

Collective Voice's London Lived Experience Continuity of Care Working Group Recommendations

CollectiveVoice

The National Alliance of Drug and Alcohol
Treatment and Recovery Charities



Background

Over the last year a programme has developed to improve the Continuity of Care pathway from prison to the community for those engaged in drug and alcohol treatment. This programme was created in partnership with Collective Voice by the Criminal Justice Substance Misuse Group (CJSM), a sub-group to the London Drugs Forum, which is led by the Office for Health Improvement and Disparities (OHID) and the Mayors Office for Policing and Crime (MOPAC).

The CJSM convened several subgroups to explore barriers and enablers with one of these groups focused on harnessing the voice of those of those with lived experience.

The lived experience CJSM sub-group, with support from NHSE London and the Southeast, conducted focus groups in the prison estate and with Collective Voice in the community.

This information gathered in all focus groups was considered by a panel of Experts by Experience convened by Collective Voice and coordinated by Turning Point. This panel was made up of people who had themselves been in prison previously and were now in long-term thriving recovery in the community. Over three days a coproduction process was then used to work collaboratively with the panel to develop a set of nine key recommendations. A full lived experience synthesis report will be published by OHID in due course.



The consultations

The consultations were conducted by Lived Experience Recovery Organisations: User Voice and Epic. They took place in four HMP London prisons: Belmarsh, Pentonville, Wormwood Scrubs and Bronzefield.

The prison focus groups centred on ten questions co-produced between the CJSM and User Voice. The questions aimed to gather feedback from prisoners on the help available to transition from prison treatment to community treatment. They were asked:

- what they felt worked well
- what could be improved to support them into recovery in the community

To build a broader understanding, these questions were replicated with lived experience members in the community.

- 4** consultation events in London prisons
- 35** serving prisoners gave feedback



Foundations

The group identified 2 Foundation stones, with these not present little would be possible:

- A** Housing: It is a basic human need to have housing and is a prerequisite for recovery to be effective.
- B** The proper efficient provision of Through the Gate: with health care, substance misuse treatment, housing and reducing reoffending services integrated and synchronised. This should be consistently provided whether the release be from prison or after remand from court.



Collective Voice recommendations

1 Promoting Rehab and Long-Term Recovery

- Local Authorities to measure the number of individuals each year that enter structured Tier 4 substance misuse rehabilitation provision on release from prison. The key longer term desired outcome of the prison release process- thriving long-term recovery- to be made a key performance indicator so that the long-term effectiveness of this system can be measured beyond the current focus on 21 days post release.

2 Rewarding Commitment

- Positively reinforce commitment to recovery by ensuring that progress in prison- such as completing programmes, serving as a peer mentor etc - is recognised through enhanced opportunities being made available in the community. For example expanding personalised release budget provision (eg to support costs for travel, housing etc) and peer mentor roles being transferable to the community without the need to reregister/ retrain.

3 Peer Support Workers

- Paid Peer Support Workers- people with lived experience- to be commissioned as part of the Through the Gate Workforce. This to ensure that peer support is available to assist with the first steps to building recovery through linking up with wider recovery communities and to build on Fellowship involvement in prison. That this relationship be sustained Through the Gate.

Collective Voice recommendations

- 4 Empowering people in prison with basic, consistent information**
 - On reception to prison every prisoner should be informed of what services are available to them both in the prison and then Through the Gate. Currently the complexity of London provision across boroughs means it is not always clear exactly what a person needs to do to help themselves with the result that prisoners are too reliant on waiting to be approached by services only. This information to be provided in accessible formats (in cell screen, prison radio as well as in writing) and to be consistent and be blind to borough.

- 5 One Stop Shops**
 - Recovery services be commissioned that on release meet holistic needs including housing advice, benefits advice, food bank, access to peer social support and other practical matters. Recovery services should welcome and encourage drop ins, be needs lead and not be only appointment based.

- 6 Women's Spaces**
 - Services to be commissioned to provide women only spaces and services focused on the need of women released from prison

Collective Voice recommendations

7 Recovery Audit

- A 'Recovery Audit' be developed and carried out in partnership with experts by experience to help prison and community substance misuse services identify strengths and areas for improvement in their recovery provision. To use this to develop best practice across London.

8 Using Experts by experience to provide training

- Training be commissioned through which Experts by Experience provide insights to substance misuse services on what it is like to be a service user so that services can better address barriers and use feedback to learn and improve provision.

9 A London Expert by Experience Group

- OHID/ GLA to integrate an expert by experience group into the governance of substance misuse strategic development in the city. This group to be used to both consult on developments in Continuity of Care on a pan-London basis such as the implementations of these above recommendations but also be of use in wider streams of work around recovery. The lived experience process commissioned to develop these recommendations has demonstrated the benefits of such an approach.