

## **Organisational strategies for adult service user involvement**

Compiled as part of the one-to-one support for Devon County Council  
August 2009

The following pages outline information and evidence about organisational strategies and underlying principles for adult service user involvement in design and delivery of health and social services.

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### **1. Some commonly used definitions**

The use of many commonly used terms in this area is the subject of ongoing debate. Definitions are offered here as a starting point for discussion.

**Service users** are people who receive or are eligible to receive social care services. The term includes people who are not currently using services and is based on self-identification as a service user. (Adapted from SCIE 2007a).

**Carers** are people who provide unpaid care to a family member or friend. (Adapted from SCIE 2007a).

**Involvement** is a broad term that has been used to cover the whole spectrum ranging from giving information to service users; requesting specific contributions through surveys, panels etc; two-way sharing of opinions to jointly develop options; responding to views from service users; shared planning and decision making with service users; to devolved decision-making to local groups and networks. Organisations and local authorities define the term according to the level of power sharing they decide to aim for.

**Participation** as a term is often used interchangeably with consultation, partnership or involvement. In its more specific sense, participation is not simply about being present or taking part but requires that those participating have some influence over decisions and action. (Adapted from SCIE 2007a).

**Engagement** as a term is often used loosely and interchangeably with involvement. A more specific use of the term describes a different challenge closely related to co-production: that of an individual's interaction with the wider community, and the support

that an organisation gives to individuals to link and connect with individuals and groups in the wider community.(Sourced from various strategic plans).

**User-led organisations** (ULOs) are organisations led and controlled by the people who they help: disabled people, carers and other people who use services. A defining feature of ULOs is that the majority of the management group and/or people controlling the organisation are defined/self-define as disabled people/service users. (DH 2009 and SCIE 2007a).

**Co-production** differs from user involvement in that whilst the latter covers a range of approaches, including consultation where no real meaningful power-sharing takes place, co-production demands more active involvement and decision-making by the person using a service and puts more emphasis on 'relational' rather than 'transactional' approaches to delivery. The essence of co-production is to encourage service users to use their human skills and experience to help deliver public or voluntary services; it is about broadening and deepening public services so that they are a shared responsibility, building and using a multi-faceted network of mutual support. (SCIE 2009, NEF 2008)

## **2. What evidence exists for outcomes from adult service user involvement**

A SCIE report published in 2003 (SCIE 2003) that searched literature for the impact of service user involvement stated that 'Outcomes often consist of small practical differences rather than major change'.

A later literature search reported in SCIE *Practice guide 17* (2007) noted that service user involvement benefits service users by helping increase confidence and self esteem, often providing users with the chance to acquire new skills, greater satisfaction and may help create a stronger sense of community. An article assessing user involvement in health service development also reported benefits to those involved, but found no real evidence of improvement to services (Fudge, Wolfe and McKeivitt 2008).

The SCIE *Practice Guide 17*, in keeping with the findings of the 2003 Report, notes that there is little published information evidencing outcomes of service user involvement on the services themselves. It attributes this fact at least partly to the fact that evaluation of service user involvement typically focuses on the process of involvement, but the outcomes are rarely systematically evaluated.

SCIE has published a guide that, through the use of questions, prompts the reader to determine the best suited approach to evaluating the impact of service user involvement. (SCIE 2007b).

## **3. Evidence-based messages relating to service user involvement**

The SCIE (2003) report provides a broad summary of the literature relating to service user involvement. The following points paint a broad picture of some key issues.

- Models of participation from user-led organisations could be more widely applied.
- Marginalised groups are still under-represented in user participation.
- There is concern that disabled people may be over-represented on boards, while other groups, such as drug users and people with learning disabilities, may be under-represented.
- Resistance or ignorance from senior professionals is still a barrier.
- User-led organisations have a fragile status. More user involvement can lead to less power for user-led organisations.

- Satisfaction with the process of participation and its outcomes is greater among professionals than service users.
- There is debate about whether a consumer or citizen model of involvement is better.
- Service user representation should be properly resourced.
- Service users on boards need strong back-up networks.
- The outcomes of service user involvement are not systematically evaluated.

The literature on service user engagement is broadly agreed on key principles of engagement. Those outlined by Wilcox (1994), listed below, are still acknowledged as a good summary of key issues an organisation needs to address.

### **Principles of engagement**

- Clarity on why the organisation wants to involve others
- Provide preparation for participation, don't throw people in at the deep end
- Develop support skills within the organisation
- Develop appropriate structures and manage expectations:
  - Communicate a purpose
  - Specify rights, powers and responsibilities
- Clarify the commitment required
- Give precise terms and conditions
- Importance of agreeing underlying values that support user engagement
- Acknowledge and address barriers to engagement
- Create support for engagement
- Agree a clear set of objectives for engagement and involve users & carers in reviewing them.

SCIE (2007a) reviews key messages from the literature, but presents them afresh by categorising them under four headings: culture, structure, practice and review. The guide emphasises the crucial interdependence of these four organisational aspects by characterising them as four parts of a whole system, each of which must actively work to support service user participation, if the organisation is to achieve this goal.

Central points relating to each of the four components are listed below:

### **Culture:**

- it is important to agree on shared values and be honest about what is likely to result from participation
- key values that service users ask for are trust, authentic respect, mutuality
- leadership and evident commitment to user engagement from senior management in the organisation is crucial
- need champions throughout the organisation to promote good practice
- acknowledge the power differential between service users and professional staff and work to limit the consequences
- staff may need training and support to develop and value more participatory approaches
- identify which attitudes lead to service users being excluded and develop ways of changing them, eg involving service users in training staff
- in addition to formal systems for involvement more informal approaches will encourage other service users to engage
- be sure there are mechanisms for accountability and admit when mistakes have been made or when there are problems with the service
- acknowledge the contribution made by service users.

### **Structure:**

- support service users to access training (eg training in campaigning & lobbying, assertiveness training, workplace skills)

- develop policies outlining reimbursement for transport and support costs and payment for participation indicating clearly what will be paid to who; ensure prompt, straightforward payment processes that take into account service user concerns about impact on benefits and taxation
- draw up a clear set of ground rules that operate across all levels of participation and which aim to create the right atmosphere for working together respectfully
- plan in advance, use accessible venues and make sure that service users have time to prepare for the meeting
- use meeting styles that are welcoming. Avoid exclusionary practices in meetings such as not sticking to time, or using jargon or abbreviations
- agree agendas and notes of meetings in advance and give service users a chance to include items that they would like to discuss
- write documents in plain English and make them available in different formats and languages. Provide support for service users who need help reading complex or long documents
- instate named people within the organisation who have a liaison role with service users.

### **Practice**

- good practice involves ensuring that service users feel valued and welcomed
- develop a range of approaches to participation that extend beyond meetings, questionnaires and focus groups, with accessible venues and materials
- identify under-represented groups and actively develop approaches to seek out their views

### **Review**

- genuine feedback to service users about the impact of their input is a good antidote to 'consultation fatigue'
- regular internal or external evaluation of the process and impact of service user engagement is essential, matching outcomes against realistic goals within a specific timeframe
- service users must have the opportunity to be involved in the evaluation
- identify whether changes are needed at individual or strategic levels
- develop a system for sharing the results within the whole organisation and with those involved.

## **4. Developing organisational strategic plans**

As reiterated throughout the literature, there is no single best approach to service user involvement – each organisation needs to identify the level of participation that it aims to achieve. A suggested starting point is to map the different levels in the organisation where participation already occurs, ranging from involvement of service users in daily decisions, to involvement of service users in strategic decision-making. As well as identifying areas for improvement the process helps identify potential participation champions.

A clear set of objectives for participation must be agreed between service users and the service user organisation, with identified outcomes that the service user participation is intended to achieve. Employees at all level in the organisation should be aware of the reasons for improving service user participation and the benefits of doing so: training may be needed to achieve this. Honesty and transparency is crucial: service-users must be aware of the limitations as well as the opportunities for influence.

## **5. Contents of organisational strategic frameworks for service user involvement**

The following list of contents is a breakdown of the most commonly included components of organisational strategic frameworks. Section 6 of this document provides examples.

EASY READ VERSION – frequently provided unless main document is already very easy to read.

GLOSSARY- rarely included, though most explain selected terminology.

### **INTRODUCTION/CONTEXT**

Who is publishing the strategy

What is the strategy about

Why now: links with current policies (particularly requirement to engage with ULOs)

Relevant activities/structures in the area up to now

How this strategy was developed

VISION/AIMS- needs to be agreed within the organisation and with service users

OBJECTIVES – or link objectives to aims.

PRINCIPLES/ VALUES/GUIDELINES that underpin the strategy

This is the core of the strategy that needs to be agreed within the organisation.

Examples in the following section illustrate key themes.

WHO IS BEING ENGAGED WITH - some strategies specifically identify categories of people who are often excluded. See example below

### **LEVELS OF INVOLVEMENT**

This again is at the heart of the strategy, determining how far along the spectrum from sharing information to genuine co-production the organisation decides to aim. Strategies generally describe the range verbally and/or using models. See examples below.

It is important to be clear and realistic about the scope and limitations of involvement.

See examples.

### **PROCESSES AND MECHANISMS FOR INVOLVEMENT**

Few plans explicitly describe mechanisms. Organisations generally acknowledge the need for diversity of approaches, emphasising their avoidance of a 'one-size-fits-all' approach. Some categorise types of engagement, some give examples of types of work they have engaged in.

### **MONITORING AND EVALUATION**

Ideally the strategy should spell out specific evaluation approaches and timeframes but in fact few do.

## **6. Examples from specific organisational strategic plans**

### **EXAMPLES OF PRINCIPLES/VALUES/GUIDELINES**

Middlesbrough Council Department of Social Care Enabling Independence Engagement Strategy 2007-2010

<http://www.middlesbrough.gov.uk/ccm/content/health-and-social-care/5service-users-and-carer-involvement/department-of-social-care-engagement-strategy.en>

## Principles:

- To engage with people who use services and their carers in making decisions about their care.
- To develop inclusive, effective ways to listen to all people who use our services, irrespective of their disability, age, ethnic origin or gender.
- To ensure engagement is not seen as a one off activity but as an ongoing process that is a key part of service planning, policy development and service provision.
- To seek user and carer feedback in relation to the quality of services they receive and target those that are performing poorly.
- To develop models of engagement that are based on human rights, equality, inclusion and the social model of disability to counter oppressive and discriminatory practice.
- Underpinning this is the basic principle that people who use services and their carers will be given more control of and responsibility for their lives with the support of a skilled social care workforce.

Wrexham Borough Council Adult Social Care 2008-2011 Participation and Involvement Strategy – page 5

[http://www.wrexham.gov.uk/assets/pdfs/social\\_services/key\\_documents/pi\\_strategy2008-2011.pdf](http://www.wrexham.gov.uk/assets/pdfs/social_services/key_documents/pi_strategy2008-2011.pdf)

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### **Values**

The Department recognises that involving people is not an end in itself but the beginning of a process in developing and maintaining service improvements.

Therefore as a Department we are committed to:

1. The right of all people to be involved in the decisions that effect their lives.
2. Developing a relationship that is built on openness and honesty, that respects the life experiences, expectations, knowledge and expertise that service users and carers have.
3. Changing the way we work with and relate to people who use our services and their carers, based on what they say about their services.
4. Learn from what we do together in order to become more responsive in developing meaningful and appropriate involvement of the people we serve.
5. Inform service users and carers how their involvement has helped shape what the Department does.
6. Respect the diversity of our service users and do all we can to promote equality and fairness in all of our policies, procedures and interactions with the public.

We must recognize that not everyone will want to be involved or participate in shaping services. It is important that we understand the difference between "opting out" and exclusion, however unintentional. We must take specific steps to promote inclusive practices. Equality of opportunity needs to be a reality for everyone regardless of their race, gender, disability, age, religion or belief, and that we do not create, sustain or ignore barriers that may exist.

We will ensure that staff are well trained in equality and diversity and that the needs or different groups are understood and addressed.

Gateshead Council (2007) Social Care Services Involvement Strategy

<http://www.gateshead.gov.uk/DocumentLibrary/Care/strategies/SCInvolvementStrategy.pdf>

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### **Involvement Guidelines**

1. Involving users and carers is central to planning, delivering and monitoring effective services
2. Involving users and carers should happen before decisions have been made
3. Relevant, accurate, up to date and accessible information must be provided in advance to all those who participate in involvement
4. Language used must be clear, familiar and easy to understand

5. Be clear with people on what they are being asked to be involved with, how their views will be used and the limitations of the process
  6. Support to help involvement at all levels must be provided. This could include the provision of transport, child care, carer support, interpreters, personal assistance, refreshments and so on
  7. Training for users, carers and staff may be required to make sure that equal participation is possible. This could include awareness raising, confidence building, how meetings work, presentation skills and so on
  8. Resources need to be built into the involvement process from the beginning
  9. Contributions of the participants must be valued and recognised
  10. Involvement should be planned at a pace which suits those being involved
  11. Involvement must be seen as an ongoing process
  12. Feedback should be accurate and delivered as quickly as possible after the involvement/consultation event
  13. The outcomes of involving users and carers must shape service delivery and planning
  14. Service users and carers should be involved in monitoring the quality of services
  15. Service users and carers should be involved in the development of research and should be supported to carry out their own research
- Whilst these guidelines draw attention to the involvement of service users and carers we also recognise that individuals often come together with people of similar interests and needs to further their agenda. We also aim to ensure these guidelines apply equally to working with groups that represent service users and carers from the Gateshead area.

#### EXAMPLES OF DESCRIPTION OF WHO THE STRATEGY IS AIMED AT

Enfield Council Service user, patient and carer involvement strategy 2008-2011

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#### **Who are service users, carers and patients?**

Service users are any individuals, who are at least 18 years old, who need community care services, supported housing or health services including:

- Older people – people aged 65 or over who are affected by serious illness, disability, or who are frail
- People with mental health support needs – that affect their ability to cope with everyday living
- People with a learning difficulty – who need additional time and support to learn and develop the knowledge and skills that are necessary to take part in 'ordinary' lifestyles
- People with HIV/AIDS
- People with a physical and/or sensory disability – (e.g. people who are deaf and people with a visual impairment).
- People who misuse alcohol and drugs – and have related social problems
- People with a terminal illness
- People with a temporary illness or disability – who need help to recover and prevent them from needing long term care
- People at risk of domestic violence
- Customers of community housing services.

Carers are people who look after family, partners or friends in need of help because they are ill, frail or have a disability.

The care they provide is unpaid. A carer is someone of any age, including children and young people, who provides care to someone who:

- has a disability, or
- has a sensory impairment, or
- has a learning difficulty, or
- has mental health support needs, or
- has problems with drugs or chronic illness, or
- is an older person who is physically or mentally frail, or

- is a child with a disability or long term or chronic illness, or
- any combination of the above.

## EXAMPLES OF DESCRIPTIONS OF LEVELS OF INVOLVEMENT

Enfield Council Service user, patient and carer Involvement Strategy 2008-2011

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### **What is involvement?**

There are a variety of ways that people can be involved. These range from people receiving information after a decision has been made about services to people taking a lead in making key decisions about services.

Involvement is about:

- giving people information about decisions that have already been made via leaflets, web-site, meetings, posters, local and national media
- enabling service users, carers and patients to contribute to planning, monitoring, reviewing and developing services. This can be through surveys, discussion groups, citizen's panels
- having a two-way communication in which opinions are shared and options developed jointly
- hearing what people tell us and taking their views into account
- working directly with the users and providers of services in making decisions and carrying out agreed actions. This includes planning groups, Partnership Boards etc.
- decision-making power being devolved to local groups and networks. This can be by handing over a budget to a voluntary group or empowering a group of service users to decide how their service is operated

Middlesbrough Council's strategy includes recognition of delegated power in its levels of engagement.

Middlesbrough Council Department of Social Care Enabling Independence Engagement Strategy 2007-2010

<http://www.middlesbrough.gov.uk/ccm/content/health-and-social-care/5service-users-and-carer-involvement/department-of-social-care-engagement-strategy.en>

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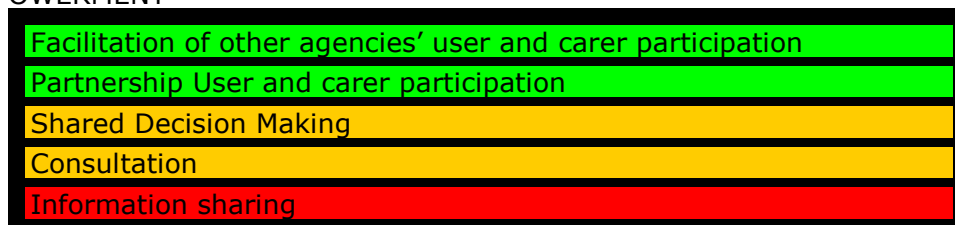
### **Levels of Engagement**

- Informing providing public information about or promoting service or policy i.e. leaflets and posters, newsletters, exhibits, various technologies etc
- Researching seeking the views of people who use services and carers based on their experiences, or asking their opinion on particular issues using surveys, individual assessment through the care management process & analysis of complaints
- Consulting discussing with people their aspirations and needs and discussing priorities before making decisions i.e. consultation forums, focus groups, stakeholder events
- Participation actively involving stakeholders in the development of policy and proposals for service development, solving problems in partnership with people who use services and carers i.e. planning and working groups, individual care planning
- Delegated Power allowing people to make some decisions for themselves i.e. by receiving direct payments and people led projects such as Middlesbrough 1st
- Empowerment supporting individuals and community groups to provide services on behalf of people who use services and their carers, and delegating decision making powers to user and carer groups i.e. self management of services, delegating responsibility for service to others

Cumbria describes the range of levels of involvement diagrammatically.  
Cumbria County Council Working Together: A Service User & Carer participation Strategy for Adults & Carers (2007)  
<http://www.cumbria.gov.uk/elibrary/Content/Internet/327/946/39395165033.pdf>

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#### HIGH USER EMPOWERMENT



#### HIGH DIRECTORATE CONTROL

Herefordshire Health & Social Care Involving People Strategy (2004)  
<http://www.herefordshire.nhs.uk/Portals/0/PPI%20Strategy%20-%20final%20final.pdf>  
On pages 8-9 the Herefordshire plan offers three different models illustrating different levels of involvement.

Gateshead Council Involvement Strategy points to the importance of clarity with service users about the level of involvement they are being offered, and also, to move towards increased levels of influence.  
<http://www.gateshead.gov.uk/DocumentLibrary/Care/strategies/SCInvolvementStrategy.pdf>

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Social Care services must be clear with users and carers at what 'level' they are invited to be involved. We should also be moving towards the situation where the opportunity and support is available for people to decide and define their own agendas, to make recommendations about services that affect them, to identify and carry out their own research and eventually, work with statutory services on their own terms.

Gateshead Council also points to the limitations:

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We believe that people have a right to have their say, to enjoy choice and control, and to share in decision making about their services. At the same time we know that there are limits to this right and we must be open and honest about these. For example, elected members of the Council are also involved in decision making and have the ultimate authority in policy making. Also the Council has legal duties and responsibilities that it must carry out. Because of this, we may sometimes need to make decisions that may go against the views of service users. If this happens, we will clearly explain our actions as well as people's right to appeal or to make a complaint.

#### EXAMPLES OF MECHANISMS AND PROCESSES FOR INVOLVEMENT

Processes described by Wrexham County Council  
[http://www.wrexham.gov.uk/assets/pdfs/social\\_services/key\\_documents/pi\\_strategy2008-2011.pdf](http://www.wrexham.gov.uk/assets/pdfs/social_services/key_documents/pi_strategy2008-2011.pdf)

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1. Each service within the Department will ensure service users and carers have the opportunity to express their views.

2. There needs to be an equality of opportunity ensuring that there are no barriers to hinder participation. This can include physical, practical, perceptual or cultural barriers. In practical terms this means carefully selecting venues, times of meetings, how information is presented, and how relevant and accessible it is.
3. Sufficient time must be given to those involved in participation and involvement activities to be informed and to feedback any views and also to evaluate the participation processes.
4. People will be supported to understand the level of their involvement, what their views will be used for and to what degree they can affect change at the beginning of, and throughout, any involvement process.
5. At the beginning of any commissioning and contracting process the appropriate sections of the, "The Social Care Project Management Toolkit" will be used to clarify how service users and carers will be involved in the process.
6. Service users and carers involved in the review, planning and shaping of services will be given opportunity to identify what their needs are to participate fully and any information or training required will be provided to support them.
7. When involving service users and carers we will aim to ensure that it is coordinated within the Department, with other relevant groups and with partner organisations.
8. Service users and carers will be involved in the recruitment and training of social care staff in ways that are the most appropriate.
9. Full and timely feedback will be given on the outcomes to those who take part in any participation processes.
10. Those who take part in participation and involvement activities will be supported to claim reimbursement of expenses, within agreed policy limits.

#### Mechanisms described by Enfield Council

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Involvement may cover a spectrum of activity. These include:

Information giving

Receiving and responding to feedback (customer comments, compliments and complaints)

Targeting particular groups or individuals to ask specific questions

Dialogue, which involves listening and speaking and also enables the Council and Enfield Primary Care Trust to respond to ideas, concerns and opportunities raised.

#### Mechanisms described by Middlesbrough Council

<http://www.middlesbrough.gov.uk/ccm/content/health-and-social-care/5service-users-and-carer-involvement/department-of-social-care-engagement-strategy.en>

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How will we help people to take control of their lives?

From their work across the country with different councils, the Audit Commission identified five 'critical success factors' to successfully engage with people who use services and citizens in general:

- commitment to user focus and citizen engagement;
- understanding your communities;
- clarity of purpose;
- communicating in appropriate ways and
- delivering change and improved outcomes for people.

In an attempt to be successful we have tried to address these five factors in the following sections

- Informing.
- Consulting and Researching Need.
- Participation and Empowerment.

The strategy, on the following pages, explains its processes for each of the three approaches.

Mechanisms described by Wales Care Council

<http://www.ccwales.org.uk/Portals/57ad7180-c5e7-49f5-b282-c6475cdb7ee7/English/Workforce%20development/Service%20Users/User%20Strategy%20Eng%20low%20res.pdf>

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The participation Circle comprises of 5 stages, Joint Action, Consulting, Evaluation, Joint Decision Making, and Informing. The stages are not meant to be in any particular order. It is likely that any piece of work will involve several stages at once or moving between stages several times. All stages of the Participation Circle must be covered to begin to achieve meaningful participation and influence within the Care Council.

### **Joint Action**

At the 'joint action' stage service users and carers will be involved in project groups to influence the development of a piece of work from the early stages.

### **Informing**

Participation is also about providing clear and accessible information for service users and carers to understand what the Care Council is and why it is relevant to them. This is about ensuring that information is available in appropriate formats and disseminated through service user and carer networks.

### **Consultation**

Consultation is about 'checking out' with wider groups who haven't necessarily been involved in the design or development of the work. The consultation phase should demonstrate genuine communication with and listening to a wide range of service users and carers.

### **Joint Decision Making**

This stage refers to the Care Council's governance arrangements. Service users and carers and members of the public make up over half of the Council's membership and therefore have influence at a strategic level. This joint decision making phase also relates to service users and carers who are appointed to conduct committees as part of the Social Care Workers conduct arrangements.

### **Evaluation**

Our participation standards reflect the need for continuous learning and the need to involve service users and carers in monitoring and evaluating the participation progress. Each participation activity will be reviewed and evaluated. Members of the Service User and Carer Reference Group will oversee the annual review of the strategy's action plan and on-going monitoring of the strategy.

## **7. Interpretation and implementation of guidelines**

Interpretation and implementation of guidelines varies between and within organisations. One inevitable challenge is finding ways to combine the various merits of involving service users (or the general public) as individuals and/or as groups. Two practical examples are described below.

The report, *Putting People First: Working together with user-led organisations* emphasises the requirement that by 2010 each Council should have 'an enabling framework to ensure that people can exercise choice and control and have access to advocacy, peer support, and brokerage systems with strong links to ULOs. Where ULOs do not exist a strategy to foster, stimulate and develop ULOs locally should be developed' (DH 2009). The principle behind ULOs is to ensure that people using services and their families have a collective voice to influence policy and provision. The intention is that through the ULOs, local authorities can improve their understanding of the impact of their services on local communities, engage with different groups of service users and enable local politicians and senior officers to reach population groups that are seldom heard and hard to find.

The DH document proposes that local authorities should identify and locate regional ULOs then discuss how to work in partnership. It offers a range of suggestions for working with and supporting ULOs including:

- involving ULOs in delivering programmes in which they add value
- allocating champions to support ULOs, encourage users, carers and officers to work alongside ULOs.
- supporting ULOs by providing training, staff secondment, access to funding and in-kind support, eg through use of meeting premises to foster more effective relationships with ULOs.
- helping ULOs to get to know the relevant statutory decision makers and to participate in the policy making and service delivery processes
- if there is more than one ULO in the area fostering discussion among them, establishing what they offer, how they differ, whether they will work together and how they meet the key characteristics of a ULO.

A practical example is described in the report (DH 2009):

- Hampshire County Council has set up, in cooperation with local ULOs, a Personalisation Expert Users Group to develop policies and strategies as a co-production piece of work. The Expert Users are from a variety of ULO organisations and backgrounds and represent a diverse group including people with physical impairments and learning difficulties, mental health service users, older people and carers. The group will work alongside the local authority as it rolls out its transformation agenda. It will draw up a policy with the authority on user involvement at the corporate level and will develop papers on brokerage and supporting people. Terms of reference, procedures and purpose of the group were developed equally by the ULO and LA.

Another example of practical steps to involve both individuals and user groups is presented in a report on stakeholder participation in Northern Ireland (SCIE 2008). The report outlines a plan for three different organisations to work together, with user groups, to involve users. The steps are outlined below. (While the organisations that are the focus of this report are not health or social care providers, the model remains a useful one).

#### 1. Develop a participation group

The three organisations will develop a participation group involving their participation staff and a cross-section of user groups. This group will support each organisation's work on user involvement.

#### 2. Improve communications to users and carers

The organisations will more clearly and actively communicate their roles and responsibilities to service users and carers involved in their work and also to the wider community so there is clear understanding of what they do. The three sponsoring organisations will work together to organise an annual information event to publicise their work and to highlight their interest in engaging and involving users' perspectives.

#### 3. Principles for user involvement

The organisations will work with users and carers to develop a set of principles/ values for user involvement. These principles will be used to inform the continuing development of user involvement in each respective organisation.

#### 4. Practicalities of involvement

Every consideration will be given to the issues raised by users and carers to ensure that participation is more accessible.

#### 5. Training

The three organisations will ensure that:

training in the area of user involvement will be provided for all staff who are actively engaged in participation work  
training for staff in user involvement issues currently occurring in the organisations is delivered in partnership with experienced user-led organisations and when appropriate coordinated across the three organisations  
the role of user participation is mainstreamed into the staff induction process  
when appropriate, training for participation activity will be offered to service users and carers as a form of support and capacity building  
protocols are established for mentoring for new participation workers from more experienced staff members across the three agencies  
existing best practice in training is shared between the three organisations.

#### 6. Annual reporting of user involvement activity

The chief executive of each organisation will report annually to their board about their progress and effectiveness in involving service users and any resources needed to develop this work in the next financial year.

#### 7. User network

A stakeholder involvement network has been established. They will be consulted about use of the network as a method of consultation. Details of the stakeholder involvement network will be circulated to our users to provide them with an opportunity to become members.

#### 8. Organisational champions for user involvement

A designated person will be appointed or nominated in each of the three organisations to coordinate the participation of service users. This person should be appointed at senior level with a specified budget and have an input at a strategic level in all these organisations.

#### 9. Feedback

The three organisations will work together in agreeing best practice and protocols around giving feedback to users following participation and will also ensure that people are properly informed in an appropriate manner about the outcomes emerging from their participation. The three organisations should make this feedback available electronically on their websites.

Another challenging area is that of how to recognise and reward service users for their involvement. The 44 page document released by the DH, entitled *Reward and Recognition: the principles and practice of service user payment and reimbursement in health and social care. A guide for service providers, service users and carers* (DH 2006) outlines a full range of options and considerations. The document is downloadable from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4138523](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138523)

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