

NATIONAL
quality
STANDARDS
FOR SUBSTANCE MISUSE SERVICES

**GOOD PRACTICE GUIDE TO
SERVICE USER INVOLVEMENT**

**NATIONAL QUALITY STANDARDS FOR SUBSTANCE MISUSE SERVICES:
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Good Practice Guide to Service User Involvement

This guide has been produced in consultation with a Task Group of the National Quality Standards for Substance Misuse Steering Group.

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Definition

The task group involved in writing this guide agreed the following definition for User Involvement as it pertains to the implementation of the National Quality Standards for Substance Misuse Services.

The active participation of people who, because they have used services, can bring their knowledge and experience to contribute to the design, planning, delivery and evaluation of services at a local, regional and national level.

This includes all those affected by substance misuse, such as the individual user, their family, carers and friends. For convenience and simplicity, the collective term “Service User” will be used throughout the manual.

This manual is about service users being involved in the on-going systems and procedures of services. This is different from being involved in individual care planning and reviews of care plans.

For more information about the National Quality Standards please see <http://www.scotland.gov.uk/Resource/Doc/149486/0039796.pdf>

Who is this guide for?

The primary audience is service providers and commissioners. It will also be of value to those service users and their supporters who wish to become more actively involved in the design, planning, delivery and evaluation of substance misuse services.

This guide is designed to be used by all services regardless of size, source of funding, structure or client group. We have, where possible, sought to provide guidance as to the suitability of different forms of user involvement for specific types of service. However, it is guidance and ultimately the successful implementation of any particular form of user involvement is dependent on a clear, shared understanding of the aims of user involvement and the ongoing enthusiasm and commitment of those involved.

The following statement from the Scottish Consumer Council (2002) details “key principles that are considered important to the effective involvement of all service users.

- Being clear about the purpose and expectations of involvement
- Being clear about the status and authority of the user and the extent to which they could or should liaise with wider user networks.
- Being explicit about how people are selected to take part
- Ensuring that appropriate support, including funding, is provided to facilitate participation.”

The way forward for effective service delivery is for service user involvement to be an integral part of the design, planning, delivery and evaluation of services at a local, regional and national level.

Service user involvement is challenging but the benefits resulting from both the process and the results can turn the challenge into an opportunity.

Benefits of Service User Involvement

The concept of service user involvement emerged in the 1960s and 1970s through the disabled person's movement which called for greater user involvement. Its primary aims were to challenge the medical model of disability and for the inclusion of people living with disabilities in service design and delivery.

The principles of user involvement have continued to attract attention and greater importance has been afforded to involving members of the public, patients and service users in the delivery of public services. Service user involvement has become commonplace in the areas of disability, mental health and social care. Progress has been slower, however, in other areas such as substance misuse.

The benefits of effective service user involvement are well documented and can be observed at a number of levels.

Some examples of service user involvement include evaluation forms, face-to-face interviews, peer group forums, service management involvement and national strategy forums. More examples are provided later in this document.

The variety of methods available to involve service users means that individuals can participate at a level that they feel comfortable with. Each method is of benefit to both service users and service providers and should be encouraged.

Benefits to Service Users

- Service management involvement provides individuals with a forum in which to raise issues and concerns in an appropriate manner and encourages active participation in treatment decisions.
- It contributes to the development of open and transparent working relationships where individuals are valued and listened to.
- At an individual level, meaningful involvement allows active participation in treatment decisions and prevents individuals from becoming passive recipients of services.
- It provides individuals with opportunities to share their knowledge and expertise of what works and what does not work.
- It creates opportunities for service users to influence service delivery and service planning at both local and national levels.
- Where effective, service user involvement can increase and maintain self-esteem and self-confidence and support their progression through recovery and rehabilitation.

Benefits to Service Providers

- They can learn more about the experiences of users and carers and encourage the development of closer working relationships between service users and staff.
- They can use these experiences to change current provision or develop additional services to meet the needs identified by its service users.
- They can encourage service users to express their views and use their energy and experience to make long-term improvements to service.
- They are able to use the information from service users to evidence outcome measures and report to stakeholders.
- It enables the development of transparent and open services and decision making processes.
- Effective service user involvement creates a working environment where both staff and service users feel comfortable about expressing personal opinion – both positive and negative.
- Service user involvement should be used inform training and reflection on practice.

Benefits to Service Commissioners

- They will be able to ensure that service provision meets the needs of the local population.
- Information from user involvement aids the identification of gaps in service delivery.
- It informs and contributes to service reviews.
- It improves commissioners' abilities to influence the national debate by having better local information.

Challenges of Service User Involvement

For Service Users

- Definitions and understanding of service user involvement can vary and this can lead to confusion about what it is and how people can become involved.
- Research indicates that some service users often evaluate their relationship with their key worker rather than the service that they receive.
- Some service users may be cynical about the value of service user involvement because their previous experience has been of a tokenistic nature.
- Service users may be worried about expressing their view for fear of reprisal especially if they are dependent on services.
- Some service users may not feel confident enough to participate in groups and must be given the opportunity to contribute at a pace and in a manner that meets their needs.
- Service users can lose faith in the involvement process if they are not kept informed of what has or has not been done because of their involvement, or if there is no improvement to the service.
- Literacy issues can preclude some service users from participating.
- Any cynicism expressed by service providers can affect service users' participation, either positively or negatively.

Service Providers

- The variety of definitions of service user involvement can lead to confusion for staff about what is being asked of them.
- Services can have difficulties changing where the culture of user involvement has not been the norm.
- Staff may feel threatened by perceived criticism.
- Resource implications can create challenges for services to involve service users.
- Services may need to try different models of involvement before finding the best model.
- Services may use a variety of models at any one time to engage service users.
- The needs and abilities of service users vary within services therefore different methods may have to be used at the same time.

- Services can, at times, find it difficult to establish a consensus with service users about the best way(s) to work together.

For Service Commissioners

It will be necessary for service commissioners to improve their knowledge of user involvement and to include a clear description in the service specification of exactly what they want service providers to do and how that activity should be evidenced.

Characteristics of Service User Involvement

The successful implementation of the National Quality Standards recognises that effective and efficient substance misuse services requires the active participation of service users in the design, planning, delivery and evaluation of services.

Compliance with the National Quality Standards requires that user involvement be evidenced to different extents, at different levels and through employing a combination of methods. Furthermore, service providers, ADAT's and national bodies will need to evidence through their activity a commitment to continuous improvement in overall service planning, design, delivery and outcomes.

The characteristics of service user involvement can be categorised into broad areas, descriptions of each are provided.

Extent of Involvement

Each method used will, depending on how it is implemented, be more or less effective in enabling the service to be responsive to and reflective of the needs of both current and potential service users.

Before choosing to adopt or revise the use of any particular method consideration needs to be given to the characteristics of the service/region that will affect effective implementation.

Such characteristics will include, but not be limited to, number of services in the area, the integration of services within an area, the size of the service, its location, the frequency and average length of attendance by service users and the average age of service users.

Service providers, commissioners and those at a national level must ensure that the methods tried and used are appropriate. Each method must assist service users to have a voice and influence and inform service delivery in a positive way.

Where people are involved

Local/Service Provider Level

This refers to the responsibility and actions of the specific service. Whilst staff within the individual service will have the greatest opportunity for direct contact with their current service users, they are not necessarily best placed to involve other service users in the area. In addition, while the balance of their activity needs to be weighted to the delivery of the service some flexibility from commissioners/ external scrutiny bodies will be needed in order that the service can grow and adapt to meet both current and future needs. A number of the Quality Standards refer explicitly to the relationship between an individual service user and an individual service; however others refer to how the service works with other services, family members and the local community.

Regional Level

There are 22 Alcohol and Drug Action Teams (ADATs) in Scotland. Some have boundaries coterminous with local authorities whilst others are based on NHS Board boundaries. However, all currently have the responsibility to ensure national strategies are implemented in accordance with local need. This means there is an expectation of awareness of need at this level and that services are provided to meet this need. The Quality Standards explicitly state the need for integration of services and the need for service development and delivery. This is most appropriately facilitated at a regional level either by the ADAT or delegated to one of its partners. The function and accountability framework of ADAT's was recently reviewed as part of the Stock Take Report. Any changes to ADAT's resulting from this may have an effect on the responsibilities and functions at the regional level and on effective service user involvement.

National Level

Responsibilities at a National Level include ensuring that there is service user involvement in the development of policy. A recent example of this has been the establishment of a National Service Users Group attached to the Drugs Related Deaths Working Group. National bodies are in a unique position to obtain and reflect the views of service users. The current work being undertaken to develop future direction and content of the national drug and alcohol strategies will include a greater emphasis on the involvement of service users, families and communities.

Methods of involving people

There is no absolute blue print for involving service users and the precise methods used will depend on the type of service and the needs of the service users. Equally, none of these methods are mutually exclusive and more than one could be used effectively at any one time.

Clearly the effectiveness of service user involvement is not simply about choosing appropriate methods. A critical element is about **HOW** they are implemented. Consideration should always be given to any proposed method's relevance, usefulness and potential for providing a satisfactory outcome.

For each method defined below the following assumptions are being made. Each of these steps will be vital for effective implementation of any chosen method.

1. From the outset, written or verbal information should be developed with the involvement of service users
2. Any written documents and verbal instructions should be piloted with a representative group of those individuals being asked to participate to ensure understanding, ease of use and appropriateness.
3. Sensitivity regarding the timing of methods should be a consideration. For example, asking services users to complete surveys immediately after they have been asked to leave a service may affect results.
4. Communication with those involved and those affected should be maintained on an ongoing basis, even if the message is that the survey/newsletter is still to be developed. This information should be displayed in a prominent place to ensure that service users are aware of what is going on.
5. Results, from the method used; need to be communicated in a readily understood and clear manner. If any changes to the service are proposed, it should be made clear that this is as a result of "service user involvement" and not attributed to other reasons.

Given that the definition of Service User, as agreed by the group, extends to all those affected by substance misuse, consideration should be given by all service providers as to how they wish to involve family members, carers and friends. Many service providers adopt the practice of asking all clients during the initial assessment process who they want to be involved and whether any information should be shared with family members/carers/friends. This decision is recorded and updated during the time the client remains with the service. As is explained below different methods will suit different groups of service users depending of the service they access, their level of engagement and many other factors.

Suggestion boxes

These are perhaps the most basic level of user involvement, but can be very effective if users have confidence that their views will be listened to and that they will receive feedback on the suggestions/comments made.

Suggestion boxes should be prominently displayed with details of how frequently the suggestions are collected and how quickly the service will provide feedback on suggestions made. A notice board should be provided next to the suggestion box which highlights suggestions made and responses from the organisation. Service providers must ensure that they acknowledge all suggestions even if it is not possible to implement them at that particular time.

Service user surveys using a written questionnaire

Surveys can be used for a variety of purposes and take a number of different forms. Four options are included here. Each option has its merits and the decision as to which option is chosen should be based on the objective of the survey and the characteristics of the service.

1. Anonymous self completion questionnaires
2. One-to-one between staff and service users
3. One-to-one between service users and an external party
4. One – to –one between service users and a trained current/ex service user.

Focus groups of service users

These can provide a greater degree of interaction with service users than one-to-one interviews, and can be facilitated in different ways.

For example, by ex-service users, by current staff members, by external agency or by staff from another service.

Consultation

Consulting with service users for any operational matter is crucial. Service users are often best equipped to inform the change, especially when this relates to the programme, range of interventions available or particular aspect of the operational delivery and practice. However, service users views could also be encouraged to influence overall organisational policy, staffing arrangements and overall direction of the service.

Contribution to Action Team Plans

Currently the primary means of collated and reporting on annual activity to the Scottish Executive is through the Corporate Action Plan. However local Alcohol and Drug Action Teams also develop and contribute to a range of other local Plans. Service user involvement in both defining the required actions and in defining and describing progress has the potential to ensure that such activity is not only meaningful but is accurately explained. It also enables Service Users to be actively involved in the development and on-going monitoring of local strategies and to assist in informing national strategy. Contribution can be sought either informally through specific questions ask in reception areas, through more formal consultation events or by direct discussion with service user organisations.

Membership of Committees/Boards

Many organisations have come to recognise the value of having service users as members of their Management Committees or Boards. There is a clear need for service users (whether current or former) to be able to access the same level of support and training afforded to other Management or Board members.

Peer Mentoring

Developing a mentoring system can be very effective for the on-going development of services. Some people respond better to information from someone who has lived the experience and has first hand knowledge of the issues that they are facing. However, it is important that Mentoring is part of a coherent strategy that has preparatory and follow up work built in.

Training

This is to be understood as where the training is devised and delivered by service users or where service users are involved in the facilitation of the event. Services must ensure that there is adequate support for service users who take part in training both before and after the sessions. This support would be important to work through any issues that the training may raise for individuals.

Recruitment

Involvement at any stage of the recruitment process of service staff, from commenting on the job description to the person specification, to short listing, and being on the interview panel.

Role Profiles and Appraisal for Staff

Role profiles and appraisal tools and systems for staff are becoming increasingly common in the health and social care fields. The implementation of these systems often requires each staff member to provide evidence that demonstrates competence against stated elements. Involvement of current and former services users in developing such evidence in a structured objective manner could be a welcome addition to this process.

Newsletters

Document designed and written by Service Users, the audience may be both service users and staff.

Marketing and Publicity of the Service

From devising service leaflets and documents to attendance at open days and speaking to referring service providers.

Tender Process

Service users can be involved in developing the information that is sent by the organisation as part of their tender submission. This can include evidence of the organisations service user involvement mechanisms and responses from service users on what they think of the service. Where required service users can also play a valuable contribution to the formal tender presentation event.

Facilitation

Service users who have benefited from the necessary prior training and support can also be used to facilitate focus groups of other service users, groups at training events, and groups during external and internal consultation events. The need to provide on-going access to training and support should not be overlooked. Facilitation skills can become rusty if not used and in-service training can help prevent this happening.

Inspection and Audit

The use of inspection and audit processes within the substance misuse field has increased in recent years. Services are increasingly required to demonstrate to external organisations the contribution they make and the outcomes they achieve. In the vast majority of inspection and audit systems the voice of the service user must be heard and evidence of service user involvement demonstrated. For residential services operating within a “therapeutic community setting” service users are involved as active members of the Team that reviews the service as part of a “peer review system” with other similar services. For more information about this please go to -

www.rcpsych.ac.uk/pdf/Service%20Standards%20for%20Addictions%201st%20edition%20006.pdf

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Tools/Checklists

Initial Service Self Assessment Checklist - Service User Involvement

1	2	3	4	5	6	7
Name of Method	Ever Tried Y/N	Currently Used Y/N	Outcome displayed/communicated	Changes made	Reasons for change given	Evaluation Process Not started/on-going/completed
Suggestion Box						
Service Surveys (state which version – 1-4)						
Focus Groups						
Consultation						
Contribution to Action Plans						
Membership of Committees/Boards						
Peer Mentoring						
Training						
Recruitment						
Role Profiles & Appraisal of Staff						
Newsletters						
Marketing and Publicity of the Service						
Tender Process						
Facilitation						
Inspection & Audit						
<i>Your examples here</i>						

Instructions for completion and analysis

This checklist has been devised to assist service managers and staff assess their services service user involvement process and impact.

1. States the name of the method. We have used the methods defined in this manual. If the method is Not Applicable, briefly state your reasons
2. Please indicate whether that method has ever been tried by the service.
3. Is the listed method currently being used by the service?
4. Have any outcomes//results obtained from using that method been displayed or otherwise communication to service users, either current or potential? This can be answer with both a Y/N and a brief comment if required.
5. What changes if any were made either to the service structure or how it operates? Or, was the information used to informed external structures/policies.
6. What reasons were given for the changes, were they understood by those affected?
7. Has there been any evaluation of the method? If it has yet to start but is planned, include the date, if it is ongoing include a proposed end date or interim review date.

Once the form is completed it can be used as the basis for internal discussion with both staff and service users and should assist in planning next steps. Completing the form and sharing the outcome with service users and obtaining their comments could of course provide you with starting place for future service user involvement plans.

The ultimate aim of any service user involvement method is for it to become integral to the service and not seen as an occasional “add-on”

Your Views

We would welcome brief descriptions from you as to how you have used service user involvement within your organisations. We are interested in good, the bad and the ugly! There is an urgent need for organisations to learn from each other in this area of work.

We hope to include examples in future version of this manual

Please provide the following information:

Name

Organisation

Address

Telephone

Email

Are you willing to be contacted further about your submission? Yes/No - If you reply no we will not include your contact details.

If yes, how would you wish to be contacted?

Please describe your organisations experience of service user involvement? Please concentrate on practical information, the how, the why the what happened, the lessons learned and what are the key messages you would wish to pass on to other organisations considering their approach.

How to evidence the involvement?

This section describes how at each level (service, regional and national) the process of evidencing involvement of service users in the design planning, delivery and evaluation can be done. The process described in this section is recommended by the National Quality Standards Steering Group.

At each level, the decision as to which method or combination of methods is used will rest with the parties involved. The onus will be on that level to demonstrate that their choice is appropriate. The stages below detail a cyclical process. Effective service user involvement requires a commitment to principles of continuous learning and improvement.

The stages involved are:

1. Encouraging service users to give their views and become involved.
2. Listening to the views of services users and recording them anonymously.
3. Demonstrating how these views have influenced the design, planning and delivery and evaluation of services.
4. Providing regular co-ordinated reports on the views expressed and outcomes to services users, other services and commissioners.
5. Reviewing impact of the changes.
6. Informing all involved of the impact of the changes.
7. Disseminate learning regionally and nationally.

It is recommended that each of the seven stages is worked through in turn. For example, if this will be the first time your organisation has tried to establish service user involvement in a structured manner then stage one can be used to find out what methods would be suitable and appropriate for your organisation. The attached chart, in Chapter 6 provides some guidance. Informal discussion with service users in reception areas is a good starting point. Alternatively, if you have the staff and resources you could undertake a survey exercise, an example of how this was done in one area is included in Chapter 8.

Regardless of the method or methods you use it is vital that the comments are considered seriously and that the response to them is recorded and communicated in a timely manner. This needs to be communicated both to those who gave their views and the people who need to hear those views. It is also vital that services explain what impact, if any, those views will have. Successful user involvement is not about making every change requested, it is about meaningful communication. If what is suggested by service users is not possible services should provide a clear, accessible explanation as to why it is not possible. If it is not possible today but work will be undertaken to make it happen in the future then services should ensure this is understood. The key here is about honesty and transparency.

The review process is integral to effective user involvement. If changes are made to how the service is delivered, or how services are planned, designed and evaluated then the impact of these changes needs to be assessed and communicated. This should happen regardless of whether the impact was positive or negative. It is as important to understand why things did work as it is to understand why they did not. Stage 7 is about dissemination and in order for other organisations to be able to try and replicate a successful method or to avoid the unsuccessful a detailed understanding of what happened and how is needed.

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Further Reading and Sources of Support

The documents detailed below may help you to assess the training needs of your organisation and provide you with additional information on service user involvement.

Fisher Jan., Jenkins Nick., Bloor Michael., Neale Joanne., Berney Lee. (2007) *Drug User Involvement in Treatment Decisions*. London. University of Glasgow/Joseph Rowntree Foundation.

Scottish Consumer Council (2002) The regulation of mental health care.
www.scotconsumer.org.uk

Scottish Consumer Council (2007) *Consumer – What's in a name?*

Scottish Public Services Ombudsman & Scottish Health Council (2006) *Experiences and attitudes in relation to NHS Complaints since the introduction of the new procedure*. Craigforth Consultancy and Research.

Forth Valley Substance Action Team (2007) *Service User Involvement within Forth Valley Addiction Services*.
(Copies available from www.forthvalleysat.co.uk)

For information at a local level contact your Community Planning Partnership and your Alcohol and Drug Action Team. Details are available from

www.improvementservice.org.uk/community-planning

www.drugmisuse.isdscotland.org/dat/dat.htm

In addition the following organisations can be contacted to provide further support and information

Alcohol Focus Scotland

www.alcohol-focus-scotland.org.uk

Scottish Drugs Forum

www.sdf.org.uk

Scottish Association of Alcohol and Drug Actions Teams

www.saadatonline.co.uk

Scottish Public Services Ombudsman

www.spsso.org.uk

Scottish Consumer Council

www.scotconsumer.org.uk

Scottish Recovery Network

www.scottishrecovery.net

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Members of Task Group

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