



Personal Information

The processes set out in these briefing papers entail the collection, collation and disclosure of personal information.

Personal information about health or wellbeing, or criminal activity or propensity to crime, is sensitive and confidential.

It can only be recorded or shared with the explicit informed consent of the individual it is about, or someone with parental responsibility for them. If the individual lacks capacity under the Mental Capacity Act 2005, information can be recorded and shared when that is assessed to be in their best interests applying the Act and its Code of Practice.

However, confidential information can be recorded and shared in the public interest to help a child or young person who is or may be at risk of harm, or anyone who is or may be at risk of offending or of suffering harm or loss from offending. It can also be recorded and shared in the public interest of preventing or investigating a crime.

The information recorded or shared should be in proportion to the risk and there should be a pressing need to record or share it. Each case must be assessed on its own facts.

Equalities and health inequalities

The reduction of inequalities in access and outcomes is central to the L&D work programme. Local commissioners and practitioners are reminded that they should make explicit how they have taken into account the duties placed on them under the Equality Act 2010 and with regard to reducing health inequalities, duties under the Health and Social Care Act 2012. Service design and communications should be appropriate and accessible to meet the needs of diverse communities.

SERVICE USER INVOLVEMENT

This particular resource paper focuses on **service user involvement**. This is the process of involving service users in the governance and development of L&D services. This paper looks at what service user involvement is, why it matters, how it works in practice and how to address the potential challenges.

WHY SERVICE USER INVOLVEMENT MATTERS

Service user involvement refers to the process by which people who are using or have used a service become involved in the planning, development and delivery of that service.

There is a growing recognition that because of their direct experiences of using services, service users have a unique insight into what works, which can be used to improve services. For people in the criminal justice system, involvement can support desistance, by giving people an opportunity to become active citizens, to gain skills and a sense of self-worth.

The L&D operating model requires services to involve service users in their governance processes. To this end, L&D services should see if specialist engagement and peer support services can be included in the extended team (*see the resource paper in this series on core and extended teams*).

WHO WE ARE

The **Liaison and Diversion (L&D) programme** is a cross-government initiative, with partners from NHS England, Department of Health, Home Office, Ministry of Justice, Youth Justice Board, HM Courts and Tribunals Service, National Offender Management Service, Public Health England, the Offender Health Collaborative (OHC) and Bradley Review Group. *See p6 for more information about the programme.*

The Offender Health Collaborative (OHC) is

a partnership between specialist organisations which has been set up to develop an operating model to meet the needs of all those who are in contact with the criminal justice system with mental health problems and/or a learning disability. It advances and promotes better thinking, practice and outcomes in offender health and criminal justice.



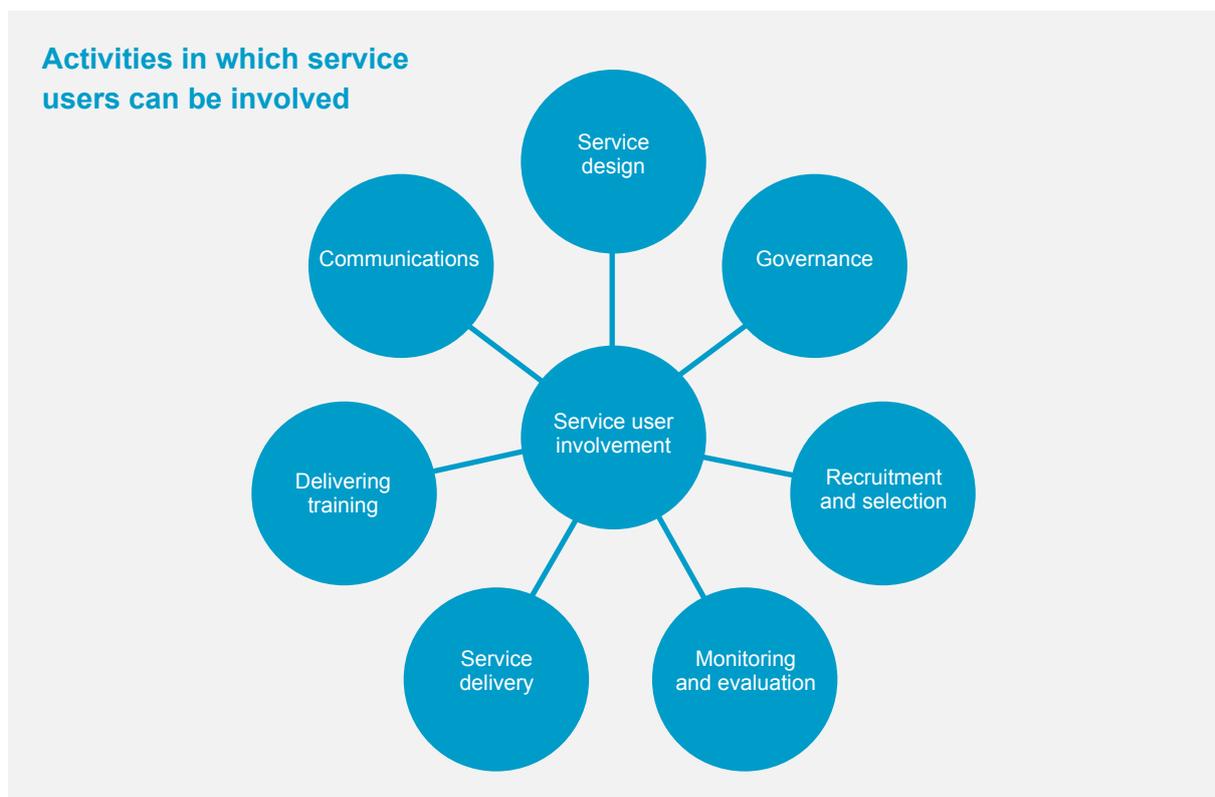
KEY FACTS

Developing effective service user involvement within L&D services has a number of benefits. The [National Involvement Standards](#) show that:

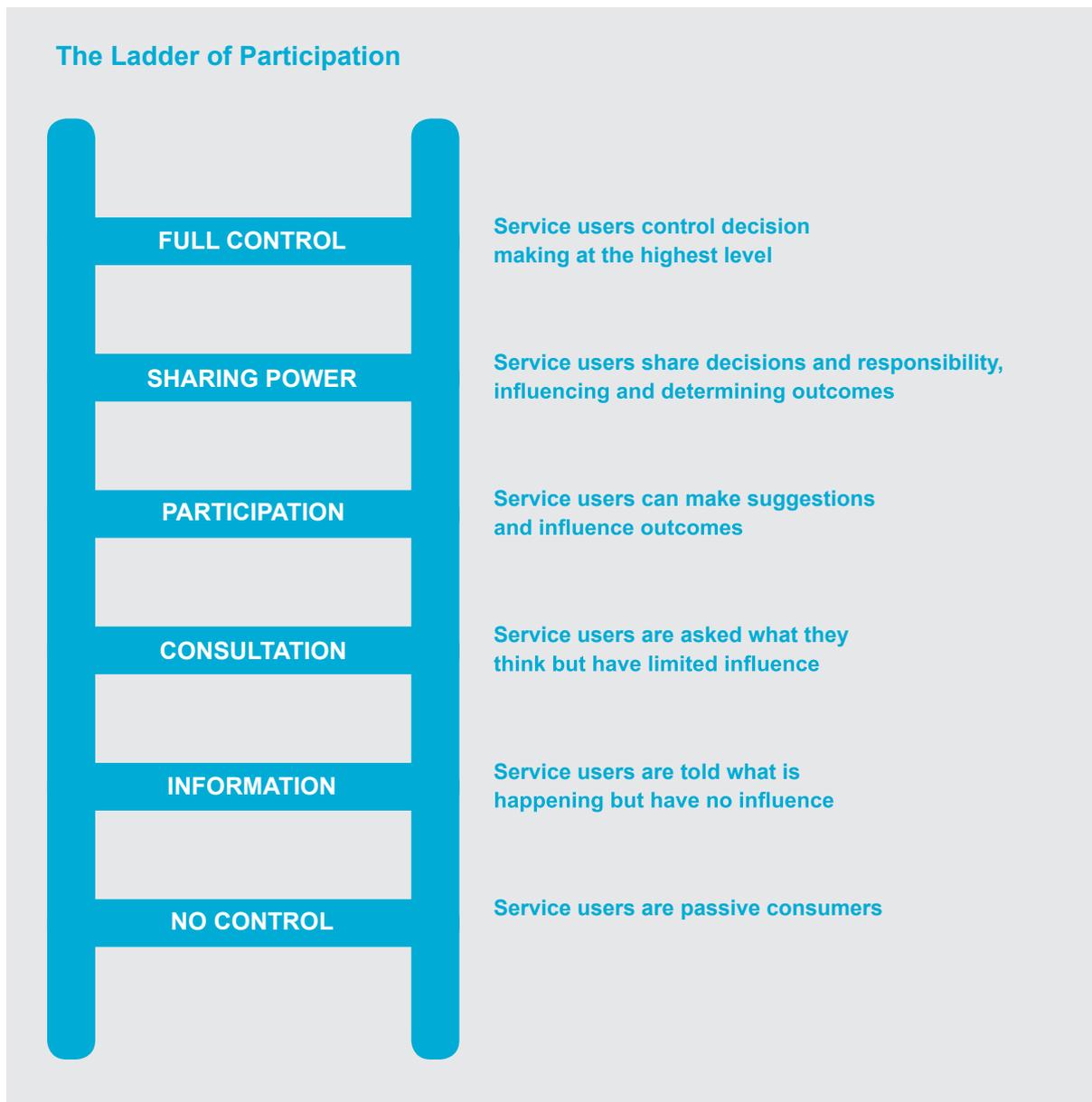
- Involvement in individual care and treatment can increase self-esteem, improve individual outcomes and increase people's satisfaction with services. The greatest benefits arise when people agree about the purpose of their treatment, and they have choice and control over it.
- Involvement in communities can provide opportunities for peer support and mentoring.
- Involvement in services can lead to enhanced quality of care, improved quality of life, improved relationships between staff and service users, and improved outcomes for service users; it can also lead to improved outcomes for providers.
- Involvement in planning, commissioning and governance can improve information and access for service users, and have positive effects on decision-making processes and staff attitudes and behaviour.

HOW IT WORKS IN PRACTICE

Effective service user involvement requires making decisions about who to involve, what methods to use and matching the methods to suit the purpose. There are infinite ways to involve service users. Apart from the more common methods such as surveys, focus groups and service user panels, L&D services may want to think about using methods such as social media and film.



There are a number of ways of thinking about involvement. One of the best known approaches is 'the Ladder of Participation', developed by Sherry Arnstein.



This has its limitations as it sees different levels in a hierarchy when the right level of involvement can depend on a number of factors including the service user, the task and the time frame.

Involvement can also be seen as a spectrum, with a range of service user involvement activities across it. A spectrum of involvement adapted from Arnstein's Ladder is shown below.

Information	Consultation	Participation	Partnership/ co-production	Control
Service users are told what is happening, they have no influence over the decision making.	Service users are asked their views. They have limited influence over the decision making.	Service users' views are sought and taken into account. They have a direct impact on decision making.	Working as equals, service users share decisions and responsibility, influencing and determining outcomes.	Service users control the decision making.
The promise to service users				
The information service users receive will be accurate, balanced and up to date.	The feedback service users receive will be taken seriously, and they will be informed of the influence they have had.	Service users will be able to shape the process, it will be transparent throughout, and they will have influence over decisions.	Service providers and service users will make decisions together.	Service users will have sufficient resources transferred to enable decision making, and what they decide will happen.
What might this look like in L&D?				
<ul style="list-style-type: none"> • Posters • Leaflets • Newsletters • Exhibitions 	<ul style="list-style-type: none"> • Questionnaires • Interviews • Focus groups 	Service user reference groups including ones from other services Deliberative workshops	Involvement in governance of schemes Membership of recruitment panels	User-led peer support schemes User-led monitoring of schemes

CHALLENGES

There are ways of involving service users who are only engaged with services for a short time and usually when they are in crisis. They include:

- Exit questionnaires or exit interviews
- Ask them to register their interest to give their views later.
- An additional question could be included on the consent form to register interest in service user involvement.
- Liaise with the extended team to set up systems to gain feedback from service users once they have moved beyond the crisis stage. This can be included in written agreements and memorandums of understanding. Support, time and recovery workers can be key to encouraging and supporting service user involvement.
- People who have never used the service but have experienced the vulnerabilities that would be identified by L&D will be able to give valuable insight.

Incentives for service users

Make sure service users understand how they can benefit from service user involvement.

Benefits might include:

- Being able to use their experiences to improve services for others. Make sure they know what has changed as a result of service user involvement.
- Expenses including travel and childcare should be covered. Be aware that paying someone for service user involvement may affect their entitlement to benefits so take specialist advice before doing so.
- Accessing training opportunities.
- Gaining an employment or character reference.

Recruiting service users to the governing board

- It is unlikely that people recruited to the governing board will initially be direct clients of the L&D service. To start with, it is best to recruit people who have experienced the vulnerabilities identified by L&D services and also have some strategic experience through, for example, taking part in other service user involvement activity.
- Consider recruiting from service users of extended team services, service user groups in the voluntary sector or user-led groups.
- Draft a job description and person specification.
- Ensure that those recruited do not just focus narrowly on their own experiences by offering appropriate support and training.
- It is good practice to have more than one service user on the board and to have continuation plans in place for when they move on.

Ensuring the service users involved are representative

- Unless there is a representative system (e.g. users representing the views of their user group) built into the service user involvement process then people are there as individuals and their views will be based on their own experiences. If people are expected to represent a wider constituency, then this needs to be factored in.
- Consider how a wider range of views using different involvement methods can be gathered. Think about how to gather the views of people from different backgrounds and with different experiences.
- Think about partnering with other organisations that are working with the L&D service's users.

CASE STUDY

When Revolving Doors Agency was tasked with gathering service user views on the L&D operating model, partnerships were made with the following organisations to access different groups.

Organisation	Group being targeted
5 Boroughs Partnership	Learning difficulty
Anawim Women's Centre	Women
Black Training Enterprise Group	Black and minority ethnic (BME) communities
Middlesbrough and Stockton Mind	Older people
Recovery Near You	Substance misuse
Young Hackney	Young people

A workshop was held with each group and representatives from each workshop reported back their findings in order to inform practice. Different things were important to different groups. What mattered to women was support around access to children and advice on finances. For BME service users, a diverse staff team and staff awareness of different cultures were important. For older people, access to medication and being treated with dignity and respect were key.

CHECKLIST

- ✓ Give people the opportunity to register to take part in service user involvement activity when they start using the service
- ✓ Use a range of methods along the involvement spectrum
- ✓ Involve a range of groups with a range of different experiences
- ✓ Involve service users from other services, not just the L&D service
- ✓ Partner with organisations working with the service users it would be useful to involve
- ✓ Consider incentives and communicate these clearly
- ✓ Consider allocating some responsibility for service user involvement into the support, time and recovery worker's role
- ✓ Make sure service users know what decisions have been made and the rationale behind them

FIND OUT MORE

[A ladder of Citizen Participation](#)

[Healthwatch](#): The national consumer champion in health and care. Each local Healthwatch is part of its local community and works in partnership with other organisations.

[Involve](#): Supports public involvement in NHS, public health and social care research.

[Making Every Adult Matter](#): A coalition of four national charities – Clinks, DrugScope, Homeless Link and Mind. Together the charities represent over 1,600 frontline organisations working in the criminal justice, drug and drug treatment, homelessness and mental health sectors. Contact George Garrad, Local Networks Manager, at george.garrad@meam.org.uk for more information.

[National Involvement Standards](#)

[NHS involvement](#): A forum for people to network and share ideas and experiences about the participation agenda.

[People First](#): An organisation run by and for people with learning difficulties to raise awareness and campaign for the rights of people with learning difficulties and to support self-advocacy groups around the country.

[Revolving Doors National Service User Forum](#): The Forum brings together people from different areas of the country with experience of multiple and complex needs who have had contact with the criminal justice system.

[Service user involvement: A volunteering and mentoring guide](#)

[Shaping Our Lives](#): A national network of service users and disabled people. Includes a database of service user groups.

[The Power of Participation: Criminal Justice Services](#)

[User Involvement in Voluntary Organisations - Shared Learning Group](#)

[User Voice](#)

About the L&D programme

The national L&D programme was originally established in response to *The Bradley Report*. *The Bradley Report* made 82 recommendations to tackle the over-representation of people with mental health problems in prisons in England, including a recommendation to divert offenders with mental health problems from custodial settings. In response, a number of L&D pilots were established in England in 2011/12 with plans for full coverage to be achieved across the country.

L&D services aim to improve access to healthcare and support services for vulnerable individuals, reduce health inequalities, divert individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other supportive services, deliver efficiencies within the youth and criminal justice systems and reduce reoffending or escalation of offending behaviours.

THE CORE OPERATING MODEL

A revised national core operating model has been developed, which will include:

- An all-age service across all sites available at all points of intervention
- Early intervention including identification, assessment and referral
- An integrated model for children, youths and adults
- Targeting a range of vulnerabilities, including learning disabilities, substance misuse, housing and education
- Provision at police custody and courts
- Hours to suit operational requirements
- A range of referral pathways to suit identified issues

Aim of L&D manager and practitioner resources

Many of the challenges around developing L&D services will require a joint partnership response, with criminal justice, mental health, substance misuse, housing, welfare and other support services working together to support individuals with complex needs. In some local areas, the development of L&D services may require significant changes in culture and working practices at every level, while maintaining and improving existing services at the same time. However, each local area is unique and local stakeholders and partners are best placed to determine the progression of their services and to plan according to local needs.

This series of resources will comprise of eight practical guides on the key elements of L&D provision. The purpose of these resources is to provide a toolkit to help practitioners understand how to develop effective L&D services in their local area.