

An evaluation of the ARC Addiction Recovery Coaching programme.



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Introduction

This report evaluates the ARC Fitness Addiction Recovery Coaching programme, detailing its work from January 2023 to June 2025. It outlines the data sources used and describes programme outcomes as reported by community members, family members, and through wider community engagement.

The report concludes with a reflection on lessons learned by ARC over the past three years, highlighting areas for future development and expansion.

Data Sources

Since its inception, ARC has been committed not only to operating as an evidence-based programme but also to contributing to the existing evidence base. Consequently, its systems have been developed and used to systematically capture and aggregate information from a range of sources, facilitating ongoing analysis and refinement of the programme. Monthly, ARC maintains records of its activities, ensuring comprehensive documentation of its breadth of engagement. A critical component of this process involves the collection of anonymised 'clinical observations' and data derived from standardised psychometric instruments such as GAD7, PHQ9, SURE, and SUSS. These tools enable ARC to monitor the psychological well-being of individuals within its community. Recently we have started to collect standardised outcomes for people engaged with ARC's family support group which will in time provide a clearer empirical understanding of the impact of its interventions for family members. At present there are few observations in this and these are not reported in this paper.

Changes in the levels of depression were measured using the Patient Health Questionnaire-9 (PHQ-9) (Krone et al, 2001). The PHQ-9 is a widely used self-report screening tool designed to assess the severity of depression in individuals. It consists of nine questions that correspond to the nine diagnostic criteria for major depressive disorder in the Diagnostic Statistical Manual v.IV (DSM IV). Respondents rate the frequency of specific depressive symptoms experienced over the past two weeks on a scale from 0 (not at all) to 3 (nearly every day). The PHQ-9 covers symptoms such as depressed mood, anhedonia, sleep disturbances, fatigue, changes in appetite or weight, feelings of worthlessness or guilt, concentration difficulties, psychomotor agitation or retardation, and suicidal thoughts. Total scores range from 0 to 27, with higher scores indicating greater depression severity. The PHQ-9 is a valuable and efficient tool used by healthcare professionals, researchers, and clinicians to identify individuals with possible depression, monitor treatment progress, and assess the overall burden of depressive symptoms in populations.

Changes in the levels of anxiety were measured using the Generalized Anxiety Disorder 7 (GAD-7) (Spitzer et al 2006). Like the PHQ-9, GAD-7 is a widely utilized self-report screening tool designed to assess the severity of generalized anxiety disorder in individuals. Comprising seven questions, the GAD-7 helps measure the frequency of specific anxiety-related symptoms experienced over the past two weeks. Respondents rate the frequency of symptoms, such as excessive worry, restlessness, difficulty controlling worry, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances, on a scale from 0 (not at all) to 3 (nearly every day). Total scores on the GAD-7 range from 0 to 21, with higher scores indicating more severe levels of anxiety. The GAD-7 is a practical and reliable tool utilized by healthcare professionals, researchers, and clinicians to identify individuals with potential generalized anxiety disorder, track treatment progress, and evaluate the overall burden of anxiety symptoms in populations.

The Substance Use Recovery Evaluator (SURE) (Neale et al 2016) was designed to capture patient reported health related quality of life outcomes for a group of clients being treated for substance addiction. The SURE consists of 21 items and is presented in three sections: Section A asks respondents about their drinking and drug use. Section B focuses on how well the client has looked after themselves, how their relationships have been, their home life with regards to housing and income and their general outlook on life. The final section then asks respondents to reflect on the importance of each of the previous areas they have been to the person over the previous week. Potential scores range from 21- 63, where an increased score denotes improvement in recovery.

Beyond formal assessments, ARC also logs attendance for its widely attended walking group, which serves not only as a conduit for physical activity but also as a crucial platform for social connectivity. Other community engagement events including working with local businesses, educational organisations and other statutory sectors are also counted.

To acquire deeper insights into participants' lived experiences, ARC conducts focus groups, gathering qualitative data that provides insight into how those engaging with ARC view their experiences with ARC. Earlier this year, in March 2025, ARC convened a series of "listening events." These events afforded invaluable opportunities for a diverse range of stakeholders, including community members, family members, ARC's dedicated staff and board members, the broader local community, and its esteemed patrons and sponsors to articulate their viewpoints. By synthesising these heterogeneous perspectives, ARC gained a comprehensive understanding of programme efficacy and areas necessitating enhancement.

Finally, ARC consistently references its prior evaluation reports, learning from past successes and challenges to continuously refine its methodology and ensure the sustained provision of optimal support.

ARC's USP is its innovative exercise based intervention programme. Since 2023, a total of 229 individuals have successfully completed our programme. While comprehensive data were collected for the vast majority, information for nine participants was regrettably absent. Therefore, the subsequent results and analyses are based upon a sample size of 220 participants.



Outcomes

Outcomes for Community members

This section outlines the clinical outcomes and qualitative findings gathered from those people that engage with ARC who live with a substance use disorder.

Changes in levels of depression

Figure 1 Shows a positive trend in mental well-being, specifically concerning levels of depression, over the period of the six week programme. At the start, participants scored an average of 11.99 on the PHQ-9. After three weeks, this average dropped to 9.232, indicating an improvement. This positive change continued, with the average score further decreasing to 6.682 after six weeks. These figures suggest a consistent and notable reduction in depressive symptoms among those taking part in the programme studied.

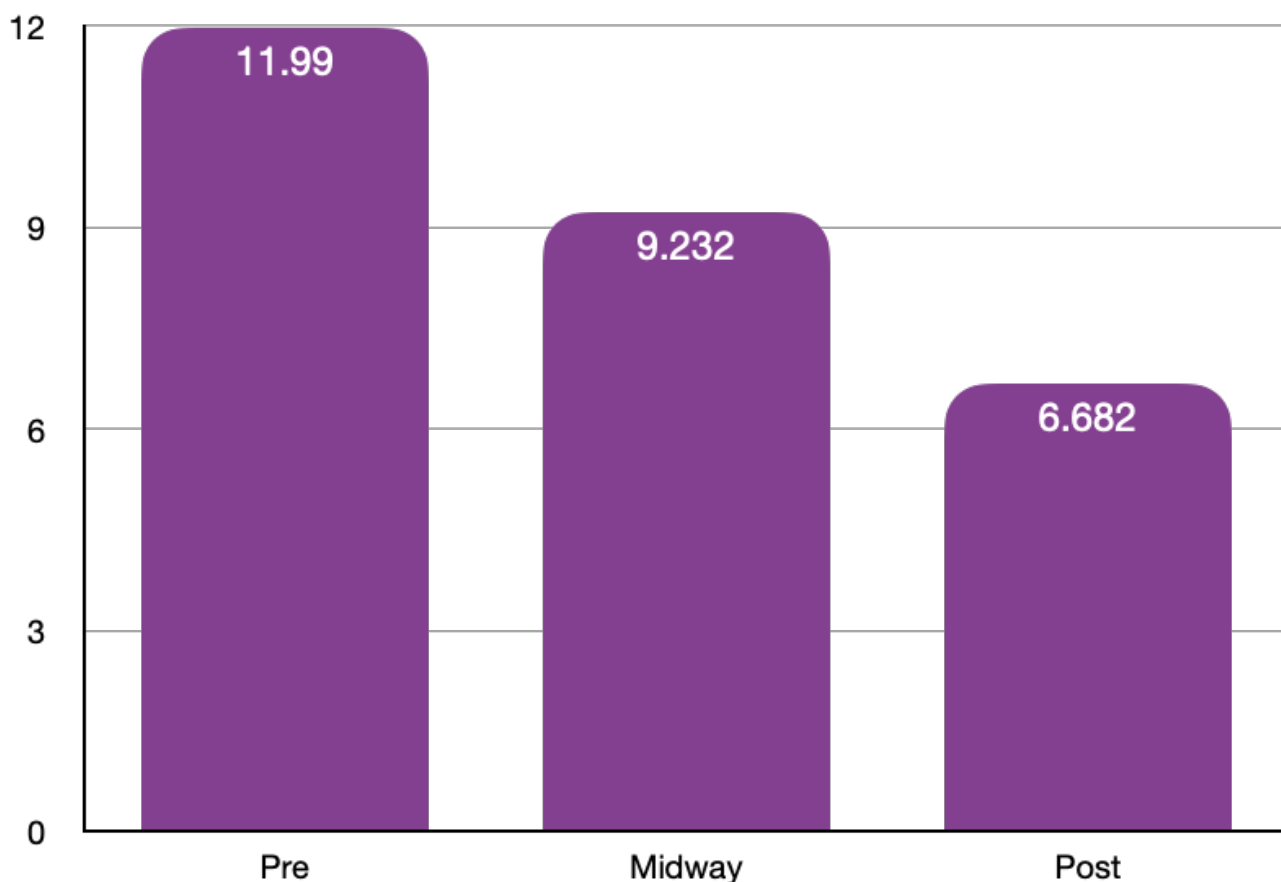


Figure 1: Changes in average levels of depression

The Wilcoxon signed-rank test¹ indicated a clear and statistically significant difference between the two conditions, $W=14,404$, $z=10.47$, $p<.001$. In other words, the likelihood that this result occurred by chance is less than one in a thousand. The effect size was very large ($r=.91$), which suggests that the difference is not only statistically reliable but also meaningful in practical terms. Put simply, the results show a strong and consistent shift in scores across the sample, providing robust evidence of change.

Changes in levels of anxiety

The average GAD-7 scores, measuring anxiety levels, showed a noticeable and consistent decrease over time. Initially, the average score was 11.25, which then fell to 8.900 at the three-week mark, and further reduced to 6.477 after six weeks. These consistently lower mean scores indicate a positive trend, suggesting that, on average, participants experienced a significant reduction in their anxiety symptoms as the intervention progressed, moving from higher initial anxiety levels towards lower levels at subsequent measurement points.

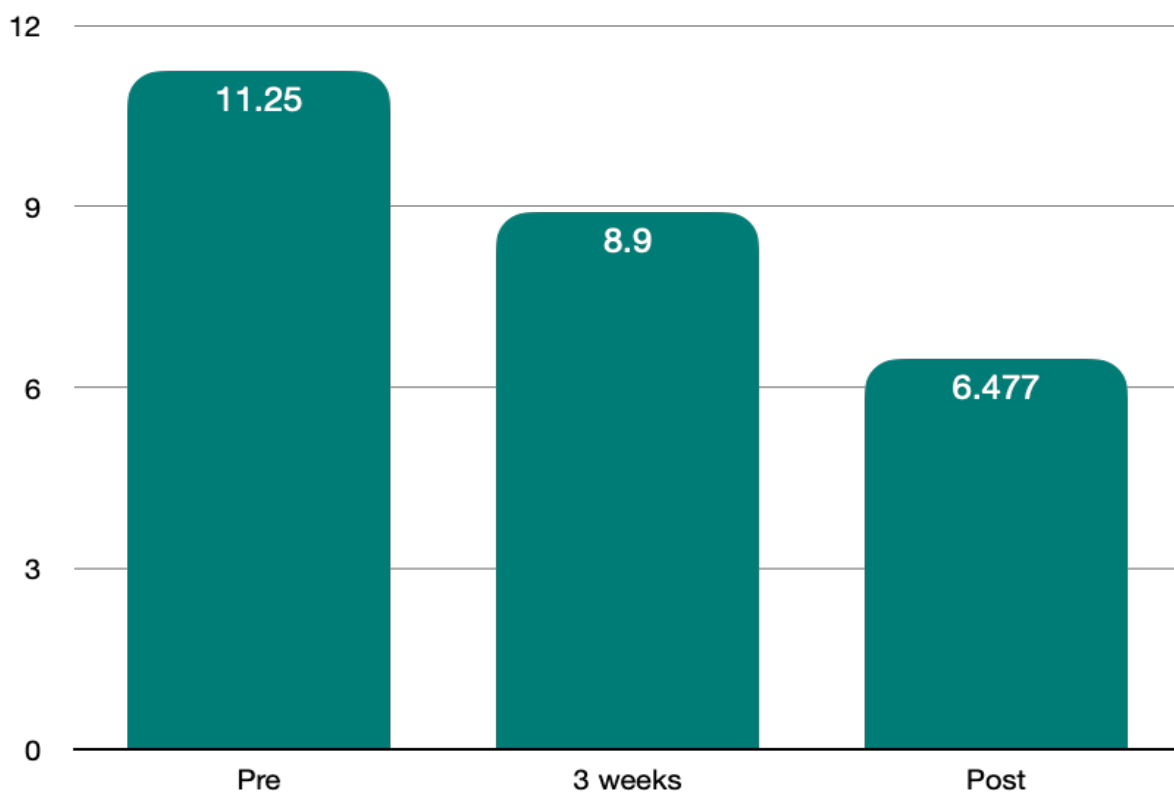


Figure 2: Changes in average levels of anxiety

¹ Shapiro-Wilk test for normality indicates a deviation from normality for all four outcomes. Accordingly, non-parametric tests were used where appropriate.

For the GAD-7 scores, the Wilcoxon signed-rank test revealed a clear and statistically significant difference ($W=12.71$, $z=10.29$, $p<.01$). As with levels of depression, the observed effect size was very large ($r=.90$), indicating that the change was not only unlikely to be due to chance but also profoundly strong in real-world terms. Participants consistently reported a marked and substantial reduction in anxiety symptoms, providing compelling evidence that the intervention made a meaningful and impactful difference.

Changes in reported recovery

The data presented shows how the average score for substance use recovery changes over three different time points. Initially, at baseline, the average score was 50.09. This score then saw a slight increase at the second time point, reaching 54.71. By the third time point, the average score had risen again to 55.37. These figures suggest a gradual improvement in substance use recovery scores across the observed periods. The consistent upward trend in the mean scores indicates a positive change, which could be attributed to various recovery efforts or interventions over time.

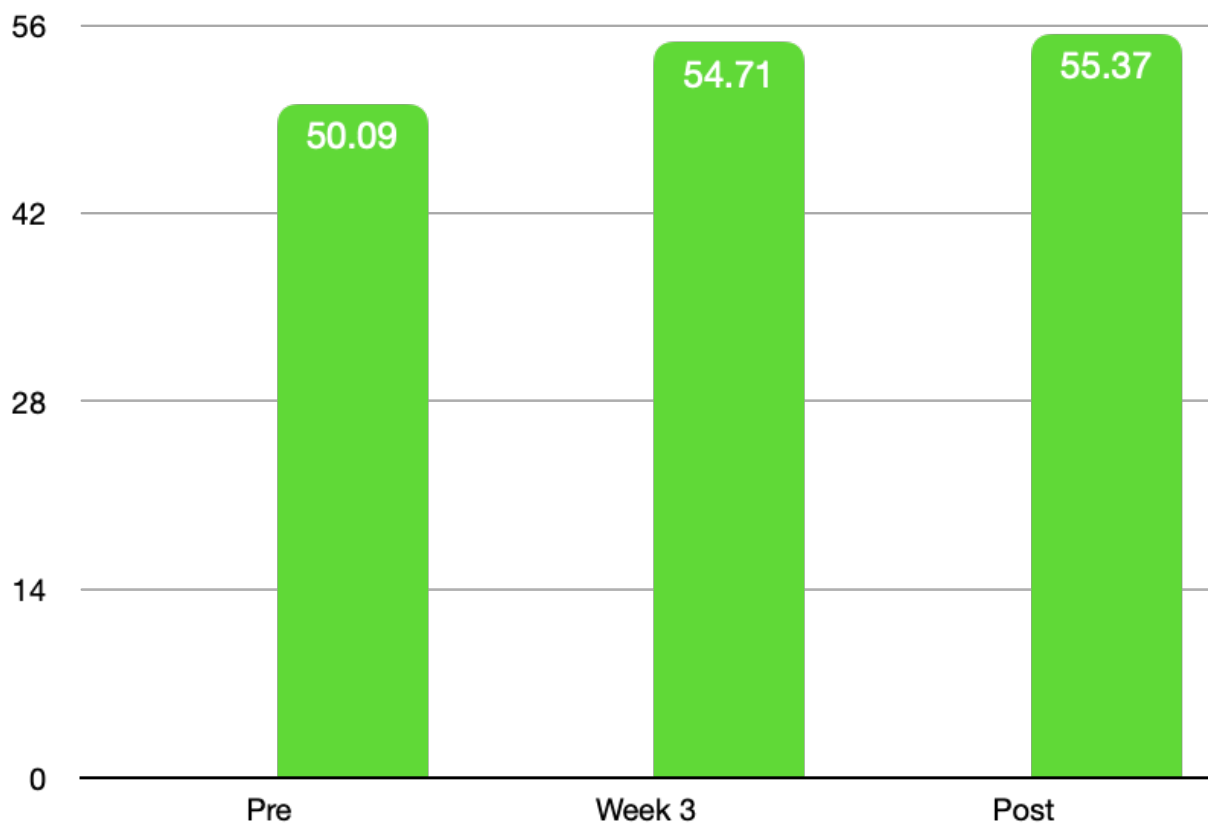


Figure 3: Changes in Substance Use Recovery.

For the SURE scores, which assess recovery experiences, the test produced $W=1387$, $z=-9.31$, with an effect size of $-.82$. Despite the apparent size of this statistic, the result was not statistically significant. From a statistical viewpoint, these findings allow for the possibility that the differences observed could just as easily be explained by chance. They do however point to a clear clinically meaningful improvement for individuals.

Changes in duration and quality of sleep

Participants in the six-week programme reported improved sleep duration and quality. SUSS scores, where a lower score indicates better sleep, showed a noticeable decline over the observed period. The mean score at baseline was 8.61, which improved to 6.87 after three weeks, and further to 5.01 after six weeks. This trend suggests a reduction in average sleep problems and an improvement in sleep quality and duration among participants over time. While these numbers provide a general overview, it's worth noting that there was also a range of scores at each time point, from 0 to 23 at baseline, 0 to 21 after three months, and 0 to 17 after six weeks, indicating individual variations in sleep patterns.

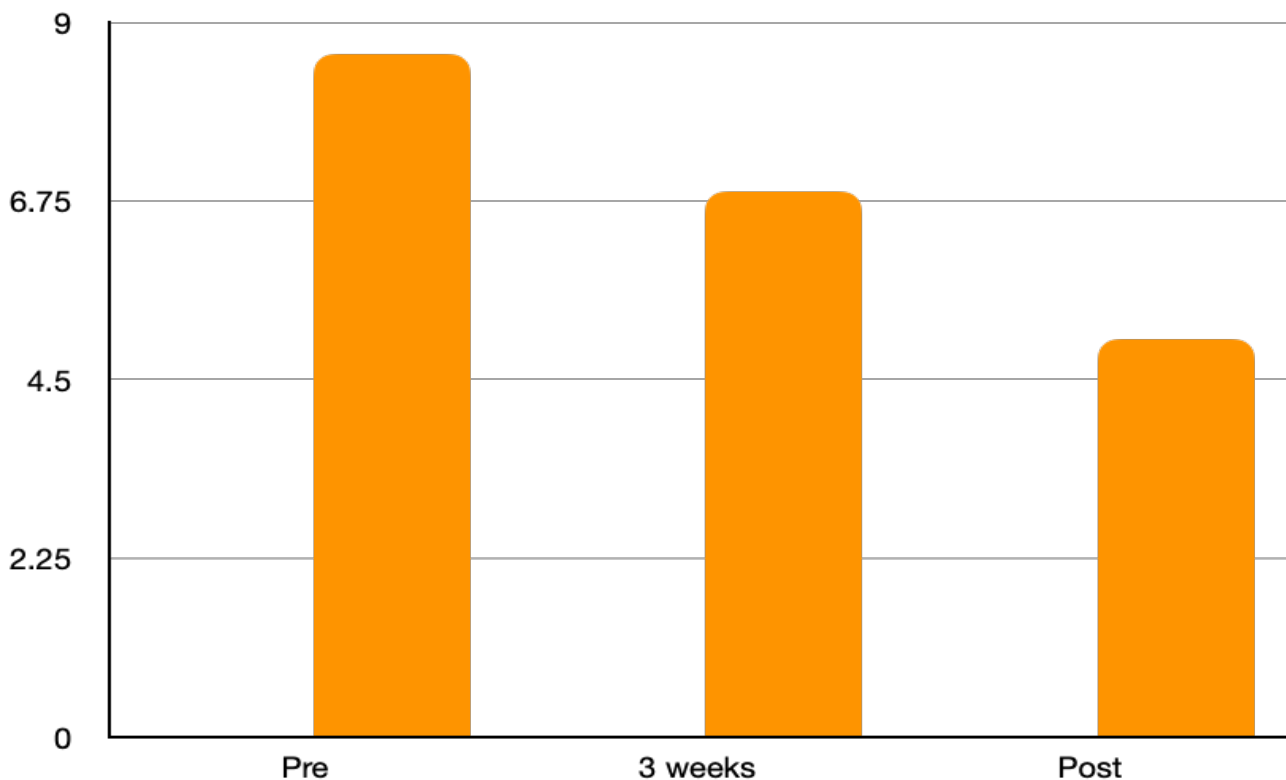


Figure 4: Changes in average SUSS scores before and after intervention.

For the SUSS scores, which measure various aspects of sleep quality and duration, the Wilcoxon test identified a statistically significant difference between the pre- and post-intervention measurements, with a Wilcoxon statistic of $W=13,612$, a z-score of 9.87, and a p-value of less than .01. The effect size was found to be very large ($r=.87$), indicating that the observed change was not only highly reliable in a statistical sense but also possessed substantial practical meaning. In everyday terms, these results translate to participants reporting substantial improvements in their sleep patterns, with noticeable enhancements in both the quality and duration of sleep evident across the entire group. This suggests that the intervention had a profoundly positive impact on the participants' sleep health.

Qualitative Feedback from Focus Group of Community Members

The experiences of ARC service users were overwhelmingly positive. Four overarching themes were identified from the data: the development of community, the importance of physical exercise as part of the care journey, the organisation of ARC and the development of social and family relationships. Figure 5 shows the main themes with identified sub themes.

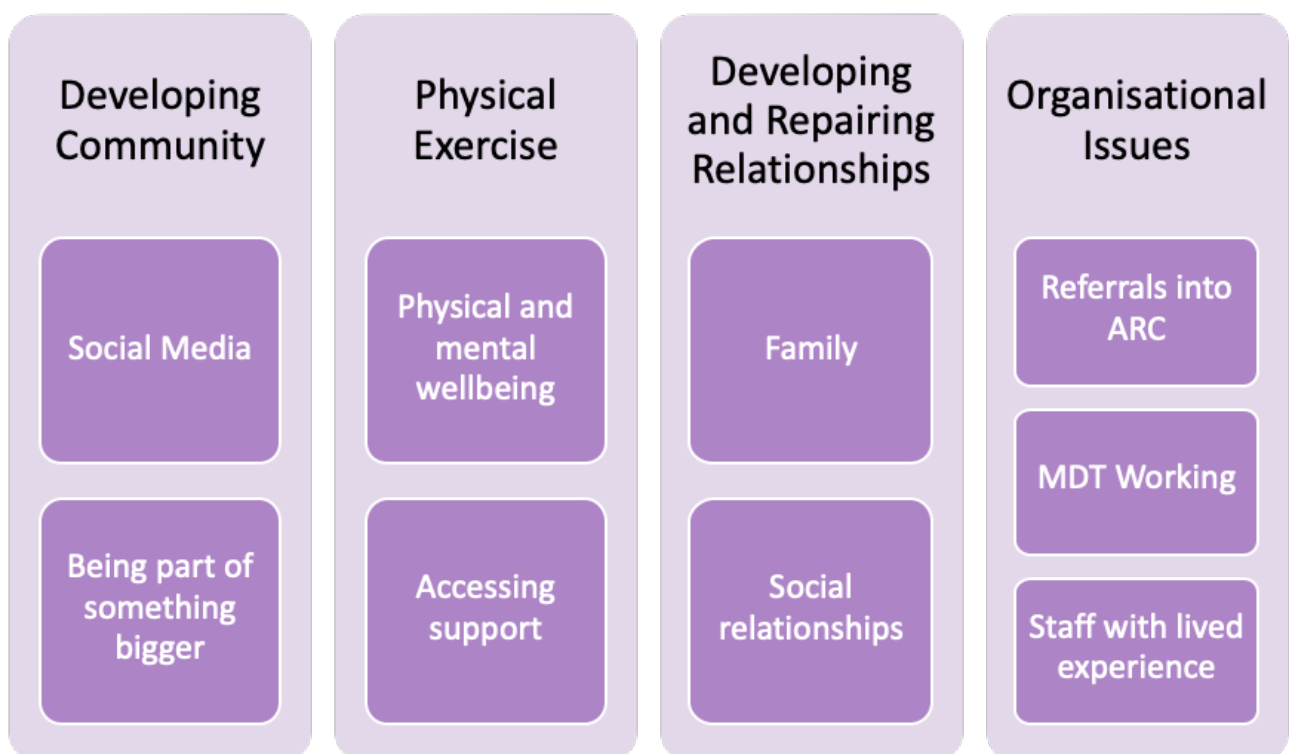


Figure 5- Themes and sub themes of engagement with ARC

The Community Aspect

The community aspect of the ARC programme was highlighted strongly in the service user focus group. Participants reported great value in knowing others in a similar circumstance were on the journey with them and that they could be a source of encouragement and support. The use of the private social media platform groups was specifically identified as a major factor in the development of the community as a support network. The feeling of belonging and connection provided a sense of purpose and hope that many had lost. This was not just a programme; it was a new family, a place where they felt understood and seen.

One participant noted:

“...the wee Facebook page as well. Some days there's a quote or a wee thing that jumps up and I'm like, did they just send that to me? you know, it just as if it is meant to hit you that day. Yeah. And I think that's just so powerful.” (SU1)

The social aspect of community development was highlighted by participants in the focus group as an important factor. This is closely related to the development of social relationships away from service user's traditional socialisation places, which is presented further below. As one participant said:

“And the connection as well of, you know, whoever's on the group, the craic we had last night in the group. It was just amazing. See, I think that's something fun to you though. You're sharing and (emphasis in original) there was a bit of fun.” (SU2)

The community also served as a safe space for people to express their feelings without fear of judgement. This non-judgemental environment was critical for fostering the honesty and vulnerability needed for recovery. The shared laughter and support within the group helped to break down the isolation and shame often associated with addiction.

The Importance of Physical Activity

The physical activity aspect of the ARC programme was universally recognised as being positive, if not always a welcome intervention. Participants report improvements in both mental and physical well-being from engaging with the physical training. The programme's holistic approach, which emphasises the connection between physical health and mental well-being, was a key factor in its

success. Improvements in mood as well as weight loss were reported as were general feelings of well-being. One participant reported significant improvement in a previously diagnosed medical condition as a result of the programme.

“I suffered from /illness/ as well and I couldn't have got outta here. You know what now the flexibility that I have in my back and, you know, at my whole body, like it's through their training and tell me what to do and you know, what exercises I need to do” (SU4)

Some of the participants viewed the physical exercise component as a necessary evil. They recognised the value in it- the improvements in physical and mental well-being and the development of relationships, however:

“Oh, alright. We train. But no, we don't love training. But you need to, you need to get down and you need to get talking with everybody. “(SU3)

This sentiment highlights a crucial point: the physical activity was not just about getting fit; it was a vehicle for connection and social interaction. It provided a structured, shared activity that brought people together and helped them build bonds. This was a stark contrast to their previous lives, where social activities often revolved around substance use.

The Development of Social and Family Relationships

The development and restoration of relationships was positively highlighted by all participants. The value of meeting people at similar stages of recovery was highlighted earlier, however the development of new friendships was highlighted by some as a significant benefit to the programme. “I was meeting new people,” (SU3) noted one participant, emphasising the joy of forming new connections. These new friendships offered a supportive peer network that understood the unique challenges of recovery.

Equally important was the repair of broken or fractured relationships with family members. The programme helped individuals rebuild trust and reconnect with their loved ones. One participant reflected on their previous relationship with their son when they were using drugs and alcohol and how it had changed since engaging in the ARC programme. Whereas previously going to a sporting event also meant drugs or alcohol, now it was “Just...., about the football.” (SU5). This simple phrase speaks volumes about the profound shift in priorities and the renewed focus on genuine connection. Another participant compared their relationship now with a family member to previously when they were using drugs and alcohol, describing their current relationship as ‘brilliant’ (SU1).

The Organisation and Lived Experience of ARC

The final theme to arise from the focus group of service users related to the organisation of ARC Fitness and how ARC interacts with the local health and social care community. The links between ARC and the local health community was welcomed by participants. This related to both the referral systems into ARC and several participants reported that they had been made aware of the existence of ARC from statutory sector addiction service providers, as well as ARC sourcing and referring clients onto other appropriate services. The programme's ability to seamlessly integrate with and complement existing services was highly valued. One participant noted how "they sent me to the podiatrist as well," highlighting the programme's holistic and comprehensive approach to well-being.

Other participants found out about ARC through word of mouth, although, again, this was from a relative that had heard of ARC during her work in the statutory health sector.

"Um, mine's was my cousin, uh, she's a midwife. Mm-hmm. . And she had heard about ARC through hospital and, you know, yeah. Just word of mouth."

This demonstrated the programme's strong reputation within the local health sector. The importance of having staff and volunteers with a lived experience of addiction could not be overstated. All of the participants had had previous contact with other services; however, they report that having a person to talk to that could relate first hand to their experiences was invaluable. This shared understanding created a bond of trust and credibility that other services could not replicate.

"They know what they were talking about in reality. Do you know what I mean? And when, when you're getting advice and, and asking questions for people who have been there, have done it, and, and that, then that's when you can see the difference in that when they're speaking to you. Do you know what I mean?" (SU2)

The staff's personal journeys served as powerful illustrations of recovery and hope, making the advice and guidance they offered feel both authentic and achievable. This "walk the talk" approach was a cornerstone of the programme's success, providing a level of connection and trust that was deeply meaningful to the service users.

Qualitative Feedback from Focus Group of Family members

This section provides findings from a focus group, and the recent listening event, of family members, of people living with a substance use disorder. As noted earlier ARC have now begun to collect standardised outcome data from those engaged in the family support programme. This is still in its infancy and is not reported in this paper.

Experiences of ARC

Family members and significant others (FSO) that took part in the data collection exercises were overwhelmingly positive in their evaluation of ARC. Three overarching themes were identified from the discussions: Outcomes for themselves and their family members, the development of a community around ARC and the need for ARC and wider addiction service provision. Figure 6 show the themes with relevant sub themes.

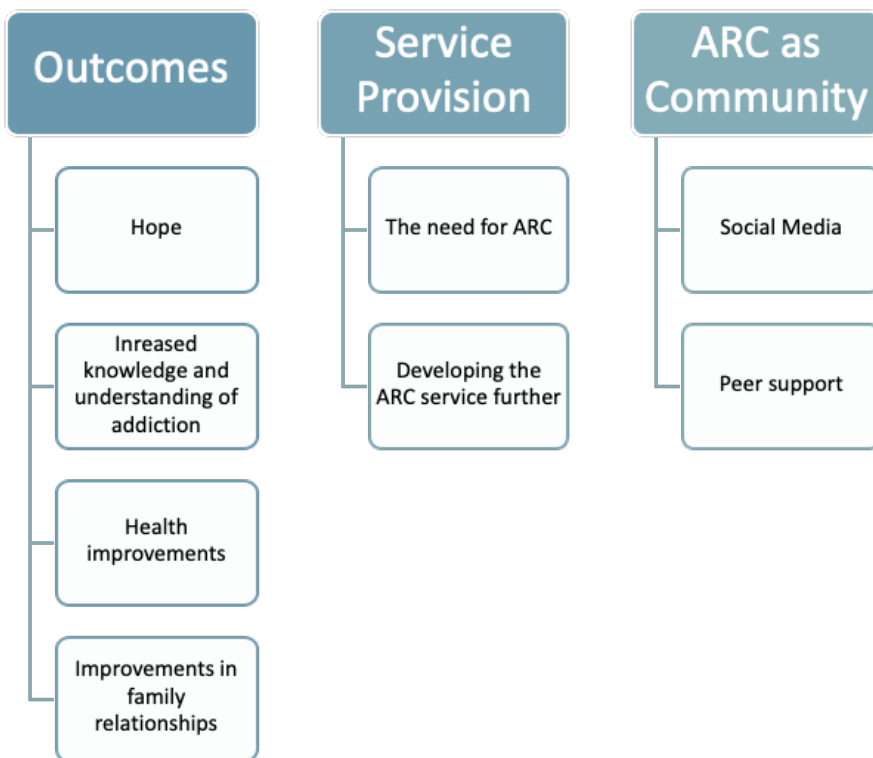


Figure 6: Themes and sub-themes of family and significant others focus group.

Outcomes for Themselves and Their Family Members

Four specific outcomes were identified from the FSO focus group. 'Hope' as a sub theme came across very strongly. Participants reported that prior to coming into contact with ARC, life was a struggle and that they were judged and stigmatised by others in the local community. They also reported a lack of support for themselves prior to engaging with ARC. The FSO participants stated that ARC had changed this and that they had hope that there was now somewhere that was a safe space and that they could come for support.

"Felt like I was grinding every day. And I was able just to come here with no judgment and I was able to talk with anybody, gave me an option". (FSO1).

The development of knowledge and understanding around addiction featured strongly in the FSO focus group. Participants reported a transformative impact of learning about the causes of addiction and how to live with family members experiencing an addiction. The most powerful theme that emerges is the transformation of isolation into community. Participants arrived feeling alone in their struggles, but found a sanctuary where they were met with an atmosphere of profound empathy and zero judgment.

Linked to this, participants reported improvements in family relationships as well as in their own mental well-being as a direct result of their contact with ARC.

"I think your relationship with them (improves), because you understand their addiction better." (FSO2)

"You cannot control. It's their addiction. You can't control it. No matter what you do, you stop it or move back, and I think you end up killing yourself trying. Don't. So, for your own mental health, I think this group is brilliant" (FSO4)

"our household is a happier household." (FSO3)

Additionally, the understanding that the family members were not alone and that others could be experiencing similar things was helpful to some participants, as was the knowledge to not blame themselves for their loved one's addiction.

"I think I just learned that through here. Mm-hmm., being a, being a mommy, you think you should have it all together. Mm-hmm. and I know that.. Well, I think I did everything I should have done as

a mommy, and you still think, why me? Mm-hmm., why? Why is my wee girl here going through that? Yeah. You know, but being here that, like I say, you're not internalizing it anymore.

“Because you know, there's so many other people, all are good people and good families that are going through the same thing.” (FSO1).

One participant also reported that they began to understand how it was not just them in the family that was affected, but also other siblings and family members.

“I think it definitely opens up your thinking about how it affected everybody else in the family.”. (FSO4)

Development of a Community

As with the service users focus group, the development of a community of peers was described as extremely helpful. The illustrative quotes above highlight the value placed on not feeling isolated. Coming together for education classes and peer support is highlighted as being extremely valuable. The staff, particularly Jay and Catriona, are at the heart of this success. They are repeatedly praised for their "expert knowledge," "genuine care," and "approachability." The programme succeeds because it is built on a foundation of shared understanding, a sentiment perfectly captured by this quote: "Their unique understanding all coming from families of addiction so there's empathy and understanding to everyone that comes and attends."

Additionally, the use of social media to foster community was recognised as being helpful by FSO participants.

“... but even the Facebook page. I know not many people posted quotes on it all the time, but then that's an hour, it's another source, Well, they're lucky we're here today. And that's, that's said what it does is amazing. It just doesn't change life. It saves lives and it saves family members as well as people suffering addiction.” (FSO3)

“It's, it's great that you can express yourself and we all have similar stories but different stories and no one will judge you”. (FSO2)

Outreach and Wider Service Provision

Participants in the focus group also commented upon the outreach work undertaken by ARC. In particular the work with schools, health and social care services and the Police Service of Northern Ireland were highlighted as essential in developing healthier communities and society understanding of addiction. One participant reflected on the need for school engagement in particular following her family members experiences there.

“I think it's amazing that /staff member/ has kind of done all that. And educate police and all our services and the trust and, and education, because /name/ was let go of school and there was teachers that made comment that she was a scumbag and they didn't want her on, on their school”. (FSO1)

A general consensus emerged that services for family members of those living with an addiction were lacking in the local community, and that given their positive experiences with ARC, there was some disappointment that ARC could not provide more services to families. This was particularly important the participants were talking about children and teenagers in the family unit. FSO participants expressed a strong desire for the development of some services aimed at children and young people. The narrative also reveals a poignant truth about the programme's success: demand is outstripping supply. The call for improvement is not a criticism of the service itself, but a desperate plea for it to reach more people. Participants noted a "long wait to get into a group" and a strong desire for "satellite hubs or groups/sessions outside of the Derry base" due to geographical constraints. This highlights that ARC's unique blend of expertise and human connection is so valuable that those who have found it want to ensure no one else is left on the outside, waiting for their turn.

“So I, I think that anybody who's got, like teenagers at home, ..., but I think that should be, like we've seen children's perception and how it effects them are totally different than an adult.” (FSO2)

“That would be an amazing service too, separate from us... they're individual and it's impacted them individually. So, what's /name/ experienced from his /relative/ is not gonna be the same thing at /name/'s experience. And it's definitely not the same thing I experience” (FSO1)

“I think they did definitely should do a children's one”. (FSO3)

Community Engagement

This section provides an overview of ARC's engagement with the local community to increase awareness of addiction. The figures reported are the number of 'contacts' with individuals rather than the actual number of people reached by ARC. It is possible, for example, for a person to have attended two or more events facilitated by ARC. This person would be counted twice in these figures.

Since 2021, ARC has had over 10,000 direct contacts with the local community. The total attendance at events involving ARC across all years is 10,937. The breakdown per year is as follows:

- 2021: 1,550
- 2022: 2,814
- 2023: 3,896
- 2024: 5,897

ARC's community engagement can be broadly categorized to reflect the nature of engagement and support provided. The primary categories highlighted in the data are:

- Workshops & Training
- Events & Campaigns
- Talks & Presentations
- Physical & Wellness Activities
- Support & Community Engagement
- Health & Mental Wellbeing
- Other (miscellaneous initiatives)

Engagement with community organisations is wide ranging. ARC provides information sessions, educational provision including CPD credits as well as physical health coaching to local organisations. Table 1 shows a breakdown of the number of organisations involved in each category of engagement. Again, a single organisation may engage in more than one activity and will be counted twice in Table 1.

Table 1: Number of Organisations Involved by Category of Engagement

Category	Number of Organisations
Workshops & Training	41
Talks & Presentations	32
Events & Campaigns	15
Other	7
Physical & Wellness Activities	3
Support & Community Engagement	3
Health & Mental Wellbeing	1

Table 2 presents a comprehensive overview of attendance figures across various categories, highlighting the engagement levels within each area. Notably, 'Workshops & Training' garnered the highest attendance, with 4,423 participants, closely followed by 'Events & Campaigns' at 3,450. These figures suggest a strong public interest in skill development and organised outreach initiatives. 'Talks & Presentations' also attracted a significant number of attendees, totalling 1,190, indicating an appetite for informational/ educational sessions.

Table 2: Total Number of Attendees per Category

Category	Attendance
Workshops & Training	4423
Events & Campaigns	3450
Talks & Presentations	1190
Other	756
Physical & Wellness Activities	669
Support & Community Engagement	276
Health & Mental Wellbeing	173

Proportion of Attendees per Category

The following pie chart illustrates the proportional distribution of attendees across the various categories. The pie chart visually reinforces the information presented in Table 2, clearly illustrating that 'Workshops & Training' represents the largest proportion of attendees (40%), followed closely by 'Events & Campaigns' (31.5%). Together, these two categories constitute the majority of ARC's community engagement by attendance. The chart also highlights the relatively smaller, yet still significant, contributions from 'Talks & Presentations', 'Other', 'Physical & Wellness Activities', 'Support & Community Engagement', and 'Health & Mental Wellbeing', providing an immediate understanding of the distribution of engagement across all listed categories.

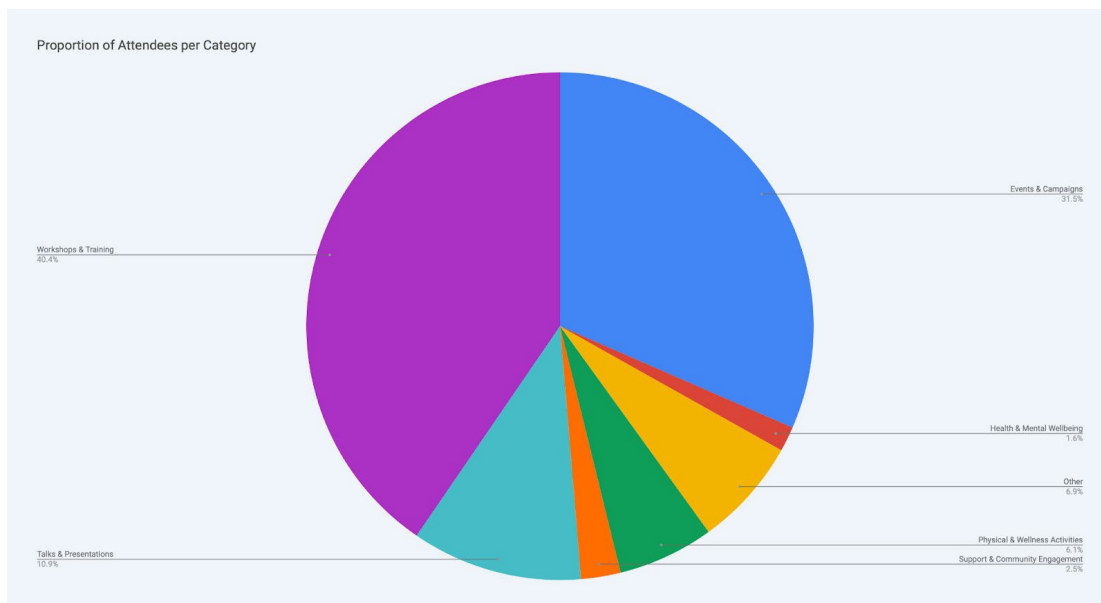


Figure 7: Proportion of Engagement for Each Category

Conclusion

The attendance data shows strong community engagement with mental health and wellbeing initiatives. The various categories, including Workshops & Training, Events & Campaigns, and Physical & Wellness Activities, demonstrate a comprehensive approach to wellbeing. High attendance, especially in Workshops & Training and Events & Campaigns, indicates significant

community interest and demand. This sustained engagement over time and across different activities confirms the initiatives' effectiveness in reaching a broad audience and supporting mental health and wellbeing. The data reveals a proactive and engaged community that values and participates in opportunities for personal growth and collective support.



Thank You

Lessons Learned

This section provides a reflective overview of ARC's development over the last three years. Here ARC considers our development to date and how we can use the lessons from the experiences of the last few years to further develop the services provided by ARC. Over the past funding period, ARC has demonstrated remarkable growth and adaptability, continuously refining its approach to support individuals and families affected by addiction. This section reports the key learnings gleaned from comprehensive consultations with various stakeholders, highlighting areas of success, evolving needs, and critical insights that will shape ARC's future direction.

Our biggest learning at ARC has been the recognition of not just the ongoing need for our services, but also the demand for their expansion. As individuals progress in their recovery journeys, other aspects of their lives begin to flourish, such as employment, volunteering, and rebuilding family relationships. This means that access to ARC has to remain flexible and responsive to evolving community needs. ARC have already extended their gym opening hours, offering greater accessibility for those balancing recovery with their growing commitments. This flexibility ensures that ARC continues to be a consistent support system as individuals reintegrate and thrive within their communities.

ARC family support services (FSG) are continuously developing to mirror this evolving need. Similar to our approach with community members, the importance of flexibility and expansion in supporting families has emerged strongly from our consultations. We've found that alternating our family support programmes between in-person and online sessions significantly improves accessibility and better meets diverse community requirements, as highlighted in the Family Support Consultation, where participants praised the accessibility of online support. Furthermore, responding directly to feedback from FSG members, we are beginning to introduce physical training into our family support offerings, acknowledging the holistic benefits of exercise for all involved in the recovery process. This aligns with ARC's broader holistic approach, effectively integrating physical activity, mindfulness, psychotherapy, and social well-being, proving highly effective in promoting lasting change for all stakeholders.

These expansions, particularly the new physical training for families, were introduced with no additional resources, highlighting the inherent tensions between the overwhelming demand for our services and the limitations of our current funding. This ongoing challenge underscores the critical need for sustained resources to support our overall provision and ensure we can continue to meet the increasing demand effectively. The recent comprehensive consultations consistently reinforced this, with sustained funding being a recurring theme for future growth, particularly the need for "a bigger boat" – signifying more physical capacity and diverse activities, as voiced by both public and

internal stakeholders. The feedback from the Public Consultation, where 75% of respondents perceived limited support for individuals struggling with substance use, further validates ARC's crucial role in addressing these gaps and the need for greater capacity.

A fundamental learning, consistently highlighted across all consultations, is the immense value of our strengths-based, lived-experience ethos, which has proven integral to ARC's success. The empathy and understanding offered by our service providers are fundamental to successful recovery. Time and again, our staff and volunteers' lived experience with addiction was cited as a crucial factor, fostering deep understanding, trust, and empathy between ARC and community members. This unique connection creates a safe, non-judgmental environment where individuals feel understood and supported, a core value repeatedly associated with ARC, often described with words like 'Hope,' 'Respect,' 'Recovery,' and 'Safe space.' This approach not only helps to break down societal stigmas surrounding addiction but also empowers individuals to reconnect and thrive in their recovery journeys, as echoed by the positive views consistently emerging from all stakeholder groups. The Team & Board Consultation further affirmed this, noting ARC's authenticity, its commitment to living out its values, and its effectiveness in breaking down societal stigmas.

Over the last funding period, we have further learned of the immense value of staff development. Supporting our team members, including senior ARC management, has not only improved the overall skill set at ARC but also significantly increased their confidence, motivation, and application. This, in turn, empowers them to effectively role model what life in recovery can truly be like, complementing their personal development. The consultations consistently praised ARC's "fabulous," "engaging," and "welcoming" team, attributing success to their compassionate, non-judgmental approach and genuine embodiment of the recovery ethos. This investment in our team directly translates into the high level of satisfaction and transformative impact reported by all stakeholder groups, from partners appreciating "effective promotion of lived experience" to recovery programme participants lauding the "quality of staff and their personalities." The allocation of a dedicated project support worker, enabled by lottery funding, has been a game changer, allowing for clearer roles and responsibilities and empowering other staff to focus on core services and development, as referenced in the initial learning from ARC's growth.

Despite increasing our service provision and team, the consultations revealed a continued huge demand for our services. Reinforcing the lesson that as the organization grows in stature and reputation, prioritizing core services and allocating specific personnel to these areas is crucial, allowing others to focus on sustainability and development.

Conclusion

This paper has outlined the development of ARC over the last three years and provided an evaluation of the outcomes since the last lottery funding award. Quantitative and qualitative findings are reported as is a reflection on the lessons ARC have gained from the previous three years.

ARC has demonstrably achieved its core objectives, delivering a robust and innovative solution that addresses the identified challenges within the addiction recovery community. The successful implementation and development of the programme shows its potential to significantly enhance the well-being of those living with a substance use disorder and those that live with them. This report has detailed the rigorous methodology employed, the key findings from testing and evaluation, and the substantial benefits realised. The project's adherence to academic principles throughout its development helps ensure the integrity and reliability of its outcomes.

