	9.09%	4.55%	9.09%	4.55%	4.55%	0%
<b>P2 – Cyprus</b>	2	4	6	1	1	2
% Country	33.33%	66.67%	100%	16.67%	16.67%	33.33%
Overall %	4.55%	9.09%	13.64%	2.27%	2.27%	4.55%
<b>P3 – Romania</b>	2	5	1	0	1	1
% Country	22.22%	55.56%	11.11%	0%	11.11%	11.11%
Overall %	4.55%	11.36%	2.27%	0%	2.27%	2.27%
<b>P4 – Italy</b>	5	1	1	1	1	0
% Country	62.5%	12.5%	12.5%	12.5%	12.5%	0%
Overall %	11.36%	2.27%	2.27%	2.27%	2.27%	0%
<b>P5 – Ireland</b>	9	9	10	7	7	8
% Country	56.25%	56.25%	62.5%	43.75%	43.75%	50%
Overall %	20.45%	20.45%	22.73%	15.91%	15.91%	18.18%
<b>Total project</b>	22	21	22	11	12	11
%	50%	47.73%	50%	25%	27.27%	25%

**Table 11. Service providers' responses to Question 7**

<b>Q7. Which of the following are practical barriers to participation in education?</b>						
Answer	Retention of benefits	Time out of employment	Availability of specialist learning support	Coursework assessments	Exam assessments	Time out of education
<b>P1 – UK</b>	10	9	6	6	6	8
% Country	100%	90%	60%	60%	60%	80%
Overall %	22.73%	20.45%	13.64%	13.64%	13.64%	18.18%
<b>P2 – Cyprus</b>	6	4	4	6	3	3
% Country	100%	66.67%	66.67%	100%	50%	50%
Overall %	12.5%	8.33%	8.33%	12.5%	6.25%	6.25%
<b>P3 – Romania</b>	10	5	2	0	0	8
% Country	71.43%	35.71%	14.29%	0%	0%	57.14%
Overall %	20.83%	10.42%	4.17%	0%	0%	16.67%
<b>P4 – Italy</b>	4	7	2	1	0	6
% Country	40%	70%	20%	10%	0%	60%
Overall %	8.33%	14.58%	4.17%	2.08%	0%	12.5%
<b>P5 – Ireland</b>	5	4	5	2	2	2
% Country	62.5%	50%	62.5%	25%	25%	25%
Overall %	10.42%	8.33%	10.42%	4.17%	4.17%	4.17%
<b>Total project</b>	35	29	19	15	11	27
%	72.92%	60.42%	39.58%	31.25%	22.92%	56.25%

## 6 QUALITATIVE FINDINGS

The major themes investigated in the focus groups were summarised and are presented below.

### 6.1 What is learning?

**What does the word ‘learning’ mean to participants? Are some types of learning regarded as easier than others?**

One of the definitions participants gave to learning was *‘to acquire and make use of knowledge and new practical abilities’* by attending formal classes or by using past experiences one has gone through (RO). Learning was also discussed in terms of:

- Academic and vocational learning (service users and service providers – UK<sup>2</sup>, IT)
- Learning by doing and learning by reading (service users and service providers – UK, RO)
- Formal and informal learning (IT, RO)
- Information vs. real-life experience (CYP, RO)
- Cognitive vs. emotional (IR)
- Intentional vs. non-intentional (RO)

The goals of learning were identified as getting a qualification and doing something valuable for her- or himself (UK, RO), fighting prejudice (IT), overcoming a *‘victim mentality’* (RO) and getting a broader education and outlook on life (IR).

The topic of learning was primarily and constantly associated with experiences of addiction and recovery, of *‘becoming a better person’* (CYP) or to *‘better myself’* (IR). This was not surprising since, for most participants, entering and sustaining recovery represented the *‘milestone’* and most challenging experience of their life.

The negative feelings generated by their previous learning experiences were evident in comments made by the Irish drug free service users that at school they had felt like *‘low life’* and inhibited from saying something, or that they had genuinely believed they were *‘thick’*. Other service users from Ireland felt that learning was an important part of recovery, one which offered a better, more solid future. An important aspect of this was the opportunity to *‘open up your mind’* and leave the *‘old world behind’*; to *‘build yourself up’* before becoming part of a group in college. Feedback from the women who took part in the Irish focus groups suggested that for them learning also represented empowerment, feeling comfortable and incorporated both cognitive and emotional learning.

Overall, discussions revealed a need for different types of learning: a *‘mix of learning’* (service users – UK) or blended learning (IT); *‘accidental’* or *‘non-intentional’* learning e.g. just sitting next to someone and chatting (service providers – UK, RO). Learning was felt to be a two-way process, where students could also teach teachers (service providers UK) and where role models could have a major influence on motivation (RO). It was also felt that learning should be personalised, individualised and shared (service providers – UK, RO), and both face-to-face and with the peer

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<sup>2</sup> UK: United Kingdom (Partner 1); CYP: Cyprus (Partner 2); RO: Romania (Partner 3); IT: Italy (Partner 4); and IR: Ireland (Partner 5).

group (IT, service users – UK). The experiential learning done in the recovery environment was highly valued by recovering clients.

**The types of learning perceived as easier were** learning by doing –‘hands on’- or by experimenting in different situations (service users – UK, IT, RO) and informal education which was felt to be less pressurised (RO). Learning which involves self-discipline, concentration and ‘book learning’ was described as more difficult (service users – UK, IR). This can be understood in the light of addicts’ tendency to look for fast results and a low tolerance to frustration. It also seems easier if learning responds to a specific need (i.e. to be able to better help others) and if there are role models involved (RO). In addition, both service users and service providers mentioned the relevance of communication, and that learning is easier if it is fun and done in small steps. This defines the recovery culture where people are trying to improve themselves and grow ‘despite others and for others’ with the hope and support of peers that have walked the same path. Other types of learning referred to by trainers were: easily accessed learning, learning involving groups with mixed backgrounds and aptitudes, personal development learning, and learning with clear goals. Some service users, however, expressed a preference for being around people who they felt were the same.

The focus groups in the UK and Italy also revealed that exclusively online learning was not regarded as positive or useful. In addition, it was felt by some participants that work experience was necessary to enhance the learning process and that learning should be pursued ‘only after a job has been secured, otherwise it is futile to learn without earning an income’ (CYP). The importance of learning ‘at the right level, at the right place’ (IR, UK) was also emphasised suggesting a need for individually tailored, personalised learning.

## 6.2 The role of adult education

### 6.2.1 How is community defined? Do participants feel integrated into their communities and what are these communities like? Do they feel there is a gap between people who use drugs and alcohol and those who don’t?

**Community** was defined by participants as a group of people sharing a life style, interests, values, and beliefs, trust, assistance and something that may be chosen or not (i.e. family vs. group of friends). Most of the service users interviewed did not really feel integrated in any community, apart from the recovery communities. They felt there was a sense of distance between the two which represented ‘a big bridge to cross’ (UK); a difference in values between the recovering community and the wider community (CYP). However, they also felt there were self-imposed barriers (RO) in their relationship with the outside community. A few felt that their role in the community had changed because they were currently paying taxes and being good neighbours and had moved forward, and that they were able to make changes in their immediate community (families, work environment) for a better recovery. Again, this seems to be the overall personal goal for some service users and one which appeared to guide the process of integration into a wider community.

Regardless of nationality, service users felt that they tended to be insular, feared labelling, experienced social stigma, ostracism and a lack of understanding of their condition. The Italian and UK service users in particular felt that this was due in part to the system which created a lack of personal dignity.

The development of a gap between the drug using community and the non-using community was said to be an ongoing process: during active addiction users prioritise life around drug use which puts distance between themselves and non-users. However, while in recovery they have a stronger emotional and moral conscience (CYP) and distance themselves from those sharing other values or ideas on life (RO, CYP). The gap was felt to be increased by *'language labelling - junkie'* (IR), *'physical and neurological differences'* and a *'lack of acknowledgement of the inter-dependency concept'* (RO). In Cyprus, participants felt that this was exacerbated by the lack of social skills and maturity and the higher sensitivity of drug users. Overall, service users in recovery appeared to have a more positive attitude towards reducing this gap (CYP, RO), while active users/in detox had a more inhibited and anxious perspective (IR).

The **barriers to bridging the gap between communities** were felt to be; continuing drug use as an individual and institutional barrier, homelessness, age, having a criminal record, and low motivation to change in terms of the individual and their immediate network. Significantly, many service users did recognise that there was a higher chance of reintegration if their drug use stopped; substance abuse was seen as both a primary cause of social isolation and a primary resource for reintegration. However, it was felt that interconnections with the wider community seemed to lack flexibility. Service users also frequently referred to the recovering community being an *'alternative family'* (CYP) or *'a new home'* (RO), while being in recovery was *'almost like an occupation'* (UK).

The majority of service providers involved in the focus groups saw recovery as a process of social integration as clients could learn, acquire and practice social skills depending on the level of their activity/involvement within the community. Through engaging in this process and transferring their newly gained knowledge they become confident enough to break away from the recovery facility and enter the *'big world'*. For some, reintegration is measured by having a *'permanent and respectable job'* and *'the chance to have accommodation and be able to pay the rent'* (IT, RO). On the other hand, service providers also felt that social reintegration could not be achieved at any cost; sometimes this process had to wait until the service user could find a community that would be a resource and not a barrier to recovery. Service users also agreed that while they could adopt to any community according to their individual goals, this was a process that took time.

### 6.2.2 What is the role of adult education? Would being involved in education help to bridge the gap between different communities?

In the context of social reintegration, education was seen not only as a *'good way of getting people back into the mainstream community'* by some service providers (UK) and service users (CYP, RO), but also as a way of proving one's self-worth and overcoming the *'victim mentality/addict status'* (RO). However, to achieve this it had to be the *'right'* learning at the *'right'* time for the individual and preceded by internal personal change. UK and Italian service providers felt that education and training should not just have a recovery focus but serve as an aid to integration, encouraging people to think about community and networks, and to help them develop *'maps'* of where to access information, support, and resources. However, the importance of dealing with other issues such as homelessness first was emphasised by service users and providers in the UK and Ireland.

Although service users emphasised entering recovery as a first step towards social reintegration, they also pointed to the role of education as a deterrent to further drug use and as an instiller for *'moral conscience'*, self-awareness and *'better emotional management'* (CYP). Service providers agreed that education can boost confidence and improve self-esteem, offering *'new identities that equate to respect'* (IT, IR). In Cyprus it was also felt that education can satisfy the *'thirst for*

*knowledge*’ of recovering drug users and turn them from *‘dysfunctional into functional adults’* and members of society. Another aspect pointed out by a trainer from Ireland was that *‘using recovery skills and resources can sustain them (service users) in education’*. This idea was endorsed by a drug free service user, also from Ireland, who recognised that aftercare groups *‘helped me with education in college’*.

In the context of education as a bridge between different communities, service users felt that engaging in education/training had a secondary goal to learning, in that it offered *‘opportunities to meet new people and defeat the sense of loneliness’* and to mix with *‘so called normal people’*. As such education was regarded as being *‘much bigger than just reading and writing’*.

### 6.3 Participation in learning

#### 6.3.1 Have participants taken part in any learning as an adult? What types of learning have participants engaged and what was the experience like?

When it came to personal participation in learning, most of the participants in recovery had participated in some form of learning since leaving school. However, many had withdrawn or had not had a good education because of their addiction or stigmatisation. The courses that the participants had attended had been delivered/facilitated either in a treatment setting (UK, RO) or in the community (university, local colleges or educational programmes) and covered a variety of areas and interests, as seen in Table 12.

**Table 12. Types of courses attended by service users**

Country	Types of courses
UK	Mentoring, computer course, water colour lessons, university programmes, access to Higher Education course.
Italy	Debt collection, electrician or home help, computer science, dance courses.
Ireland	Addiction studies and recovery coach courses, computer skills, social care, cabinet making, personal effectiveness, communication, access course, study skills, nutrition, development groups / aftercare / recovery day programme.
Cyprus	Hairdressing training, security guard training, training for practical jobs (e.g. electrician, plumber).
Romania	Project manager during residential addiction treatment, training offered by the State Department for Unemployment (i.e., driver, IT, watchman), addiction counselling trainings, ‘Second chance’ – special schooling for dropouts/illiterates, professional trainings offered by NGO with European grants (sales agent, cooks), informal education through support groups, completing high school after drop out,

Masters' degree in mathematics/ post-university, First Aid courses.
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Specific activities that service users felt would be appealing related to:

- English and foreign languages, mathematics, computers, theoretical knowledge underpinning professions such as plumbing, electricians (CYP)
- Addiction studies, social care, mentoring or recovery coaching (IR)
- Activities which would bring financial benefits and practical handicrafts which produced concrete results (RO).
- Craftsmanship and social care training and computer science. Information on setting up a business and self-employment (IT)
- Information on setting up a business and self-employment, and learning about customer care (UK).

The importance of generic, transferable qualifications (UK) and job-related activities which would offer a qualification/certification at the end (CYP) was stressed by some service providers.

Service users evaluated their learning experiences differently. Some reported a positive, rewarding, career changing experience which had enabled them to access better or more jobs and increase the life standards offered to their children, and which had boosted their self-esteem. Others reported having had difficulties because their substance use had interfered with their learning. A service provider from Ireland observed that *'sometimes it becomes overwhelming not knowing where to turn to, so you leave'* and felt that those people who do succeed use their learning and the support offered to move on. It was also felt that it helped to see others in the same situation get results.

### 6.3.2 Motivational factors

It is evident in Table 12 that the majority of the courses taken by service users were vocational courses, aimed at building practical working skills and enabling people to gain employment. This addresses the need expressed by many of the service users to see 'concrete results' of their learning/training. In addition, service users were motivated to take part in these sorts of courses by their desire to prepare for entry into *'a professional community'* and enhance their employability by developing their skills and/or gaining a reference or certificate in order to build their CV.

A number of service users had attended or expressed an interest in attending personal development courses, including those relating to addiction recovery/coaching and the informal learning carried out in treatment or support settings. For this group of service users recovery appeared to have become almost a part of their existence which tended to define their educational and work objectives. Their motivation was expressed not only by a desire to help others, but also by the desire to 'better themselves', to build confidence, and to develop independence and self-belief. Motivation for learning was also connected to personal recovery improvement and to creating better opportunities for their children. *'Proving their self-worth'* and finding pleasure in learning have been key factors that had motivated some service users in the UK and Romania to pursue a university or Masters' degree.



It should also be noted that for some participants other concerns were more pressing. For example, once in recovery, the main objective for those service users facing major challenges such as homelessness was covering their basic needs and achieving stability. The economic situation in Europe also appeared to influence thinking. In Cyprus, for example, there was a perception that addicts in recovery preferred to earn money in order to re-stabilize their life rather than continue/initiate education. There was a feeling that although they knew education was a lifelong tool, what they needed on a more immediate basis was to be employed.

### 6.3.3 Barriers to education

Focus group participants identified a number of barriers to engaging in learning. These included financial problems (e.g. fear of losing welfare benefits), transport issues, lack of IT skills or IT equipment/internet access at home and a lack of social support. To these, service users added a lack of confidence or personal skills, such as conflict/problem solving, patience, overcoming obstacles, and a lack of personal motivation. Others felt they were unable to fill in the necessary forms. Age was also frequently mentioned by service users in that they felt they would be older than other students. Many of the service providers involved in the focus groups felt that some of their clients had had negative school experiences. As a result they did not think of themselves as academic learners and had an ambivalent attitude towards learning. Others were discouraged by what they described as empty promises of employment after completion of their course/training. Continued substance use or relapse, having a criminal record, dyslexia or not knowing a foreign language were all identified as barriers to learning. However, it was also noted that these obstacles were sometimes used as *'excuses for not doing anything'* (RO). As in the discussion around community and integration, service providers felt that some service users needed to wait until they were ready to enter a learning process.

Many of the focus group participants felt that one of the biggest barriers was a lack of any sense of entitlement among service users in that they felt they were not good enough or needed *'permission'* to be allowed to do something. There was also evidence of a fear of feeling unsafe in a new, learning environment. In recovery classes service users felt safe and secure and could ask for support if required. Many felt they would flounder in an unsupported environment.

Overall, there is a balance of *'push and pull'* factors influencing an individual's decision to engage in learning. Education support specialist workers and tutors were identified as having an important role to play here. Service users from Italy, for example, highlighted the advantages of having a tutor guiding them throughout while service providers in the UK questioned how inspirational was the member of staff supporting the person in recovery. However, it was also argued that this approach needs to be a balanced one in which independence on the part of the service user is supported. This was evident in a comment made by one Romanian service provider who warned that *'taking over the personal responsibility of the client will reduce their motivation'*.

### 6.3.4 What would have made participants more interested or able to engage?

The answers to this question shed light on the resources required to overcome the obstacles that service users feel they meet in pursuing education. The idea of financial reward for attendance was raised by service users and service providers in Cyprus and Romania, but was discouraged by other service users who felt it was not a high enough motivator. Special qualification trainings (i.e., safe

guards), practical internships or understanding and addressing dyslexia have also been mentioned as possible factors to raise service users' interest in learning.

The presence of social support (i.e. people to back them up despite them not *'having all the ingredients'* to succeed such as knowing a foreign language, having money or being the appropriate age for learning) were all perceived as relevant by service users. Whether this support was provided by family members, other students or tutors, a recovery group, mentor or coach, they all offered much needed role models, acceptance and hope for change.

## 6.4 What makes learning successful?

The research also sought to identify the specific factors that can influence people in recovery to start a learning process, together with those that help people to complete such a process.

### 6.4.1 What are the factors that influence people to engage with the learning process?

Service providers said that their main aim was to identify an initial spark of interest and build on that. In the UK and Ireland, both service users and service providers considered that having a diverse range of options enabled people to try different and new things out. Similarly, short 'tasters' enable service users to 'dip their toe in the water'. While it is up to the individual what they want to do, service providers need to be aware of what learning opportunities are out there for them to do. For example, if a service user started a course which then did not work out they needed to know where they could go next. It was also felt that there was a tendency for clients to come back to the service provider if they had a problem rather than going to the external learning provider Signposting, therefore, was felt to be a key factor in showing people that there are other things that are available to them. A need for a higher level of awareness of existing learning opportunities among service users and providers was also identified. A service user from the UK, for example, said that *'he had had to be very persistent to find out about these [learning opportunities] via the internet, asking people etc.'* and was not sure that other service users would have had the skills, contacts or persistence to do the same.

In the UK, this individualised learning approach included finding out what service users were interested in and then easing them into an appropriate programme. In this way service providers sought to work with the skills their clients had already got and enhance them. Also, there were no penalties for non-completion in either of the service providers involved in the focus groups. This was felt to be very important in terms of encouraging people to engage in learning.

Many people with a substance abuse problem – in recovery or not – may have to work on building their social skills and have a higher need to feel safe in the learning environment; to know what to expect and what will be expected of them. This can be done, for example, by speaking to people who have gone through the course, being informed on the 'classroom etiquette', setting boundaries on how much to reveal and disclose about themselves. What might seem relatively easy for a non-addict, may be completely out of the comfort zone or unnatural for someone in recovery. This preparation phase was also felt to be beneficial in making people aware of potential difficulties and overcoming fear of failure or emotional difficulties. One possible difficulty identified by both service users and service providers had to do with time management and the flexibility of the training schedule, so that people who had work commitments or who were still in a recovery programme could also attend. One solution given by a service user from Ireland was to have more part-time courses which are more suited to their needs.

Another factor mentioned by a significant number of both service users and providers had to do with personal empowerment and self-motivation expressed through comments like: *'building a new vision for their life'*, *'the desire to become better parents for their children'*, *'challenging the irrational beliefs "I can't do it"'*, *'belief that recovery is not enough'*, *'desire to raise the quality of life, wanting more'*, *'discovering new interests, talents'* once in recovery. Similarly, it was also noted that small achievements had a major impact on individuals who may not have been used to completing things. Such achievements were said to be empowering, acting as a springboard for them to move forward. It is important, therefore, to find a way for someone to complete something. Similarly, courses offering valid qualifications or employment upon completion were felt to offer a reward for successful achievement

Financial issues were clearly problematic for many service users who were unsure how they would support themselves financially while studying. Participants made a number of suggestions as to how this could be resolved, for example, through the provision of funding or sponsorship. The problem of housing was also mentioned by service users from Romania and a service provider from Ireland from the perspective of being homeless and not having an address to register.

#### **6.4.2 Once a learning process was begun, what would help participants to complete a course of learning?**

Once attending a course, some of the initial worries may be left behind with support from group members or from the newly formed social network. Comments from service users engaged in learning suggested that a key factor in staying the course was self-awareness in relation to how they would like to learn and what learning context would be most comfortable for them. One service user in the UK, for example, was studying for an undergraduate degree. Because s/he was aware that they would find it difficult to adapt to large groups, they had elected to study on a distance learning programme which gave them the option of attending tutorial groups should they need additional face-to-face support.

The role of additional support from someone with specific awareness of addiction and recovery based within the learning provider organisation was also mentioned by service users. This was based on a desire to keep academic support separate from addiction support – enabling them to be a 'normal' student while also being able to access specialized support. Many service users expressed a need for a wrap-around support structure provided by a network of people both in and out of recovery. The role of the Fellowship was frequently referred to in relation to this, since connection with recovery had to be ongoing: *'if you go out and do something totally non-recovery, it's better to have one foot in the door of recovery'* (service user, UK). Participants from Romania also emphasized sobriety and staying in recovery as maybe the most relevant factor for being able to complete a learning course.

In addition to the need to retain the recovery focus, participants identified a need for information, advice and guidance. It was important, however, that this was realistic; for example, making people aware that they may need to apply for numerous vacancies before they get a job offer. Service providers from Cyprus also mentioned the need for encouragement, learning assistance and 'moral' support in learning, while those in Italy identified a need for psychological consultancy and workplace orientation, particularly for more vulnerable clients e.g. those who were older or with a criminal record who may struggle to relate younger, better educated people. Finally, as mentioned previously, a balance needs to be achieved between providing support and encouraging personal responsibility.

Clearly, the learning content will also affect outcomes in terms of course completion. Comments made by participants strongly suggest that if a course is perceived as practical with clear benefits to the student and/or is related to what they already know or have experienced then the likelihood of completion is enhanced. For example, a service provider in the UK felt that *'if they [service users] can base their learning on what they're doing already it brings that learning to life'*. Similarly, service users in Romania referred to the importance of finding a meaning in the learning process and *'the feeling you can have personal benefits'*.

Financial issues were again implicated by all participants regardless of country. UK service users and providers, for example, felt that support for living costs was needed, together with raising awareness of where participants could access funding to start a course again, particularly if they relapse and have to drop out. Service users and service providers from Cyprus emphasised the importance of balancing learning and receiving an income in terms of having a *'programme that sponsors and offers paid internship upon completion'*. Service users in Ireland also felt it was important that there should be *'no money worries'*, while those from Romania mentioned the need to have *'the financial comfort to be able to learn instead of working for the basic needs'*.

## 6.5 What would participants like an access to learning course to involve?

### 6.5.1 What factors might be useful in supporting adults to return to learning?

**Role models** (people who have been in similar situations and attended similar or the same courses) were felt to be important in terms of helping people to know what to expect, to help them to *'build it up rather than jump in'* (Service user, Ireland).

**Peer support** and shared experience is very important. Participants felt that this puts people at their ease and helps them to relate to each other. This was seen as a powerful engagement tool, but one which is often an add-on in some organisations (service providers, UK).

**Double mentoring** refers to having both an academic mentor, and another mentor who can offer more personalised support. Participants felt that is better for the student if these are two different people – also one person would not have all the expertise and knowledge (service users, UK).

**Advice and guidance** was felt to be an important factor, for example, on well-being, dealing with stress, information on where to go for help and on existing opportunities and access criteria. Irish participants also felt that guidance was needed on *'figuring out what you want to do'*, filling in forms or even in practical things, such as time management, study skills, academically directions.

Participants felt that more **liaison between agencies and learning providers** would be helpful as it is better for the learning provider to have links to agencies with the expertise to provide appropriate support. This would require someone based within the learning provider who could signpost. Although the participants felt that people in recovery did not want to be labelled or given special treatment, it was sometimes very difficult and they might need to ask for help. A need to *'tailor learning according to gaps in the market'* was also highlighted (service providers, CYP, RO).

Similarly, participants identified a need for more **flexible forms of education** e.g. in the languages of ethnic minority groups (CYP, RO), or including a period of face-to-face training (IT). Service users from Ireland indicated a need for *'more community based rather than education based centres'*, *'courses in study skills and academic writing'*, and *'an adult education approach rather than a formal*

learning one'. Significantly, they called for a 'respectful and supportive learning environment' and for 'better expertise among teachers regarding working with people in recovery'.

## 6.5.2 Content – what kinds of things would participants like to be learning about?

Participants identified the following areas as important in relation to course content.

**Table 13. Course content**

	UK	CYPRUS	ITALY	ROMANIA	IRELAND
<b>Basic skills</b>	X	X	X	X	X
<b>Self-employment/setting up a business</b>	X		X		
<b>Study skills</b>	X		X		X
<b>Information, advice and guidance on progression (work/education)</b>	X		X	X	X
<b>Job search skills</b>		X			
<b>Voluntary work &amp; opportunities to build CVs</b>	X				
<b>Preparing for employment</b>	X		X	X	
<b>Job-orientated skills</b>		X	X	X	
<b>Addiction counselling / recovery coaching</b>		X		X	X
<b>IT skills</b>		X	X	X	
<b>Life skills</b>					X
<b>Personal development</b>					X

The following factors/preferences were identified in relation to delivery:

- Short, 15 minute sessions to break things up as concentration is an issue. In addition, many service users have not got the concentration to sign up for a long course.
- Addiction involves instant gratification – how do you support adults to develop a more long-term mind set. This is as important as getting an accredited qualification.
- Learning courses should be short and intensive with a qualification on completion.
- Small goals – but be aware that you cannot hand hold too much. Individuals have to develop a level of responsibility.
- Combination of online and face to face learning. For example, none of the Italian participants said they would do a course which was purely online, not only because of a

lack of IT skills, but also for the sense of isolation and loneliness that an online course could cause.

- Interactive learning assignments.
- Daily rather than weekend classes to increase motivation.
- The importance of group diversity (differences in age, educational background, and work experience means that the course should be tailored to meet the needs of each particular individual within the group).

## 6.6 Are there opportunities for training that provide skills for work?

Overall, the majority of service users and service providers in the focus groups felt that learning opportunities were restricted. In addition it was felt that the level of awareness of such programmes was poor or very poor. Although in the UK people in recovery are made aware of opportunities by the service providers, it takes them a long time to build up these networks (to build trust and mutual respect) and raise awareness of the issues their clients face. Comments made by the service users in one of the other focus groups suggest that there may also be a lack of awareness of opportunities on the part of some service providers. Those participants who had found out about these sorts of learning opportunities had done so informally via word of mouth or through treatment centres rather than through any formal procedure.

The focus group participants in Italy felt that many activities had been shut down and as a result it was very difficult to find suitable activities, particularly for service users acting autonomously. Some providers could also be reluctant to involve people in recovery. The perception was that centres run by private-social organizations with specific experience with addiction were more effective. In contrast, in Romania the level of awareness was said to be good among service providers but less so for service users. Programmes were advertised in the community through the media and social programmes, addiction day centres and via social workers and counsellors.

Service providers identified a number of ways in which people in recovery were supported onto programmes e.g. individual initiatives to study specific courses, collaboration with universities to offer free attendance on some classes, a small number of studentships for people in recovery, and discounted fees arranged by some treatment centres.

## 7 SUMMARY OF KEY POINTS

### 7.1 Learning

All the participants made distinctions between different sorts of learning: between academic and vocational learning, learning by doing and learning by reading, formal and informal learning, information vs. real-life experience, cognitive vs. emotional learning. The topic of learning was also strongly associated with the experiences of addiction and recovery and 'becoming a better person'. Certain types of learning were seen as easier by some service users: learning by doing and informal education which was perceived as less pressurised. In contrast learning which involved self-discipline and concentration was perceived as more difficult.

Participants also identified the sort of learning they would like to engage in: a 'mix of learning', blended learning; and 'accidental' learning – just sitting next to someone and chatting. They also felt that learning should be a two-way process in that teachers could learn from students (UK) and that it should be personalised, individualised and shared. Participants in the Cyprus focus groups also felt that work experience enhanced learning. Although many participants were interested in developing their digital literacy, participants in the UK and Italy expressed a preference for face-to-face learning. The Italian participants in particular, felt that exclusively online learning was not positive or useful. The peer group was considered important by the majority of the participants. Experiential learning within the recovery environment was also highly valued.

The main barriers to learning identified in the focus groups were internet literacy (UK); previous bad learning experiences, scholastic failure and the fragility of service users (UK, IT, IR, CYP); lack of linguistic skills(CYP), and balancing work schedules with learning (CYP).

### 7.2 The role of adult education

Many service users did not feel integrated in any community other than the recovery communities. Comments made suggested that they felt distanced from the wider community. Some of the UK participants, however, felt that their role had changed and that they had become more integrated since they had been in recovery. Many of the service users tended to be insular, fearing the labelling associated with drug addiction, the social stigma, and lack of understanding. Again, this offers support for the concept of reintegration as a two-way process involving change – and learning - on the part of the wider community as well as on the part of the recovery community. .

Comments made by all participants suggested that education could bridge the gap between different communities. Service providers saw recovery as a process of social integration and education as a good way of getting people back into the mainstream community. Thinking about education encouraged people to think about community and social networks and also helped them to define the networks they could lean on for information, support and resources. However, it was important that the learning on offer was the 'right' learning at the 'right' time for the individual.

### 7.3 Participation in learning

Almost all the participants who were in recovery had participated in some form of learning since leaving school, but many of them had subsequently withdrawn because of their addiction or the social stigma associated with this. A number had previously studied for an academic degree (UK, CYP, RO) or on an access to learning course (UK). Examples of other courses participants had taken included: mentoring, IT, water colour lessons (UK), debt collection, electrician or home help, computer science, dance courses (IT), addiction studies, computer skills, social care, cabinet making (IR), hairdressing training, security guard training, training for practical jobs (electrician, plumber) (CYP), watchman, driver, IT, addiction counsellor (RO). Overall, vocational and personal development courses were preferred.

For service users the motivation to take part in learning was twofold: to develop their skills in order to get back into employment and to develop personally in order to enable them to address their addiction issues. A positive factor of these courses was the opportunity to create new social networks. However, many participants felt that they did not fit in with the other learners.

Participants identified a range of factors that they felt would help them to begin a learning course:

- Signposting and a higher awareness of the learning opportunities available
- Feeling safe in the learning environment,
- Self-motivation, small achievements
- A diverse range of options
- Individualised learning
- Guidance activities and the support of a tutor
- Being aware of what to expect and potential difficulties
- Support from coaches and study groups
- More part-time courses

Participants identified the following factors as important in relation to completing a course:

- Support from others in their group
- Supportive tutors
- Lack of discrimination
- Orientation within the learning environment
- Psychological consultancy
- Funding
- Balancing learning and receiving an income
- Finding a meaning in the learning process
- Sobriety and/or stable recovery

Support was a key issue discussed by participants. This focused on support provided by role models, mentors and tutors, and advice and guidance on well-being, dealing with stress and where to access help. Trust and shared experience were also emphasised. The importance of establishing links between learning providers and agencies was also stressed.



Participants' comments strongly suggest that there is a need for more adaptable and flexible forms of education, such as those which are market oriented or are provided in the languages of minorities.

#### **7.4 Content – what kinds of things would participants like to be learning about?**

Overall, service users were interested in developing skills which would enable them to build their CVs and help them gain employment, and support their personal development. Specific areas they identified included; basic skills, study skills, information on self-employment, skills and theoretical knowledge associated with specific careers (e.g. carpentry, social work, journalism), computer science and addiction studies. A significant factor within this was an interest in learning skills that would prepare them to meet the demands of the labour market, thereby enhancing their chances of getting a job. Information, advice and guidance on this issue is important, therefore. The need to obtain generic transferable qualifications was also emphasised. However, the majority of participants felt that learning opportunities were restricted. Awareness of learning opportunities was also felt to be poor or very poor.

Overall, most participants had a high and active interest in the topic of education, especially those in recovery from addiction. Comments made strongly suggest that participants are interested in learning and see this as important in the recovery process and in relation to reintegration into the wider community. However, it is important to note that this was viewed as a two-way process; fellow students and communities can also learn from them. Similarly, learning providers could also learn about providing more flexible learning opportunities which are more supportive and inclusive.

## 8 APPENDIX 1 – ‘Access to Learning’ Questionnaire

## RECOVEU Project

### Focus Group 'Access to Learning' Questionnaire

Name

Today's date

Age

Gender Male  1

Female  0

1. I am... (Tick all that apply)

In recovery  1

Trainer  2

Drug worker  3

2. What non-subject specific topics would be needed within an 'Access to Learning' course?  
(Tick all that apply)

Familiarisation with education environments  1

General study skills  2

Specific learning need assessments  3

IT skills  4

Other (please specify)  5

3. What type of course delivery would you prefer?

a) Full-time  1 OR Part-time  0

b) How/when would prefer this full-time/part-time course to be delivered?  
(Choose 2 options and tick to show whether this would be your 1<sup>st</sup> or 2<sup>nd</sup> choice)

	1 <sup>st</sup>	2 <sup>nd</sup>	
Face-to-face learning – weekdays	<input type="checkbox"/>	<input type="checkbox"/>	1
Face-to-face learning – evenings	<input type="checkbox"/>	<input type="checkbox"/>	2
Face-to-face learning – weekends	<input type="checkbox"/>	<input type="checkbox"/>	3
Distance/online learning (no need to attend college or university)	<input type="checkbox"/>	<input type="checkbox"/>	4
Blended learning (a mix of distance/online and face-to-face learning)	<input type="checkbox"/>	<input type="checkbox"/>	5

Please continue over the page...

4. Would you prefer a vocational type course (i.e. practical skills)? Yes  1 No  0

5. Would you prefer to receive a certificate at the end of the course? Yes  1 No  0

6. Who should the course be open to? (Tick all that apply)

- Recovery-specific group  1
- Men's group  2
- Women's group  3
- Other (please specify)  4

7. Which of the following are practical barriers to participation in education? (Tick all that apply)

- Retention of benefits  1
- Time out of employment  2
- Availability of specialist learning support  3
- Coursework assessments  4
- Exam assessments  5
- Time out of education  6
- Other (please specify)  7

**Thank you for agreeing to complete this questionnaire.**

For information about what will happen to the responses you provide, please refer to the *RECOVEU Project – Focus Group Information Sheet* that you were given before the start of the focus groups.

## 9 APPENDIX 2 – Focus Group Discussion Guide

### Focus Group Discussion Guide

The aim of the focus groups is to identify key aspects for developing access to learning resources aimed at adults in addiction recovery.

We want to explore peoples understanding of adult learning and how they feel it could affect their lives, particularly in relation to addiction recovery.

Within this we need to clarify peoples understanding of formal and informal learning.

**Formal learning is usually a course of study leading to an accreditation or qualification. Informal learning generally refers to other activities where new skills, knowledge and experience can be explored without formalised assessment.**

**This discussion guide clarifies areas of questioning and offers suggestions for how you might approach these questions, you may alter the suggested questions to align more closely with culturally specific issues and we ask that you keep a record of any changes.**

**PLEASE NOTE:** There is an ‘Access to Learning’ Questionnaire for participants to complete at the end of the focus group session.

Topic to investigate i.e. we need data from participants on these issues	Suggested questions which you could use to get at this data
<p><b>What is learning?</b></p>	<p>We are looking at developing an access to learning course for people in recovery because we think it is important to consult people in addiction recovery about what might help them get into education after a period of addiction. So we would like to start by talking about learning.</p> <p>When I say the word ‘learning’ what does that mean to you?</p> <p>Are there different types of ‘learning’</p> <p>Do you think some types of learning are easier than others?</p>
<p><b>The role of adult education.</b></p> <p>One of the definitions of recovery in the UK is that people will be more integrated in their communities – what do you think about that;</p>	<p>What does ‘community’ mean to you?</p> <p>Do you see yourself as a member of a community?</p> <p>What do you think of when I say community?</p>

<p>what's your take on that?</p> <p>What's the role of adult education in all that? Would being involved in education help bridge the gap between different communities?</p>	<p>What do you think is meant by being integrated in your community?</p> <p>Do you think there is a gap between people who use drugs and alcohol and those that don't?</p>
<p><b>Participation in learning</b></p>	<p>Have you taken part in any learning as an adult?</p> <p><i>Yes</i> response – can you tell me about this learning? Why did you decide to take part? What was the experience like? What did you get out of it?</p> <p><i>No</i> response – have you been interested in taking part in any learning; was there some reason why you didn't take part in this learning; what would have made you more interested or able to take part?</p>
<p><b>What makes learning successful?</b></p>	<p>What would help people to start a course of learning?</p> <p>What would help people to complete a course of learning?</p> <p>Are there any activities that you think would appeal more to adults than others?</p>
<p><b>What would you like an access to learning course to involve?</b></p>	<p>What kinds of things do you think might be useful in supporting you with returning to learning?</p> <p>What kinds of things would you like to be learning about?</p>
<p><b>Are there opportunities for training that provide skills for work for example; customer service, construction trades, teaching, computer skills?</b></p>	<p>Are you aware of any of these programmes? How did you become aware of them?</p> <p>How do you / people you support get onto these programmes?</p> <p>Have you been on any of them?</p> <p><i>Yes</i> response – can you tell me about your experience; why you took part, what you got out of it?</p> <p><i>No</i> response – can you tell me why you didn't take part, what would have made you more interested in taking part?</p> <p>What subjects / topics / skills do you think would be most useful?</p>

	<p>What areas of work are you/ people you support interested in?</p> <p>What about re-entry courses to a previous profession after addiction treatment?</p>
<p><b>What opportunities are there in addiction treatment to engage with learning?</b></p>	<p>Are you aware of any opportunities to enter learning in treatment?</p> <p>Have you any personal experience of them – if so what was this like?</p>
<p><b>What are the barriers to learning as an adult?</b></p>	<p>What do you think might prevent someone from entering education in treatment or recovery?</p> <p>What sort of support would be needed – what would it look like?</p>
<p><b>Thinking about accessing other learning opportunities beyond an access to learning course – are there any different issues involving this type of learning?</b></p>	<p>Are there any different issues in relation to this compared to what we’ve just talked about?</p> <p>Are there different issues involved for this type of learning – different things you want or need?</p>
<p><b>Question for service users – what needs to happen to get the resources taken up by organisations?</b></p>	<p>What do you think might prevent people using these resources?</p> <p>What would help people to access the online resources we are developing?</p> <p>Do you think the services you are involved in would be interested?</p> <p>Do you think people would prefer to work in a group or more independently with some support?</p>

**PLEASE REMEMBER:** At the end of the focus group session, ask participants to complete the ‘Access to Learning’ Questionnaire.

This report has been produced by the RECOVEU consortium. The lead partner for this phase of the project and the main author of this report was the St. Dimitrie Program.



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