Public Health England

Protecting and improving the nation's health

Mutual aid framework

Fostering effective links between treatment and mutual aid

One of Public Health England's (PHE) ambitions is to improve recovery rates from drug and alcohol dependency. To achieve this, a commitment has been made to support local areas in fostering effective links between treatment services and relevant community and mutual aid groups to enhance service users' social integration and wellbeing.

The effectiveness of mutual aid in promoting and supporting people to make a sustained recovery from dependence has been examined by the National Institute of Health and Care Excellence (NICE), which recommends that treatment providers facilitate access to mutual aid.

PHE recently published a toolkit of documents to enhance the links between treatment services and mutual aid, and these are listed and referenced at the end of this paper. This framework is the final publication in the series: it sets out the essential steps to take in improving the local provision of mutual aid and its connectivity with structured treatment.

To ensure that busy service managers allocate the time and resources required to foster effective links with mutual aid, commissioners may like to consider building some or all of the key points in this framework into service specifications.

How to get things started: key points to follow

1. **Review current coverage of mutual aid in your area**
   Carry out the PHE mutual aid self-audit (www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf). Remember: the more mutual aid groups you have in an area, the more likely you are to meet the diverse needs of all those in need of such support. Ensure you communicate the outcome of the review/audit to all relevant teams.

PHE publications gateway number: 2015298
Published: September 2015

2. **Case file audit**
   Providers to carry out a case file audit to measure whether mutual aid is discussed in key work sessions. This can then be repeated after six and 12 months to determine the impact of your interventions. (See appendix 1 for hints on how to do a case file audit.)

3. Arrange to meet with local mutual aid leads, eg, Narcotics Anonymous, Alcoholics Anonymous, Cocaine Anonymous and SMART Recovery, etc, and discuss how to increase participation. (See appendix 2 for list of useful contact details.)

4. **Mutual aid steering group**
   Create a new group, or use a current group with suitable representation, and add mutual aid to the agenda. Membership needs to include commissioners, providers, service users, PHE leads and mutual aid representatives. (www.nta.nhs.uk/uploads/commissioners-guide-to-mutual-aid.pdf)

   A mutual aid steering group can develop a shared vision and action plan for your area, and agree quality and outcome measures for the project

   Ensure all local mutual aid groups are involved in the project, and in the development of the vision and plan, and that they are able to accommodate any increased capacity engendered by the project. You will also need to invite representatives from any national mutual aid groups that are likely to meet unmet need but are not represented locally.

   Ensure the vision (and, if appropriate, action plan) is agreed by appropriate strategic partnerships (eg, health and wellbeing board, joint commissioning group).

5. Arrange an area-wide mutual aid event to promote vision and agree the way forward. (See appendix 3 for proposed agenda for a mutual aid event.)

6. In partnership with local mutual aid representatives arrange an annual or bi annual mutual aid training sessions for relevant staff, including housing, mental health teams and social services. (See "Improving mutual aid engagement: a professional development resource" for more ideas about staff training www.nta.nhs.uk/uploads/improving-mutual-aid-engagement-a-professional-development-resource-feb-2015.pdf.)

7. Make sure mutual aid is put on team meeting and supervision agendas to review all opportunities for promoting it, eg, include in care planning, key working and group work, etc. Review current data capture and discuss in performance meetings.

8. Ensure staff or volunteers/mentors are able and available to accompany clients to meetings.

9. Review partnership/provider paperwork to ensure it supports the vision, eg, in-patient detox assessment form. This can help to ensure that mutual aid is considered from early on in the treatment journey.

10. Prior to meetings and events, familiarise your mutual aid steering group with the support materials available on the NTA website and promote them across the partnership:
    - a briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid
      www.nta.nhs.uk/uploads/mutualaid-briefing.pdf
    - mutual aid self-assessment tool
      www.nta.nhs.uk/uploads/self-assessment-tool-final-pdf-version.pdf
    - 'Facilitating access to mutual aid: three essential stages for helping clients access appropriate mutual aid support'
      www.nta.nhs.uk/uploads/mutualaid-fama.pdf
    - 'Improving access to mutual aid: a brief guide for commissioners'
      www.nta.nhs.uk/uploads/commissioners-guide-to-mutual-aid.pdf
    - 'Improving access to mutual aid: a brief guide for alcohol and drug treatment service managers'
      www.nta.nhs.uk/uploads/service-managers-guide.pdf
    - 'Improving mutual aid engagement: a professional development resource'
      www.nta.nhs.uk/uploads/improving-mutual-aid-engagement-a-professional-development-resource-feb-2015.pdf

Appendix 1

a. Case file audits

Good case recording helps to:

- improve accountability of staff working in alcohol and drug treatment services to those who use the services
- ensure there is a documented account of involvement with individual service users, families and carers
- support service user care and communications
- show how decisions related to care and support were made
- make continuity of care easier
- support audit, research, allocation of resources and performance planning
- provide a major source of evidence for complaints, investigations and enquiries

Service users have a legal right to see their records, so it should be assumed that any entries to the case record will be scrutinized at some point. Remember, if an intervention is not recorded, there is no evidence that it has been done.

It is suggested that service managers look at a sample of files randomly for each worker (eg, ten on a three-monthly cycle) to check that mutual aid has been discussed; mutual aid goals are included in the care plan and support has been provided to access appropriate local mutual aid. The information collected can be used in tandem with the audit of service user views (see over) and the results can be used in supervision discussions.

DATE:		PROJECT/SERVICE:			
Questions:		Y/N	Comments:	Service user initials	Keyworker initials
1	Is mutual aid information included in previous treatment history?				
2	Is mutual aid information included in care planning?				
3	Are there specific goals set around mutual aid?				
4	Is mutual aid included in general key work discussions, eg, feedback on groups attended?				
5	Has information on all types of mutual aid been offered/discussed including the options of an escort?				

b. Mutual aid – audit framework with service users

It is essential to capture service user views on how mutual aid is discussed with them and if they believe access to mutual aid has been facilitated. Services should plan to collect feedback via service user reps at regular intervals (ideally every three months).

Feedback can be collected in a variety of ways:

- questionnaires administered by service user representative
- individual interviews conducted by a service user representative
- focus group led by a service user representative

It is recommended that the views of between ten and 20 service users are collected, depending on the size of the service.

The resulting information can be collated and used in tandem with the case file audits described overleaf.

DATE:		PROJECT/SERVICE:	
Questions:		Y/N	Comments:
1.	Were you asked about mutual aid as part of your previous treatment history?		
2.	Was mutual aid information included in your care plan?		
3.	Do you have specific care plan goals around mutual aid?		
4.	Do you regularly discuss mutual aid as part of key work discussions, eg, feedback on groups attended?		
5.	Have you received verbal information on all types of mutual aid and has an escort to a group been offered to you?		

Appendix 2

Mutual aid groups for people who use alcohol/drugs

Mutual aid group	For	Website	Helpline telephone
Alcoholics Anonymous (AA)	Alcohol	www.alcoholics-anonymous.org.uk	0800 9177 650
Cocaine Anonymous (CA)	Cocaine and other mood altering substances	www.cauk.org.uk	0300 111 2285 or 0800 612 0225
Drug Addicts Anonymous (DAA)	Any mood altering substance	www.drugaddictsanonymous.org.uk	0300 030 3000
Marijuana Anonymous (MA)	Any form of cannabis	www.marijuana-anonymous.co.uk	07940 503438
Narcotics Anonymous (NA)	Any mood altering substance	www.ukna.org	0300 999 1212
SMART Recovery	Any mood altering substance or addictive behaviour	www.smartrecovery.org.uk	0845 603 9830

Mutual aid groups for relatives, friends and others affected by someone's drug/alcohol use

Mutual aid group	For	Website
Alateen	Teenage relatives of alcoholics	www.al-anonuk.org.uk/alateen
Al-Anon	Relatives, friends and colleagues affected or concerned by a person's alcoholism or alcohol misuse	www.al-anonuk.org.uk
Families Anonymous (FA)	Relatives and friends concerned about substance use problems	www.famanon.org.uk

Appendix 3

Regional/local event: facilitating access to mutual aid from structured treatment

Regional/local event programme template

10:00-10:10 Welcome

10:10-10:40 Recovery context/definition of mutual aid (PHE centre alcohol and drugs lead)

10:40-11:10 Mutual Aid Toolkit (PHE national/centre presenter)

11:10-12:30 Introduction to local and national mutual aid groups: (group attendees to tell their stories and experiences of mutual aid support)

- 12-step groups
- SMART Recovery
- other local mutual aid groups

12:30-13.20 Lunch

13:20-13:40 Small group/table discussions: What's difficult for you in promoting mutual aid?

13:40-14:10 Local perspective (local treatment commissioner and providers)

14:10-14:25 Key ways to change practice: top tips (PHE national/centre presenter)

14:25-14:40 Break

14:40-15:30 Workshop: Changes to practice – small group/table discussion (PHE centre facilitator)

15:30-15:50 Workshop feedback

15:50-16:00 Reflections and closing comments (PHE alcohol and drugs centre lead)