

User Involvement

So what's it all about then ?

User involvement is all about involving service users in treatment. It comes in many guises from suggestion boxes and feedback forms at one end of the spectrum to user-run services at the other and operates at both an individual (being consulted about your careplan), collective (local user group) and strategic level (representing service users on a joint commissioning group). But whatever the project, the broader agenda is to give service users a substantive input into their treatment and into how treatment services are run.

Sounds a bit confusing ?

It is. The fact that user involvement means different things to different people has caused confusion and makes it more difficult to promote. And this is before the discussion moves on to "bottom-up" and "top-down" models for implementation, and the exact definition of a "service user". Does it apply only to people in treatment or should it include former service users long since left treatment? And what about users not accessing services ? But proponents say everything becomes clearer once the principle is conceded - service users should have an input into all matters relating to their treatment.

Why the current high profile ?

User involvement is a fundamental plank of the Government's vision for a modern health system and strong civic society, and it is promoting the agenda right across the health and social care fields. All health agencies now have a duty to consult and involve service users under the Health and Social Care Act 2001. This is considered both every service users right and a crucial component of improved service delivery. It is also seen as an effective way of engaging some very marginalised groups in what the Government sees as a rapidly fragmenting society. Hence all the talk of "expert patients" and "active citizens". The current push to promote user involvement in the sector, most obviously by the NTA, should be seen against this wider backdrop.

Historical influences ?

Foremost among them is probably the consumer movement and its emphasis on consumer rights, complaints procedures and the need to subject services to scrutiny. Another was the dismantling of the old "nanny" welfare state which it was felt encouraged dependence, and its replacement with a system that expects service users to be more self-reliant. This process was begun under Margaret Thatcher but has been taken much further by the current Government. The civil rights movement too played a role by providing the model and inspiration for socially excluded groups to combat discrimination. Mental health patients and disability groups have both been influenced by its legacy. In addition, since the 1980s there has been increased recognition of the benefits of mutual support.



BRIEFING

by **Roseanne Sweeney**
Communications
Manager

Treatment benefits ?

According to proponents there are lots, including improved service provision and better outcomes because clients are more engaged in treatment and providers and commissioners have more feedback about what works or not and why; better understanding of and links with users and their lifestyles so more capacity to reach users not accessing services; and users with more purpose and direction and improved self esteem which again will have a beneficial knock-on effect. Not all providers though are convinced.

Providers main concerns ?

Reservations range from the top-down way it is being implemented in the drugs sector without adequate consultation, guidance and resources; concern about its impact on boundaries and staff/client relationships, in an area of work that many feel has to remain very boundaried; and anxiety about putting clients recovery at

risk. There are also concerns about the practicalities of user groups and forums, especially in services providing short term treatment. The cumulative effect is that many providers find it hard to see user involvement as a priority when they are struggling to cope with existing workloads, and changes in the sector.

How do its champions respond?

Champions of user involvement admit doing it right takes considerable time and commitment but contend the results are worth it. They say staff resistance can be based on a reluctance to accept a shift in the power balance with clients - one that health workers in other areas are having difficulties digesting as well - and to take on board criticism of the way services are run. They contend staff can be guilty of buying into wider discriminatory attitudes towards substance misusers and that this informs the attitude that service users are not interested or too chaotic to get involved. They say staff attitudes and low expectations of service users are the real barrier to user involvement.

Prospects for success ?

Some elements of user involvement are very achievable. Clients knowing about, and having an input into their careplan is one. But substantive user involvement at higher decision-making and strategic levels will not be easy to implement as it will require a change in attitudes and working practices right across the sector. It will also require considered and sustained effort from the Government, something that cannot be guaranteed (though observers do point to the commitment of senior figures in the NTA as cause for optimism). Service users by definition have more problems than most to cope with, such as poor health and isolation, and lack of resources, education and information. Drug and alcohol users have a few more - stigmatisation and criminalisation. These will have to be overcome however, along with their political differences, if a strong user movement is to finally emerge in the sector. Without this, it is unlikely user involvement will prove sustainable - and the sceptics wrong.