

# **TACKLING DRUGS**

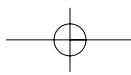
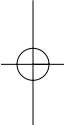
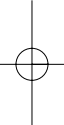
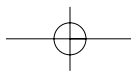
## **CHANGING LIVES**

### **Developing peer-led support for individuals leaving substance misuse treatment**

**Emerging themes and findings from five  
peer-led support projects**

**April 2005**





# Developing peer-led support for individuals leaving substance misuse treatment

'User-led support provided the opportunity to share similar experiences and a sense of relief at being with people who had overcome similar obstacles; it provided a sense of safety and companionship, well summarised as "you can't kid a kidder" (ex-user).'

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# Executive Summary

The importance of aftercare for those who have completed substance misuse treatment is now well acknowledged. However, there is still limited evidence on what works in peer-led aftercare support, particularly where drug misusers want support to be drug free. There is also a limited number of these projects: peer support has been identified as a gap in aftercare provision.

Funding is now available through the Drug Interventions Programme (the Programme's Main Grant) for aftercare services. Funding provides DAT partnerships with an opportunity to seek ex-user involvement, and to commission and support aftercare peer support services for ex-users leaving treatment. (See Annex F of letter with the Programme's Main Grant.)

This briefing has been developed as a resource to assist DAT partnerships informed by existing practice. It is based on a small two-part investigation: a case study of five projects and focus group discussions with a range of stakeholders. The investigation focused on how peer support projects have been initiated at local levels and the role of DAT partnerships and others in supporting their ongoing development.

The investigation showed that there is no single and shared definition of peer-led aftercare support. All stakeholders, however, have a shared understanding of the role of peer support and its components and benefits which include an emotional and psychological component, a social component and a practical component.

A number of steps were also identified as key to the setting up of a peer-led project and these include:

- an equal balance of two sets of champions: a) ex-users as catalysts of projects and key to support provided; and b) substance misuse or other professionals and organisations, key to their ongoing development;
- a venue;
- initial and sustainable funding to set the project up.

A number of steps were also identified as key to the ongoing development of a project and include:

- formal structures and sustainable funding (e.g. charity status);
- development of operational policies;
- infrastructure development and project management (meeting the conditions of funding for reporting and accountability).

DAT partnerships and the substance misuse treatment system in general have a crucial role in supporting the development of peer-led support. The following factors have been identified as key:

- hands-on support in meeting the conditions of funding and charitable status;
- supportive commissioning practice.

This briefing clearly shows that DAT partnerships and the substance misuse treatment system in general can have a

very important role in supporting the initiation and ongoing development of peer-led aftercare projects. If sustainable peer support projects are to be available at local levels, an equal balance of peer involvement and professional/organisational involvement and champions is required.

All DAT partnerships should consider developing peer-led support provision as part of their work programme on users, carers and aftercare. It is now recognised that a continuum of support should be available to people in drug treatment and that this should extend to those who have completed treatment and are back in the community. Peer support is a key factor in this continuum. Peer-led support projects should therefore be integrated into the treatment and care pathways of DAT partnerships, and pathways from treatment into aftercare should identify peer-led support.

### Acknowledgements

The Peer-Led Support Steering Group would like to thank all the users and staff who took part in this study for their active participation, support and contributions, and for sharing their experiences.

# Introduction and Aims

There is increasing evidence that ongoing support is crucial for individuals who have completed treatment and returned to the community, if they are to sustain the gains made from detoxification and treatment (which includes improvements in health and social functioning and reductions in offending).

There is, however, a lack of information on how peer support is best delivered to those who have left prison or completed treatment and need help with the transition back to the community through development of social networks. There is also limited service provision.

Feedback and anecdotal evidence from clients have suggested that, in addition to the 'professional help', peer support is particularly important for those leaving prison and treatment. Moreover, the involvement of users and carers in drug treatment has been identified by the Audit Commission's report 'Changing Habits' as a priority for development.

Valuable support is provided by established self-help networks such as Alcoholics Anonymous and Narcotics Anonymous which have been shown to be effective. However, their philosophy and approach may not suit everyone. Other options should be available to enable individuals to seek support in ways that are appropriate to them.

It is widely acknowledged that there is no single source or type of user support. Substance misusers will have different support needs as they go through the different stages of treatment. A continuum of care/support is required.

Support that starts when an individual enters treatment should continue throughout the time they are in treatment and subsequently in aftercare.

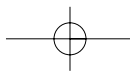
The need to involve service users in the planning and delivery of their care and support is now well established.

This document looks at the development of support for people who have completed substance misuse treatment and focuses on user-led aftercare projects. It has been developed as a resource to support the development of throughcare and aftercare at local levels.

In particular, this document reports the findings of a small two-part investigation which aimed to:

- identify and explore some models of peer-led aftercare projects;
- explore the views of a range of stakeholders;
- develop a shared understanding of peer support;
- identify the key steps in the setting up and development of peer support projects and the role of DAT partnerships and other organisations within the substance misuse treatment sector.

The limitations of this document are acknowledged at the start. An additional work programme will be developed from June onwards working with a larger number of projects across the country. This work will explore how projects can meet the very diverse needs of substance misusers and ex-users (including those in rural areas, women, parents, minority



ethnic communities, stimulant users, carers, those leaving prison and many others). The Home Office Drug Strategy Directorate is commissioning a larger programme of work aimed at producing further guidance which identifies examples of practical approaches to peer-led support in England.

The guidance will highlight examples of policies developed by DAT partnerships which support the establishment of ex-user support and identify instances of transferable practice using examples of peer-led support from outside the substance misuse sector.

The term 'ex-user' is used here as a shorthand to refer to people who have completed treatment. In particular, it refers to those individuals who are key to the setting up and the development of user-led projects. The terms 'peer support project', 'user-led project' and 'peer-led project' are used interchangeably. They refer in this paper to aftercare support projects that are led by people who had themselves completed treatment and had agreed that those attending should be drug free. The term 'substance misuse treatment system' is used to refer to all treatment organisations involved in the commissioning and delivery of treatment for substance misusers, including organisations from the statutory, voluntary and independent sectors.

This document is divided into two sections. Section One looks at a shared understanding and key components of peer-led support. It identifies the key factors for the setting up and ongoing development of peer-led support

projects, the role of DAT partnerships and the treatment system in general in this process. Section Two provides detailed information on five case studies of peer-led projects.

# SECTION ONE

## 1. Background and Report Structure

This document has been developed as a resource to support the development of aftercare at local levels. DAT partnerships now have access to the funding that is necessary to develop peer-led support services. This has been made possible through funding which supports delivery of the Drug Interventions Programme (Home Office), a key element of the updated National Drug Strategy. The Grant to Implement the Drug Interventions Programme – the Programme’s Main Grant – is now a single grant made up of what was previously the Throughcare and Aftercare and Arrest Referral grants.

Annex F of the general conditions of the grant specifically require DATs to develop relapse prevention support, as well as support outside existing treatment provision, including support for families, peer support for drug users leaving treatment and mentors. This gives DAT partnerships the opportunity to involve individuals who have completed treatment in both the delivery and the commissioning of aftercare.

This document was initiated by a working group convened by the Programme and comprising the National Treatment Agency (NTA), the Home Office Drug Strategy Directorate (DSD), the European Association for the Treatment of Addiction (EATA) and an aftercare practitioner. In particular, it resulted from the following:

- the need for a shared understanding of peer-led support and its development;
  - anecdotal information which suggested that peer-led support projects faced problems in accessing resources and support from DAT partnerships. Projects were said to often be hostage to changes in funding policy and that they had limited ability to meet funding conditions (e.g. monitoring data), thus making them vulnerable;
  - limited work on user involvement in aftercare. Work carried forward by NTA and DSD focused on drug users in treatment and not on those who had completed treatment.
- requests from DAT partnerships for assistance and practical examples of approaches to peer-led support;

## 2. Methods Employed

The following two pieces of work were conducted for this study.

### **a) Investigation of five case studies of peer support projects**

A study was commissioned to identify and explore examples of peer-led aftercare support projects. Five case studies were undertaken of well-established projects that provide support for people who have previously been dependent on drugs and/or alcohol. These are the following:

- Fun In Recovery Management (FIRM) – Hammersmith and Fulham
- Battling Addiction Together (BAT) – Ealing
- Working Recovery – Bournemouth
- High and Dry Club – Camden
- Outside Edge – London.

Semi-structured interviews were carried out with 'key' individuals (ex-users who have developed the project) using a template of agreed questions. Interviews focused on a number of key issues including the following:

- how the project was initiated;
- sustaining the project and its ongoing development;
- support of the project by professionals or organisations from the substance misuse treatment system.

For a detailed description of the projects see Section Two (Project Profiles).

### **b) Focus group discussions**

In order to check the findings of the above exercise a consultation event was organised with users from the five projects, staff from related statutory and voluntary sector organisations and members of the steering group.

## 3. Peer Support – A Working Definition

### a) General principles

No single and shared definition of peer support emerged as a result of this investigation. The perspective of the two groups of stakeholders (ex-users and professionals) was different. However, all stakeholders agreed on a number of factors that are key to establishing peer support. They also had a shared understanding of the general principles that underpin it. This includes the following:

- support for people who have left treatment should be part of a wider continuum of support for service users in general (in and out of treatment);
- ex-users have a crucial role in providing support, including aftercare support;
- no one source of peer support can meet the needs of all recovering drug and alcohol users. Individuals have different needs based on geography, caring responsibilities, culture and race, disability, gender, sexual orientation and so forth.

The aftercare peer-led support projects observed in this study are aimed at, and are provided by, people who have achieved abstinence or are drug free. Similarly, users who participated in this study identified that the groups they wished to attend should be drug free.

### b) Peers as role models

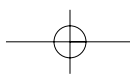
The very fact that these projects are peer led was perceived to be one of their key roles and benefits. Projects were described as providing 'a sense of safety

and relief because support was provided by individuals who have had similar experiences and overcome similar problems'. These individuals were seen as being particularly able to empathise and understand 'what it is to have a bad day' and 'the triggers that make a person vulnerable to lapse'. They also provided their 'clients' with the opportunity to look at their own experiences in a 'positive forward-thinking way'. Projects were also credited to have produced role models and mentoring opportunities.

### c) Components and role of peer-led support

*Psychological and emotional component* – The psychological and emotional role of peer support projects was emphasised. Projects provided their 'clients' with important 'non-therapeutic' feedback and played a key role in the transition from 'substance misuser' to 'ex-user'. Ex-users leading the projects highlighted that they had gained from them and had improved their self-esteem and confidence. The terms 'commitment', 'responsibility' and 'giving something back' were also often used.

*Social component* – Peer support projects were ascribed a particularly crucial role in developing a drug-free social life and lifestyle and combating isolation. They helped individuals develop new social networks, friendships and having fun in a safe environment. Projects had a role in community building; companionship was a recurrent theme.



*Practical component* – Peer-led projects were also attributed an important role in offering practical support. Those examined here provided very different types of practical support ranging from drama to training opportunities, life skills training, advice, information and education, and escorting people to residential rehabilitation, and others provided a social club with hot meals and advocacy with housing and similar agencies. Projects also played an important role in linking their 'clients' to other statutory and voluntary sector organisations. Projects had practical benefits to individuals who led them as they had to acquire new skills and competencies to manage the projects and deliver the support.

## 4. Setting Up a Peer-Led Support Project: Key Factors

A number of key factors for setting up peer-led support projects were identified and have been highlighted below.

### a) Ex-users as catalysts and champions of peer support projects

Most case studies share the fact that they were initiated by an individual or group of ex-users who had identified unmet aftercare support needs in the community. For example, one project was first set up by people who had completed detoxification in a hospital as a support group which was beneficial to them and to others. Another was set up by ex-users who identified a need for a social club for people in recovery in the area. Projects were not only influenced by the recovery of these individuals but, in some cases, the support they provided was based around skills that they had and could share (for example, carpentry skills or drama).

These individuals were not only the catalysts or instigators of these projects, but also their champions. They had a crucial role in creating the ideas and focus of the project, why it was needed and what it does. They also had a crucial role in running the project and the delivery of support.

### b) Professional champions

Ex-users had a crucial role in the setting up of a project. However, case studies also show that they needed external support from a local organisation, worker or DAT partnership to access resources and make the project a reality. External

professional 'champions' of peer support were crucial to making the project happen and providing assistance in its ongoing development.

This will be discussed in further detail below (see Paragraph 7). Suffice to say here that this study shows that the development of peer-led support projects at local levels requires an equal balance of ex-user 'catalysts' and 'champions' as well as professional and organisational champions. The study also clearly shows that the onus to support the development of such projects is on DAT and other partnerships and organisations. Ideas to set up peer-led projects may not always come from ex-users. One case study shows that a project was initiated by local substance misuse professionals and supported by their organisations.

### c) Finding a venue

Finding a venue was highlighted by all stakeholders as an obvious, but important and difficult, factor in setting up a project. The absence of a venue can delay the start of a project and, in turn, could lead to loss of morale and interest in the project among fragile and informal networks of ex-users wanting to be involved. Project champions showed ingenuity in locating a venue, as is the case with one project which was initially set up in a local garage.

Other case studies show that professionals and/or organisations have facilitated this process and have provided venues to help set up the project, as well as to deliver its services. Organisations have provided, for example, a room in a

hospital ward for weekly meetings, office space, access to a community centre, a council building and so forth.

### **d) Initial funding**

Case studies showed that the ex-user catalysts of the projects used very different funding strategies to set up projects. These included:

- ex-users of projects using personal funds;
- ex-users taking out a bank loan;
- fund-raising (e.g. organising dances and events);
- one-off grants from interested businesses, individuals or charitable organisations;
- small grants from local treatment system (social services drug and alcohol team);
- non-financial support from the treatment system (venue for support group meetings and office space).

The strategies employed by ex-users to raise funds allowed them to set up the projects. However, this was not sufficient to ensure sustainable income for the ongoing development of the projects. Ex-users also faced the challenges of dealing with bureaucracy and conditions of funding, and achieving a charitable status, which is acknowledged as the best route forwards.

## 5. Ongoing Development of Peer-Led Projects

### a) Formal structures

In order to secure longer-term survival, most projects registered as charities. They were therefore in a better position to receive more and regular income. Case studies show that they were able to raise money from statutory bodies as well as large charitable organisations.

Projects had to comply with the requirements of the charitable status and were required to develop formal structures. For example, in one of the case studies, the original members of an informal group of ex-service users formed a committee and then became the board of trustees of the project.

### b) Developing operational policies

As charities, projects were required to develop operational policies and procedures, as this was also often a condition for funding from statutory organisations or large charities.

The development of operational policies and procedures was perceived by ex-users and professionals as critical for the ongoing development of the projects. Examples include those policies relating to:

- lapse management of clients receiving support after the completion of treatment;
- management of impact of lapse by key members who run and manage the project;

- clarity on 'clean time', or period of abstinence required for those ex-users wanting to use the project as well as those providing the support;
- confidentiality policies;
- managing boundaries and the potential for peer/professional conflict;
- volunteers.

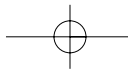
The development of these operational policies was described by ex-users as involving 'painstaking discussion' because they related to issues that are fundamental to the support and recovery process and because key members of a project may not share the same views or philosophies. They often took significant time to resolve.

For professionals, it was crucial that a peer-led support project had clear policies and procedures if funding and support were to be provided.

Professionals described these policies as crucial, because they tackle fundamental issues of 'safety' and 'risk' for service users as well as their peers who deliver the support.

### c) Meeting the conditions of funding: reporting and accountability skills

Projects had to meet a number of other conditions for funding, not least those relating to accountability and monitoring/reporting to commissioners and other funders. Projects were expected to develop, for example, monitoring systems, transparent



accounts, mechanisms for audit, business plans and so forth.

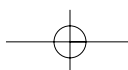
As the projects developed, the ex-user champions who drove the project forward acquired new skills and competencies that allowed them to meet the conditions of funding. These included:

- skills to run the projects (management skills, setting up of committees, financial and fund-raising skills, development of operational policies and procedures, monitoring and so forth);
- competencies to deliver aftercare support (e.g. counselling qualification course or experience through work placements in treatment services).

However, acquirement of these skills and competencies was not possible without some external support from professional champions. Ex-user champions of some projects continued to face difficulties such as in accessing funding, especially but not exclusively when projects were first set up. Ex-users were often unaware of funding sources or were not familiar with professional jargon. In addition, the application process and reporting arrangements required for funding were identified as complex. The necessary skills for writing business plans were limited, along with difficulties in accessing computers and technical equipment to support monitoring. Projects were therefore often not able to access or renew existing funding, leaving them vulnerable to losing what they had.

In all case studies observed here, the role of the external 'champion' was key in providing a pathway through the system. Case studies show there is an equal balance of importance between the roles of two sets of champions: ex-users who initiate a project and a professional or organisation that supports it.

There are, of course, notable exceptions in the UK of projects that are initiated by service users who had the skills and competencies to develop a project without external support. These are, however, rare and thus the onus remains on DAT partnerships and other organisations to provide the support required.



## 6. Role of the Substance Misuse Treatment System

### a) Support from the substance misuse treatment system

Case studies show that where projects have been able to meet funding requirements, this was often done with the support of a sympathetic professional or organisation from the substance misuse treatment field or the wider health and social care system. Indeed, all stakeholders agreed that professionals and organisations can play a key role in supporting the setting up and ongoing development of peer-led projects.

### b) Professional champions

A number of professionals from the drug treatment and wider social care fields were singled out as champions of peer support or of specific projects and showed particular commitment to a project. They supported peer-led projects in a number of (not mutually exclusive) ways which included the following:

- Support in the day-to-day running of a project. For example, in two case studies professionals were prepared to work late every evening to support the service, in addition to their existing work-load. They secured venues and organised publicity. Attributes of the champion were given as 'sympathetic', 'committed' and 'flexible', such as being 'available in the evenings'.
- Assistance in meeting the conditions of funding and in the general management of a project. Professionals helped, for example, in completing applications for funding, development of a business plan, writing policies, and

developing monitoring systems. They also secured small grants to set up projects or were committed to them through a longer-term commissioning policy.

- Professional champions provided mentoring opportunities, advice and practical support for the development of skills that were essential to running a project (for example work placements and experience).

Professional champions came from a variety of organisations in the public sector as well as the voluntary and independent sectors. They were found among both junior and senior members of organisations. It was suggested by users interviewed that it was not necessarily the status of the professional or of the organisation that was most important, but the value attributed by them to peer-led support.

### c) Champion organisations

A number of organisations from the statutory and voluntary sectors were also identified as champions of peer support projects (such as local authorities, social services departments, hospitals, treatment provider organisations, commissioners, etc).

One case study shows that organisations can play the role of a catalyst of peer support where ex-user champions had not set them up. This project came out of consultation meetings organised by a statutory organisation between service users and ex-users and managers of local services to answer queries and criticisms and hear suggestions.

This eventually led to professionals and ex-users working together to set up a charity.

The following factors were identified as instrumental:

- having an identified post, or being part of someone's post, to develop and support user initiatives;
- establishing user/ex-user forums attended by service managers;
- working in partnership with ex-user groups;
- having an easily accessible source of money to pump into prime potential service user initiatives or a small grant to set up a project.

In all other case studies, organisations championed the cause of peer-led projects mainly through supporting their ongoing development. Case studies show examples of statutory organisations that had placed peer support as a priority for development and have embedded it within their organisation's policy, including funding policy. They also consulted ex-users involved in the project on wider issues relating to substance misuse treatment and provided them with infrastructure (for example a building).

One case study provides an example of support by a well-established treatment provider organisation in the voluntary/independent sector. In this case, this was ultimately demonstrated by the setting up of a partnership between a peer-led project and the organisation.

Support provided by DAT partnerships or other statutory and/or voluntary organisations allowed projects to develop, substantially in some cases, as can be seen in Section Two of this document.

## **d) Commissioning peer-led projects**

Professionals and ex-users in focus group discussions agreed that commissioning peer-led projects can be challenging, especially around accountability and reporting. On the one hand, it is the duty of funding bodies to ensure the accountability and performance of services they fund. On the other hand, peer support projects often do not have the skills and resources to meet these requirements.

However, the case studies and focus group discussions strongly suggest that these problems can be overcome. Organisations have supported peer-led projects by developing supportive commissioning practice. This takes into account the nature of these projects, and the fact that they do not have the resources of large statutory or voluntary organisations and often depend on volunteers and good will. Case studies and focus groups suggest that a problem-solving approach to commissioning is required to enable projects to meet funding and other requirements. They suggest that management systems should tackle potential risks and conflicts before problems arise and should be based on regular communication and consultation with projects.

Case studies and focus groups also suggested that contract monitoring and performance monitoring systems should be simple, transparent, and accessible, and that timescales for reporting take into account their limited resources. The need for achievable reporting and other conditions of funding was emphasised. Written materials to improve the understanding of the various processes involved in establishing a peer-led support project were recommended.

It was also strongly suggested that DAT partnerships and other organisations assist peer-led projects by ensuring that there is someone in place who can provide hands-on help to write funding applications and develop systems for reporting and accountability (for example monitoring or audit systems). Case studies show that this was done in a number of ways which included:

- a professional in the statutory organisation with responsibility to support peer-led projects or aftercare services;
- funding facilitators, administrators or other posts for projects.

All stakeholders highlighted the danger that ex-user-led organisations can be seen as low cost service providers and funded at the expense of other aftercare organisations in the statutory and voluntary sectors. Peer-led services must be part of a continuum of treatment and care and should be funded to complement the work of professional services.

## **e) Supervision**

The importance of the supervision of ex-users providing face-to-face work was highlighted. Ex-users and professionals recognised the unique nature of the relationship between those delivering and receiving peer support, and the potential challenges in boundary management and role conflict. They also agreed on the role of the drug treatment system in assisting this process.

## **f) Professionalisation of user-led work**

Developing closer links with the drug treatment system has proven to be crucial to the ongoing development of peer-led projects, but it is not without risk. Ex-users and professionals shared the concern that financial and other support from DAT partnerships and possible 'professionalisation' of projects may stifle the very nature of peer support.

## **g) Replacing champions**

It was reported that the loss of the champion ex-user driving the project could have a very negative impact: they often hold a project together and are central to its existence. This is especially true when this is a charismatic individual or an individual with the essential relevant skills to run a project.

The loss of a professional champion (such as a DAT coordinator, commissioner, provider and so forth) can also have a very negative impact on the peer support project. Experience has shown that it cannot be assumed that the new person

in post would have the same commitment or interest in peer-led work and would not have the same priorities.

However, this is not inevitable; steps can be taken to ensure the continuation of a project regardless of individuals. Catalysts who are 'ex-users' can be supported to plan for succession and minimise the effect of periods of instability in projects. Similarly, the continued commitment of a professional organisation can survive changes in key personnel where organisations have clear strategies and policies on aftercare and peer-led projects which set out procedures around supporting peer-led projects to meet the conditions of commissioning. DAT partnerships would need to ensure that the support needs of ex-users are identified through consultation and local needs assessments.

## 7. Conclusion and Recommendations – Integrating Peer-Led Support into Local Care and Aftercare Pathways

This document clearly shows that DAT partnerships and the substance misuse treatment system in general can have a very important role in supporting the initiation and ongoing development of peer-led aftercare projects. Indeed, if sustainable peer support projects are to be available at local levels, an equal balance of peer involvement and professional/organisational involvement and champions is required.

This is very often not the case. In the country as a whole, DAT support is variable; some DAT partnerships have been instrumental in setting up projects while others have little involvement. Similarly, the relationship between peer-led projects and other local aftercare services is variable. Ex-users also fear cynicism and tokenism.

All DAT partnerships should consider developing peer-led support provision as part of their work programme on aftercare. Funding available through the Programme's Main Grant specifically requires the development of relapse prevention support, including peer support for drug users leaving treatment. It is now recognised that a continuum of support should be available to people in drug treatment and that this should extend to those who have completed treatment and are back in the community. It is also recognised that peer support is a key factor in this continuum. Peer-led support projects should therefore be integrated into the treatment and care pathways of DAT partnerships and pathways from treatment into aftercare should identify peer-led support.

This document has identified some of the key steps that can be taken by DAT partnerships to support the initiation and ongoing development of peer-led support. These form the basis of the recommendations below. Focus group discussions emphasised that existing good practice should be replicated and noted that there were lessons to be learnt from areas where user-led support had been developed, such as mental health and HIV services.

### a) Key recommendations

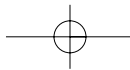
DAT partnerships should have a crucial role in supporting the initiation and ongoing development of peer-led support projects for people completing treatment and/or leaving prison.

The setting up and ongoing development of these projects requires an equal balance of involvement between two sets of champions:

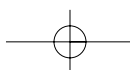
- a) ex-users as catalysts of projects; and
- b) professionals and organisations.

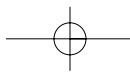
DAT partnerships can enhance the development of peer support aftercare projects by undertaking or providing the following:

- Integration of peer-led support into pathways from treatment into aftercare.
- Assessing local need for peer-led support after treatment, such as:
  - investigating what is available and existing gaps
  - integrating peer-led support into wider care pathways



- reviewing the process of involving ex-users and peer-support projects in the planning and commissioning of aftercare services and drug treatment in general
- consultation with ex-users, families and carers.
- Supporting the development of a range of peer-led projects that address emotional, social and practical support needs of people who have completed treatment.
- Practical support to set up peer-led projects including:
  - assistance in providing a venue or location for the project (especially when the project is first set up)
  - small grants to allow for the setting up of a project
  - assistance with publicity about the project to ex-users
  - promotion of a network(s) of peer support projects working with EATA (umbrella organisation representing treatment providers) and existing ex-user networks
  - establishment of links between peer-led support projects and other aftercare interventions
  - acting as a catalyst to initiate peer-led projects when champions are not in place
  - assistance in enabling those leaving funded treatment to get in touch with one another, as this can lead to informal support developing and referral onto available peer-led support.
- Supportive commissioning practice and practical support to enable projects to meet funding conditions and requirements including:
  - hands-on support in the development of policies and procedures, writing of funding bids, developing monitoring systems and so forth
  - simple contract monitoring and performance management that is transparent and accessible
  - realistic timescales for reporting that take into account the limited resources
  - achievable reporting and other conditions of funding
  - access to training, mentoring or shadowing opportunities
  - funding for facilitators or other posts for projects
  - development of a post with specific responsibility to help initiate and support user-led projects
  - consultation and communication
  - infrastructure support.
- Peer-led projects with written guidance on:
  - funding sources
  - bidding for grants, application process and reporting arrangements
  - glossary of terms and abbreviations





- requirements and conditions of funding and how they can be met. This should be supported by a range of resources.

Further copies of this briefing are available from the following websites:

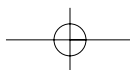
- [www.drugs.gov.uk](http://www.drugs.gov.uk) – Throughcare and Aftercare: Peer-Led Support
- [www.nta.nhs.uk](http://www.nta.nhs.uk)

For more information about this work contact:

Shereen Sadiq – Aftercare Team – Drug Interventions Programme – Home Office  
020 7035 0512  
[shereen.sadiq@homeoffice.gsi.gov.uk](mailto:shereen.sadiq@homeoffice.gsi.gov.uk)

Sherife Hasan – Treatment Lead – Drug Strategy Directorate – Home Office  
020 7035 0614  
[sherife.hasan2@homeoffice.gsi.gov.uk](mailto:sherife.hasan2@homeoffice.gsi.gov.uk)

Allan Johnstone – User and Carer Lead – National Treatment Agency  
020 7972 2312  
[allan.johnstone@nta-nhs.org.uk](mailto:allan.johnstone@nta-nhs.org.uk)



## SECTION TWO

# 8. Project Profiles

### Battling Addiction Together (BAT)

#### Project Profile

BAT was set up at the Max Glatt Unit (detoxification unit) at Ealing Hospital in 1991 as an informal group of ex-patients who meet on the ward to provide mutual support and self-help. Changes brought about by the Community Care Act reduced the in-patient detoxification period and there was a clear need for support for ex-users beyond detoxification. Although there were NA and AA meetings available, there was little other support.

Project champions, Tom O'Sullivan and others, helped set up support services after talking to the hospital staff and management. They were initially given a room, and later an office in the basement.

Initially Tom O'Sullivan and the others helped finance the activities themselves through their personal funds, fund-raising by organising dances and getting financial help from local firms.

In 1995 BAT became a registered charity and was able to raise relatively large sums from statutory and other funding. The project has received a major grant from an Irish charity and has been funded by commissioners for a user involvement post.

The service operates seven nights a week all year, with a Thursday night bingo session and a weekly support meeting, where they talk to people undergoing detoxification. The services they provide range from buying toiletries, getting clothes, and helping escort clients to rehabilitation to providing support to clients who are waiting between detoxification and treatment. The project provides a range of services to people who are undergoing detoxification or have completed it.

The project has funding for a user involvement post. Additionally, a monthly newsletter *Dry Toast* is produced and distributed.

Their name changed several years ago from Battling Alcohol Together to Battling Addiction Together to reflect the fact that they work with all substance misuse problems.

#### Key Set-Up Steps and Key Factors

Identification of unmet need by project champions.

Project champions obtain official recognition from the hospital and a venue.

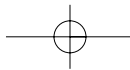
Initial funding from champion's own personal funds, fund-raising and small grants from local business.

Charitable status and forming a committee.

Increased funding from charitable bodies. Funding from local commissioners.

Commitment over a lengthy period of time of the original members.

Funding for user involvement post.

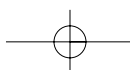


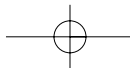
## Clouds Recovery Project – A Working Recovery

### Project Profile

### Key Set-Up Steps and Key Factors

<p>The project was set up by one individual, John Tucker, who, based on his own recovery and life experience, recognised how his skills in carpentry could be utilised to offer others in recovery an interest and work-based skill.</p>	<p>Identification of unmet need by project champion.</p>
<p>John set up a small recovery group in a local garage in Bournemouth where he gave advice and encouragement around recovery, linking into NA and AA and providing skills based around recovery. There was initial interest from local ex-users, but gradually, through word of mouth, more people were attracted to the carpentry project.</p>	<p>Aftercare support was based on the skills of the champion of the project and his experience of recovery.</p>
<p>Grants were made by a local Rotary Club and later some financial support from Bournemouth Council.</p>	<p>Small initial financial assistance from charities and the local authority.</p>
<p>John contacted a treatment organisation for residential rehabilitation (Clouds Recovery Project) and their chief executive Nick Barton offered support and encouragement over a counselling course, providing a work placement at Clouds, and assistance in developing a business plan and finding a suitable building.</p>	<p>Establishment of links with treatment organisation.</p>
<p>John started to provide peer support in 1992, partly based around his own recovery and skills. In its present form, the project opened in 1998 and is a community training, work-based and personal development project for those who have completed treatment and are returning to the community with little support. The project is now a partnership and the treatment organisation has made important financial investment in the project.</p>	<p>Support from professional in the development of personal and business plan.</p> <p>Improved competencies to deliver services.</p>
<p>The project offers a daytime course, full-time, 9–5, five days a week for 12 weeks. Supported vocational training in carpentry and joinery (NVQ Level 1 &amp; 2), furniture crafts and restoration (NVQ Level 1 &amp; 2) and foundation ICT skills are offered. The programme is designed specifically to assist people in recovery gain life skills, craft skills and practical experience, which will lead to a qualification and a real chance of a career in their chosen field.</p>	<p>Suitable premises.</p> <p>Partnership with treatment organisation and major financial investment by this organisation in the project.</p>





## Fun In Recovery Management (FIRM)

### Project Profile

FIRM – a self-help group for ex-users to run social activities for other ex-users – was first set up in Hammersmith and Fulham in 1995. The project was set up after a consultation meeting organised by a statutory organisation between users/ex-users and managers of local services to answer queries and criticisms and hear suggestions. Meetings were maintained despite periods of low attendance, and meetings and subsequent actions were always recorded. The meetings were publicised in a local newsletter.

Ex-users and professionals worked together to develop the project into a registered charity, and raised money from a number of charitable sources and the statutory sector. An ex-user is chair of the committee, and several other members are regularly consulted about provision in the local authority.

Professional champions helped to set up the service, gave access to a building and worked every evening until 10pm to support setting up the service, in addition to their other duties. Furthermore, a specific aftercare post in social services was invaluable in supporting FIRM properly. The case for such a post was made as a result of outcome research, funded by the commissioners, which highlighted the role of a range of activities in sustaining treatment gains.

Small amounts of funding were given by the local commissioner to set up the project. Senior members of their organisation saw the potential value of the service, following attendance at FIRM's Annual General Meeting. The Director of Social Services subsequently supported their need for premises and found a council building to accommodate an aftercare service.

FIRM is open on Monday nights from 6 to 10pm and is also open at a new venue on Saturday afternoons from 4 to 8pm, run entirely by ex-users. It also runs a variety of complementary health activities and nutritional courses.

### Key Set-Up Steps and Key Factors

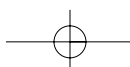
Professionals in statutory organisation as catalyst of project.

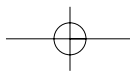
Charity developed by professionals and ex-users.

Crucial role of aftercare post to support this process.

Initial funding: small amounts of money from commissioner. Further commitment through commissioners and access to organisation's resources (premises).

Development and support of the volunteer role at FIRM.





## The High and Dry Club

### Project Profile

The High and Dry Club was set up as a social club for ex-users in 1998 by two local ex-users, supported by the manager of the Camden Irish Centre. Support was provided by Camden Irish Centre through access to premises. It was also provided by the local commissioner in the form of a start-up grant and further small grants. The club now employs a facilitator to support the initiative.

The High and Dry Club initially opened one evening a week and is now open two evenings a week (Wednesday 6–10pm and Sunday 5–9pm). The club provides a safe venue where members can play cards, watch TV and have a meal, for which they contribute £1.

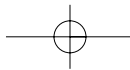
### Key Set-Up Steps and Key Factors

Initiative from two ex-users supported by a professional to set up a social club.

Support from Camden Irish Centre by providing premises. Financial support from commissioners.

Appointment of facilitator to support initiative.



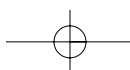


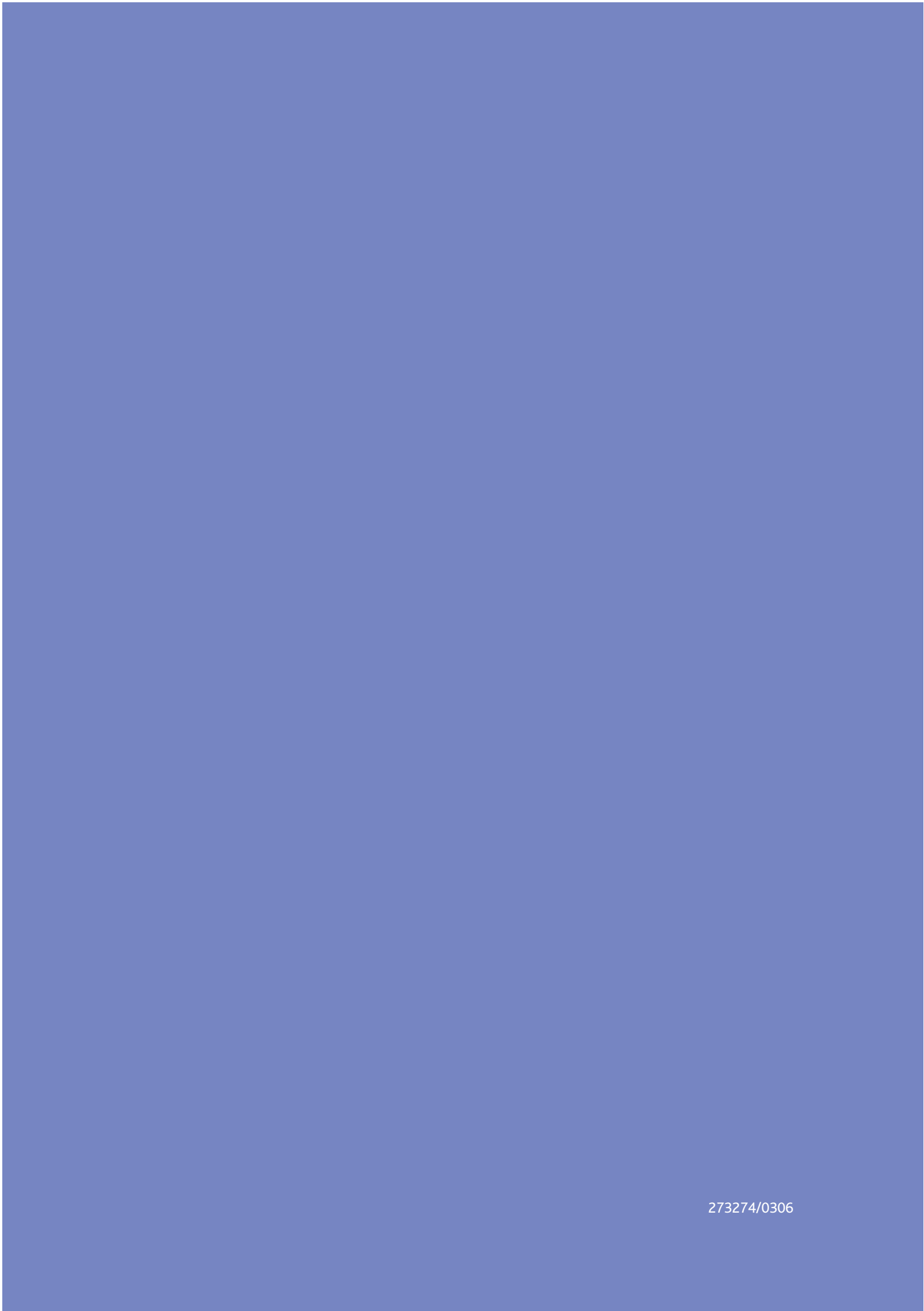
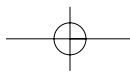
## Outside Edge Theatre Company

### Project Profile

### Key Set-Up Steps and Key Factors

<p>Outside Edge is a theatre company working with ex-users. It was set up by one individual, Phil Fox, who was an actor and had previously been addicted to drugs. He was working in a second-stage residential project when he began to discuss how theatre could be used as a tool in recovery. He acted in a one-person play at FIRM (a social club run by ex-users) which was well received.</p>	<p>Project initiated by a champion.</p>
<p>Phil borrowed money from the bank to produce a play. A small committee was formed of people who supported the idea. A one-off grant of £2,000 was received from Trevor Nunn at the National Theatre.</p>	<p>Initial funding to produce play through a personal bank loan and small grants.</p>
<p>Outside Edge was registered as a charity. The original group of supporters becoming a committee and then later a board of trustees. Further grants were applied for and received, including grants from the local social services Drugs and Alcohol Team and later the Drug Action Team. Help was also received from Hammersmith and Fulham Social Services in securing premises.</p>	<p>Charity status and committee/board of trustees.  Grants from DAT and social services department.</p>
<p>Funding enabled Phil to become director of the theatre company and to receive a regular income, the actors to be paid and put on contracts and an administrator to be employed. The employment of an administrator meant that Outside Edge could spend more time on bids and booking the tours of plays.</p>	<p>Having local council support in helping find a venue, some funding and as a regular supporter of plays.</p>
<p>A review by local councillors in Hammersmith and Fulham on arts in the borough acknowledged and praised the work of Outside Edge, a local councillor then joining the committee.</p>	
<p>The project uses writing, creating and performing drama focused on the problem of addiction to help people in recovery, their partners and friends. The company perform their play and then get the audience to discuss it and even have an audience member act the part of the main character, so that different consequences of his/her actions can be explored.</p>	
<p>Outside Edge developed a drama group based in the local aftercare centre and produced a play created and acted by the clients attending the drama group. The play is taken to community venues and treatment centres and has proved a useful tool in getting people both to explore the many issues raised by substance misuse and sexual and domestic abuse, and to work out how they can better protect themselves to avoid a relapse.</p>	





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