Involving Service Users Toolkit

Croydon Drug and Alcohol Action Team (DAAT)

2005

This Toolkit was produced by

The International Centre for Drug Policy (ICDP)
St. George's, University London

on behalf of and in partnership with the Drug and Alcohol Action Team (DAAT) and the
Service User Representation Group (SURG) in Croydon.

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Audience
This toolkit was produced for the managers and staff of the alcohol and drug services in
Croydon and is available to those services free of charge.
It may also be of use to commissioners, managers and service providers as a model for
involving service users in the treatment system.

Cost
A small charge of £6 (including p&p) is made for those requesting a hard copy of the toolkit,
to cover costs of production. Costs on bulk orders and orders outside of UK, will be quoted
on a case by case basis. Requests should be made in writing to the ICDP.

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Content

Section One: The context

1.1 Introduction

Involving service users is becoming an integral part of service delivery and is an essential component of the new NHS.

The Health and Social Care Act 2001, demands that NHS Trusts, Primary Care Trusts (PCTs) and Strategic Health Authorities (StHAs) must make necessary arrangements to involve and consult patients and the public in service planning and operation and in development of proposals for change. This is now a statutory duty and includes drug treatment services.

The NHS Plan (2000) sets out a new reform to involve patients to have more say in their care and treatment and more influence in the way the NHS works. It highlights 7 areas for consideration and action. These include:-
- Information to empower patients
- Strengthening patient choice
- Protection for patients
- Patient advocacy and advisors in every hospital
- Patients rights and redress
- Obtaining patients views
- Patients represented throughout the NHS.

It states that "all NHS Trusts, primary care groups and primary care trusts will have to ask patients and carers for their views on the services they received" (page 93). Every NHS organisation is also required to publish in a new patient prospectus, an annual account of the views received from patients and the action taken as a result (page 93). It also states that patient forums will be established in every NHS Trust and Primary Care Trust (PCT) to provide direct input from patients into how local NHS services are run. The NHS has a duty to consult and involve patients, i.e. those who use the NHS services.

The strategy document Building on the Best – Choice, Responsiveness and Equity in the NHS (Department of Health, 2003) is patient-centred in its approach and the involvement of patients, carers and public in health decision making is at the heart of the modernisation of the NHS in Patient and Public Involvement in Health: the evidence for policy implementation (Department of Health, 2004).

The new NHS standards published in July 2004 (see Appendix One) placed the patient focus as one of the seven domains of core standards and states
" health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) *whose services impact on patients well-being*" (page 31) and service will need to audit themselves against the standards (see Appendix One for standards).
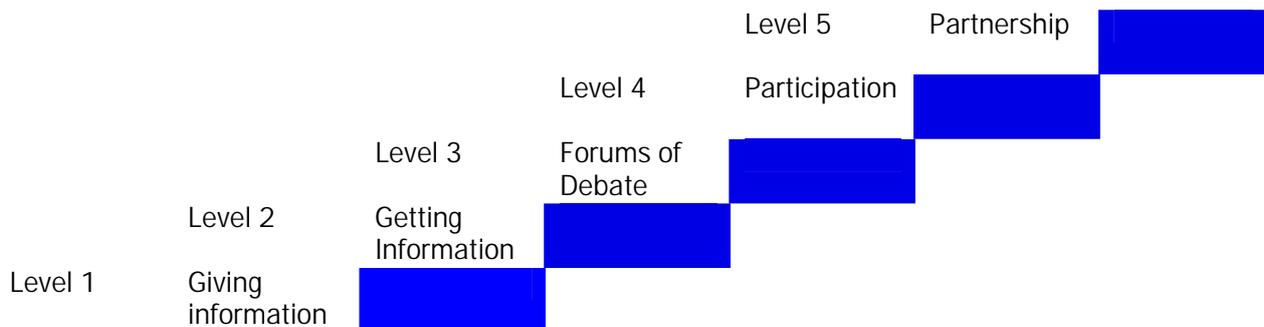

1.2 Involvement and participation in drug and alcohol services

For Drug and Alcohol Action Teams (DAATs), local consultation and involvement is a requirement to ensure that the appropriate, quality services are delivered. The views of service users are integral to the feedback mechanism. The DAAT reports its activities through treatment plans to the National Treatment Agency (NTA) via regional offices. Each element of the system involves and consults service users. In the London area, the NTA supports a London-wide User Forum which feeds views to the Government via the NTA. Service users also sit on NTA panels with other stakeholders to assess and influence treatment planning across regional office areas. It is recommended that service users in local DAAT areas be involved in the wider regional and national activities where possible.

Models of Care is a framework for local treatment systems, which nationally guides drug and alcohol service delivery. Models of Care identify the key components of what services should be available for those accessing services for help with drug and alcohol problems. Models of Care outlines the treatment system, specifying that each borough must provide the range of treatment modalities and facilitate pathways between services in order that a holistic approach to care and support can be provided. The idea is that there is a whole systems approach, which means that the assessed needs of an individual can be met through a partnership approach of the services locally, such as health, social care, housing and criminal justice.

1.3 Types of involvement

There are different ways that people can be involved. One way of looking at this is by considering the levels described by Arnsteins ladder. Arnstein suggests that there are 5 levels of participation. The diagram below shows these levels.

					Level 5	Partnership	
				Level 4	Participation		
			Level 3	Forums of Debate			
		Level 2	Getting Information				
Level 1	Giving information						

Source: adapted from Arnstein, S.T (1969)

In Section 2, the toolkit will describe how the levels match activities locally, described as individuals, service and strategic.

Consultation
Everyone using services can be consulted about the care and treatment they receive. This means they can provide feedback about their personal experiences of care and treatment. It also includes seeking views from service users about the actual treatment programmes

provided. This type of involvement is expected to be routine for all services at all times and is described as ongoing consultation. This type of involvement is described in Section 2 (see individual and service level).

Participation
Not everyone using services will want to get involved in participation. This means to act collectively on behalf of others and be involved in decision-making about changes to service delivery and local policy. This to usually organised at a DAAT level and is described in Section 2 (see strategic level).

1.4 Why do we need service user involvement?

It is important to ask those who attend services what they need, so that we can check that what we are providing matches needs. Involving service users can help services plan priorities and deliver better services.

The term user involvement is defined as an active partnership between service users and service providers. The form of participation expected of users may include (Simpson et al, 2002):
- Decision-making about service delivery
- The delivery of services as employees or in appointing or training service providers
- Designing or implementing service research.

1.5 Benefits of Service User Involvement

Service user involvement can have a number of benefits (Simpson et al, 2002; ARAC 2003)
- Improvement in relationships between users and service providers through improved professional understanding of the effect of service provision on users
- Improvement to an aspect of a service e.g. waiting time, by addressing an issue identified by users as unsatisfactory
- Improvement to a particular service that results, for example, in an increase in rate of attendance
- Improvement to local service delivery, e.g. improved cost-effectiveness, through targeted response to user needs
- Expansion of the range of local service provision and prioritising service access according to needs
- Influencing service provision locally and beyond, through dissemination of examples of good practice e.g. inter-agency working, regular user involvement forum participation etc.

1.6 Purpose of a local strategy

The purpose of designing a local strategy on service user involvement is to have a clear vision and framework of how service users will be involved in the various aspects of care. It is important that any strategy is owned by all stakeholders and that there is a system for monitoring its success.

This will be described at three levels

- Individual
- Service
- Strategic

Individual level

This entails the involvement of individuals in their own care. Patients/clients will actively participate in their care and treatment.

Service level

This entails patients providing suggestions about how to improve the service they are attending, participating in feedback and surveys on satisfaction in individual services. This may also include attending service user support groups, talking with new service users about treatment and participating in events to offer views, suggestions on improvement in services, setting priorities and addressing gaps and unmet needs in the service that they attend.

Strategic level

This entails participation in partnership with all other agencies and the Drug and Alcohol Action Team (DAAT). This involves participation and consultation at a wider strategic level of planning, reviewing and developing of services. This will include participation in the development of a local strategy for involving service users. This may include wider strategic issues (see Section 2.3.3 and 2.4.3 for further details).

1.7 Key principles

Service users will be invited to give their views about their own individual care through involvement in their care plan and reviewing care and treatment goals with their key worker and other staff at the service that they attend.

Involving service users will mean them being actively involved in participation and consultation and will play a valuable role in planning, reviewing and development of substance misuse services.

Involvement of service users will be an ongoing learning and developing partnership to ensure services of an appropriate quality are available and accessible to those who need them.

Supporting service users and service user representatives is key to the success of user participation/involvement.

Service users will be made aware of the complaints procedures at the commencement of contact with services, and not just when difficulties are faced.

1.8 How to use the toolkit

The toolkit is intended to be used as a resource to dip in and out of the areas that the reader may need to refer to. It outlines the corporate approach of the services in Croydon

on how to involve service users in the alcohol and drug services. At the back of the document there are checklists and forms for use by the services and for service users, so that everyone is working along the same lines.

1.9 Who is the toolkit for?

The toolkit is intended for mangers of alcohol and drug services to use in facilitating service user involvement. It is a guide to assist each service is developing their own service user involvement policy.

1.10 How the toolkit was designed

This toolkit was planned and designed through the Service User Representation Steering Group and its members. Membership of this group includes service users, who participated in meetings, working groups and activities to guide the content of this document.

1.11 Acknowledgements

This toolkit has been developed by services in Croydon that provide support to those with alcohol and drug problems. Service users who participate in the multi-agency Service User Representation Group (SURG) set up in 2004, have been active participants in the development of this toolkit.

The Drug and Alcohol Action Team (DAAT) have supported the development of this project through the Representation Group.

The toolkit was produced by the International Centre for Drug Policy (ICDP) at St. George's, University of London.

1.12 Definitions

The terms service user, client and patient are used interchangeably in this document.
A glossary of useful terms has been produced by the DAAT and is available on request. This is updated regularly.

Footnote: References used in this section
Simpson, E., House, L and Barkham, A (2002) A guide to involving service users, ex-users and carers in mental health service planning, delivery or research: a health technology approach. University of Leeds.
ARAC (2003) User involvement in substance misuse services: a literature review, Centre for Addiction Studies, St. George's Hospital Medical School, University of London.
Department of Health (2003) Building on the Best – Choice, Responsiveness and Equity in the NHS.
Department of Health (2000) The NHS Plan.
Department of Health (2004) NHS in Patient and Public Involvement in Health: the evidence for policy implementation.
The Health and Social Care Act (2001) HMSO Stationery Office.
National Treatment Agency (2002) Models of Care for drug misusers.
Arnstein, Sherry R. (1969) "A Ladder of Citizen Participation," JAIP, Vol. 35, No. 4, July, pp. 216-224.

Section Two: The structure

This section provides an overview of the roles and responsibilities of service users, staff of services and planners.

2.1 The committee structure
The Service User Representation Group (SURG) was set up in 2004 to co-ordinate and guide the development of service user involvement.

It is chaired by the DAAT and its members include a representative from each of the core substance misuse services and service users. Those working in collaboration such as the Drug Intervention Programmes (DIP), Community Adolescent Mental Health Services (CAMHS) and Drug Treatment and Testing Orders (DTTOs) receive minutes of meetings and reports produced by the SURG for information.

It has established itself with terms of reference (see Appendix Two) and it reports to the Drug and Alcohol Reference Group (DARG) of the DAAT.

The chart below highlights the Strategic Links and Related Sub-Groups to the DAAT. Further information is available in Appendix Three.
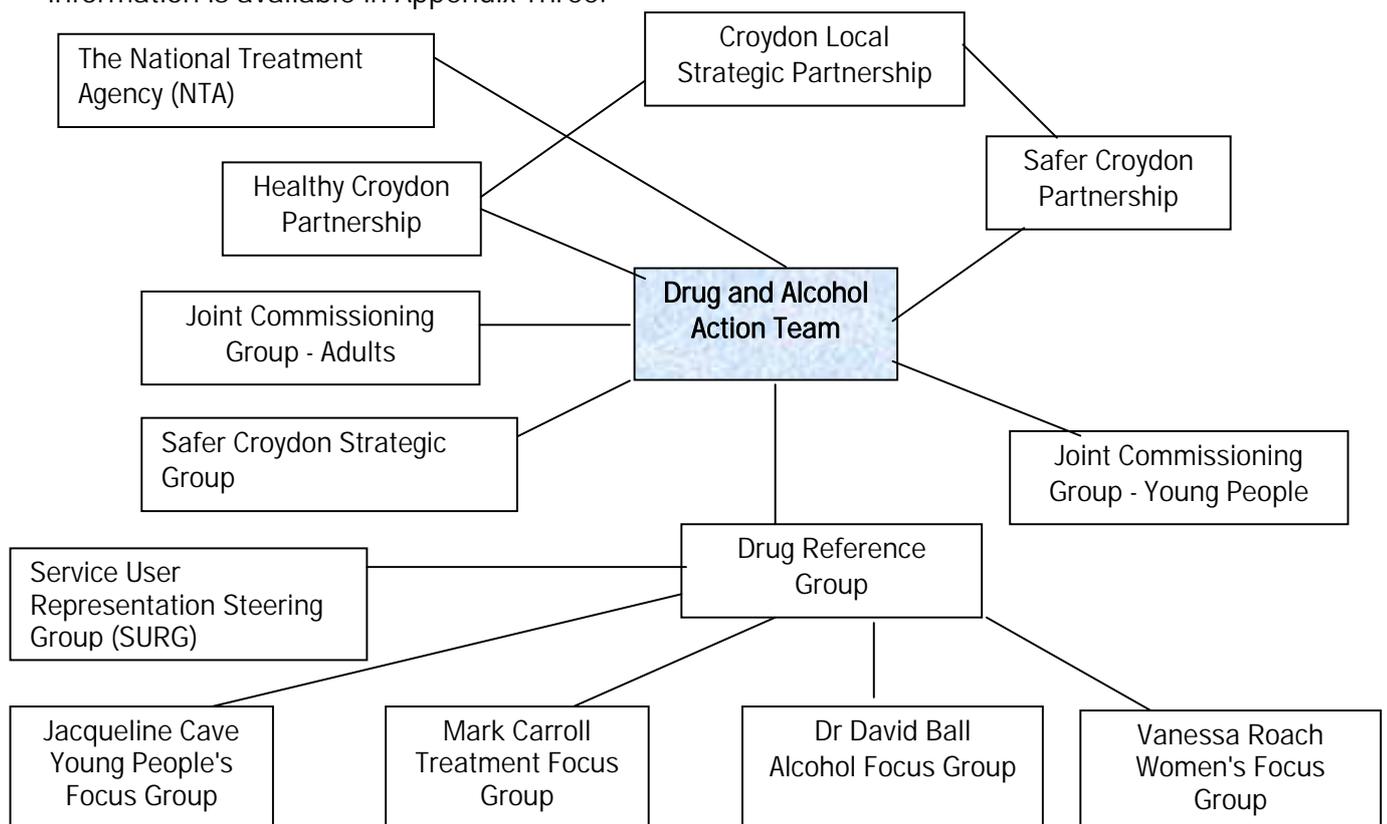
There are other groups that feed in to the DAAT structure including the Schools Working Group, Youth Drug Workers Forum, Needle Exchange Group, Shared Care with GP's Group, Drug Intervention Programme (DIP) Steering Group, Drug Treatment and Testing Order Steering Group, Croydon Action on Training and Dual Diagnosis Steering Group. This list is not exhaustive and further short term working groups are established to meet particular needs.

Those involved in local services in Croydon can get involved in commenting about services through each local service, that holds its own group. The views from these groups are feed up to the DAAT via the SURG. These in turn lead to consideration for the need for change in the way local services are delivered and/or organised.

Service users can also attend a Regional Forum organised by the National Treatment Agency (NTA). These take place in central London on a six-weekly basis. Details of these meetings should be routinely handed out to service users and placed on notice boards. This forum has been organised so that all ex/current/prescribed users, and those not in treatment, could be included and their views heard by the NTA, without having to belong to an established group. It is open to anyone and everyone to share their views and information, and to encourage feedback on services from service users. Further information is available from the London Office regional co-ordinator on 020 7217 3660.

Service users not in contact with services would be an area that the SURG would be interested in developing ways to seek these views.

2.2 The role of services

2.2.1 Individual level
Services have a key role in consulting with service users on an individual level about the care and treatment they have received. It is expected that this direct involvement will be concerned with decisions of treatment, care plan and goals of care and or treatment and progress in treatment. This type of involvement will usually be between the service user and the individual's key worker and/or practitioner. Key workers have a role in inducting service users to the service on first contact and for new episodes. This should include all items suggested in Appendix Ten

2.2.2 Service level
Each service has a role in seeking the views of service users and should draw up its own action plan and strategy for involving service users in day to day issues of the service. This includes issues relating to the service only. It is outside the remit of this toolkit to prescribe to services how they should involve service users in their own service delivery issues.

It is hoped that this will include some of the following issues, such as consulting with service users on
- The therapeutic programme
- Open times
- Waiting times
- Information for service users
- Refurbishment
- Service/organisational changes
- The care and treatment they receive
- Unmet needs

This can be achieved through a variety of methods such as questionnaires, suggestion boxes, and regular meetings and can be on a one-to-one and/or group basis.

Each service should nominate one staff member who leads on Service User Involvement issues on behalf of the service. Ideally each service should identify a deputy to provide support to the lead person and to deputise at meetings.

Services have a role in engaging service users in participation at a service level, such as seeking views on appropriate information. This could be easily viewed by all if it is displayed on notice boards.

All service users should be invited to attend service user groups held within each service.

At a service level, staff may wish to involve service users in their wider organisational issues. This would be as invited by their organisation and therefore if payment agreed and / or travel expenses paid, this is an arrangement between the service and the service user.

Services should also provide information to service users about other lobbying groups for service users as requested, such as The Alliance and others.

2.2.3 Strategic level
The service lead is the staff representative for the service at the SURG.

Each service has a role in preparing an annual plan on service user involvement and reporting on activities.

The services also have an important role in supporting Service User Representatives (SUReps) who are aligned with their service and who are participating in the strategic work. This involves identifying new recruits to service user representative roles, supporting and guiding service user representatives, monitoring the activities of the Service User Representatives and supporting and facilitating them to participate in activities.

Services have a role in identifying individuals within services who might wish to be considered as SUReps and participate in the wider strategic issues and represent the service at the SURG. It is recommended that each service identify two service users who would be interested in this type of consultative work to be nominated or put themselves forward as SUReps. The two SUReps can then share the workload of meetings, groups and activities, so that one person is not over burdened. The service mentor will be responsible for supporting these individuals and managing which person undertakes which activities based on availability, areas of interest and skills/experiences. It may be appropriate for both SUReps to attend certain core activities and meetings.

The service lead has a role in informing other staff in their service about SUReps and the remit of their role.

2.3 The responsibility of services

2.3.1 Individual level
It is the responsibility of services to ensure that service users are involved in their individual care as set out in the NHS standard (see Appendix One).

2.3.2 Service level
Each service will also be required to prepare a report on the activities and responses to their activities on an annual basis. The SURG will spend one of its meetings annually to share the strategies and activities and plans of services for the year.

The lead person nominated by the service will represent the service in the Service User Representative Group (SURG). It is recommended that each service identify another person to support the lead person.

Each service will identify at least one but preferably two staff members to be service user mentors. A mentor may be the lead person attending the SURG and a further person may be the deputy.

2.3.3 Strategic level
This person will be responsible for attending meetings and reporting on activities or sharing ideas as required. They are also responsible for informing other team members of their service.

The service has a responsibility to provide expenses to the service user representatives for undertaking agreed activities on behalf of the SURG and DAAT.

The service will then invoice the DAAT providing a monitoring form of activities undertaken by the SURep and to monitor expenditure for these activities.

The services have responsibility to provide a package of support for SUReps via a service mentor arrangement. This should be tailored to the individual needs of each service user.

The services are responsible for providing support to and supervision of the SUReps who are aligned to their service. They are also responsible for providing in-house training for staff for undertaking a mentoring role.

Services are responsible for identifying training for staff that may be required to be delivered on a multi-agency level. These needs can be raised in the SURG steering group meetings so that they can feed into existing training structures.

2.4 Service Users

Types of involvement
There are a variety of ways that service users can get involved.

Individual level - All individuals attending services should participate in discussion about their own care within the service they attend. This is part of routine treatment and good practice. Individuals will be invited to participate in this way. Services should provide service users with the opportunity to provide constructive feedback on both positive and negative experiences of attending the service.

Service level - Each service will also encourage activities and processes for inviting service users to comment about the services they provide, such as opening times, types of groups, furnishings etc. Individuals will be invited to participate in this way (service level) if they choose. This is also part of routine activities, and individuals choose to participate if they wish. This may include giving ideas about what information is required to be placed on the notice board and keeping it updated.

Strategic level - Individuals who are currently receiving treatment or who have been in treatment, who wish to contribute to the wider strategic issues, such as attending sector-wide meetings such as the Drug and Alcohol Reference Group (DARG). At a strategic level, service users will be participating with service providers and planners to review and plan the direction of services. This may include a number of agreed activities.

The system is co-ordinated by a service user co-ordinator on behalf of the Drug and Alcohol Action Team (DAAT). This role is to co-ordinate the activities and facilitate the development of the work. Although the system is co-ordinated, responsibility for the delivery of the work lies with each of the treatment services and overall responsibility remains with the DAAT.

2.4.1 Individual level

Recruiting service users to participate on an individual level
All those attending services should be invited to participate in the planning, delivery and review of their own individual care. Key workers will need to explain to all service users what this entails and what aspects of care they would like service users to participate in.

There is no formal recruitment process for this, but services should inform all service users of the ways that they can participate in their own care and treatment. This is a routine part of care and good practice.

Activities that individuals may participate in
* Discussion about their individual care plan
* Care and treatment reviews
* Completing questionnaires or participating in surveys

2.4.2 Service level

Recruiting service users to participate on a service level

All those attending services should be invited to participate in sharing their views about the services or participate in service user groups run by the service. This is considered as part of routine care and treatment and is therapeutic in treatment and recovery.

There is no formal recruitment process for this, but services should inform all service users of the activities taking place and invite them to participate. This can be achieved through notice boards, leaflets and face to face discussions or via other service users.

Service users will not usually receive payment for such activities. Reimbursement for travel will be provided as appropriate by the service.

Activities that individuals may participate in

- Talking to other service users about the services provided
- Attending service user groups at the service that the person is attending or connected with (if no longer in treatment)
- Collating views from suggestion boxes and updating notice boards
- Attending treatment programme reviews
- Completing questionnaires or participating in surveys
- Involvement in other service activities as requested such as sitting on interview panels for staff

2.4.3 Strategic level

Recruiting service users to become Service User Representatives

It is important that a formal arrangement is set up for involving service users in the strategic work. This is important so that the services can be aware of the skills and experiences the services user brings and their particular interests and experience and that the service user can be aware of what the participation will involve and what is expected of the individual.

Recruiting service users to participate at a strategic level will require preparation of individuals to undertake this role, co-ordination of service users and a system of support for service users.

Activities that individuals may participate in

Activities will be agreed by the Service User Representation Group (SURG) and ultimately by the Service User Co-ordinator. The activities and time taken to undertake this work on behalf of the SURG and the DAAT will be monitored and recorded as these activities will be recognised through a systematic payment/reward scheme (see Appendix Four).

Activities may include:

1. Attending sector wide meetings

This is always by invitation from the chair of the group and may be as a regular invitee or a one-off event to:-

- provide a service user view and/or talk on behalf of other service users after having consulted with service users in a formal and structured way
- report back on a project or activities undertaken

2. Attending joint service meetings and groups
This includes service user steering groups and other working groups/participation groups and is always by invitation by the chair of the meeting.

3. Reading and commenting on documents
This may include reading specific DAAT or other strategic documents to provide views from a service user perspective. For this activity, SUReps will be guided by the SURG on the length of time required for reading documents. Guidance should be provided at the time of the request. This does not include the papers relating to SURG meetings, unless otherwise stated.

4. Undertaking a time limited specific project
The activities associated with specific projects will vary according to the needs of the project and the individuals experiences of those participating. However it may include:-
- Designing surveys/questionnaires
- Designing/planning a seminar/training session
- Preparing a talk to service users/staff or policy makers
- Visiting community groups and other services
- Talking with service users/families/carers
- Designing leaflets, posters, other materials

5. Consultation on Drug and Alcohol Action Team (DAAT) annual treatment plan
This could be individually or as part of a group.

6. Participation in other activities relating to the implementation and review of the DAAT treatment plan
This could be individually or as part of a group.

7. Chairing / co-chairing/ facilitating a meeting or a training session or group
It is recommended that service users involved in this type of activity are provided with some support and guidance from the service mentor or SURG in advance.

8. Providing a prepared presentation to a DAAT group or DAAT activity
This could include a prepared presentation to a DAAT sub-group.

9. Participating in DAAT interview panels
This activity would be invited from the DAAT office to participate in strategic wide posts. This does not include posts in services. Requests for service level involvement would come from the managers of services via the service mentor and this would be viewed as a service issue.

Checklist of issues that service users can get involved in

- Attending sector wide meetings
- Attending joint service meetings and groups
- Reading and commenting on documents
- Undertaking a time limited specific project
- Consultation on the DAAT annual treatment plan
- Participation in other activities relating to the implementation and review of the DAAT treatment plan
- Chairing / co-chairing/ facilitating a meeting or a training session or group
- Providing a prepared presentation to a DAAT group or DAAT activity
- Meeting with other service users to obtain views on specific issues
- Interview panels

Summary of involvement relating to payment

This section provides a summary to draw distinctions between the various levels described in this section.

Level based on Arnstein	Type of involvement	Example of involvement	Level	Payment
Level 1	Getting Information	Being told what is available	Individual	No
Level 2	Giving information	Telling services what it is like to use them	Individual	No
Level 3	Forums of debate	Workshops, focus groups, consultations	Service	Maybe *
Level 4	Participation	Involved in shaping policies and strategies	Strategic	Yes
Level 5	Partnership	Deciding with others what polices and strategies need re-shaping	Strategic	Yes

* This would need to be clarified in advance.
It is important to note that Service Users have the right to decline to participate in any consultation activities at any time. Service mentors should ensure that SUReps do not feel obliged to always accept, as people have other interests.

2.5 Organising payment for participation and monitoring activities

Each service user who wishes to participate in paid activities of service user involvement will be required to be aligned with one of the local services and be allocated a named mentor to provide ongoing support. Service users will prepare a brief resume of skills and experiences and complete an application form to become a paid service user representative.

Service users involved in consultation on the wider strategic issues will be paid for their contribution (see Appendix Four).

Service users will be asked to sign a contract in advance of participating in activities for which payment is provided (see Appendix Five).

The service user and mentor will need to check that they are clear about what is expected of them in each situation.

The service to which the SURep is aligned, will be responsible for providing payments as per policy to the individuals. Payment should be made at the earliest opportunity. The payment arrangements will be organised between the SURep and service mentor. Records will be kept of all activity monitoring and will be forwarded to the Service User Co-ordinator and the DAAT for central record keeping. The service mentor should keep a record and the SURep should also be provided with copies of paperwork. The service will then invoice the DAAT on no less than a quarterly basis.

The mentor / service will be responsible for supporting service users in participating in the various activities.

Service users will be expected to keep a record of activities undertaken as a record to monitor activities undertaken. This will be guided and signed by the mentor in the service to which the service user is aligned (see Appendix Nine).

The service mentor will need to provide the service user with the necessary tools and equipment to undertake the activities required, this may include files, paper, pens, and other stationery and access to a computer, telephone, fax and e-mail. It is recommended that when a SURep commences their role, the service provides the person with a pack of useful information and equipment (see checklist below). Each service will need to identify a suitable space for this work to be undertaken or arrange with another service to provide such space and access to equipment and facilities.

Checklist of useful information and equipment to provide

- File/folder for storage of minutes and papers of meetings
- Pens, pencils, rubber, ruler, hole punch, stapler
- Access to paper, envelopes, stamps, photocopying facilitates
- List of SURG members
- Minutes of recent SURG meetings
- Details of how to contact the mentor during office hours
- Details of the DAAT office and named people at the office who can be contacted
- Identity card
- Contact cards (business card) to hand out to service users on how to get in touch with Service user Representative

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2.6 Role of Service User Representative (SURep)

The role of the SURep is to participate in activities as identified by the DAAT and SURG as part of improving the effectiveness, quality and planning and delivery of services to those with drug and alcohol problems in the locality. This is a role which specifically involves strategic work. Service users can either put themselves forward or be nominated by the service. Service users that get involved in this type of work will need to completed a recruitment form and have an meeting with a service mentor and other staff member to discuss the roles and expectations of being a SURep and to identify particular areas of interest and skills / experiences of the service user.

The role expected of SUReps will vary according to the activities in which individuals are invited to participate in (see above). However, this section highlights some of the core expectations.

For role description see Appendix Seven.

2.7 Recruiting Service User Representatives (SUReps)

Services should identify individuals who may be interested in and ready to participate in paid service user work.

Potential SUReps who would like to get involved further should be directed to talk to a member of staff who is also a member of the Service User Representation Group (SURG).

The service mentor will arrange for the potential Service User Representative to talk to one of the existing Service User Representatives. New people will also be invited to one of the meetings of SURG, as an observer in the first instance. Payment will not be provided at this stage of preparation, as it is an opportunity for an individual to assess whether this is suitable for them and for the service mentor to assess whether this is beneficial for the service user.

Where an individual chooses to participate in the work, they will be helped by the service mentor to complete a brief application form (known as an involvement form) and contract before embarking on becoming a SURep. The service mentor will also arrange for a meeting with one other SURG member to meet with the new recruit to talk through the role and expectations. This also acts as an opportunity to find out what areas the individual person is interested to participate in and what skills and experiences they can bring to the group.

Once an individual is happy to participate, they will complete the Service User Representation involvement form (see Appendix Eight) and be given an introductory pack of papers for the meetings, this will include recent minutes of meetings, copies of reports and other relevant information at the time. The service mentor will sit down with the new Representative prior to the first meeting to go through information about the group and the minutes of previous meetings. It is also an opportunity to prepare the new Representative for this role and to explain expectations.

2.8 Preparing people to become a Service User Representative (SURep)
Individuals who are interested and willing to participate will need some support and training in participation in DAAT issues.

New SUReps will be allocated a service mentor. They will also be allocated to an existing Service User Representative who will provide some guidance and support as part of induction to the first few months of being a SURep.

The service mentor will also be responsible for meeting with the SURep to identify particular training / development needs for undertaking the role or other needs to facilitate progression to other opportunities.

Whereby a SURep remains in contact with a particular service for care and treatment, it might be worth considering that some activities may be more appropriate to be undertaken with other services. This would overcome any potential barriers or difficulties for service users and staff in relation to professional boundaries and potential risks to the damage of the therapeutic relationship.

2.9 Ongoing support and progression for Service User Representatives
Service users who get involved in active participation, may wish to progress to work as a volunteer or enter into paid work either within substance misuse services or other health and social care settings.

Being involved as a SURep does not necessarily provide direct entry into such opportunities, but it can provide experience and skills development to work towards meeting the requirements of other opportunities. It is also a way of getting to know about potential opportunities for voluntary work and paid work in organisations locally.

SUReps are therefore encouraged to discuss their own individual development with their service mentor.

It is known that people may move into other opportunities and therefore SURG via its representative services, should seek to co-opt new people into the group.

2.10 Other services wanting service user involvement

When service users commence participating in sector-wide activities, their contribution to many of the activities becomes an asset and there can be additional demands placed on a few active individuals. If there are excessive demands on a few people, this may lead to 'burn out' with the resulting loss of available SUReps.

To avoid putting too much of a burden on individuals, any requests from services to invite service users to participate in activities, should be directed through the DAAT to the co-ordinator of SURG. In this way requests can be matched up with the availability and skills/experiences of the individual.

To monitor requests and demands it is asked that any requests are put forward via the DAAT office by completion of the Request for Service User Involvement form (see Appendix Eleven).

Section Three: The activities

This section provides some guidance on the activities that involve service users and how to best prepare and support service users in these activities.

It also provides guidance for service providers and planners in considering the impact of and consideration for the involvement of service users.

This section covers

Attending meetings
- Training
- Resources
- Working with other service users
- Getting involved in seminars or events

3.1 Meetings

Meetings can be daunting at the best of times and even more so for service users. It is recognised that some service users may not have had any previous experience of formal meeting structures and may need ongoing support and training to facilitate their participation so that they feel confident and comfortable in their participation.

It is important that the chair of the meetings is aware that there may be service users present, and should encourage their participation and encourage all members participating to avoid using jargon. It is useful for those chairing meetings to summarise at various points during the meeting.

As meetings can be daunting it is useful to provide training, which may include 'on the task training' (learn and train as part of participation but with support from an identified person who is also in attendance) to service users in areas such as contributing to meetings, chairing meetings, assertiveness skills, confidence building and minute taking.

It is often helpful to invite more than one service user to a meeting. This is also a support for the service users.

It is also important to plan refreshment/comfort breaks into meetings that are of more than one hour's duration.

Attending meetings

Any new member to a group or meeting requires advanced preparation. When a SURep joins a new meeting as a regular attendee or is invited to attend a meeting as a one-off, the person will require preparation in advance.

Preparation in advance should be provided by the service mentor or another staff member. This person should act as a service mentor to provide support before, during and after the meeting.

Before the meeting

Preparation in advance should include the following areas:

Provision of notes of previous meetings or events. Ideally the service mentor should sit down with the service user and go through the previous recent minutes to explain current activities or themes.

Explanation of who will be there (other group members). Ideally a membership list should be given.

Explanation of the usual role and function of the meeting. It is useful that terms of reference are available on all key meetings such as the Drug and Alcohol Reference Group (DARG).

Explanation of location of meeting, start and end times.

Discussion about what is expected of the service user. Ideally the group/meeting inviting the service user to attend, should make explicit the reason and purpose for the invitation, so that the individual can be prepared for what is expected of them. For example, are they invited to comment on all aspects of discussions and provide views as part of the group discussion or are they invited only to present one element of the meeting?

Discussion about the anxieties or reservations and feeling that the individual has in advance of the meeting.

The service mentor should arrange to meet the service user in advance of the meeting (perhaps 15 -20 minutes earlier) to discuss any concerns/issues that have arisen since the preparatory meeting. This is particularly important for first meetings. However as the service user becomes more confident in attending meetings, this may become less necessary although should be offered and available.

It is useful for the service mentor to provide the SURep with some guidance on etiquette for meetings. Whilst this can vary with meetings, it may include issues such as:
- Dress code
- How to address the meeting, such as putting hand up, or waiting until invited
- Avoiding lateness where possible, but sending a message in advance via service mentor or DAAT office if the SURep is unexpectedly held up and will be late (only if possible as this is not always feasible).

Preparation meetings in advance and pre-meetings on the day should be timetabled into the planning into the planning for attending meetings.

During the Meeting

It is recommended that the service mentor sits next to the service user during the meeting, so that support can be provided where necessary during the meeting.

Whilst every effort should be made for members at the group to avoid the use of jargon, there may be terms used that the service user is not familiar with. To avoid the meeting requiring interruptions to provide explanations, the service user can ask the service mentor during the course of the meeting or write it down so that explanations can be given after the meeting.

The service mentor should be prepared to be an advocate for and support the service user during the meeting. For example if the service mentor can see that the service user is getting overwhelmed with the amount of information or looks unsure in any way about issues, the service mentor can intervene. This may involve suggesting a break for 5 minutes, this may be to ask someone to summarise that part of the meeting. It is important not to assume how the service user is feeling and to ask them before taking action.

After the meeting

The service mentor and service user should meet immediately after the meeting/event to debrief.

Debriefing sessions should be timetabled into the planning for attending meetings

Debriefing sessions should be used to:
- Answer questions that arose in the meeting/event
- Provide constructive feedback on participation
- To provide feedback on any areas of difficulty that arose
- As a process of ongoing training and support

This section will need further activities described and therefore in consulting with you, it is hoped you will have ideas about what else should be detailed in this section.

3.2 Training

Staff will need to provide support to service users to identify any training needs. This might include identifying how to access training, accessing funds, who supports identifying training needs, what training will be provided locally by the DAAT and other services.

Training may be required with regard to working with other service users, such as those with special needs, e.g. learning disabilities, deafness, problems with sight, mental health and substance misuse (dual diagnosis). In such circumstances the service mentor may raise with the DAAT training group the need to design some multi-agency tailor-made training to meet such needs.

3.3 Resources

Staff will need to provide support to service users to help them access the necessary resources. This might include how to access relevant information to assist in being a SURep, access to stationery and files to equip service users to be involved, claiming fares.

3.4 Working with other service users

As part of service user involvement work, service users may participate in working with other service users. In advance of such work, service users will require support and preparation. Issues to consider include:
- Ensuring individual safety
- Maintaining personal boundaries
- Setting clear agendas and time scales
- Arranging a de-briefing session afterwards
- What to do in extreme circumstances, such as a police raid or police presence at the location, overdose/ emergency with a service user, feeling of uncertainty, worry/anxiety about a situation
- Identifying risk situations for the Service User Representative
- Identifying solutions to possible problems or difficulties in advance
- Being clear about the reason and purpose of the task

In circumstances where SUReps are working under the arrangements of SURG with other service users, the service will need to ensure that the activities are covered under their insurance policies.

Service mentors will need to clarify with their organisation the need for a check with the Criminal Records Bureau (CRB). The service mentor should explain to the SURep what this entails.

3.5 Getting involved in events

Service users may participate in SURG activities as part of the activities. Mentors should provide service users with support and guidance in undertaking activities associated with these events or seminars.

This may include:
- Providing opportunities for discussion about the event in advance
- Identifying key roles and expectations
- Providing ongoing support to the service user representative
- Providing feedback on activities.

Section Four: Frequently Asked Questions (FAQs)

This section has been designed to identify some of the frequently asked questions. Should your question not be found in this section, you can contact a staff member who is part of SURG.

Q   I would like to invite a service user along to our young peoples group. How do I go about arranging this?

There are a number of service user representatives participating in service user involvement work. If you would like some one to come to talk to your meeting or services, please send in a request form (accessible on the DAAT website) and fax /email through to the DAAT office. This will then be forwarded to the service user co-ordinator who will approach service users who participate in this activity. On your form please try and provide as much information as possible such as exactly what you would like the service user representative to do, type of event, how many expected, suggested date/time and length of event.

Alternatively you may wish to contact the Drugs 'n' Alcohol Service (DNA) and speak to the co-ordinator, if you would like to consider involving a young person.

Q   How do I recruit a Service User Representative (SURep) for young peoples services?

Involving young people is important in getting the views of young people's services. It may not always be appropriate for young people to attend SURG meetings/events, and young people's service will need to discuss with young people how their views can be heard and fed into the systems for getting feedback on services. Young Peoples services can feedback to the SURG since a staff member of DNA is a member of SURG.

Q   What happens if I cannot provide the necessary support to the Service User Representative aligned to my service?

If you are facing difficulties in providing the necessary support to Service User Representatives aligned to your service, you should discuss this with your team manager in the first instance. These types of issues can be discussed in the SURG meetings, as another service might be able to help out short-term.

Q   What if my Service User Representative (SURep) relapses?

Being a SURep does not mean a service user has to be entirely substance-free. What is important is that being involved with the work of SURG and service user involvement is not harmful to the treatment or recovery of an individual.

Some people may experience difficult events, circumstance or lapses or relapses. It is hoped that in whichever situation, the service mentor will provide support to that individual during such times. The service mentor may suggest that the SURep takes 'time out' for a while and receives the necessary support. During this time the SURep and service mentor

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should come to some agreement on the SURep being able to either opt out either temporarily or permanently from activities. The service mentor should review the situation with the SURep.

If a SURep attended a meeting or event and was known to have used drugs or alcohol (due to objective signs and symptoms), the service mentor or other SURG member would speak privately to the SURep and suggest that it would not be advisable to remain. In these circumstances the Service User Co-ordinator should be informed or the situation. The Co-ordinator will then inform the service mentor so that follow up support can be provided at the earliest opportunity.

Q   What if my Service User Representative (SURep) criticises my service?

Criticism is difficult to receive. If the SURep aligned to your service has reason to criticise the service, this can be as difficult for the service user to provide this feedback as it will be to the service to hear. It is always useful to try and understand the issues being presented even if negative and to look at ways to identify improvement. If difficulties arise that effect the partnership relationships between services and service users, such issues such be brought to the SURG to look at ways of addressing such difficulties, without personalising them.

Q   What happens if I think that a SURep is not suitable for the role?

It would be important that the service mentor talks to the service manager about any such concerns in the first instance. If it is not possible to resolve concerns through talking together with the SURep and the manager of the service about the difficulties, then discussion within SURG or to the DAAT representative at SURG may be necessary. It is expected that in most circumstances issues will be possible to be talked through between the SURep and a staff member. The arrangements for SURep involvement is an annual one and so it provides the opportunity for a SUR to opt out or for a service to not renew the arrangements. In the case of the latter, this must be talked through with the SURep in advance.

Q   What happens if a SURep wishes to stop being involved, do they have to give notice?

SUReps are a resource to be nurtured and supported to ensure that they do not become over burdened with requests which may lead them to wish to stop being involved. It is the service mentors responsibility to monitor the amount of work and activities that their SUReps get involved to avoid this happening. If the mentor feels that the SURep requires a break or the SUReps suggests a break form the service user involvement work, this should be encouraged, but support should continue to be provided so that the SURep can opt back in when ready.

However, there comes a time for everyone to move on and if a SURep decides to stop participating, it would be ideal that the person plans this, rather than just stops. Planning to end things is an important part of recovery and hence why the SURG feel that it is important. Ideally it would be a good opportunity for the outgoing SURep to assist in encouraging a new

incoming SURep and participate in induction to the activities. It would also be a good idea if the outgoing SURep is able to attend one of SURG meetings to say goodbye to the members, so that the ending can be formally recognised and thanks and appreciation shared. However this is not always possible nor will it always be appropriate. The service mentor would be the key person to guide and advise on this process.

Q   **How do I advise the SURep on dealing with payments when the SURep is on benefits?**

The following advice should be provided to SUReps by the service mentor.

1. You must report any work that you are doing, even if it is unpaid voluntary. The present rules for Part time Paid and Voluntary work are outlined below but we strongly advise you to discuss your situation with your local job centre or job centre plus.
2. Voluntary work UNPAID. There is no limit to the number of hours you can work in a week but you must be able to show your Job Centre that you are still looking for work.
3. Part Time Paid work. You must work for less than 16 paid hours a week or you will loose all your benefits. For this reason SURG suggest a maximum of 15hrs to be sure that you do not break the rules.
   You should declare how many hours and how much you receive to your job centre. They will allow you to keep the first £5 without it affecting your benefit. After the first £5 has been taken into consideration they will deduct £1 from your benefit for each £1 you earn.
4. If you receive any travelling expenses these will not affect your benefit.

Q   **Is there any help with childcare for those who have children and want to participate but have no child care arrangements available to them?**

If a SURep requires assistance with organising child care to enable the person to participate in SURG activities, then each situation will be considered in a case by case basis to facilitate this. The service mentor should contact the Service User Co-coordinator or DAAT to discuss each situation.

Q   **How do service users provide anonymous feedback?**

SUReps and service users should be encouraged to provide anonymous feedback. Each service needs to ensure that it has mechanisms for this to take place, such as suggestion boxes.

Appendices

This Section includes various resources for use with this toolkit.

1. Key Standards relating to patient Focus from National Standards, Local Action (2004)

2. Terms of Reference of the Service User Representation Group (SURG)

3. The Croydon Drug and Alcohol Action Team (DAAT) structure

4. Payment policy

5. Service User Contract form

6. Expenses form for Service Users

7. Role description of Service User Representative (appointed role)

8. Service User Representative Involvement form (recruitment form)

9. Service Users Record of activities

10. Checklist for key workers for induction of service users attending for care/treatment

11. Request form for service user involvement by other services

Appendix One: National Standards, Local Action (NHS, 2004)

Core Standards

C13 "Health care organisations have systems in place to ensure that

   a) Staff treat patients, their relatives and carers with dignity and respect;
   b) Appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and
   c) Staff treat patient information confidentially, except where authorised by legislation to the contrary".

C14 "Health care organisations have systems in place to ensure that patients, their relatives and carers

   a) Have suitable and accessible information about, and clear access to, procedures to
   b) register formal complaints and feedback on the quality of services;
   c) Are not discriminated against when complaints are made, and
   d) Are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery"

C15 " Where food is provided, health care organisations have systems in place to ensure that

   a) Patients are provided with a choice and that it is prepared safely and provides a balanced diet; and
   b) Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day"

C16 "Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment"

Developmental standards

D8 continuously improve patient experience

D9 preferences, supported choices

D10 contribute to planning of care for long-term conditions

Appendix Two: Terms of Reference

Terms of Reference
Croydon Service User Representation Steering Group (SURG)

Terms of Reference:

The Group will identify and set up a collective and collaborative model and mechanism of service user participation in Croydon.

The Group will guide and support the establishment of a service user involvement group(s) which meets the needs of service users.

The Group will monitor and supervise the development of service user involvement in Croydon and ensure that views, comments and information from service users is routinely fedback into the DAAT communication cycle(s).

The overall aim of the Group is that it will become a service user led Group, that might invite service providers to participate. The group will formally link with the Drug Reference Group (DRG) to report activities and progress and will also receive feedback through this group from the Drug and Alcohol Action Team (DAAT)

Membership:

The Service User Representation Steering Group (SURG) will be made up of service provider staff for Croydon services and service users who either are resident in Croydon or attend services in Croydon who have or have had a substance misuse problem.

Organisations providing a specific service for those with substance misuse problems will be represented at the Steering Group and other services may be co-opted and invited to participate in activities and meetings as appropriate.

The group will adapt itself as an ongoing process as the development in engaging service user participation and may revise its terms of reference accordingly.

The number of Service User Representatives (SUReps) attending the meetings, will be limited to 8 at any one time, so that the group does not become too large.

Steering Group meetings:

Either a member of the Drug and Alcohol Action Team (DAAT) or other nominated member of the Steering Group will chair the Service User Representation Steering Group meetings.

The meetings will be held as agreed by the members and at least quarterly.

Agendas and minutes of meetings will be kept and circulated to all Group members and a central file will be kept at the DAAT office.

Appendix Three: Croydon Drug and Alcohol Action Team (DAAT) - who are we and what do we do?

The first UK national drug strategy was published in 1998. In 2002, the Strategy was updated to incorporate lessons from the previous four years and to place more emphasis on certain areas. At a national level, the work is co-ordinated by the Drug Strategy Directorate, which is based within the Home Office and the National Treatment Agency (NTA). The NTA was established in 2001 to promote best practice in drug treatment and monitor the drug treatment provision at a local level.

The national drug strategy, Tackling Drugs to Build a Better Britain (1998) highlighted four key themes. These are:

1.   **Young People** – to help young people resist drug misuse in order to achieve their full potential in society.

2.   **Communities** – to protect our communities from drug related anti-social and criminal behaviour.

3.   **Treatment** – to enable people with drug problems to overcome them and live healthy crime free lives.

4.   **Availability** – to stifle the availability of illegal drugs on our street

The Updated Drug Strategy, launched in 2002, has retained the same key themes but has placed a greater emphasis on work within the criminal justice system such as the development of the Drugs Intervention Programme.

Drug Action Teams (DATs) have been developed across the country to take responsibility for the implementation of the national strategy at a local level. DATs are multi-agency partnerships that should have senior representation from locally agreed organisations.

More recently, a national alcohol strategy has also been launched. Many DATs have been renamed to reflect inclusion of alcohol in the remit to Drug and Alcohol Action Team (DAAT). The implementation of this strategy is also the remit of Croydon DAAT. We are in the process of developing an alcohol strategy specific to Croydon.

In Croydon the membership of the Drug and Alcohol Action Team is as follows:

Croydon Primary Care Trust   Chief Executive (DAAT Chair)
                                     Director of Public Health
                                     Commissioning Partnership Manager

Metropolitan Police   Chief Superintendent, Croydon Borough

London Probation Authority   Head of Service Delivery, Croydon

Youth Offending Team   Manager

Croydon Magistrates

Croydon Council   Group Director, Education
                               Social Inclusion Manager, Social Services
                               Assistant Director, Environmental, Cultural and Sport
                               Services
                               Manager of the Safer Croydon Unit

DAAT Co-ordination Unit

Government Office for London Drugs Team

This group is responsible for the development of the local strategy and to review progress in the delivery of the drug strategy. Croydon Drug and Alcohol Action Team (DAAT) meets four times a year to fulfill these aims.

A DAAT Co-ordination Unit ensures that the DAAT plans are implemented at a local level. This team does not work with directly with users but is responsible for ensuring that plans and targets set related to users and drug-related issues are communicated to providers, that DAAT money is allocated appropriately and to disseminate information that comes out from Government departments and other organisations such as guidance, research and conference details. In Croydon, the DAAT Co-ordination Unit comprises eight staff:

DAAT Co-ordinator - To oversee the work of the whole team and lead on the strategic development of services across all areas

DAAT Administrator - To provide administrative support to all members of the team, take minutes, organise meetings and be responsible for the co-ordination of the DAAT Basic Drugs Awareness Training programme

Joint Commissioning Manager - To be responsible for the commissioning of adult drug treatment services, the development and implementation of the DAAT Treatment Plan and the allocation of the Pooled Treatment Budget and related budgets.

Communities and Availabilities Co-ordinator –To lead on behalf of the unit on partnership working to tackle drug supply and associated anti social behaviour. The role includes engaging with communities to develop sustainable actions to tackle drug use, based on local consultation and best practice. This worker is also responsible for developing the DAAT Diversity Plan.

Young People's Co-ordinator - To be responsible for the commissioning of young people's drug services, the development and implementation of the Young People's Substance Misuse Plan and the allocation of the Young People's Pooled Budget

Data Manager - To be responsible for the development and implementation of data management systems across all areas of the DAAT's work and to ensure that data is reported to Government Departments when needed

Drug Interventions Programme (DIP) Project Manager - To be responsible for the development of the Drug Interventions Programme locally.

There are a number of groups responsible for delivering/implementing the work of the DAAT. These include a networking group called the Drug Reference Group and focus groups that concentrate on individual themes within the strategy.

For instance, the team used to employ an **Alcohol Co-ordinator** to develop and Croydon Alcohol Strategy. Implementation of this local strategy is now mainly the responsibility of the Safer Croydon Partnership and the Alcohol Focus group.

The structure chart in Section 2.1 highlights the various key local groups. If you would like further information please contact **Karen Handy, DAAT Administrator** at the DAAT Co-ordination Unit on **020 8700 8851**

Useful Websites

www.drugs.gov.uk
www.croydon.gov.uk

Appendix Four: Draft Payment policy

DRAFT Payments and Expenses policy for Service Users participating in SURG work.

Introduction
The payment policy has been devised based on both the draft National Treatment Agency (NTA) policy and the South London and Maudsley NHS Trust policy.   It is expected that this section will be reviewed and revised in due course. This section will be subject to change.

The principle is that reimbursement of expenses and providing payment to people who contribute their time and expertise is good practice, fair and is a means of increasing user and carer participation in the planning and delivery of the work of the Croydon DAAT. Not to do so would risk further excluding a group of people who are already marginalised and excluded from the planning and decision-making processes that shape the treatment services that they use.

This policy sets the arrangements locally in Croydon and cover three main areas:
        1 – The Policy Statement
        2 – Guidance for staff
        3 – Administration of payments

Section 1 - Policy Statement

Payments will be offered to individuals for their expertise and time when they are specifically asked by the DAAT to contribute to activities on behalf of the SURG

Payments will not be offered for attendance at meetings or events unless the person has been specifically asked to attend or contribute on behalf of the DAAT.

It is viewed as reasonable for the Croydon DAAT to be able to track how that money is being spent and to be able to provide auditors with a recognisable trail of where money is going. It is for this purpose that the services in administrating the payments on behalf of the DAAT will ask for receipts as proof of expense incurred and will ask people to sign cash books or similar to acknowledge that they have received the money that is due to them.

Expense Reimbursement
Travel expenses, caring costs, subsistence costs and incidental expenditure shall all be reimbursed fully. Out of pocket expenses should be reimbursed as soon as is practical to ensure that the individual is not at a financial disadvantage. This may not necessarily be at the time of the event, but should as soon as possible afterwards or as agreed between service and individual.

Travel Expenses
People are expected to use public transport whenever possible and fares will be reimbursed only when a valid ticket/receipt is produced. Alternatively, some services they may wish to purchase tickets in advance to be given to service users.

The use of taxis/cabs / mobility buses is appropriate for those who cannot use public transport due to access issues such as disability, and should be agreed in advance by the service mentor. This should only occur in exceptional circumstances. The service mentor should check with the DAAT before authorising the use of taxis.

For those using their own car to attend a meeting or event the mileage rate will be in line with the agreed mileage allowance.

Caring Expenses
The policy in relation to this area of work will be developed over the future months. Should the situation arise meanwhile, the DAAT should be contacted and advice will be given on a case by case basis.

Subsistence Expenses
People may claim the actual costs of meals and/or refreshments up to a maximum of £5 per claim:
- Where the meeting/visit exceeds 4 hours; and
- Where the expenditure is not met directly by the meeting organiser or organisation being visited (e.g. if lunch is provided at the meeting then no subsistence expense will be payable) and
- Where you necessarily incur additional expenditure.

Receipts for subsistence should be provided.

Incidental Expenditure
These are costs incurred when engaged in DAAT activities and should be agreed by the service mentor in advance. Allowable incidental expenditure may include items such as postage, stationery and costs of phone calls made for the specific piece of work the user is involved in. Ideally the SURep should be provided with a pack of necessary stationery from the service mentor. Additional supplies should also be obtained from the service. SUReps should be discouraged from purchasing their own supplies and providing receipts for reimbursement.

The service mentor will need to provide guidance on incidental expenditure relating to postage and telephones. Ideally postage should be distributed through the service and telephone calls made at the service. However, where this is not possible or feasible, the service mentor needs to provide guidance to the SURep on how these expenses can be reimbursed according to the services own policy and arrangements.

Claims for incidental expenditure should be made on an expense claim form and invoices or receipts must be provided to support the claim.
Allowable expenditure relates to expenditure whose extent and purpose accords with Inland Revenue guidance.

Service mentors should seek advice from the DAAT in circumstances where agreement needs to be provided in advance as detailed in this section.

Payment Framework

The payment framework provides a guide for payments for those users invited by the NTA to undertake specific activity on behalf of the SURG or to further the aims of the DAAT. The application of the framework should remain flexible in order to reflect the diversity of opportunities for involvement and participation. Particular attention must be made that these flexibilities are not applied in a discriminatory manner.

Involvement Activity	Rate
Participation in working groups, committees, recruitment panels, etc. This includes brief presentations on feedback from service user work	£10.00 per hour
Chairing a conference	£120.00 – whole day £60.00 – half day
Short presentation of up to 30mins (such that requires advanced preparation)	£40.00
Presentation – over 30mins Delivering a half day workshop/seminar Delivering a half day training event This means leading a session, not participating in a session. This type of activity would require preparation in advance.	£120.00
Consultancy or other substantive work	To be negotiated

These rates include payment for any preparation required to undertake the activity.
These rates will be reviewed annually.

Section 2 – Guidance for Staff

In addition to the policy statement it may be useful for SURG members to consider the following as they implement this policy:

Understanding when payment is to be provided
There may be times when an individual chooses to undertake activities for which they will not receive payment. It is important for the service mentor and SURep to clarify any uncertainty prior to participation.

Recognising Individual circumstances
As with recognising the range of individual and differing circumstances of carers it is appropriate that we take into account the needs of each individual that this policy applies to and implement the policy in a way that strives to meet their needs but stays within the agreed limits of the policy.
Taking a flexible approach should be encouraged and staff will be able to build up a working relationship with each individual over time.

Reducing double payment
It would not be appropriate for the DAAT to pay for the involvement of individuals who are already being paid for that involvement from another part of the treatment system. Where a service user participates in NTA work, they will receive their expenses and payment directly from the NTA. Only work associated with SURG will be paid locally

How payment will be received
Payment can be arranged in cheque, cash or BACS arrangement. This should be organised between the mentor and SURep. Cheques cannot be made payable to a third person on behalf of the SURep.

This document cannot cover every eventuality and therefore service mentors should seek clarification from the DAAT on any issue for which they are not quite clear.

Section 3 - Administering Payments.

Payments should be made to the individual in a manner that suits their circumstances and should be made in a manner that aims to maximise their individual circumstances. Special consideration should be given to making sure that those who do not have a bank account are not disadvantaged by the payment system. Service users will be asked about the preferred method of payment and this will be recorded on their contract form.

Where possible, and with their consent, payments to those in receipt of state benefits will be paid in a way which tries to maximise the advantage of additional earnings. If the service user or carer does not wish this then payments should be made promptly, in cash and wherever possible on the day of attendance.
We are seeking expert advice on how to achieve the maximisation of additional earnings and further guidance will be included when available.

It will not be possible to provide a cash float at meetings/events and so payment will be made after the event at the earliest opportunity. In situations whereby payment is required immediately this can be arranged between the service mentor and service user representative for such instances as and when required.

Any arrangements to pay a service user via a third party – e.g. user group, charity or other community organisation should be negotiated in advance. An administration fee may be paid to the group either on a case-by-case basis or as part of the group's funding arrangements. The group shall be able to invoice and receive payments in advance of making payment to the service user.

Where possible the service users receiving payments or expenses will be expected to provide evidence of expense or achievement of task being paid for.

Where an individual is in receipt of state benefits and receives payment for work undertaken with the DAAT it is his or her responsibility to inform the Benefits Agency of any earnings that might affect benefits income. The service mentor will ask the service users to confirm their understanding of this responsibility.

Mileage rates for staff across organisations vary. In order to ensure that the system is uncomplicated, and fair and equal for all service users, it has been agreed that mileage will be paid at one rate for all vehicles regardless of engine size. The rate will be 40p per mile, which is comparable to the Inland Revenue Authorised rates (IRAM) as of April 2002.

Appendix Five: Service User Contract form (to be completed annually)

This form should be completed by all individuals who have applied to become a Service User Representative (SURep) and who now wish to formally accept the role. The form needs to be countersigned by the service mentor.

The purpose of this form is to have a contract between the service user and the service for participation whereby for certain activities payment will be made.

Name:	
Service Aligned to:	
Contract period	
Method of Payment	

As a Service User Representative, I agree to the following arrangements

1. I accept that any payment made for Service User Involvement activities will be made in accordance with the policy on payments and expenses

2. These will be paid to me on receipt of a completed activity form that is signed by myself and the service mentor

3. I understand that if I am in receipt of any benefits or other income, it is my responsibility to inform the Benefits Agency of income received from my involvement in service user activities

4. By signing this form, I am also confirming that I have been advised about my responsibilities (in 3 above)

5. I agree to participate in activities as invited by the DAAT or SURG and realise that not all activities will lead to payment.

6. By agreeing to participate in activities for which I will be paid, I accept the rules outlined in the role description and will attend activities on time, contribute as required and attend in a sober state (an explanation of this should be provided to the service user).

7. I understand that I can opt out of any activities at any time or take a sabbatical from activities without redress.

8. I understand that a Criminal Records Bureau (CRB) check will need to be made on me if I intend to get involved with other service users in the SURG activities and I have had this explained to me by the service mentor.

Service User

Print Name	
Signature	
Date	

Service Mentor

Print Name	
Signature	
Date	

Appendix Six: Expenses form for Service Users

Croydon DAAT Service User Representation Group (SURG)
Travel Expenses Claim Form

Claimant's Name (Block Capitals):	
Address:	
Please reimburse me for expenses incurred for:	

TRAVEL EXPENSES		CAR REG:			
Date	Journey Details FROM TO (Indicate Return Journey by "R")	Further info. including purpose of journey (s)	Mode of transport - car, train, tram, bus, taxi	Car Miles @40p per mile	Amount Claimed
					:
					:
					:
					:
					:
		TOTAL TRAVEL CLAIMED			:

I DECLARE that the travelling expenses claimed were actually and necessarily incurred whilst engaged on the duty stated. If claiming vehicular travel expenses, I further declare that I have obtained full third party insurance cover against risk of injury to or death and damage to property while the above mentioned car is used on official business, in respect of all car mileage claimed. If these expenses are claimed at other than "public transport" rate, I am authorised to claim at the rate shown.

SIGNATURE:...DATE: .

I certify that to the best of my knowledge and belief the claimant was engaged on the journeys stated on the dates shown above and the periods and amounts relating to subsistence appear reasonable.

AUTHORISED:...DATE:

Name and Signature

This form should be accompanied with all necessary receipts and passed to the service to whom you are aligned for payment. Please advise your service link how you would prefer to receive payment either by cheque, cash or other means.

Appendix Seven: Role description of Service User Representative (appointed role)

Introduction
A Service User Representative (SURep) is someone who has been appointed by the Service User Representative Group (SURG) to join the SURG to guide and steer service user involvement work on behalf of all substance misuse services and the Drug and Alcohol Action Team (DAAT). A SURep will be invited to participate and will be asked to complete a brief application form and meet with two SURG members to discuss the role and function and expectations. It is also an opportunity for the SURG to be aware of specific skills and experiences or areas of interest of service users.

Not all activities that the SURep participates in will result in payment. At any point if a SURep is uncertain regarding whether payment will be made, they must ask before accepting or agreeing to participate.

Eligibility criteria
All SUReps will either be current service users in treatment or individuals who have been in treatment. For young people services, alternative criteria may apply.

All SUReps will either be a resident of the London Borough of Croydon (LBC) or be receiving or have received care and/or treatment from services within the LBC.

The individual circumstances of those who do not meet these criteria will be considered on an individual basis.

All those who wish to be considered as a SURep will be asked or assisted to complete an application form and meet with two SURG members. This process will be organised annually so that the mentor and SURep can review whether to continue or not.

Roles and activities
The SUR will participate in the Service User Representative Group (SURG). This will involve attendance at meetings and contributing to all discussions.

Other activities will be identified as part of the SURG work plan that will be designed annually

The SURep cannot represent other service user views unless they have actually asked others for their views and therefore the SURep needs to be clear when they are representing others and when they are providing a personal opinion as a service user from experience or from listening to others.

The SURep will only participate in activities as directed and agreed by the SURep if he or she is acting on behalf of the SURG.

The SURep will provide records of activities when asked by the service mentor

Notice period
If a SURep wishes to give notice before the end of the annual contract, he or she should discuss this with the service mentor in advance.

A SURep can give notice to the SURG at any time, although it is always a good idea to plan an exit.

A SURep can also choose to take a sabbatical from activities to pursue other interests or activities. This should not exceed six months.

Appendix Eight: Involvement form for Service User Representative (recruitment)

PERSONAL DETAILS

Name	
Contact Address	
Telephone number	
Facsimile number (Fax)	
E-mail	
Date on completion of form	
In which area (s) did you receive or are currently receiving care and treatment, e.g. Croydon, Brighton	
Are you currently a service user or an ex user or other. If other please specify.	

FURTHER PARTICULARS

Reasons for wishing to participate in service user representation activities	
Things you can offer	
What support needs you think you might have	
What sort of things would you like to participate in	

Applicants name (please print)   Signature

Date

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OUTCOME OF APPLICATION for completion by SURG member

Date service user seen by SURG team	
Names of SURG members who participated in meeting with the applicant	
If CRB required, date forms completed and date confirmation received to be recorded here. Where Not Applicable, please specify N/A	
Which service would the SURep like to be aligned to	
Name of allocated service mentor	
Date of induction meeting with service mentor to provide introductory preparation and identification of training and development needs	
Date of acceptance as SURep	

Comments or further notes

Name (s) of SURG members and signatures

Name   Signature

Name   Signature

Date   Date

Appendix Nine: Service Users record of activities

<div align="center">

Croydon Drug and Alcohol Action Team (DAAT)
Service User Representation Group (SURG)

Monitoring Form

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Name:

Date	Activity	Hours	Authorised

Total hours claimed:

Name:

Signature

Date:

Monitoring Form for SURG/2005

Appendix Ten: Checklist for Keyworkers

This checklist was designed following consultation with staff and service users on useful information for those attending services.

Please add any further ideas to the list

Activity	Date	By Whom
To provide all service users (new and new episode) with • Details of services available • Details of other local services • Opening times • Information on the address and telephone number for contact with the service • The staff, who work at the service • Who else comes into the service and when e.g. medical students, visitors from the mental health trust etc.		
Information on issues relating to treatment and contact with the service, such as • Confidentiality • Complaints procedure • Cost • Who else is involved (service users, staff, services) • What documents do I need to bring along • Access to your own information • Do I need to sign anything • What happens when I am referred/refer myself, what is the process, how long will it take, and what happens • What information is required from me • What documents do I need to bring along • Do I need to bring any identification • What are the expectations of treatment, such as group rules, when to attend, what to do if you miss an appointment, how to change an appointment, changes to treatment plan. What is expected of me • How long is treatment. How long will I expect to be in contact with the service(s) • When do I need to come, what is the schedule and how often will I be seen • Who and what are key workers? what do they do, how do I get assigned one, what happens if I want to change my key worker? What happens if my key worker changes, might that happen? • How do I provide anonymous feedback about the care and treatment I am receiving?		
Other services available locally but at other services and how can I access them?		
Other service user networks available For example London User Forum		

Appendix Eleven: Request form for Service User involvement by other services

This form should be used if you would like to invite one or more of the Service User Representatives (SUReps) to a specific event, such as to come and talk to community groups about service user involvement issues. If you would like to discuss your request first of all, please call the DAAT office on Tel: 020 8700 8851.   Request forms will be accepted by e-mail, fax or post

Date of request	
Name of person making a request	
Organisation making the request	
What is being requested? please provide as much detail as possible about what it is you would like to invite service users to attend or participate in	
Purpose of inviting a Service User Representative (SURep)	
What do you expect the Service User to do?	
Date required	
Time required	
Date by when confirmation is required and to whom	
Type of preparation required (activities and time expected to undertake the activities)	
Payment details Name of person who agreed payment	

FOR OFFICE RECORDS	
Date request received	
Name of person (from DAAT) who agreed the activity	
Name of person handling request on behalf of DAAT	
Name(s) of person who agreed to participate	
Date Service User given formal notification	