

Where to next?

Results of a three-year consultation on aftercare show areas of improvement – but also many missed opportunities to give back those emerging from prison or rehab their place in the community. DDN reports.



➤ 'When I left prison, they said "there's the bus stop. Adios".
'I go to the drop-in, fill in forms, and wait. They say "there's nothing we can do today – but if you'd like to fill these forms in".'

These comments from service users interviewed by the charity Addaction, sum up too many people's experience of aftercare – or lack of it. Coming out of prison or rehab, their routine of a highly structured day ends abruptly, and they are faced with a stark choice: muddle along hoping to strike it lucky with finding somewhere to live and a way of earning a living – or go back to the routine they know best. It's hardly surprising then, that many who have struggled hard to leave their drug or alcohol use behind, succumb to the first phone call from a friend offering a little substance-based stress relief from the outside world, and start to see the revolving door back to prison as their lot in life.

Speakers at Addaction's 'Towards Independence' conference are determined it shouldn't be this way. But they will need a lot more than their own commitment to the cause to make real progress.

Adam Sampson has been in post for three and a half years as director of Shelter. Before that he worked in the drugs field as chief executive of RAPt. This is the first time he has been asked back to talk to the drugs field wearing his housing hat, he says. If we're serious about joining up services to provide meaningful aftercare, shouldn't professionals working in all areas be talking to each other?

Three years' work on Addaction's aftercare consultation, a piece of work commissioned by the Department of Health, has underlined the need for better links and closer relationships – between prison departments and other agencies; community-based drug teams and local housing providers; substance misuse services and self-help groups; and of course the client with all of the above.

Discussions with service users emphasised how much they needed a responsive caring worker to co-ordinate their path through aftercare support, from meeting them at the gates of prison or rehab, to paving their way back to everyday life. This is where partnership working must play an effective part, so that they have access to help from health services, benefits and employment agencies, training and education providers, the citizen's advice bureau, and housing associations. Backing up the one-to-one care with a client phone line, open 24 hours every day, has been shown to be one effective way of demonstrating flexible and responsive care.

The report acknowledges that progress has been made between services in certain areas of the country. But lack of housing slices through the aftercare project at every stage – and what hope is there for drug or alcohol using clients when there are a million people waiting for council housing, many of them with young children?

Drug Action Team commissioning groups must see housing as part of a holistic package of support, says the report. Treatment plans have to link with strategies on homelessness and the Supporting People programme (from the Department for Communities and Local Government).

The Drug Interventions Programme (DIP) has helped to draw investment to throughcare and aftercare, but the report finds that lack of housing and accommodation for recovering drug and alcohol users is a key barrier to delivering effective aftercare, and concludes that 'it is absolutely essential that further resources and creative solutions be put in place to address this issue'. **DDN**

Deborah Cameron is chief executive of Addaction, which carried out the three-year aftercare study, funded by the Department of Health.

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DIP and associated interventions have undoubtedly improved things. But at Addaction, only 12,000 of 30,000 service users came to us from DIP

Seventy per cent of services are not funded to provide aftercare. It can't be right that those who are motivated to provide help in communities are so under-funded.

We have known housing was an essential aspect of community care. But up to a third of prisoners lose their home while in custody. Housing benefit rules allow prisoners to retain their housing for a very limited time.

Prejudice against substance misuse remains. More than six out of ten employers deliberately exclude people with a criminal record, or a record of substance misuse.

No one sector or specialism can provide all the solutions. We need to reduce barriers and stigma.'

Paul Goodman is chief executive of the Ley Community, one of the original residential rehabs, which now supports its 64 residents through a programme of integration to the community.

We're very ambitious about residents who come for treatment. 'Tough love' and 'self help' are our defining principles – and we believe everyone should have a second chance.

It's not a drug programme, it's a programme about life. Central to the process are residents' relationships between each other and staff.

People become institutionalised after nine months. So we enable them to socialise with the local community to reintegrate.

Employment is crucial to people's recovery. We've employed two resettlement officers, and they work half in, half out of the Ley community. All residents get employment when they come out. They go down to the job centre like everyone else, but by then their sense of self is so strong,

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They budget, pay rent and save, then move on to a shared house, supporting each other. Resettlement staff that they've built a relationship with, have regular contact – through texts, phone calls, or a weekly group. Central to everything is continuity of care.

Some people need more help than others but relationships are maintained. The longer people are in treatment, the less likely they are to reoffend. Many settle around us, in the Oxford area – many local treatment services are staffed by our residents, who have become workers in their own right. Many choose to put back into community what they've gained. If you aim high, you can take addicts out of benefits.

Different approaches are needed for different clients. But it's what happens after they leave that matters – treatment is not an end in itself.

Adam Sampson is director of Shelter, the charity that campaigns for decent homes for all.

We need to understand the scale of the housing crisis in this country. If you're a single person, you have a real problem in getting housed. Local authority and courts have chosen to interpret legislation in a very narrow way.

You are categorised as intentionally homeless if you commit a crime. This is a way of getting around the spirit of the legislation – for a simple reason. There is a massive waiting list of one million people for council housing.

Our clients don't come top of the list. It's difficult to get people out of prison and into social housing. There are built up demands – it's like pushing water uphill.

Some housing authorities operate a blanket ban against people who have

had debt. They like to make sure tenants are good bets, and are likely to pay rent. So people with drug and alcohol problems have an increasing struggle to get access to the housing there is. People with previous history find themselves locked out.

We should be really clear about the importance of housing for drug users. If you can provide them with good housing, it's the best you can do for them. Everything else follows from that. Without housing, recovery from drug use is impossible.

We have a very strong case that improving housing saves on crime. We need to join up the housing, drugs and criminal justice field to move forward.

Mark Stephenson is Addaction's national aftercare research co-ordinator, and part of the team that conducted the three-year study.

Aftercare should be a package of interventions after prison and residential rehab, integrating clients into the community. It needs effective, relevant links and has to be extensive enough to meet diverse needs.

There have been positive developments in some areas, such as joint release planning and out-of-hours phone contact, quick and easy access to treatment and investment in throughcare. DIP has had a positive impact on aftercare.

But there are barriers. Housing and accommodation are the single biggest issues.

Adoption of a non judgmental approach is important for the worker/client relationship – and for retention. As well as interpersonal skills, it's important to have professional skills – assessment, care planning and care management skills. The care planning

needs to start early, so there is more time to link clients to services that are relevant to their needs. Workers also need to have networking skills, related to services in their area.

Aftercare shouldn't be a bolt-on extra, it should be planned. Services need to work together and be flexible, responsible, and relevant.

Shereen Sadiq is aftercare team lead for the Home Office's Drug Intervention Programme. She has been closely involved with the aftercare consultation project.

DIP is a crime reduction programme, and it's also about addressing some chasms in services. It's not a magic wand, but it's a commitment to address issues that aren't working.

If we don't use resources in the right way, we're in deep trouble. DIP came about because there were a lot of interventions – but we still didn't talk. Clients don't care which agency you come from, they just want quality of care. We need commitment to better joining up. Flexibility is about trying to get people into treatment, but supporting them when they come out. The penny's starting to drop; we can't put people in treatment and leave them there – and we do need to address housing. It's a package, a process of continuity, and we have to facilitate that process.

Research on aftercare shows there's no single model that works. We need to be responsive, with a single point of contact and co-ordination in the community, done at the pace of the client. It has to be a holistic approach.

It's good to talk. We need communication, job swaps, secondments, presentations. If we don't know where we stand with individuals, what'll we do when things get tough?

Most important is the rent deposit work [where the council provides a deposit for the first 12 months of tenancy]. Thirteen DATs have been part of this, and we're learning a lot. Housing's not been at the top of everyone's agenda.

Education, training and employment can't be done in isolation. It's about empowerment and identity – about learning and going at a person's pace.

For more information on the National Aftercare Research Project, visit Addaction's website at www.addaction.org.uk