Valuing Involvement

Strengthening Service User and Carer Involvement in NIMHE

Induction for New CSIP Employees

This is a product of the Making a Real Difference Project. It was developed by the South West Making a Real Difference working group.
As a new member of staff working for CSIP, whatever your role, position, length of contract or work programme allegiance, service user and carer partnership will be central to the work you are involved in.

The following document is made up of some questions for you to answer by yourself and with your line manager and also some suggestions on the best way to work with service users and carers while you are with CSIP and beyond.

You will need to read and be committed to the policy and ‘Good Practice Guidance’ regarding Service User and Carer Participation plus other documents from Making A Real Difference including ‘Standards of working with diverse groups’ and ‘Valuing Involvement - Payment and Reimbursement guidance’ available within your Regional Development Centre.

These documents will help enable you to develop and maintain constructive partnership working relationships with:

- service users
- carers
- families
- colleagues
- lay people and wider community networks.

As someone working for, or with CSIP, the focus of the work with service users and their families and carers is the development of true and meaningful partnership working. It is essential that those people who use services are viewed as meaningful partners in our work rather than passive recipients of involvement.

In order to achieve this aim, CSIP staff are required to be assertive in their engagement with service users and carers, particularly those from more diverse and ‘hard to reach’ groups. Also participating in a manner that respects and values diversity, including age, race, culture, disability, gender, severity of condition, spirituality and sexuality.

If partnership working is to be a reality then your participation in the CSIP training and education programme ‘How to effectively involvement service users and carers’ is essential as soon as is possible after starting with CSIP. This training programme has been designed to provide a learning environment, where various issues around participation are explored and good practice promoted.
The self directed learning that follows below is based on an adaptation of the Ten Essential Shared Capabilities (ESC) training module\(^1\) which was developed to address the concerns that many people who had used services, and their carers had expressed. This induction material offers a starting point and reflection on your understanding of service user and carer involvement with the aim of helping you develop effective involvement within your work. This should be discussed with your line manager.

**Activity 1**

Where do you place service user and carer involvement in your list of priorities?

Mark where you think you are on this scale:

Low     Medium          High

What would help you to move further up this scale? (please tick)

- Training opportunities on involving service users and carers
- Opportunities to develop working relationships with service users
- Opportunities to develop working relationships with carers
- Support and advice from line manager
- Support and advice from other colleagues
- Information (please list what you require)

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Other – (please list)
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\(^1\)NHSU (2005) *The Ten Essential Shared Capabilities. Learning pack for mental health practice*

NIMHE/The Sainsbury Centre/NHSU
Activity 2

Service user and carer involvement can happen at different levels and in
different ways.

Think of some examples of how service users and carers can be involved in
your new role and record them below:

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Where good quality involvement exists service users should be able to:

• give formal and informal feedback to individual workers
• have access to user-friendly advocacy and complaints services
• design and carry out surveys and audits on services
• join self help, service user or campaigning organisations
• be members of management, clinical governance and other patient and
  public involvement groups
• take part in planning, delivering and evaluating learning
• get jobs in health and social care services
• interview and help to appoint staff
• run services themselves

Other examples of ways in which service users and carers can be involved
include:

Personal: Using self-advocacy to push for direct payments or a carer’s
assessment

Local: Member of a service user or carer research group, member of Public
Patient Involvement group, part of BME network

Regional: Working on learning and development programmes for NHS Trust
or a University

National: Involved in National Network, involved in developing and piloting
national learning materials
Activity 3

Using the resources available to you (contact lists, CSIP database, colleagues) identify a local service user or carer group you are not already in touch with that may be useful to the people you work with. Make a list of things you need to find out about this group below. Get in touch with them as soon as possible to ask for information and make a link.

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Activity 4

Statement 1: ‘The old fashioned view was the doctor knows best, some of them still think that, but some service users believe they know what’s best. It is my life, does getting help mean I’m not in charge any more?’ Service user

This statement relates to the ten essential shared capabilities (ESC)
1 ‘Working in Partnership. Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspirations that may arise between the partners in care’.

Discuss with a colleague at CSIP examples of effective partnerships between service users or carers and people working within CSIP

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Identify four specific things such as activities or attitudes that made this a partnership:

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2. ……………………………………………………………………………

3. ……………………………………………………………………………

4. ……………………………………………………………………………
Activity 5

Discuss with colleagues at CSIP where they feel that exclusion, stigma and inequality exist in relation to health and social care? Give three examples from their work or from your own previous experience:

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2. ……………………………………………………………………………………

3. ……………………………………………………………………………………

Think of an occasion or discuss with a colleague when you or they saw someone experiencing negative attitudes or comments or some kind of inequality or exclusion.

Were any other factors involved such as race, culture, ethnicity, disability, gender, age or sexual orientation? If so please list:

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How did this incident make you or them feel?

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How was this situation handled and how could it be handled differently?

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Below are some things that organisations can do to promote involvement;

- Information services and advice lines
- Advertised opportunities to get involved
- Support and training for involvement
- Giving service users and carers influence and power at Board level
- Funding to promote and support involvement
- Flexible approaches to getting people involved
- Service user and carer involvement ‘champions’
- Service users and carers working within the organisation to involve others.

Now think about your own experience or thoughts about involving service users and carers and discuss with colleagues their experiences and thoughts about involvement.

Identify something that you are already strong or confident in:

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Identify something that you feel CSIP is already strong in:

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Identify something you need to develop further;

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Identify something that CSIP needs to develop further:

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Activity 6

Read the ‘Making A Real Difference’ resource pack:
Activity 7 Other useful resources to read


HASCAS (2005) Making a Real Difference, Strengthening Service User and Carer Involvement in NIMHE


Social Care Institute for Excellence (2004) Has service user participation made a difference to social care services? London: SCIE


