

Publication withdrawn

This guidance was withdrawn in February 2025.

You can read about supporting lived experience initiatives and recovery support services to help people start and sustain recovery from problem drug and alcohol use at [Recovery support services and lived experience initiatives](#).



Public Health
England

Protecting and improving the nation's health

Service user involvement

A guide for drug and alcohol commissioners, providers and service users

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Acknowledgements

The author visited a number of user-led projects around the country to gather background information for this document. All visited projects were asked to contribute a short description of the services they provide. Some are referenced in the text and all are included in part 2.

The author is very grateful to all those who welcomed visits, and the help they offered in defining service user involvement and the steps required to develop meaningful asset-based user-led initiatives.

Many of the projects were felt to be truly inspirational, and commissioners, providers and other service users are encouraged to visit them.

Executive summary

Service users' involvement in the design and delivery of services has contributed significantly to the evolution of effective drug and alcohol treatment systems. This guide builds on guidance published by the National Treatment Agency (NTA) in 2006,¹ looking at the evidence base, the different levels of involvement, and the impact of involvement on service users and treatment effectiveness.

There is enthusiasm for service user involvement (SUI) across the country, with a mixture of different approaches and design. This document is intended to be a useful guide to exploring and developing further SUI in your area.

Four different levels SUI are described:

- involvement in their own care or treatment plan
- involvement in strategic development and commissioning
- developing and delivering peer mentoring and support
- developing and delivering user-led, recovery-focused enterprises

Checklists are included to assist commissioners, providers and service users in the development of SUI, generally and at each level.

SUI can provide individuals with opportunities to gain experience, confidence, qualifications and skills, some of which can then be transferred to others. The training and support needs of service users and other staff are discussed.

The final section looks at the role played by service user led community developments in meeting the needs of particular groups.

There are many good examples of SUI across the country, and this guide draws on the skills and expertise that exist within those initiatives. Descriptions of user-focused services are included, illustrating how SUI is now seen as an opportunity and a resource to strengthen the recovery process, for individuals and communities.

Part 1. Service user involvement guide

Introduction

In 2006, the National Treatment Agency described service user involvement (SUI) as “a way of achieving three fundamental objectives:

- strengthened accountability to all stakeholders
- services that genuinely respond to the needs of users
- a sense of ownership and trust”¹

It also recommended that service users should be actively involved in planning, delivering and evaluating service provision.

Since then, alcohol and drug services have further evolved, with SUI significantly influencing both the development of structured treatment and the growth of peer-based recovery provision.

Public Health England (PHE) continues to recognise the essential and developing role played by both current and ex-service users in the development of effective treatment and recovery services. This guide has been produced to capture some of the developments of the last decade, to identify good practice, and to provide suggestions on how this can be replicated and built upon.

About service user involvement

What is service user involvement?

For the purpose of this document the term ‘service user’ refers to a person who is a past or present user of drug or alcohol treatment and recovery services.

SUI is about making sure that the people who use services are meaningfully involved in the planning, development and, where appropriate, delivery of effective support and other interventions provided by those and other services.

“Service user forums have the potential for improving awareness of services, empowering service users and strengthening community partnerships within an inclusive treatment and rehabilitation framework.”²

SUI comes in various forms, but one common factor is the positive impact it has on service users. Their involvement in services at all levels increases confidence in, and the suitability of, those services and can make services more attractive to new users. Visible recovery (ie, recovered alcohol and drug users actively involved across the treatment system) is likely to motivate those in treatment and those ambivalent to treatment. Increasing SUI makes recovery much more visible, encouraging current and potential service users to see peers successfully addressing their drug and alcohol problems, while also having an opportunity to engage in activities other than treatment.

As Richard Maunders, a director of the UK Recovery Federation, said, “In recent years I’ve learned that recovery becomes contagious within communities when it’s visible, when it’s seen and felt, and hope and inspiration are passed on to those still struggling, still trying to define what recovery means to them.”³

There are a number of levels at which service users can get involved in developing and delivering alcohol and drug treatment services:

- involvement in their own care or treatment plan
- involvement in strategic development and commissioning
- developing and delivering peer mentoring and support
- developing and delivering user-led, recovery-focused enterprises

These levels of SUI are explored in more depth later.

Meaningful SUI takes commitment, time and effort from commissioners, service providers and service users, requiring constant monitoring and improvement to meet the changing needs of the client group. A requirement for services to develop the first three levels of SUI can be written into service specifications. User-led recovery-focused enterprises, on the other hand, often come about as a result of a particularly committed and creative individual.

Why involve service users?

Evidence shows that involving service users at any of these levels is likely to have a significant positive impact on treatment and recovery outcomes. “Those who felt that they had been involved were more satisfied with their treatment, had stayed in treatment for longer, and reported a range of positive subjective and objective drug and lifestyle outcomes.”⁴

Levels of citizen participation

Originally devised by Sherry Arnstein, the ladder of participation⁵ sets out eight progressive levels ranging from non-participation to citizen power. It has been adapted by Susan Lawrence, providing a useful way to understand how SUI can develop, from simple information-giving and seeking service users' views on proposed developments, through to services where service users generate ideas for action and make all the major decisions.⁶ In this document we describe four of the main levels at which service users can be involved.

SUI and mutual aid

Mutual aid (MA) (such as 12-step groups and SMART Recovery) involves alcohol and drug users providing support to one another in their journeys to recovery. It makes sense, therefore, to look at MA alongside SUI, while valuing and understanding the differences. Although MA is founded on the experience of recovering alcohol and drug users, a considerable proportion of those involved in MA groups have never been in contact with formal treatment services, having used MA alone to support their recovery. Twelve-step MA groups are never commissioned, neither are they attached or aligned to a specific provider or service.

However, MA and SUI work well in partnership and should not be mutually exclusive. For example, ex-service users can provide vital support in helping other service users engage with mutual aid, by discussing the characteristics of local MA groups and by accompanying new members on their first visit.

PHE's mutual aid toolkit (see useful links, page 17) sets out the evidence base, and provides advice and guidance on encouraging service users to engage with mutual aid.

Levels of service user involvement

These different levels of service user involvement represent the main ways in which service users can exert influence by participating in both the development of their own treatment plan and in the general development and delivery of alcohol and drug treatment services. SUI ranges from being fully informed and consulted with at the lowest level, to initiating, designing and running their own services.

Prompts for general service user involvement

- is there a SUI policy in place?
- is there a specific budget for SUI? While involving service users in their own care/treatment plan does not require any additional funding, a specific SUI budget could range from small amounts to re-imburse travel costs for service users who are attending strategic/commissioning meetings, to funding for a SUI co-ordinator or recovery champion post to develop peer support in structured treatment services, and to encourage the development of peer-led recovery services.
- do you have regular all staff events which include talking about recovery and how to support service users to get involved in their treatment, in mutual aid and in other service user-led initiatives?
- do you have a website that details all of the service user opportunities in your area?

Involvement in their own care or treatment plan

It is essential that service users understand the treatment that they are able to access, and have the confidence that the treatment they are offered will meet their specific needs. They need to be able to ask questions and, if appropriate, challenge what is offered. NICE guidance stipulates that “Treatment and care should take into account service users' needs and preferences. People who misuse drugs should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professionals.”⁷

Staff need to ensure that all those involved in structured treatment services are given the opportunity to contribute to their own treatment or care plan, are issued with an up-to-date copy of the plan, and are clear about the role the plan has in setting out their current and future treatment goals and interventions. When clients understand their care plan they have more awareness and ownership of it, factors which can improve outcomes. Regular reviews of services will determine whether SUI at this basic level is happening. Case file audits will determine whether care plans are developed in partnership with service users. Care plans should be agreed and signed by service users, who should be offered hard copies to take home, and evidence of reviewing and agreeing should be in files. While service user questionnaires can provide an opportunity to ensure that service users understand and own their care plans, ideally SU feedback should be carried out by service user groups, as they can often elicit more honest responses than service provider staff can. These measures can increase service users' confidence in services.

Prompts for involvement in their own care or treatment plan

- do service users receive a copy of their own care plan once it has been agreed?
- do service users have a sense of ownership of their own care plan?
- do you do case file audits and seek service user feedback on their involvement and understanding of their own care plan?
- do you have a visible complaints procedure/box?

Involvement in strategic development and commissioning

Service users have unique experiences, insight and skills. They have expertise to share, and an important contribution to make to the design, development and delivery of initiatives to help people affected by alcohol and drug use.

Because of their direct experiences of services, service users know better than anyone what works – and what does not. Involving them in development and commissioning brings unique insights and taps into a valuable resource. Services will be more effective if they are developed and delivered with the direct involvement of the people who use them.

Healthwatch England is the national consumer champion in health and care, ensuring the service user voice is strengthened and heard by those who commission, deliver and regulate health and care services. The Healthwatch network comprises Healthwatch England and local Healthwatch in the 152 local authority areas in England. People can get involved in their local Healthwatch by providing feedback on their experiences of using services, attending groups, volunteering or applying to be a member of an advisory group or as a board member

The objective of SUI at this level is to ensure that drug and alcohol treatment and recovery services are developed to meet the needs of service users. They help ensure services provided are relevant, accessible, of good quality, culturally competent and have positive treatment outcomes for the individual.

This level of involvement can take the form of:

- contributing to the development, review and performance management of existing strategies and services
- involvement in all aspects of re-tendering services
- sitting on strategic boards such as local drug and alcohol partnerships and joint commissioning boards
- being on interview panels for both strategic and service delivery posts

In all instances, it is essential that adequate training and support are given, and that service users are kept up to date regarding the purpose, membership and often frequent name changes of relevant meetings.

Prompts for involvement in strategic development and commissioning

- are service users, encouraged to get involved in the planning and commissioning of services?
- is their involvement evident throughout needs assessments and key priority-setting processes both for community and prison based services?
- are service user representatives invited to all appropriate development and commissioning meetings?
- do staff members actively support service users who agree to participate in meetings?
- is there a role description for service users getting involved in development and commissioning?
- are meeting and other dates arranged and given in good time, bearing in mind childcare etc.?
- are members given training that includes contextualising the meeting and the other members?
- are there service users sitting in monitoring meetings?
- is there a service user training policy?

Peer support

Peer support is a general term covering both peer advocacy and peer mentoring.

Peer advocacy typically involves listening to service users, understanding their specific needs and helping them to access the support they need to meet their requirements. This could involve supporting someone to apply for benefits and accompanying them to a meeting, or helping them lodge an appeal about a housing decision

Peer mentoring is more about providing advice, acting as a role model and providing positive influences for people who may not have a good support system available to them. For example, some areas use peer mentors to meet people at the prison gates, to support people in their first hours after release. Ideally, the benefits will be felt by both the peer mentor and the peer mentee.

The opportunity to mentor or be an advocate can often be the first step towards employment. Mentors can gain knowledge, experience, structure, routine, improved self-esteem and confidence, as well as training and a possible reference.

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Some organisations may have a policy of requiring those who work or volunteer for them to be free from illicit drug use for a set period, but there should always be an individual assessment of competence and risk. It is essential that all peers, whatever their level of responsibility, receive adequate training and support, organised either through the local authority commissioner or through the treatment service to which the peer support is attached. Expecting peers to provide support without training poses risks for both the mentee and the mentor, with the potential of undermining treatment or destabilising recovery. Most established service user organisations will deliver relevant accredited training.

Peers are also often used to deliver training, for example, training current users and their families, friends and carers on the use of naloxone in the event of opiate overdose.

Service users' skills and expertise are helpful in the delivery of training to GPs, pharmacists, probation, police, teachers and so on. Service users are a resource for delivering training to other drug users, particularly those who may not wish to access structured treatment.

Service users expected to deliver training would also benefit from a "training the trainers" course. Not only will this improve the quality of the training they deliver, but it can also give them a qualification. Such courses can normally be accessed through local provider agencies, through the local authority, or by contacting the local PHE centre.

Prompts for peer support

- are there role descriptions for service users working as mentors or advocates?
- do contracts insist on peer support as part of delivery?
- is there a clear description of what peer support means within your area?
- are mentors and advocates coordinated and trained?
- are supervision and support provided to mentors and advocates?
- is the peer training and work monitored and accredited?

Recovery-focused organisations, social enterprises and recovery communities

These dynamic, visible and innovative examples of service-user led initiatives are designed to support people in their recovery journeys by providing services directly to those in recovery, or by those in recovery providing services and products to the general public.

Many effective initiatives are user led, with support from services and commissioners, as opposed to the other way round. Where the projects have been developed by professionals, service users are still very much in control. This suggests that in some areas, SUI is reaching the top rung of Arnstein's ladder of involvement.

The Substance Misuse Skills Consortium's Skills Hub says "Recovery communities are often formed through the coming together of diverse groups of people who share a common sense of identity and shared lived experiences. The members of a recovery community will have experienced addiction, treatment, and/or recovery."⁸

Innovative ways of working are increasingly being harnessed to improve the lives of alcohol and drug treatment service users. These include asset-based community development, time-banking and co-production (see glossary).

The majority of these projects have come about as a result of a particularly committed and creative individual, a "sparkplug", driving forward an idea or developing an activity-focussed project or service. Commissioners and providers can support or create the conditions where a sparkplug can be found or developed. Projects are often referred to as "asset-based resources" meaning that they are based on the existing strengths within a community. Generally they are independent from providers and commissioners, although some may receive funding from commissioners. Lottery funding and PHE capital funding are examples of funding streams that have been used by service user led organisations. These projects develop to complement the existing treatment and recovery support system.

While these projects may vary tremendously, they are generally very practical in focus, offering structure, responsibility, experience of being a member of a team, training and employment opportunities. Each project is unique and relevant to its local community, and many are social enterprises.

Social enterprises are not-for-profit organisations that tackle social problems, improve communities and people's life chances, reinvesting any profits made back into the business or the local community. For more information about social enterprises generally, visit the Social Enterprise UK website: www.socialenterprise.org.uk.

Some service user-led social enterprises provide services to the wider community, selling reconditioned furniture, managing IT suites, running cafés, offering complementary health services, and so on. All this can help to improve

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the relationships and reputation of service users with the wider community, and challenge any preconceptions or stigma that may exist.

Prompts for recovery-focused organisations, social enterprises and recovery communities

- do you have a recovery champion?
- does your service user group encourage individual ideas and enthusiasm?
- do you have an annual event to promote recovery, such as a recovery walk or recovery concert?
- are projects supported in finding premises?

Training, accreditation and remuneration

For professional staff

All providers should ensure that the value of SUI at all levels is understood by staff. Ideally it should be covered within induction training. You may want to designate a member of the team to lead on SUI. If so they should be able to access more detailed SUI training.

Visits to service user-led initiatives can be a useful component of professional development. There are a number of examples of service user-led projects in part 2 and your local PHE centre may be able to suggest further local examples.

For service users

All organisations that use volunteers should have a role description, to help the SU and their manager understand the extent and boundaries of their responsibilities, and an induction plan. Since volunteering is often a route into employment, it is essential that volunteers get adequate supervision, training and development opportunities.

Some service user groups place an emphasis on the importance of delivering accredited training. As well as ensuring that the training is of good quality it also gives service users qualifications, which can help volunteers move into the paid employment market.

Service users employed on a full-time, part-time or sessional basis should be subject to the same terms and conditions of employment as any other paid worker in the organisation.

Where service users are employed in a voluntary capacity, consideration will need to be given to how to cover any travel or other costs incurred. In most cases, a policy will be useful for ensuring that costs are reimbursed consistently. If service users are on benefits, you may need to check how these might be affected.

Groups with specific needs

Some minority groups and communities might feel that their specific needs are better met by community based service user groups than by mainstream services. For example, groups representing the needs of black, Asian and minority ethnic (BAME) groups, or those working specifically with women or with members of LGBT communities. Service user-led groups such as these can offer either an adjunct or a link to local treatment services. The development of such groups may again depend on identifying and engaging with a “spark plug” within such a community who is keen and interested.

KIKIT Pathways to Recovery in Birmingham (see part 2) was set up in response to a lack of services that appealed to the local BAME communities. They work with a diverse range of minority groups across Birmingham, providing multilingual culturally sensitive support services.

Some areas have peer-led women’s groups, such as Brighton Oasis Project, Build on Belief in Kensington, London, and RAW, part of PUSH in Portsmouth (see part 2).

These services not only encourage people to get involved in recovery activities that they might otherwise not feel they can relate to, but they also provide the opportunity for service users to link up with services and groups, addressing other issues such as domestic abuse or radicalisation. As they generally do not have a specific substance misuse contract like other providers do, they are able to be more flexible in the community issues they respond to.

Part 2. Service user-led initiatives, in their own words

Aurora Project Lambeth

www.auroraprojectlambeth.org.uk

Aurora Project Lambeth is a registered charity offering peer mentoring to individuals in treatment for substance and alcohol use within Lambeth. Aurora Project Lambeth was set up by a group of individuals with experience of seeking treatment for substance or alcohol use and is governed by a board of trustees.

This small organisation offers a unique service for clients, offering them the chance to get support and advice from people who have been through treatment themselves. The project's team of volunteer peer mentors offer clients one to one emotional, motivational and practical support. In addition to peer mentoring we offer clients the chance to take part in creative and unique groups to support each other, for example, the Aurora book group, art group and fitness group.

Bournemouth Alcohol and Drug Service User Forum

www.badsuf.com

Bournemouth Alcohol and Drug Service User Forum's (BADSUF) mission statement: to relieve the suffering, the adverse health, and living conditions of those whose lives are affected by substance misuse, by providing support and information on rehabilitation. BADSUF was established by service users in 1995 and became a registered charity in 2000. We are one of the longest running service user groups in the UK.

We offer a free and effective advocacy service representing people for complaints, problems, suggestions and comments about their treatment and housing in Bournemouth. The BADSUF community support worker has regular meetings with service users in order to gather their views and experiences of treatment. The community support worker will provide regular anonymous feedback to treatment agencies and Supporting People housing providers on behalf of service users. This information highlights the standards and quality of services people experience.

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Each year we host an open day. This is a great chance for service users to meet and offer their opinion on the range of treatment services in Bournemouth. People can share ideas and experiences to help improve local services.

We also produce an annual newsletter for service users to keep them up to date with our activities and to raise awareness of some topical issues at local and regional level.

We represent service user views at a range of management meetings and committees. All of these meetings have an effect on the delivery of drug and alcohol services in Bournemouth.

Brighton Oasis Project

www.oasisproject.org.uk

Brighton Oasis Project has a longstanding commitment to involving service users in the development and delivery of its services. We know from experience that working in a way that is collaborative reaps benefits for our organisation and for those that use it now or who may do so in the future. For us service user involvement is not simply a series of ad hoc consultations on proposals that we want to implement. It means being alert to what is being said and unsaid, good or bad and responding in a way that is open and flexible. Getting to the heart of 'what works' by necessity means tuning into how our services are received by those who use them and listening to suggestions on how they can be improved.

At Oasis 'visible recovery' can be seen throughout all layers of the organisation with a proportion of volunteers, paid staff and board members having 'lived experience' of substance misuse. This models our core belief that change is possible and that motivation with the right support makes long term recovery an achievable goal for women at Oasis. We consistently receive feedback on the importance of peer support for women using our service. Whether this is through structured peer support meetings or a reassuring nod or smile, women tell us the support they give and receive from other women at Oasis is vital to their recovery.

For example, three times a week staff sit down together with service users and their children for a home cooked lunch and a bit of down time after structured programmes finished. There is always a lot of conversation and laughter to balance the hard work that goes into attending key works and programmes as well as an opportunity to 'just be'.

Build on Belief

www.buildonbelief.org.uk

Build on Belief (BoB) was designed, implemented and is run by service users. Employing only people who have volunteered with us, we currently run three weekend projects, and two 'recovery cafes', one of which is open seven days a week. Our services are socially based, focusing on creativity, support, befriending and the provision of safe places for people both with current substance use problems, and in recovery from such problems.

We are not an abstinence based charity, in that we do not follow any specific model of addiction or recovery. We believe that if the service providers support an individual to deal with their substance use and we support them in 'getting a life', then all they have to do is decide what they want!

We see ourselves as the cement between the bricks of the treatment system, working in partnership with a wide range of providers, ensuring that people are looked after seven days a week. They do the therapy and we'll do the fun!

Changes UK

www.changes-uk.com

Changes UK is an innovative, user-led, community interest company and a registered charity. We provide supported housing and holistic services for people in recovery from drug and alcohol addiction, including those who are referred by probation and those who have recently left drug rehabilitation schemes.

We provide an integrated care pathway from drugs and alcohol to health and freedom, that is, from dependence to independence and we create employment pathways as an active member of Digbeth Social Enterprise Quarter. Our aim is to show that, with the right support, people in recovery can be an asset to the local community and not a burden.

DATUS Enabling Recovery

www.datus.org.uk

DATUS Enabling Recovery is a grass roots peer-led charity that was conceived, founded and developed by a group of individuals in recovery in 2007. Since 2008 we have been commissioned through Public Health Birmingham to deliver a range of services including mutual aid network development programs, mutual aid resource hub, behaviour change training

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programs, community engagement programs, open access peer-to-peer training and advocacy.

Services that we deliver that are not commissioned through public health include behaviour change training programs within criminal justice settings, a drop-in IT suite, our very popular allotment project (now expanded to three plots) and our Spiritual Chilli kitchen, which is a pay-as-you-feel recovery café.

We also offer a mystery customer project to service providers. All our services are delivered by individuals in recovery and have been co-produced by DATUS and our beneficiary group.

The organisation is governed and managed by individuals in recovery. Our most valuable assets are the individuals who engage with our services. They produce the outcomes that we measure and report, they provide us with intelligence and insight as to how we can meet needs more effectively and they have allowed our organisation to develop a skilled and committed workforce.

Emerging Futures

www.emergingfutures.org.uk

We set up Emerging Futures CIC in the spring of 2014 to work specially with service users, recovery communities and families of those in recovery. We hold a mid-point allegiance which put simply, means we work with treatment provider agencies to train people who are sustaining their own recovery (regardless of their chosen pathway) to engage, inspire and support others into a local recovery network. This network will include access to abstinence housing, leisure activities, family support, training, employment and entrepreneurial pursuits.

We use a coaching model as an organising principle which trains people to tell their story to influence others. Recovery coach training is accredited through OCN and covers areas including, boundaries, ethics, listening skills, advocacy, life planning, roles, responsibilities, etc. Coaching is not peer mentoring, we work with individuals who are experts by experience who are already established within a local recovery community, have a minimum of one year abstinence and who are in independent accommodation. It is these individuals who we focus on to build local recovery opportunities for others.

Coaches employ a model of asset-based community development, building on what's strong in their communities as opposed to focussing on what's wrong. Live asset registers are created to inform both treatment provider and community pathways.

In areas where coaches have been recruited, trained and supervised, significant progress has been made in the co-production of services with providers, and treatment outcomes have been enhanced

KIKIT Pathways to Recovery

www.kikitproject.org

KIKIT Pathways to Recovery CIC is a BME specialist community-based health and social care enterprise, working with individuals, families and communities that are affected by drugs and alcohol. Our projects and services are developed and designed to meet the needs of hard to reach and marginalised communities. We use an integrated and culturally competent approach, which offers a diverse range of services designed to maximise transformative recovery. We support individuals to take personal responsibility so that they may achieve freedom from addiction and become productive individuals within their communities.

PUSH Recovery Community

www.pushrecoverycommunity.org

PUSH Recovery Community is a thriving peer-led recovery community. We are independent and believe this to be the most effective form of service user involvement. PUSH have a packed timetable that runs Monday through to Saturday with activities, projects and services organised by and for service users or anyone with issues around addiction.

The weekly timetable typically includes:

- an open forum with a regular attendance of 40-50 people
- six advocacy clinics supported by weekly supervision
- training up to NVQ level 3 standard in health and social care, and working therapeutically with addictions and recovery
- RAW group (Recovery Available for Women)
- SMART (mutual aid) groups
- 'Moving Forward' in partnership with Portsmouth Probation
- FIRST ACT, another mutual aid group incorporating acceptance commitment therapy and therapeutic activities

PUSH members attend as little or as much as they like and are encouraged to 'do their own thing'. The entire PUSH timetable was born out of the PUSH members' aspirations. At PUSH we nurture a positive, friendly and supportive atmosphere and know that each person's recovery is as unique as they are.

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Recover Team Hertfordshire

www.recoverteam.co.uk

Recover Team Hertfordshire ('Up-Cycling Furniture & Lives') is a vibrant, exciting and inspirational furniture up-cycling social enterprise with a fabulous artisan workshop/showroom in Welwyn Garden City, Hertfordshire. At its heart is our commitment to sustainability by up-cycling unwanted furniture or working with donated and reclaimed materials.

We 'up-cycle lives' by offering our volunteers the opportunity to learn new skills, develop self-esteem, confidence and pathways to employment. Creativity, fun and professionalism is encouraged and is evident in our splendid 'one of a kind' items.

Red Rose Recovery

www.redroserecovery.org.uk

Red Rose Recovery is a service-user-led charity, working with people from the recovery community. This includes people in recovery from addiction to alcohol and substance misuse, their families and others affected.

We provide opportunities for people to build sustainable recovery in community based settings through:

- participation in forums, peer support groups and social events, including the Lancashire User Forum
- taking part in positive activities with the recovery community, families and the wider community
- taking up volunteering opportunities in community-based organisations
- taking part in education and training for personal development
- reducing the stigma around addiction and those in the recovery community

Red Rose Recovery focuses on the assets, skills and gifts of the recovery community, rather than their needs, and looks to build on these, reinforcing their own personal strength and experience. We work across Lancashire, with staff covering local areas.

Service User Involvement Team

www.suiteam.com

SUIT (Service User Involvement Team) is an award-winning service based in Wolverhampton that thrives on offering ever expanding levels of high quality service, guidance and support to our peers. We embrace collaborative working, while holding agencies to account when necessary.

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The trained staff and volunteers deliver meaningful interventions to support their peers.

In a 12-month period the service worked across 51 different areas (from immigration to employment) working with 364 different agencies to ensure that those accessing the service had the best possible individual outcome. Main areas of work include education, training, employment, volunteering, welfare, housing, advocacy and strategic involvement.

This truly demonstrates that with the right structures, transparent monitoring systems, strong governance arrangements, effective mentoring and leadership, that fantastic individual and organisational outcomes can be achieved.

SUIT set up a sister organisation, The Recovery Foundation CIC in May 2013, to expand on current levels of service. Its work includes professional consulting and delivery of training. The service offers a unique opportunity for learners to build their knowledge of substance misuse, delivered by individuals with personal experience of addiction. This allows for a depth of learning that not only provides competence, but also emotional understanding.

From commissioning support to business development, the lessons learned from the SUIT model allow for service users to be at the heart of developmental tasking.

SUIT is happy to offer advice and guidance to other service user organisations.

Telford After Care Team

www.tacteam.org.uk

TACT (Telford After Care Team) is an independent company which provides mutual aid, after care and support for people recovering from substance addiction. It is entirely staffed by ex-service users, most whom work on a voluntary basis. We help people recover from addiction by improving their mental and physical health, wellbeing and independence by providing access to all service users from the Telford and Wrekin area to a large range of opportunities. such as signposting and advice, harm reduction and health advice, mutual aid groups, housing and welfare support drop-in sessions, educational courses and training, group & recreational activities, counselling and much more.

The Secret Space

www.theseecretspace.org.uk

The Secret Space is a peaceful sanctuary in the heart of Hertford. It offers a range of yoga classes and Holistic Therapies. We are a social enterprise, giving people who have overcome great difficulties in their lives the chance to gain new skills, qualifications and work experience.

There is a strong sense of community spirit which supports clients, volunteers, therapists and teachers alike. We also sell products and exhibit artwork that has been created by local people. The Secret Space is truly helping people to change their lives.

Appendix 1. Glossary

Asset-based community development

Asset-based approaches are an integral part of community development. They are concerned with facilitating people and communities to come together to achieve positive change, using their own knowledge, skills and lived experience of the issues they encounter in their own lives.

Time banking

A tool that complements existing community development. Time banking supports people to offer their time, skills and experience to others, and in equal measure receive help from them.

Co-production

There is no single formula for co-production but there are some key features that are present in co-production initiatives. They define people who use services as assets with skills who break down the barriers between people who use services and professionals

www.scie.org.uk/publications/guides/guide51/what-is-coproduction/defining-coproduction.asp

Social enterprises

Businesses that trade to tackle social problems, improve communities, people's life chances, or the environment. They make their money from selling goods and services in the open market, but they reinvest their profits back into the business or the local community www.socialenterprise.org.uk

Mutual aid

Typically provided outside formal treatment agencies and is one of the most commonly travelled pathways to recovery. Mutual aid groups come in different types, with the most widely provided being based on 12-Step principles, for example Narcotics Anonymous and Cocaine Anonymous. Other forms include SMART Recovery and locally derived groups.

Appendix 2. Useful links

BME involvement: Dancing to our tunes. Reassessing black and minority ethnic mental health SUI

www.nsun.org.uk/assets/downloadableFiles/dtoots-report_reprint-oct-20112.pdf

Ethnic inequalities in mental health: Promoting lasting positive change – a consultation with black and minority ethnic mental health users

www.nsun.org.uk/assets/downloadableFiles/EthnicInequalitiesinMentalHealthReportFebruary20142.pdf

NESTA and National Voices paper on peer support, what it does, who it is for and the difference it makes

www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/peer_support_-_what_is_it_and_does_it_work.pdf

A guide to values-based commissioning

www.mind.org.uk/media/977059/influencing-mental-health-services-guide.pdf

The Substance Misuse Skills Consortium's peer support toolkit

www.adfam.org.uk/cms/docs/Skills_Consortium_Peer_Support_Kit_Final.pdf

PHE's mutual aid toolkit includes:

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

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