Meaningful Involvement: If you want a change- be the change

Sharing power, responsibility and achievements



Learning Outcomes:

- To put the Service User Involvement Movement in context: historically and via key policies
- To use some tools to assess and map and develop service user involvement
- To analyse challenges and opportunities of service user involvement
- To discuss and see evidence of why it's important
- To see an example of what organisations and people can achieve – Fulfilling Lives' SUI
- To plan next steps to develop your service user involvement practice.



ONSUMERS SUB CITIZEN PARTICIPATION COPRODUCTION SERVICE USER SERVICE USER INVOLVEMENT VIVORS MOVI PARTNERSHIP **NORURAL EXPERTS BY EXPERIENCE CONTROL** ENGAGEMENT

MENTAL HEALTH MOVEMENT

What is Service User Involvement?

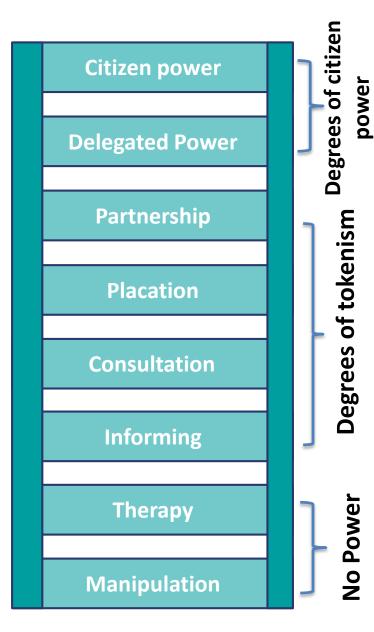
- Service user involvement is about making sure that mental health services, organisations and policies are led and shaped by the people best placed to know what works: people who use mental health services. They are experts by experience. <u>nsun-Network for mental health</u>
- Service user involvement refers to the process by which people who are using or have used a service become involved in the planning, development and delivery of that service. <u>NHS England</u>
- Service users clearly have unique experiences, skills and abilities that enable them to provide 'expert advice' in this field. Substance misuse strategies and services are likely to be more effective if they are developed and delivered with the direct involvement of the people who use them. <u>Substance Misuse Treatment Framework(SMTF)</u>
- The people and families who have experience of the Criminal Justice System (CJS) are a vital source of intelligence about how to improve services. Involving these 'experts by experience' is key to the difference we can make in the lives of offenders improving the quality and impact of the services on offer, and enabling services users to build a new identity which supports their journey to desistance from crime.

Brief history of Service User Involvement

 1620s Precursor of modern day advocacy groups: Inpatients in psychiatric hospitals came together to speak out as early as the 1620s, with the 'Petition of the Poor Distracted Folk of Bedlam'.



1969, Arnstein's Ladder of Citizen Participation



"Participants handle the entire job of planning, policy making and managing a program."

"Citizens holding a clear majority of seats on committees with delegated powers to make decisions."

"Power is redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared e.g. through joint committees."

"Stakeholders have an active role as shapers of opinion, but the final decision remain with the facilitators."

"surveys, neighborhood meetings, and public hearings" can be a "sham" when they offer "no assurance that citizen concerns and ideas will be taken into account."

"putting information in the hands of citizens. While this is a starting point to participation, there is no channel...for feedback and no power for negotiation...people have little opportunity to influence"

"government programs, social workers, or citizen groups engage with the powerless in a way that supports them but also pathologizes their attitude about government."

"people are placed on rubberstamp advisory committees... for the purpose of 'educating' them or engineering their support" -a "public relations vehicle by powerholders."

Citizen Participation is Citizen Power

"The idea of citizen participation is a little like eating spinach: no one is against it in principle because it is good for you. Participation of the governed in their government is, in theory, the cornerstone of democracy-a revered idea that is vigorously applauded by virtually everyone. The applause is reduced to polite handclaps, however, when this principle is advocated by the have-not blacks, Mexican-Americans, Puerto Ricans, Indians, Eskimos, and whites. And when the have-nots define participation as redistribution of power, the American consensus on the fundamental principle explodes into many shades of outright racial, ethnic, ideological, and political opposition."



1970-80s, Service User Movement begins in England

The Context:

- The <u>disability movement</u>: campaigning to show that disability is a 'quality of the physical environment that excludes individuals from social and economic environment'.
- 2. <u>Anti- psychiatry movement</u>: questioned the effectiveness of some drugs and encouraged other means of care and treatment for people with mental health problems.
- 3. <u>Consumerism:</u> move from 'patient' to 'consumer'. People using services are regarded as health care consumers thus having rights on giving their opinion of the service they receive.
- 4. Reliance on <u>non governmental organisations</u>



Patient-only groups: the Mental Patients Union and COPE, which became the Campaign Against Psychiatric Oppression (CAPO).

Charities such as Mind and the National Schizophrenia Fellowship (Rethink) created at this time.

Broad alliances of a wide range of interest groups but not run by service users themselves.

1980s formation of local user forums for mutual support and user involvement work

In 1985, the Mind/World Federation for Mental Health Conference was held. Dutch and US patient groups met UK user/survivor groups for the first time. This stimulated the growth of the movement, in particular, service user-led advocacy.

First TV programme made in 1983 by service users/ survivors, called 'We're Not Mad, We're Angry', was a critique of the psychiatric system and described personal experiences of treatment.

Service User Involvement in Policy

- The <u>NHS and Community Care Act 1990</u>. This was the first piece of UK legislation to establish a requirement for user involvement in service planning.
- <u>Modernising Mental Health Services 1999</u>, the <u>National Service</u> <u>Framework for Mental Health (NSF) 1999</u> and the <u>NHS Plan 2000</u>. place a strong emphasis on the role of users as key stakeholders in service provision and the need to transform services in direct response to users' needs.
- Section 11 of the new Health and Social Care Act 2001. This places a duty on NHS trusts, primary care trusts (PCTs) and strategic health authorities to make arrangements to involve and consult patients and the public in service planning, operation and in the development of proposals for changes.
- <u>Making shared decision-making a reality: No decision about me, without me, 2011</u>. The government's vision is for patients and clinicians to reach decisions about treatment together, with a shared understanding of the condition, the options available, and the risks and benefits of each of those.



The Service User Involvement Movement in Brighton

The Ladder of Involvement



Service Users take lead in activities from beginning to end or start new initiatives are independent from the service Service Users and professionals have got an equal part in a process; they take decisions jointly, all have active roles, and responsibilities.

Service users take part in decision making, but responsibility and active roles falls on to the professionals. Service users are consulted about some aspects of a service; they may provide feedback, etc. Professionals may use that feedback to make decisions, shape a service etc.

Professionals inform service users of some aspects of the service, changes, activities, etc.

Service User receive a service, this is unidirectional



Service User Leadership Spectrum

Beginning of Service User Good Service User Service User Led Involvement Involvement Service users lead on governance Service user consultation via: Independent Service User Service users lead on authentic peer perspectives present all levels — Surveys Service users attending staff Service users influence governance, support Service users articulate and measure meetings to feed back information policy and practice quality of practice and service collected Internally, service users lead some initiatives through to completion Meetings between staff and outcomes Externally, service users originate Service users lead policy service users with no formal agenda and no time to plan and lead some organisational development Service users attending meetings Contributes to capacity building of initiatives with minimum influence from the organisation service user led groups and where the agenda is set by the development of a national Service user groups preparing to organisation Staff not required to act on service become independent of host infrastructure to support this Supports independent service user user feedback organisation Quality measures use clinical Organisation remains responsive to led groups Leadership and vision owned by service user leadership even if it standards only Staff training content contains no doesn't plan to become service user people who services and carers, as well as professionals and staff service user input led Priorities determined by systems, Pro-actively building local service Community-based or 'of the rather than people user led organisations and initiatives community' Co-production is service user led Leadership and vision is seen as (may include capacity building for a the domain of staff national infrastructure to support this) around agreed, shared agenda

Levels of Involvement

Involvement in their own care or treatment plan

Involvement in strategic development and commissioning

General SUI

Peer Support

Recovery-focused organisations, social enterprises and recovery communities

Video- No More Throw Away People

Parable of the 'blobs and squares' https://www.youtube.com/watch?v=C107PQ3h8Kk



Involvement in Fulfilling Lives-Coproduction is the goal

PRINCIPLES

ACTIVITIES

Two-way relationship

Each individual has got a personal plan and a mentor assigned to work on that plan. They decide what they want to achieve by being involved and work towards that goal Our goal is to empower people so that they can truly get involved

TOOLS/RESOURCES

Monthly mentoring sessions Access to training Empowerment model

Involvement at all levels Representatives at Core group (governance) Service Delivery Staff recruitment Involvement is a key outcome Backbone of our Service Improvement Work Involvement in own support Feedback about the support offered Team meetings All staff/team events Delivering training

FULFILLING LIVES South East Partnership Involvement imbedded in project outcomes Employment-

Project Consultant team

Volunteering

Involvement in Fulfilling Lives-Coproduction is the goal

TOOLS/RESOURCES

Mentors- Mentoring sessions

PRINCIPLES

ACTIVITIES

>	Training and support to be involved	Each individual has got a mentor assigned Regular mentoring sessions Debriefings Support to attend events Support to prepare for meetings and activities	Skills and Assets Forms Development plans Induction period Tailored training Briefing- purpose and jargon
			buster in agendas Wellness Action Plans
		Open attitude We do not get it right all the time	Volunteers and beneficiaries
>	On going	Seek feedback all the time	surveys
		Ask people what they think of their involvement	Informal feedback
	learning	and be open to criticism	Reflective practice
		Use reflective practice with staff to learn and	Plain English guide
		improve practice	
		See people as assets and value their contributions	Altendance to events
		their views and suggestions Training ce	Budget for fun activities
>	Value		Training certificates
		Be prepared to share power Acknowledge and reward people for their	Volunteers certificate of
		contributions	achievement

So what's the point?

- Group discussion:
- What are the challenges and the opportunities when we do Service User Involvement?

Despite these... Why?



What are the benefits of meaningful involvement?

South East Partnership

For individuals:

- ✓ Improves wellbeing
- ✓ Reduces levels of dependency
- ✓ Creates mutual aid networks
- Promotes positive mental wellbeing and healthy life styles
- ✓ Empowers service users
- ✓ Increases feelings of control
- People are more positive about the services they use, thus engaging more with the service and the support offered

For services and professionals:

- Service users help improve the quality and safety of services
- Help tailor services to need and improve efficiency
- ✓ Utilise service user and carer expertise and knowledge
- Help to inform commissioning and set priorities
- ✓ Reduce complaints
- ✓ Increase ownership of, and compliance with, agreed treatment plans
- Service Users can deliver alternative
 services or new partnerships more

possibilities

Service User Involvement at Fulfilling Lives

Interview with Neil Jones

Volunteer at Fulfilling Lives 2016

Paid BHT worker 2018





Let's take some action

Each attendee to write on their postcards 3 SMART goals/actions that they are taking to their organisation/service





Valuing Involvement. Strengthening Service User and Carer Involvement in NIMHE. Good Practice Guidelines for involving mental health service users and carers (National Institute for Mental Health in England)

https://www.nsun.org.uk/Handlers/Download.ashx?IDMF=e87639b8-e2e7-459e-9015-b5a8b7c7421d

> TV program: 'We're not mad, We're angry'

https://www.youtube.com/watch?v=qD36m1mveoY

Service user involvement- A guide for drug and alcohol commissioners, providers and service users. Public Health England.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669061/Service-userinvolvement-a-guide-for-drug-and-alcohol-commissioners-providers-and-service-users.pdf

> TOGETHER Guidance on SUI and how to measure your organisation's SUI:

http://www.together-uk.org/wp-content/uploads/downloads/2014/06/Service-User-Involvement-briefing.pdf

CLINKS- Good practice in Service User Involvement

https://www.clinks.org/sites/default/files/2018-10/clinks_good-practice-sui_final.pdf

The 4th National Recovery Walk Brighton:

https://www.youtube.com/watch?v=TX820BO8-qo



Fulfilling Lives South East Project









