Community Reintegration Model
Introduction

Everyone’s recovery journey is individual to them and is related to their community, society and their aspirations. Sustaining a successful, fulfilling, independent life away from specialist services depends on support networks embedded in the wider community. Therefore, community reintegration is key to sustainable recovery.

Background

Our approach takes the view that there are three things that the sense of community is based on:

- Shared experience
- Shared interest
- Shared geography.

Process

The process is not linear or sequential but is individual to each person depending on their situation. A strengths based assessment informs the reintegration element of the recovery plan.

Strengths based assessment

Peer mentors welcome people into the service and begin to establish them within the shared experience community. As the shared experience is of being in recovery people become a part of the ‘recovery community’.

The assessment identifies the recovery capital a person possesses in addition to their needs. This includes identifying current or previous interests and/or links into the geographic community. Such links and interests are used to identify the most effective routes to the reintegration of people into the shared interest and geographical communities. This will form a key element of their agreed recovery plan.

Where people have no current or previous links or interests, then the initial focus of reintegration will be to establish them. This will be supported by the recovery community.
The Community Recovery Model

A community of shared experience
Our service users all have the shared experience of substance misuse. This community is better known as a ‘recovery community’.

A community of shared interest
Some service users will enter treatment with interests intact, active or dormant, while others will need support to discover new ones.

A community based on shared geography
The mix of people, experience, interests, skills and contacts within a community based on geography forms a broad based network.
The Community Reintegration Model

**Access & Engagement**
- Defining recovery
- Prevention and early intervention
- Universal screening
- Confidential live chat
- Open access
- Targeted engagement

**Stabilise**
- Recovery planning
- Strengths based assessment
- Medically assisted recovery
- Family assessment
- Carer support
- 24/7 access to interventions

**Assets/ Skill Building**
- Recovery capital development
- Strengths based case management
- Family interventions
- Medically assisted recovery
- Residential interventions
- Specialist psychosocial interventions
- 24/7 access to interventions
- Sustainable recovery skills training

**Reorientation**
- Recovery support
- Peer mentor training
- Education and training
- Volunteering
- Life-long recovery
- Peer led activities
- Five ways to wellbeing
- Mutual aid groups
- Social and living skills
- 24/7 access to interventions

**Reintegration**
- Recovery in action
- Engaging in the wider community
- Job readiness
- Education, training
- Employment and voluntary work
- Mutual aid groups
- Recovery check-ups and support
- Celebrating success
DRUG & ALCOHOL SERVICES Community Reintegration Model

Delivery
Community reintegration forms one element of someone’s recovery plan, with an identified case manager and the person concerned working together.

Summary
The process does not stand in isolation but is an integrated part of the overall recovery journey. Community reintegration is informed by and coordinated with other aspects of the journey within a recovery plan.

Ensuring someone’s place in these communities is secure will give them a good level of broad based support.

A community of shared experience
People engaged with our services all have the shared experience of substance misuse. This community is better known as the recovery community.

People are welcomed by a peer mentor who introduces them to the service, explains what they can expect and shares their story and experience. This orientates the new person into the recovery community and the service.

This immediately places people in a community able to support them through their journey and offer mutual support beyond formal engagement with our services.

A community of shared interest
Some people enter our services with current or previous interests, while others will need support to discover new ones.

Accessing this community is through participating in the interest. This may involve joining a club, beginning a training/educational course or activities such as obtaining and working on an allotment. People will be supported by the recovery community by the delivery of peer led activities which provide opportunities to try different things and discover an interest that suits them.

A community based on shared geography
Having a safe and secure place to live is a fundamental human need. So feeling a part of the geographic community we live in is an important part of our ability to sustain recovery and thrive.

The mix of people, experience, interests, skills and contacts within a community based on geography tends to be diverse. Within a geographically centred community there are likely to be people with a variety of interests, jobs and experiences.

Being able to ask for help if the water goes off, or find out when the bins are collected are things which are of real relevance to someone settling into a new community, or taking responsibility for such things for the first time.

The previous two communities can support someone in joining this more loosely structured and dynamic environment. It may be that someone knows a neighbour or attends a local group or club. There may be local events and the person can ask someone from the recovery community or shared interest community to attend with them.

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Prevention & early intervention
The early identification of people engaged in drug or alcohol related risky behaviour is a key first step in delivering effective interventions. We achieve this through a range of mechanisms.

Universal screening
We provide a 24/7 web based screening and referral tool, which offers a discrete and private referral route for anyone wishing to access it. As well as offering direct access, it enables other professionals to screen and refer to services with the minimum of training and time.

Confidential live chat
A confidential online ‘live chat’ facility enables people to seek support and advice at a time of their choosing and in complete confidence. The service is open to those who are engaging in drug or alcohol related risky behaviour and their family and friends.

Open access
We deliver our responsive, open access, face to face service from a static base and a range of outreach clinics (see also targeted engagement). These offer:
- Screening
- Engagement work
- Information and Brief Advice (IBA), Motivational Enhancement Therapy (MET)
- Engage with immediate recovery needs and risks
- Availability of peer mentors
- Rapid access to specialist care planned interventions
- Assessment of need for medically assisted recovery.

Targeted engagement
Our targeted engagement is aimed at groups at high risk of drug or alcohol related risky behaviour and at under-represented groups.
- Outreach and inreach
- Contact through other professionals, local residents or, members of the groups/users of the venues
- Specific marketing using the principles of social marketing.

Defining recovery
Everyone’s recovery is a journey that can have a range of outcomes, rather than being an outcome in itself. Each person’s recovery is individual to them and is related to their community and society, as well as their aspirations. Recovery will:
- Be different for each individual
- Involve changes in multiple areas, not just in substance use
- Involve other people and communities.

The broad range of possible outcomes that can be achieved along the recovery journey include:
- Adopting less risky behaviour
- Stabilising misuse
- Reducing use
- Increasing ‘recovery capital’
- Achieving and maintaining abstinence
• Improving physical, mental and psychological health
• Improving social functioning
• Improving economic wellbeing
• Reducing / ceasing offending and anti-social behaviour
• Becoming positively engaged in the wider community.

**Human capital**
Skills, positive health, aspirations and hopes, and personal resources that will enable the individual to prosper. This can include educational attainment and skills, which are key aspects of human capital and will help with some of the problem solving that is required on a recovery journey.

**Cultural capital**
The values, beliefs and attitudes that link to social integration.

Recovery capital is different for each person and changes over time. Recovery capital also interacts with problem severity to shape the intensity and duration of support needed to achieve recovery. This interaction dictates the intensity or level of care someone needs in terms of professional treatment and the intensity and duration of post-treatment recovery support services.

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**Recovery capital**
Recovery capital can be defined as “... the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from AOD [alcohol and other drug] problems”

There are four components to recovery capital:

**Social capital**
The sum of resources that each person has as a result of their relationships. This includes both support from and obligations to groups they belong to. Family membership provides support but also entails commitments and obligations to the other family members.

**Physical capital**
Tangible assets such as stable employment or housing. Access to a healthy diet and fulfilling hobbies.

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**I feel a bit scared about the change but also feel a little bit excited about my future.”**
Service user’s quote.

“I really enjoy the fast paced nature of my work and seeing service users achieve their goals.”
Staff member’s quote.
Welcome
This is a key point in a recovery journey. Peer mentors are available to support people and welcome them into the service and the recovery community.

Strengths based assessment
The strengths based assessment identifies the recovery capital a person has in addition to their needs. This includes identifying current or previous interests and/or links into the geographic community (see community recovery model).

Recovery planning
We allocate each person a case manager throughout their journey and introduce them to a peer mentor.

We agree a recovery plan with the person which, where appropriate, includes referrals for a range of needs, including:
- Safeguarding (adults and children)
- Community services
- Housing
- Education, training, employment
- Mental health including, IAPT and specialist mental health services
- Physical health, including GP, dentist and secondary care services
- Psychological wellbeing.

Medically assisted recovery
Many people require medical support in their recovery and this is supported by a range of recovery oriented options. Depending on need, this will incorporate:
- Rapid titration
- Preparation for detoxification
- Detoxification (community and inpatient)
- Relapse prevention medication
- Robust assessment and management of long term prescribing needs.

Family
Family and friends are key in supporting someone’s recovery. Empowering and supporting this network is a powerful tool in facilitating change and sustaining recovery. Led by a qualified, registered social worker, our family work comprises a range of interventions including:
- Whole family assessment - identifying the assets and support needs across the family network
- Community Reinforcement Approach and Family Training (CRAFT)
An overall positive approach that focuses on a ‘concerned significant other’ and reduces drug and alcohol use, expedites a loved one into treatment and at the same time improves the life of the concerned significant other.

Stabilise

“I can now be the mum they deserve and I want to be.”
Service user’s quote.
- Social Behaviour and Network Therapy (SBNT) works collaboratively with the person and their identified network of people over 8 to 10 sessions to build and mobilise a positive social network support for change
- Moving Parents and Children Together (MPACT) supports children/young people aged 8-17 who are experiencing the effects of parental substance misuse within the family. The programme offers a ‘whole family approach’, working with parents and children. The 10 session programme reduces the harmful impact that parental drug and alcohol use and addiction has on family life.

**Carer support**
Our holistic approach recognises a key element of many people’s social capital is the role of family and friends. We support this through offering an assessment designed to support the carer. Supporting carers will enhance communities and contribute to the social value delivered by the service.

“I most enjoy seeing my colleagues and service users flourish and develop, this is what I find most rewarding about my role.”

Staff member’s quote.

**24/7 access to interventions**
We use ‘Breaking Free Online’ (BFOL), a clinically-robust computerised treatment and recovery programme for substance misuse, available to people using our service.

**About BFOL**
- Provides a wide range of evidence-based psychosocial interventions accessible via the internet or mobile app 24 hours a day
- Directly targets 36 substances – including legal highs, substitute medications and prescribed medications
- Can be delivered as computer-assisted therapy by keyworkers and peer mentors or used independently by service users
- Is approved by Public Health England as a structured psychosocial intervention for the purposes of NDTMS
- Can be augmented by Pillars of Recovery, a group and key-working programme for substance use and mental health difficulties.

**Community recovery model**
We welcome people into the recovery community (shared experience). Through a strengths based assessment of their current or previous interests, links into the shared interest community will be identified. These will be used to begin re-integration through our community recovery model and to being supported by the recovery community.
Strengths based

“Strengths based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person’s strengths and assets.”

This underpins our approach, with the focus being on existing strengths or assets which can be built upon and the development of other strengths and assets. The person is an active participant in their recovery.

“I feel happy when I get my phone call on a Monday morning from the volunteer checking I’m OK.”

Service user’s quote.

Recovery support

Volunteers, mentors and employed recovery workers provide ‘real world’ support that ranges from a friendly face and chat through to ongoing ‘buddy’ support.

For many people who enter services the most difficult thing is to begin to believe that they can make positive changes and there is a way out of the situation they are in. One of the things that can help is to meet someone who has ‘been there’ and who has made some of those changes. Someone who is living proof that there is a way out.

Family

With the full range of our family services and interventions available throughout the person’s stay, family based support remains in place.

Medically assisted recovery

Both psychosocial and medical interventions may be necessary to achieve optimal outcomes. We coordinate the two elements through an integrated service delivery structure with a case manager supported by a multi-disciplinary team. The case manager co-ordinates medical interventions within a recovery plan together with the psychosocial interventions identified.

Residential interventions

Where it is identified as being appropriate through an assessment conducted under the Care Act, we provide access to and/or provide both in-patient detoxification and residential rehabilitation. The service works closely with the residential unit and has an aftercare package in place for a person’s return to the community.
Specialist group and one to one Interventions
All our psychosocial interventions are underpinned by evidence based techniques and include:
- Cognitive Behavioural Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)
- Brief Solution Focused Therapy (BSFT)
- Behavioural Couples Therapy (BCT)
- Mindfulness.

We deliver a menu of interventions for specific issues, either one to one or in a group setting.

Where appropriate, groups support the development of a positive, productive and supportive network or mini-community. These can continue to offer support long after the intervention has been completed. We offer groups in appropriate settings within the community.

We offer targeted services for hard to reach and under-represented groups, these include:
- People who use stimulants
- People who use novel psychoactive substances
- People who use image and performance enhancing drugs
- People who are Lesbian, Bi-sexual, Gay and Transgender (LGBT)
- People who have gender specific requirements
- People who may benefit from increased parenting skills (see also family interventions)
- Black and Minority Ethnic (BME) groups.

24/7 access to interventions
We use Breaking Free Online (BFOL) as described in the stabilisation phase.

Sustainable recovery skills training
To sustain their recovery, people must discover and learn ways of living which offer a positive future both practically and emotionally. We offer a range of options:
- Five ways to wellbeing
- Relapse prevention
- Mutual aid (e.g. SMART groups and links to and with AA and NA)
- Anger management
- Social skills training.

Community recovery model
While every person will have been welcomed into the recovery community, developing links into the wider community now becomes a focus. Current or previous interests will support a range of social and life skill building and support the community integration process by accessing the ‘shared interest community’.

We provide support to people who don’t have such links to develop them. Peer led activities ensure there are opportunities to discover interests which in turn will be used to build capital in this area. These may, for instance involve joining a club or non-peer led activity, or beginning a training/educational course. Whatever it may be, the first visit may be supported by a member of the recovery community.

We have a laugh at the group and it’s good to know people who have been there too.

Service user’s quote.
Where is the person now and where do they want to be?
This involves considering where the person is and how they got there, a ‘taking stock’ of, or reflecting on the situation. This begins from the moment a person makes contact with the service. At this point the journey begins to focus on longer term life goals and aspirations.

Peer mentors
Peer mentors add value to the whole service and provide some key elements, such as visible recovery and role models. All peer mentors are qualified through training certified to diploma level by the National Open College Network (NOCN). This supports their own and others, recovery and provides the first step on a training pathway leading to employment.

"I have real time to spend with people I like and love."
Service user’s quote.

Education and training
An important part of human capital, education and training also contribute to physical capital through their role in attaining employment.

Throughout our services we offer a range of accredited training which contributes to someone's recovery. Some offer skills that support self management and general wellbeing. These include:
- Mindfulness
- Personal well-being.

We also offer skills training which is specifically designed to support people into employment including:
- An NOCN award in employability
- An NOCN award in skills for employment.

Volunteering
We have close reciprocal links with local volunteer organisations. These provide openings for volunteers coming into our service, as well as opportunities for our service users to volunteer in other organisations.

This offers contact with people outside the recovery community, giving the opportunity to develop links into the geographic and shared interest communities, broadening the network of friends and support.

Life-long recovery
We consolidate the ability to ensure life-long recovery, out of and beyond services at this stage:
- Relapse prevention
- Managing money
- Feeding yourself
- Learning to be part of a community or network.
Peer led activities
Having fun, trying new things, discovering new opportunities and learning to be in a social situation are key skills gained through peer led activities. Developing activities and venues to meet in that are not centred on treatment services supports the building of a social life independent of the service and reinforces the support network of the recovery community.

Five ways to wellbeing activities
The ‘five ways to wellbeing’ is a set of evidence-based actions that promote people’s wellbeing. These run through all phases of the service and as the need for intensive specialist interventions begins to reduce the ‘five ways’ offers a framework for life-long wellbeing and recovery.

Mutual aid groups
We provide access to mutual aid groups within our service premises and promote them as an option. This is another way of retaining contact with recovery networks that is sustainable post-discharge.

Social and living skills
We offer specific skill training in a range of areas such as:
- Managing finance
- Assertiveness
- CV writing
- Healthy eating.

24/7 access to interventions
We use Breaking Free Online (BFOL) as previously described.

Community recovery model
The new or reactivated interests identified are the vehicle for engagement with the shared interest community. The forging of social networks which are not exclusively substance misuse related offers people access to a significantly increased range of skills and networks. It offers experiences and topics of conversation which can be shared in social situations. Such practical tools are central to helping people relate to others in the community. This supports and promotes the feeling of being a part of society.

“My role is always interesting and I am given the opportunity to be creative with my practice.”
Staff member's quote.
Engaging in the wider community

While the individual is at the heart of recovery, their relationship with the wider world - family, peers, communities and society - is an intrinsic part of the recovery process.

We encourage and support people to become independent of the service and establish themselves in the wider community.

Social capital

Through our family work and unique community reintegration model we support people to build and consolidate supportive networks. These are developed through the social skills learned establishing a position in community life.

Physical capital

We support people to develop tangible assets such as stable employment or housing, access to a healthy diet, access to fulfilling hobbies.

Human capital

We help to consolidate skills, positive health, aspirations, hopes and personal resources that will enable the individual to prosper and solve problems as they arise.

Cultural capital

We support the values, beliefs and attitudes that enable people to thrive within the wider community/society.

Job readiness

We provide links with employment agencies and schemes in the locality by delivering sessions in:

- CV writing
- Interview training.

Education, training, employment and voluntary work

Employment, whether paid or unpaid, is an important component of recovery. Not only does it enhance someone’s life, it has an impact on all those around them and contributes to the local and national economy.

We provide life skills and employment preparation support from the outset. At this stage we build further on the progress so far and focus on supporting people into employment, training or education.

Our internally delivered and accredited training acts as a bridge into local colleges and employment.

People may have been volunteers within the service as peer mentors and/or outside of the service through local voluntary organisations. These experiences have significant value in the context of writing a CV or providing references for training and employment.

While the ultimate aim is to support people into paid employment we stress the role of learning and voluntary work in maintaining wellbeing.

Such tangible and positive rewards for engaging in such activities reinforce pro-social behaviour and continue to break down barriers in wider society.
Mutual aid
For those people who have engaged with mutual aid, this support will continue.

Recovery check-ups and support
We carry out recovery check-ups at three, six and 12 month intervals. A range of options are open to people, including:
- Face to face
- Live chat
- Phone
- Skype
- Feedback questionnaires.

Community recovery model
We assess progress against our community recovery model and re-enforce assets to ensure a diverse and robust support network. This forms part of our resettlement check-list.

The recovery community provides support and encouragement based on voluntary friendships and the bond of shared experiences and goals. This endures beyond engagement in formal services and forms an important part of someone’s sustainable recovery.

The shared interest community provides an important bridge between someone’s life based on drug and alcohol use and the wider community. The friendships and contacts made here provide access to support which may not be available through the recovery community.

Feeling a part of the community in which they live is an important part of someone’s ability to sustain recovery and to thrive.

The security of someone’s place within these communities ensures a broad based support network is in place which promotes sustained life-long recovery.

Celebrating success
It is in line with our strengths-based approach that we celebrate success. We believe it is important to celebrate success at every step of the recovery journey. This provides:
- Acknowledgement and evidence of progress
- Validation of that progress by peers and family
- Evidence to others that recovery is possible (visible recovery).

It is important that this celebration continues after people leave our services. We hold events throughout the year and use these as a way of maintaining contact and delivering our recovery check-ups.

Aspire Drug and Alcohol Services are provided in partnership by Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and The Alcohol and Drug Service (ADS).