

Network of Alcohol & Other Drugs Agencies (NADA)

Service User Participation Scoping Study

Report prepared by LMS Consulting

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INTRODUCTION

Aims of the project

In April 2011, the Network of Alcohol and other Drug Agencies (NADA) commissioned LMS Consulting to conduct a scoping exercise on service user participation in non government drug and alcohol services in New South Wales. LMS Consulting contracted the services of Carla Treloar, Loren Brener and Hannah Wilson to assist with the project.

The aims of the scoping exercise were to:

- Explore current knowledge, activities and challenges in implementing service user participation models.
- Identify strategies that NADA may implement to increase service user participation in non government drug and alcohol services in NSW.

1.2 Methods

The methods used for the scoping exercise included a survey, consultation with key stakeholders, a workshop and development of a report. These are described below.

1.2.1 Survey

A semi structured survey was developed and sent to all of NADA's member organisations. The short survey consisted of questions around service user participation with the aim of assessing

- Views on consumer participation in the drug and alcohol service
- Understandings of models of service user participation
- Current practices and initiatives around service user participation in the service
- Models of best practice for that organisation.

The survey was mailed to all member organisations accompanied by a request from NADA for completion of the survey. A reminder was sent to all non-responding organisations after 3 weeks to try and increase the response rate. Data was entered into SPSS and analysed descriptively using frequencies. A copy of the survey instrument is at [Attachment A](#).

1.2.2 Consultation with key stakeholders

In order to provide more in-depth data, over 20 key stakeholders were identified (with input from NADA) and a telephone interview was conducted with the interviewees. The respondents represented a range of different drug and alcohol services who are members of NADA, as well as organisations and services that engage in the development of service user participation programs in the drug and alcohol sector. The interviews were semi-structured allowing for conversations around issues relevant to service user participation. The focus of the interviews was similar to the survey but more in depth, and primarily addressed:

- best practice models of service user participation
- how to implement service user participation
- what activities are currently available in services
- the benefits and/or limitations of the various forms of service user participation.

Interviews were intended to last approximately 30-45 minutes. Data was analysed for key themes and ideas. As for the survey, the confidentiality of respondents was maintained.

1.2.3 Workshop

On completion of data collection and at the stage of draft analysis of the survey and interview data, a workshop was held. A number of key NADA members were invited to comment on the research findings and to suggest recommendations.

1.2.4 Final report

This final report was prepared for submission to NADA by the end of July 2011.

2. BACKGROUND

Service user participation, or consumer participation, in health services has been defined as “the process of involving health service users in decision making about health service planning, policy development, setting priorities and quality issues in the delivery of health services”.¹ Service user participation has been found to serve not only an important purpose for those who plan and provide services, but also for those who use the service. For example, evidence from previous studies has shown that service user’s involvement can contribute to a range of changes, including increasing service accessibility, improving attitudes of organisations towards consumers and increasing the self esteem of consumers.²

Service user participation in health services has been endorsed both internationally and within Australia, where service user participation is supported by state and federal governments. In Australia, a good example of service user participation is demonstrated in the area of mental health, where the consumer movement has been in existence since the 1970s.³ The successful implementation of service user participation programs in mental health highlight that consumer involvement is possible - in particular that it is possible with marginalised groups of people whose views and experiences have traditionally been devalued and excluded.⁴

The context of drug and alcohol services brings with it particular sensitivities and complexities, and these can present some challenges to implementing service user participation. For example, for both service staff and clients there is a range of issues related to a lack of experience and confidence in participating in service user participation mechanisms.⁵ Currently there are varying levels of service user participation in the drug and alcohol sector across Australia. Although consumer participation is widely discussed as important and desirable, there is scant literature that examines the implementation of service

¹ Commonwealth Department of Health and Aged Care. (1998). *Consumer focus collaboration*. Commonwealth of Australia: Canberra.

² Crawford, M., Rutter, D., Manley, C., et al. (2002). Systematic review of involving patients in the planning and development of health care. *British Medical journal*, 325, 1263-1267.

³ Doyle, C. (2008). *Consumer Involvement in Dementia Care Research, Policy and Program: Report on Alzheimer’s Australia Research Ltd Travelling Scholarship*. Australian Institute for Primary Care: La Trobe University, Melbourne

⁴ Bryant, J., Saxton, M., Madden, A., Bath, N., & Robinson, S. (2008). Consumer participation in the planning and delivery of drug treatment services: the current arrangements. *Drug and Alcohol Review*, 27, 120-137.

⁵ NSW Department of Health. (2005). *A guide to consumer participation in NSW drug and alcohol services*. NSW Department of Health: Sydney

user participation in drug and alcohol services.⁶ However, the literature that does exist suggests that service user participation has a beneficial impact on client outcomes. For example, Brener, Resnick, Ellard, Treloar and Bryant⁷ found that client opportunity to participate in drug treatment was independently associated with greater satisfaction with drug treatment and a greater sense of achievement of treatment goals.

In 2008, the Australian Injecting and Illicit Drug Users League (AIVL) completed a major study known as the *Treatment Service Users (TSU) Project* which sought to describe the current arrangements for service user participation and to determine the extent of support for service user participation in the planning and delivery of drug treatment services in Australia.⁸ The TSU project found that stakeholders such as representatives from key government and non-government organisations, and expert policy advisors expressed an overall support for consumer participation, identifying it as a priority issue for drug treatment services in Australia. A lack of awareness about the meanings and practices of consumer participation in the drug treatment sector was also identified. Furthermore, although services believed in the principle of service user participation, services expressed concerns about the practicality of operationalising such activities, consumer's lack of interest and the appropriateness of having consumers involved in decision making. The TSU project also found that while service providers were making efforts to engage service users in service planning and provision, these were ineffectual because of poor communication between services and service users.

Such findings suggest that more research is required to understand the issues regarding the design and implementation of service user participation in drug and alcohol services. This also includes understanding the patterns and dynamics of staff attitudes to better plan and support service user participation.

⁶ Crawford et al. 2002.

⁷ Brener, L., Resnick, I., Ellard, J., Treloar, C., & Bryant, J. (2009). Exploring the role of consumer participation in drug treatment. *Drug and Alcohol Dependence*, 105, 172-175

⁸ Australian Injecting and Illicit Drug Users League (AIVL). (2008). *Treatment Service Users Project: Final Report*. AIVL: Canberra.

3. RESULTS

3.1 Survey Results

The survey instrument was sent to all 128 NADA members. Sixty members completed the survey (a 47% response rate).

3.1.1 Demographics

Over half of respondents reported the main focus of their service to be on drug and alcohol health promotion (see Table 1). A high proportion of respondents also reported that their service was primarily a residential rehabilitation, followed by non-residential treatment services.

Table 1: Services (N=60)

	n (%)
Drug and alcohol health promotion	36 (60.0)
Early intervention	20 (33.3)
Therapeutic communities	18 (30.0)
Residential rehabilitation	28 (46.7)
Non-residential services	24 (40.0)
After-care programs	17 (28.3)
Other	10 (16.7)

Note: Percentages do not add to 100%. Answers were not mutually exclusive

Over a third of respondents reported that their service primarily targeted adults (see Table 2). A quarter of respondents reported that their primary target client group was Aboriginal and Torres Strait Islanders, while a fifth reported that their target client group also included illicit drug users and young people aged between 12 and 25 years.

Table 2: Target client groups (N=60)

	n (%)
No specific group	2 (3.3)
Adults (18 years and older)	21 (35.0)
Youth (12 to 25 years)	12 (20.0)
Males only	6 (10.0)
Aboriginal and Torres Strait Islander	15 (25.0)
Females only	6 (10.0)
Illicit drug users	13 (21.7)
Alcohol only	3 (5.0)
Homeless	7 (11.7)
Dual diagnosis	10 (16.7)
Culturally and linguistically diverse (CALD)	3 (5.0)
Families	9 (15.0)
Gay, lesbian, bisexual and transsexual (GLBT)	2 (3.3)
Other	4 (6.7)

Note: Percentages do not add to 100%. Answers were not mutually exclusive

3.1.2 Knowledge of service user participation

The majority (81.7%) of respondents had heard of service user participation. When asked, in an open ended question, what service user participation means to them, key words used to define service user participation included:

- Participation / involvement
- Input
- Decision making
- Planning
- Delivery / implementation and
- Feedback / evaluation

Respondents were asked if they had read or owned a copy of the NSW Health *Guide to Consumer Participation in NSW Drug and Alcohol Services* resource. Almost a third (30%) of respondents had either read and/or owned a copy of the guide. Of the respondents who had read the guide (n=18), almost all respondents (94.4%) found it useful.

3.1.3 Current service user participation activities

Just over 80% of respondents reported that service user participation was built into the values and policy of their service. Furthermore, 85% of respondents reported that their service currently engages in service user participation.

Of the respondents who reported that their service currently engages in service user participation (n=51), nearly 95% noted that these activities included conducting surveys on services and programs amongst service users and/or implementing a service user complaints procedure, respectively (see Table 3). Just over 75% of respondents reported their service currently engages in service user participation through the evaluation of service user representation. Very few respondents, around 1 in 10, noted other staff-related activities as including service user representation. As such, few service users were represented in activities such as participation in staff performance appraisal or in staff recruitment (see Table 3).

Table 3: Current service user participation activities conducted by respondents services (N=51)

	n (%)
Service user participants involved in staff performance appraisal	6 (11.8)
Service user participants involved in staff recruitment	7 (13.7)
Service user participants involved in service planning committee	22 (43.1)
Service user participants regularly attending staff meetings	11 (21.6)
Service user participants involved in staff training	13 (25.5)
Service user participants involved in resource development	35 (68.6)
Service user participants are supported to conduct their own group activities	37 (72.5)
Service displays user group publications	25 (49.0)
Councils or forums for service users to express opinions about quality of service	37 (72.5)
Conduct surveys on services and programs amongst service user participants	48 (94.1)
Service user participants involved in writing or producing brochures, fact sheets or educational resources written or produced by this service	23 (45.1)
Service user complaints procedure	48 (94.1)
Suggestion box in service	34 (66.7)
Strategies for promotion and implementing information on service user participation to service users	28 (54.9)
Service user representation policy	12 (23.5)
Evaluation of service user representation (e.g. feedback, reporting, monitoring)	39 (76.5)

Note: Percentages do not add to 100%. Answers were not mutually exclusive

3.1.4 Future service user participation activities

Respondents were asked to identify service user participation activities that their service would like to implement. Just under half of respondents reported that their service would like to implement a service user representation policy, while two fifths reported that their service would like service user participation incorporated into the vision or mission statement of their service (see Table 4). Service user participant's involvement in staff performance appraisal, staff recruitment and attendance at staff meetings were activities least likely to be reported by respondents as activities their service would like to implement (see Table 4). It could be suggested by these findings, alongside the findings on current service user participation activities, that respondents are less likely to implement service user participation that is concerned with the human resources of the service.

Table 4: Service user participation activities respondents services would like to implement (N=60)

	n (%)
Service user participation incorporated into the vision or mission statement of the service	26 (43.3)
Charter of client/patient rights (a document outlining client/patient's rights and the guarantees that specify service conditions)	17 (28.3)
Service user participants involved in staff performance appraisal	9 (15.0)
Service user participants involved in staff recruitment	9 (15.0)
Service user participants involved in service planning committee	22 (36.7)
Service user participants regularly attending staff meetings	9 (15.0)
Service user participants involved in staff training	15 (25.0)
Service user participants involved in resource development	25 (41.7)
Service user participants are supported to conduct their own group activities	16 (26.7)
Service displays user group publications	13 (21.7)
Councils or forums for service users to express opinions about quality of service	21 (35.0)
Conduct surveys on services and programs amongst service user participants	15 (25.0)
Service user participants involved in writing or producing brochures, fact sheets or educational resources written or produced by this service	21 (35.0)
Service user complaints procedure	13 (21.7)
Suggestion box in service	18 (30.0)
Strategies for promotion and implementing information on service user participation to service users	25 (41.7)
Service user representation policy	29 (48.3)
Evaluation of service user representation (e.g. feedback, reporting, monitoring)	21 (35.0)

Note: Percentages do not add to 100%. Answers were not mutually exclusive

3.1.5 Barriers towards service user participation

Respondents were asked to indicate what the main barriers for their service were in implementing service user participation. Just over 60% of respondents either agreed or strongly agreed that a main barrier for implementing service user participation was that staff would not like engaging in service user participation if the service users had access to confidential information (see Table 5). This correlates with the low rate of respondents reporting current engagement or interest in engaging service user participants' involvement in staff performance appraisal and staff recruitment within their service (see Table 3 and Table 4). Another main barrier found was the inadequacy of funds, with just over half of respondents either strongly agreeing or agreeing that it was a barrier for their service (see Table 5). Around two fifths of respondents also agreed or strongly agreed that staff were too busy to facilitate service user involvement.

Table 5: Opinions on the Barriers of implementing service user participation (N=60)

Strongly agree or agree that....	n (%)
Staff are too busy to facilitate service user involvement	26 (43.3)
Staff are reluctant to engage in service user participation	22 (36.7)
Service users are not interested in being service user participants	13 (21.7)
Service users would be reluctant to be service user participants because they would be identified to staff (breach confidentiality of service users)	7 (11.7)
Service users lack the necessary skills and knowledge to be service user participants	10 (16.7)
Service users lack necessary confidence to be service user participants	16 (26.7)
Training and supporting service users to be service user participants would be difficult	20 (33.3)
Staff would not like engaging in service user participation if the service users have access to confidential information (breach confidentiality of staff)	38 (63.3)
Never thought about engaging in service user participation	6 (10.0)
It's not considered a priority	17 (28.3)
It's not practical to engage in service user participation at this type of treatment service	12 (20.0)
Inadequate funds	33 (55.0)
Frequent staff changes	13 (21.7)
Changes in responsibility in relation to service user involvement	13 (21.7)

Note: Percentages do not add to 100%. Answers were not mutually exclusive

3.1.6 Benefits of service user participation and attitudes towards service user participation

The majority (78.3%) of respondents reported that they believed their service could benefit from implementing service user participation into its planning and policy development. Respondents were asked to indicate to what extent they agreed with a list of statements that examined their attitudes towards service user participation. Of the respondents, 75% either agreed or strongly agreed that their service would respond to suggestions offered via a suggestion box (see Table 6). While 70% of respondents agreed or strongly agreed that service quality would be improved if service users' opinions about services were included. Furthermore around two-thirds of respondents also agreed or strongly agreed that service users should be included on committees that decide or plan how services are run.

Table 6: Attitudes towards service user participation (N=60)

Strongly agree or agree that...	n (%)
Service quality would be improved if service users opinions about services were included	43 (71.7)
Service users should be included on committees that decide or plan how services are run	39 (65.0)
This service should hold open meetings to get service users views on how the service should be run	28 (46.7)
This service would respond to suggestions offered via a suggestion box	45 (75.0)
Service users complaints about the quality of services are usually reasonable	34 (56.7)
Service users are generally interested in being involved in deciding or planning how services are run	29 (48.3)
Service users of this service are reliable enough to be involved in deciding or planning how services and programs are run	27 (45.0)
Service users are not too busy to be involved in deciding or planning how services and programs are run	26 (43.3)
Staff want service users to be involved in the way services and programs are run	25 (41.7)
Service users outcomes/treatment would improve if service user participation was implemented	38 (63.6)

Note: Percentages do not add to 100%. Answers were not mutually exclusive.

3.1.7 Opportunities for partnership

Over 70% of respondents reported that their service is currently involved in broader community participation, consultation or planning with other health services and/or other community organisations (see Table 7). Contrastingly, less than half of respondents reported involvement with drug user organisations or groups. However, when asked if their service would be interested in participating in any broader community participation, consultation or planning with drug user organisations or groups, 70% of respondents said yes (see Table 8).

Table 7: Involvement in broader community participation, consultations or planning (N=60)

Yes with....	n (%)
Other health services	44 (73.3)
Other community organisations	44 (73.3)
Drug user organisations or groups	27 (46.7)

Table 8: Interest in future involvement in broader community participation, consultations or planning (N=60)

Yes with....	n (%)
Other health services	48 (80.0)
Other community organisations	45 (75.0)
Drug user organisations or groups	42 (70.0)

3.1.8 Recommendations

Less than half (41.7%) of respondents believed their service has enough support to implement service user participation. When asked what they required to increase service user participation within their service, over 70% of respondents identified training and development of staff and funding as the required support, respectively (see Table 9). Around 60% of respondents also believed partnership opportunities, training of service users and publicity and promotion of service user participation activities were required to increase service user participation within their service.

Table 9: Support required to increase service user participation (N=60)

	n (%)
Non-government organisation specific guidelines	28 (46.7)
Funding	43 (71.7)
Training and development of staff	45 (75.0)
Training of service users	37 (61.7)
Publicity and promotion of service user participation activities	37 (61.7)
Partnership opportunities	38 (63.3)

Note: Percentages do not add to 100%. Answers were not mutually exclusive

Respondents were also asked, through an open-ended question, what additional support NADA could provide to increase service user participation in their service. Common answers provided by respondents included;

- No help required- enough support is already provided.
- Additional funding.
- Development of guides including templates and examples on best practice for service user participation.
- Forum and networking opportunities among NADA agencies and to discuss service user participation in more detail.

3.1.9 Summary

Overall, the majority of respondents had heard of, and had a reasonable understanding of service user participation. A large proportion of respondents believed that service user participation was not only built into the values of their service but that their service currently engaged in some level of service user participation. Nearly all respondents, whose service currently engages in service user participation, reported that their service conducts surveys on services and programs amongst service users and/or had implemented a service user complaint procedure. However, respondents were less likely to have, or to want to, implement service user participation that was concerned with both staff recruitment and/or appraisal.

Over half of the sample agreed that a main barrier to implementing service user participation in their service was that staff were concerned about service users having access to confidential information. This correlates with the low rates of respondents reporting either current engagement and/or interest in engaging service user participants' involvement in staff performance appraisal and staff recruitment.

The majority of respondents reported that they believed their service could benefit from implementing service user participation into planning and policy development. A high proportion of respondents also agreed that service quality would be improved if service users' opinions about services were included. This suggests that overall respondents held positive attitudes towards service user participation.

When respondents were asked if their service currently has enough support to implement service user participation, less than half the sample said yes. A large proportion of respondents identified training and development of staff and/or funding as required support to increase service user participation within their service. Particularly, respondents believed forum and networking opportunities among NADA agencies would be useful and that NADA could specifically provide support to increase service user participation within member services.

3.2 Key informant interview results – service providers

The following provides a summary in point form of the responses from the service provider interviews (n=10) according to main themes.

3.2.1 Understanding service user participation (SUP)

- Respondents were not always clear on the definition of this term and commented on the ever-changing nature of terminology.
- The different models of SUP are not always clearly articulated to the service organisations, so knowledge of what it entails is often limited, including knowledge of all the different types of SUP. Services may be aware of the more commonly used SUP (like surveys, consumer feedback) but not about models such as consumer representation on advisory panels or as part of management of the organisations – and there is a sense that some services would not trust consumers in these capacities.

- There were also suggestions that there is goodwill to introduce consumer participation, but largely only at the level of activities that involve consumer feedback through surveys and forums.
- Only two respondents had a formal SUP program but the rest reported SUP approaches were included in their service and/or that they had experienced SUP in the past.

3.2.2 Principles for SUP

- Clear service user policies and definition of terms.
- Appropriate training, for not only service users but also general staff.
- Acknowledgement that an organisation and its service users benefit from each other.
- Consumer representation at all levels of service provision.
- Participation by service users in the governance of the organisation and the formation of policy.
- Accessible services.

3.2.3 Overall benefits of SUP

- Increased responsiveness to issues and more frequent and relevant feedback.
- The value of having the voice of someone who actually uses or has used a service which then results in increased understanding of how a service is being perceived and accessed. This client view is sometimes very different from the perception of service staff (for example, when hiring new staff a Board may look at training, experience, education - whereas a service user may place a high priority on how a person engages and interacts with other service users).
- Clients feel that they have ownership over the program - may be more motivated to engage fully with the program.
- Clients may monitor their own behaviour better - they now have a stronger investment in the service.
- Clients feel heard and valued - they can see their feedback being taken on board and actually used.
- There is increased capacity for the service to up-skill, to hear the needs of the community and the client base, to try new approaches and to be innovative.
- Allows services to be constantly engaged with community and with the client base.
- Creates a positive flow-on effect to other clients, who see their peers engaged in SUP and that the service is listening to clients.
- Creates better relationship between clients and staff.

3.2.4 Barriers to implementing SUP

- The main barrier from a service perspective is fear of the unknown. If people have not experienced SUP they do not understand it and they often expect negatives. There are also myths about SUP. The main one is that it is hard to work with clients or as one participant expressed, there is a 'userphobia' among services that they do not want to work with this client group through SUP. Staff perceive SUP as time consuming and expensive to run, especially where resources are limited.
- There are different ideas about what constitutes SUP and also about its relevancy to some services. There are differences of views between staff who work with traditional approaches to service delivery and others who are more willing to try more novel and flexible approaches.
- There is also a level of complacency amongst service organisations – “the service we offer is good so why would we make any changes?”
- There was also the perspective that some staff consider that the expense involved around training and setting up these programs outweighs the perceived benefits.
- There is general agreement that SUP must add value to a service and must address meaningful issues.
- SUP should, where feasible, balance the skills of the staff with the concerns of the clients – (for example, while it would be good to have multilingual workers in all drug and alcohol sites were there CALD groups, this is not practically or economically feasible).
- One respondent suggested that currently SUP is seen just as a 'tick a box' approach (“Oh well, we have a client representative”), which actually negates the real value of having a comprehensive SUP program in place.
- It is important that service providers and consumers have the ability to listen to each other in a non-defensive way, to filter feedback, and to identify ways to address concerns.
- The transiency of the service user population makes continuity and consistency in SUPs difficult.
- Service user representation is seen as an issue (eg how representative is a particular service user in terms of the client base? Are they able to represent on a range of issues such as smoking, alcohol and drug use – or can they only really represent on one of these? Are they really only representative of themselves rather than a service population group?)

- One representative of a rural service commented on the limited opportunities for service users to access advocacy groups that could support consumers of AOD services.
- One respondent did not fully agree with SUP in this sector. The respondent considered that in mental health, consumer participation has been very effective, but as a function of their illness, they will most likely be in contact with services all their life. This may not be the case in drug and alcohol services. Additionally, people may not be voluntary clients (ie may be legally bound to undertake treatment) and they are therefore not willing users or contributors to the service.
- There are OHS issues within services.
- There is structural discrimination towards people who use drugs or alcohol.

3.2.5 Current SUP programs

Some of the current activities noted by these services included:

- Program planning days – noting that staff meet independently of the clients and the clients meet independently of the staff - to discuss service provision and potential improvements. The following observations were made about the planning days:
 - Provides opportunity for recommendations for improvement.
 - The users have direct impact on how the programs are run.
 - Sometimes the solutions proposed are not feasible.
 - Useful to include community forums to obtain feedback (eg with CALD community).
 - Staff meetings could provide opportunity to discuss client participation and to engage clients in SUP activities.
- One respondent reported that there was no current SUP program in the service noting that:
 - The service did have a very informal social group that gathered to discuss the service but no recommendations were ever put forward from this.
 - At discharge, the service asked for feedback (anonymously) from the client and did report this feedback to administrators.
 - It is hoped SUP will eventually become part of service quality improvement measures.
- One respondent spoke about having a service user sit on the board or in staff meetings:
 - The primary barrier to this had to do with ethical considerations – most of the staff employed by the service are psychologists and as such are bound to a particular

code of ethics that is very clear about the therapeutic and working dynamics between client and therapist. Therefore, it is not feasible to have past or present service users work in this way, but it was suggested that past service users from other facilities might fill such a role, providing insights from a service user perspective.

3.2.6 Service user perceptions of SUP

- One service provider suggested that clients may have internalised 'userphobia' and think that they have nothing of value to add to service delivery or at an advisory level. Additionally it may be particularly difficult for a client to feel comfortable speaking out in a service which may take punitive action towards clients considered dissenting or difficult.
- Evaluations of ongoing programs are very positive.
- They feel that their suggestions are heard and implemented.
- Initial wariness about SUP but over time and with explanation services become more involved and interested.

3.2.7 Support for SUP

- As an internal process for individual services, not a lot of external support is needed (this was mentioned more than once).
- With proper preparation and lead up, SUP's are feasible anywhere.
- More information is required to gain a better perspective of good practice in SUP provision.

3.2.8 NADA support

- Respondents noted that NADA currently appears to fail to engage SUP programs in its own business, or at least it does not feel as though they do (e.g. at the NADA forums there is no evidence of service user engagement).
- If NADA strengthened and led service user representation policies and practices, it would be a lot easier for those on the ground to work SUP programs out in individual services.
- Shared experiences and programs from other services would be useful.
- Provision of information on the range of different ways in which other organisations implement SUP would allow for further development of own programs.
- NADA needs to be involved in developing the tools for their member organisations to assist with understanding models of SUP and of how to implement activities. NADA

participation should be at both the policy and practice levels. NADA could commission research and review of the current literature in order to pass good practice and evidence of successful SUP practices onto their members.

- Shared experiences and programs from other services would be useful.
- Provision of a range of different ways in which other organisations implement SUP would allow for further development of own programs.
- Identification of service users and development of clear definitions about SUP, (accompanied by explanation of the benefits of SUP) would be useful.
- Make connections between past service users and current services to set up broad based consumer representation.
- Work with consumer representative groups to develop appropriate strategies for SUP activities.
- Make research findings readily available to services so they can see what is being done and what works or does not work in terms of SUP.
- NADA should use their newsletter to increase the knowledge on service user participation and conduct workshops on the policy and procedures surrounding service user participation.

3.3 Key informant interview results – policy and other stakeholders

The key informants interviewed in this category (n=10) comprised federal and state senior health department officials, CEOs of peak national and state alcohol and drugs advisory and advocacy organisations and NADA nominees. Their views are summarised under the following headings.

3.3.1 Key words

Service user participation can mean many things. In the mental health space, it refers to individuals who are service clients and who participate in policy development, planning, monitoring processes and improvement frameworks. It can also mean assisting in the design of services, being part of a cohort or service user group, contributing to the dynamics of a service, and assisting in improving health outcomes for a cohort, group or service.

There appears to be a need for better understanding of the terms ‘consumer advocacy’ and ‘consumer participation’. Consumer advocacy is generally understood by organisations such as AIVL, ACON and NUAA to provide representation on behalf of service users on a broad range of issues, whereas consumer participation generally refers to consumer activities in relation to service planning, implementation, quality and review. According to the consumer

advocacy groups, consumer advocacy and consumer participation need to go hand in hand – that is, having one without the other is ineffective.

The concepts, and the distinctions between them, are poorly understood at all levels. This was also one of the findings of TSU (2) project. In particular, there is a need to define, distinguish differences and identify commonalities between consumer advocacy, peer involvement and consumer participation. More work needs to be done at a conceptual and analytical level, so that there is a common understanding of what these terms mean, and how they are represented in policy and practice.

There is also a range of views regarding the terms ‘consumer’, ‘service user’ and ‘consumer representatives’. For example, for some advocacy groups, a consumer is anyone who is affected by AOD - from a user to family to friends. For others, the term only applies to the primary client accessing the service. This is further diversified into treatment experience categories –ie: current clients, in and out of treatment clients and treatment ‘graduates’.

3.3.2 Benefits of service user participation

The benefits of service user participation were described variously as: empowerment, improving service quality, improved response to service user needs, improved health outcomes, building capacity.

A core theme was that service users should have a voice in relation to service provision. They are not just passive recipients of services. For example, in therapeutic communities they are both a member of a community and a client. Service user participation encourages community empowerment.

For organisations and services, the benefits of service user participation are that it helps build and deliver services and programs with tighter focus and better perspective, assists marketing for organisations and services, and helps relevancy of services and programs. For small organisations, service user policies and practices allow them to see/hear about trends, and to scan the local environment well before traditional data collections can deliver trend analysis.

3.3.3 Policy context

There is ‘in principle’ government commitment at both national and NSW state level to consumer participation, represented in policy principles and in contractual arrangements with

NGO AOD services in broad and general terms. This may or may not include the term 'service user participation', and is currently not bound by any specific benchmarks, indicators or reporting requirements. But the rhetoric is there.

The National Drug Strategy (NDS) 2010-2015, considers 'consumer participation in governance' as one of the Strategy's commitments which underpin its harm minimisation approach (together with partnership across sectors, building an evidence base, monitoring performance and building a skills base). In designing treatment services, the NDS states that treatment services should incorporate the principle of consumer involvement in planning and operations. It also supports moves towards a nationally consistent approach for NGO treatment services, including quality frameworks and reporting requirements.

The Australian Government has indicated interest in the development of a nationally consistent approach to service user participation in NGO alcohol and drug treatment services, including development of quality frameworks, models, benchmarks, indicators and reporting requirements. This interest is replicated at the NSW state government level. Federal and state government funding in relation to the NGO AOD sector currently focuses on supporting capacity building and service improvements. Capacity building is compatible with heightened attention on service user participation.

However, one informant expressed the frank view that the idea is stagnating in some quarters of government activity, including in grants programs. There is some recognition of the importance of participation in accreditation, but this is largely a matter of ticking boxes, rather than evidence of a commitment. A cultural shift is needed for serious change to take place and for service user participation to be recognised as core business that moves past rhetoric.

There is a belief in AOD policy-advising circles that funding can be used as a driver for cultural change in relation to implementing service user participation. However, changes need to be both meaningful and relevant to services to avoid tokenism and time-consuming paper reporting for services. Any sustainable change needs to combine both 'bottom up' and 'top down' approaches.

Development of frameworks, models, benchmarks, indicators and guidelines are seen as making a valuable contribution for the NSW NGO AOD sector, and can feed into broader policies at state and federal level.

3.3.4 Service user participation integration across NSW AOD NGO services.

The NGO AOD sector was considered by respondents to be much better than government services at adopting service user participation, probably because of its ethos of community driven, grass roots strategies. This appeared to be especially true of therapeutic communities in the NGO AOD sector. Service user participation is integral to the therapeutic community purpose: the model doesn't work without consumer participation.

Service user participation is a challenging area with more work to be done for adequate involvement. There are some good examples around (eg the NSW Sex Workers Outreach Project which provides a peer framework, standards and deliverables).

The problems of implementing service user participation should be faced in an open manner. Some services are resistant to change, particularly in relation to management prerogative issues, and some users of treatment services find the concept of 'participation' challenging (eg losing standing with their own peers), and are even hostile.

3.3.5 NADA's role in enhancement of SUP among its member services.

Opinions on NADA's role were divided between those who considered that there was not much that NADA could do except encourage good practice among services and those who considered that NADA should take on a leadership role. In relation to the latter, it was suggested that:

- NSW Health may be willing to engage NADA in taking on a state-wide NGO role to drive the work on service user participation. NADA could develop a framework, identify minimum standards, develop a checklist of service requirements and form a state-wide representative reference group and feed into a broader NSW Health AOD policy on consumer participation.
- NADA needs to become more sophisticated with structure, frameworks, benchmarks and measures and good practice guidelines - accompanied by funding to allow models to be developed and implemented.
- NADA can build on some good models (EG AFAO, Scarlet Alliance) that have good partnership arrangements defined, with built in flexibility to suit various types of organisations and services.
- NADA can show leadership, good marketing on this issue and signal the development of more robust models. This would be welcomed by the sector and encourage increased participation.

- NADA would need to seek additional funding on behalf of its membership for enhanced SUP.

It is important that service user participation models are flexible so that they can meet specific service user needs. The *Bridging the Divide* program, funded by DOHA, was cited as one such example of adopting a flexible approach. The program has had some success in enabling family support groups to work collaboratively with treatment services, up-skill treatment staff in family support needs, provide more pathways to support families with members in treatment and increase the capacity of treatment services to engage with families. It has encouraged a flexible approach to get service providers to be more inclusive with regard to whom they consider to be consumers.

NADA comprises 3 main groups of NGOs – health promotion/preventive health, advocacy groups and therapeutic and residential treatment services. Service user policies and frameworks need to go across, and be relevant to, each of these three groups.

It is important from the beginning to accept in an honest way that there are particular problems, complexities and difficulties in promoting service user participation in the AOD sector from the service provider, staff and consumer perspectives. Consumer participation raises the questions of who needs to get involved and why, as there are conflicting views on who is a consumer. This is not just a question of raising awareness or of education, since conceptual work needs to be done to clarify the operational concepts and develop a consistent and agreed understanding of good practice in SUPs across the AOD NGO sector (and should also extend to government AOD agencies). The AOD sector needs to carve out a space for itself from the general and mental health understandings of consumer participation because of the particular complexities and problems and power relationships in the AOD sector.

3.4 Workshop outcomes

A half day workshop was held in the NADA Board Room in Sydney on 1 July 2011.

The purpose of the workshop was to provide an opportunity for NADA staff and a small number of invited NADA member organisations to comment on the consultants' preliminary findings arising from the survey and the key informants interviews completed to date, with a view to developing practical recommendations

3.4.1 Workshop participants

The workshop participants comprised:

NADA staff

Robert Stirling, Program Manager

Nicole Stevens, Project Officer

NADA Member organisation participants

Susan Fowler, Weaves

Ange Matheson, ACON

Kathie Ford, Maryfields

Lucy Pepolim, NUAA

Garth Pople, WHOS

Martin Billingham, Oolong

Mark Ferry, Ted Noffs

LMS Consulting and associates for the study

Lance Schultz, Director

Meriel Schultz, Director

Prof. Carla Treloar

Dr Loren Brenner

Ms Hannah Wilson.

3.4.2 Workshop process

The workshop was facilitated by the consultants in two parts. In the first half the consultants reported on their approach and the overall context, provided some preliminary findings of the survey and gave some preliminary observations of the service provider interviews and the key informant interviews. After a brief lunch break, the participants were divided into two groups to consider the key issues and possible solutions and report back to the main group. It was agreed that the recommendations arising from the workshop would be used to inform NADA's work program for the next 12 months. It was considered important that

recommendations came from the workshop participants, rather than being 'imposed' by the consultants.

3.4.3 Identification of key issues

Workshop participants made the following general observations:

- Service user participation may not need to be 'sold' to all NADA members. For many members, service user participation was noted as integral to the nature of their work and was essential for their accreditation. However, accreditation requirements vary from service to service with some required to provide minimal requirements only (eg a suggestion box at reception) and others required to provide more complex measures. In some services, service user participation simply happens without formality and is separate from accreditation requirements.
- Some organisations and/or staff members will be somewhat - even quite - resistant to service user participation (particularly the higher up the ladder initiatives) unless they have access to appropriate training and education.
- Senior management support was considered crucial for any roll-out of service user participation policies and activities in organisations.
- The NADA membership comprised a variety of service types – prevention, treatment, and advocacy. Service user participation models needed to be relevant and appropriate to the different types and roles of services.
- 'Consumers' were a broad group including current service users, past service users, service users in and out of treatment, and ex service users serving in advisory or advocacy roles.
- Any solutions proposed needed to build trust and knowledge, and combine the advantages of 'bottom up' and 'top down' approaches.
- Access to adequate funding and training were key issues.

3.4.4 Identification of possible recommendations

The following broad recommendations emerged from the workshop:

At the policy level

- NADA develop a set of broad principles and flexible models for service user participation that are meaningful and appropriate for its membership.
- NADA engage in promoting minimum standards of service user participation.
- NADA develop partnerships for promoting service user participation in the NSW NGO AOD sector eg with NUAA.

At the organisation level

- NADA conduct forums with the aim of educating and up skilling its members in service user participation.
- NADA develop an audit tool with minimum reporting requirements for quality improvement purposes.

To promote cultural change within organisations

- NADA build trust and knowledge by adopting a dual process 'bottom up', 'top down' approach.

Funding

- It was acknowledged that NADA would need to seek additional funding at state and federal levels to help it achieve the above aims.

RECOMMENDATIONS

The scoping study suggests a number of ways that NADA could advance service user participation in the AOD NGO sector in NSW. The recommendations that follow build on the survey, key informant interviews and workshop outcomes.

Recommendation 1: *NADA develop and disseminate a set of definitions, broad principles and flexible models for service user participation that are meaningful and appropriate for its membership.*

Comment: The scoping exercise found that there was still some confusion among NADA members about the meaning of consumer participation and about appropriate models for implementing service user participation within organisations and services. In drawing up a set of definitions and principles that are appropriate for its membership, NADA can draw on the earlier NSW Department of Health's *A guide to consumer participation in NSW drug and alcohol services* (2005) as well as similar publications in other states (eg Victoria). The current work done by NCHSR on implementation of consumer participation in AOD services in various sites across Australia will also be useful in identifying suitable models. However, the scoping exercise suggests that there is also a wealth of experience within the NADA membership that can be used to inform policy and to ensure that the development of definitions, principles and the identification of suitable models is both 'bottom up' and 'top down' in its approach.

Recommendation 2: *NADA conduct forums with the aim of educating and up-skilling its members in service user participation.*

Comment: This recommendation follows on from the previous recommendation. NADA's counterpart in Victoria, VAADA, has recently held 4 sector development forums on consumer participation (in period Nov 2010-Feb 2011) to encourage the NGO AOD sector in Victoria to consider needs of service users, to highlight good practice and to raise awareness of resources. The forums highlighted the challenges and showcased those who were doing good work. NADA may wish to consult VAADA, which is currently assessing the outcomes of these forums. NADA may also wish to use or adapt some of VAADA's resource materials developed for the forums, rather than producing its own. It will need to come to an arrangement with VAADA on this.

Recommendation 3: *NADA engage in promoting minimum standards of service user participation.*

Recommendation 4: *NADA develop an audit tool with minimum reporting requirements for quality improvement purposes.*

Comment: As indicated in the key informant interview section, NSW Health would welcome NADA taking on a state-wide NGO role to drive the work on service user participation. NADA could develop a framework, identify minimum standards, develop a checklist of service requirements and form a state-wide representative reference group and feed into a broader NSW Health AOD policy on consumer participation.

Recommendation 5: *NADA seek additional funding at state and federal levels to help it achieve the above aims.*

Comment: The policy workshop, key informants, and respondents to the survey recognised that NADA would need to seek additional funds to progress service user participation in the AOD NGO sector in NSW.

ATTACHMENT A: Survey Instrument

This is a survey, commissioned by NADA, on issues relating to service user participation in the non government drug and alcohol sector in NSW with the aim of building the capacity of the sector.

Please note: 'service user participation' and 'consumer participation' are often used interchangeably in the drug and alcohol sector, with 'consumer participation' more commonly used in the broader health sector. For the purpose of this study 'service user participation' has been used.

Demographics

1. What does your service do?

Drug and alcohol health promotion	
Early intervention	
Therapeutic communities	
Residential rehabilitation	
Non –residential services	
After-care programs	
Other	

2. What is your services primary target client group? (please only tick one).

No specific group	
Adults (18 years and older)	
Youth (12 to 25 years)	
Males only	
Aboriginal and Torres Straight Islander	
Females only	
Illicit drug users	
Alcohol only	
Homeless	
Dual diagnosis	
Culturally and linguistically diverse (CALD)	
Families	
Gay, lesbian, bisexual and transsexual (GLBT)	
Other	

3. What position do you hold at the service?

Direct client services/ client support	
Clinical Director	
Director/CEO	
Manager	
Project manager/officer	
Other	

4. Did you participate in the National Treatment Service Users Project?

Yes	
No	
Don't know	

Knowledge of service user participation

5. Have you heard of the term consumer participation or service user participation before?

Yes	
No	

6. If yes, what does it mean to you?

7. Do you or your service have a copy of NSW Health 'A Guide to Consumer Participation in NSW Drug and Alcohol Services'?

Yes	
No	
Don't know	

8. Have you read the NSW Health 'A Guide to Consumer Participation in NSW Drug and Alcohol Services'?

Yes	
No	

9. If yes, did you find it useful?

Yes	
No	

ATTACHMENT A: Survey Instrument

Current activities

Service user participation is the process of involving people who use health services in decision making about health service planning, policy development, setting priorities and quality issues in the delivery of health services.

10. Is service user participation built into the values and policy of your service?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

11. Does your service currently engage in service user participation?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

12. If yes, what service user activities does your service engage in?	Yes	No	Don't know
a Service user participants involved in staff performance appraisal	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
b Service user participants involved in staff recruitment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
c Service user participants involved in service planning committee	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
d Service user participants regularly attending staff meetings	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
e Service user participants involved in staff training	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
f Service user participants involved in resource development	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
g Service user participants are supported to conduct their own group activities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
h Service displays user group publications	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
i Councils or forums for service users to express opinions about quality of service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
j Conduct surveys on services and programs amongst service user participants	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
k Service user participants involved in writing or producing brochures, fact sheets or educational resources written or produced by this service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
l Service user complaints procedure	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
m Suggestion box in service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
n Strategies for promotion and implementing information on service user participation to service users	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
o Service user representation policy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
p Evaluation of service user representation (e.g. feedback, reporting, monitoring)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>

ATTACHMENT A: Survey Instrument

13. What activities would your service like to implement in regard to service user participation?	Yes	No	Already in place
a Service user participation incorporated into the vision or mission statement of the service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
b Charter of client/patient rights (a document outlining client/patient's rights and the guarantees that specify service conditions)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
c Service user participants involved in staff performance appraisal	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
d Service user participants involved in staff recruitment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
e Service user participants involved in service planning committee	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
f Service user participants regularly attending staff meetings	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
g Service user participants involved in staff training	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
h Service user participants involved in resource development	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
i Service user participants are supported to conduct their own group activities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
j Service displays user group publications	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
k Councils or forums for service users to express opinions about quality of service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
l Conduct surveys on services and programs amongst service user participants	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
m Service user participants involved in writing or producing brochures, fact sheets or educational resources written or produced by this service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
n Service user complaints procedure	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
o Suggestion box in service	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
P Strategies for promotion and implementing information on service user participation to service users	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
q Service user representation policy	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>
s Evaluation of service user representation (e.g. feedback, reporting, monitoring)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	2 <input type="checkbox"/>

Recommendations for NADA to increase service user participation

14. Do you believe your service has enough support to implement service user participation?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

15. What is needed to increase service user participation within your service?	Yes	No
Non-government organisation specific guidelines	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Funding	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Training and development of staff	1 <input type="checkbox"/>	0 <input type="checkbox"/>

ATTACHMENT A: Survey Instrument

Training of service users	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Publicity and promotion of consumer participation activities	1 <input type="checkbox"/>	0 <input type="checkbox"/>
Partnership opportunities	1 <input type="checkbox"/>	0 <input type="checkbox"/>

16. What additional support could NADA provide to increase service user participation in your service

	17. Many drug treatment services do not to have service user participation. Some services would like to implement service user participation and others would not. Please indicate to what extent you agree are the main barriers for the service you work for in implementing service user participation?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a	Staff are too busy to facilitate service user involvement	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b	Staff are reluctant to engage in service user participation	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c	Service users are not interested in being service user participants	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d	Service users would be reluctant to be service user participants because they would be identified to staff (breach confidentiality of service users)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e	Service users lack the necessary skills and knowledge to be service user participants	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f	Service users lack necessary confidence to be service user participants	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g	Training and supporting service users to be service user participants would be difficult	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h	Staff would not like engaging in service user participation if the service users have access to confidential information (breach confidentiality of staff)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i	Never thought about engaging in service user participation	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j	It's not considered a priority	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

ATTACHMENT A: Survey Instrument

k	It's not practical to engage in service user participation at this type of treatment service	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l	Inadequate funds	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m	Frequent staff changes	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
n	Changes in responsibility in relation to service user involvement	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

Benefits of service user participation

18. Does your service believe it could benefit from implementing service user participation into its planning and policy development?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

19. If yes, how do you think increasing service user participation into your planning and policy development would be beneficial to your service?

20. If no, how do you think increase service user participation into your planning and policy development would be detrimental to your service?

21. Please indicate to what extent you agree with each statement.	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a Service quality would be improved if service users opinions about services were included	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b Service users should not be included on committees that decide or plan how services are run	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c This service should hold open meetings to get service users views on how the service should be run	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d This service would respond to suggestions offered via a suggestion box	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e Service users complaints about the quality of services are usually unreasonable	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f Service users are generally not interested in being involved in deciding or planning how services are run	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

ATTACHMENT A: Survey Instrument

g	Service users of this service are reliable enough to be involved in deciding or planning how services and programs are run	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h	Service users are too busy to be involved in deciding or planning how services and programs are run	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i	Staff want service users to be involved in the way services and programs are run	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j	Service users outcomes/treatment would not improve if service user participation was implemented	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

Opportunities for partnership, including drug user organisations

22. Is your service involved in any broader community participation, consultations or planning with:		Yes	No
a	Other health services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	If yes, please specify _____		
b	Other community organisations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	If yes, please specify _____		
c	Drug user organisations or groups	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	If yes, please specify _____		

23. Would your service be interested in participating in any broader community participation, consultations or planning with:		Yes	No
a	Other health services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	If yes, please specify _____		
b	Other community organisations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	If yes, please specify _____		
c	Drug user organisations or groups	1 <input type="checkbox"/>	0 <input type="checkbox"/>
	If yes, please specify _____		

ATTACHMENT A: Survey Instrument

Opportunities for partnership, including drug user organisations

24. Is your service involved in any broader community participation, consultations or planning with:		Yes	No
a	Other health services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
If yes, please specify _____			
b	Other community organisations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
If yes, please specify _____			
c	Drug user organisations or groups	1 <input type="checkbox"/>	0 <input type="checkbox"/>
If yes, please specify _____			

25. Would your service be interested in participating in any broader community participation, consultations or planning with:		Yes	No
a	Other health services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
If yes, please specify _____			
b	Other community organisations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
If yes, please specify _____			
c	Drug user organisations or groups	1 <input type="checkbox"/>	0 <input type="checkbox"/>
If yes, please specify _____			

Thank you for your time.

Please send back in the provided prepaid envelope or to:

LMS Consulting
258 Norton Road
WAMBOIN NSW 2620