



Isle of Wight **NHS**
Primary Care Trust

ISLE OF WIGHT USER INVOLVEMENT PLAN (FIRST DRAFT)

**A STRATEGIC MODEL TO PROVIDE
THE FRAMEWORK TO DEVELOP
EFFECTIVE SERVICE USER
INVOLVEMENT
ACTION PLAN 2007 - 2010**

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1. Definition of Service User

- 1.1 Throughout this strategy the term service user refers to individuals who are either current or ex-drug users who have previously experienced or are currently experiencing significant problems related to their use or misuse of any mind or mood altering substances or group of substances.
- 1.2 User Involvement refers to the meaningful participation of service users in the planning, delivery and evaluation of substance misuse services. Participation can be at many different levels as described in Appendix 1. 'Excerpt from: A Ladder of Citizen Participation'. It is our intention that all levels are valuable to service commissioners and providers and we ultimately hope to attain the highest level of participation where individuals hold equal power.

2 Introduction:

- 2.1 The Isle of Wight Drug Action Team (DAT) recognises that effective user involvement informs the commissioning process and therefore improves the provision of treatment and treatment outcomes for individuals currently involved with service providers and will increase the likelihood of engaging individuals experiencing significant problems due to substance misuse who are not currently in treatment. The DAT seeks to insure that users are involved fully in the planning, commissioning, delivery and evaluation of local services on the Isle of Wight.
- 2.2 The purpose of this document is to provide the framework necessary to develop user involvement on the Isle of Wight. The DAT is responsible for managing the delivery of this plan, although it is also the responsibility of all treatment service providers to ensure service users are involved in the planning and evaluation of their services. This delivery and action plan will set out the priorities and actions necessary to develop and sustain user involvement on the Isle of Wight for the next three years.

3 Principle Aims

The primary aims of this strategy are to:

- Establish, increase and maintain effective user involvement within treatment services on the Isle of Wight
- Establish, increase and maintain effective user involvement in strategic planning, delivery and evaluation
- Improve health and social care for users
- Promote harm reduction to users, service providers
- Educate the wider community around areas of concern associated with substance misuse thus reducing the stigma attached to users

4 Principle Objectives

The primary objectives of this strategy are to:

- Provide the strategic framework for user involvement on the Isle of Wight
- Promote user involvement and users rights to individual users
- Encourage drug service providers to adopt user involvement mechanisms
- Ensure users have access to an independent substance misuse advocacy service
- Establish and support peer led services, interventions and projects aimed at users

5 National Strategic Context

5.1 The National Treatment Agency (NTA) wants to build an equal partnership with treatment service users and drug users, because they recognise that those in treatment and those who have identified a need for treatment have the right to become involved in activities that affect their health and well-being. The NTA respect the unique expertise and experiences of users and understand the health, esteem and other personal benefits that involvement can bring.

5.2 Having worked with users and user groups the NTA have put in place processes and a structure for involving users at regional and national level.

- 5.3 The Government's NHS Plan states that the health service should be more "patient-centred". The Health & Social Care Act 2001 puts in place a requirement that every NHS body, including drug treatment services, undertake the involvement of patients and the public in their activities and in the development of proposals and ongoing service delivery. The NTA wants to make sure that drug service users can also take advantage of these opportunities for involvement.
- 5.4 The NTA is working with users, treatment providers and local partnerships to develop user involvement at local, regional and national level. Each NTA region has a regional users' forum that involves users from each local area.
- 5.5 The regional forums offer users the chance to get involved in making sure that the NTA and local partnerships have up-to-date, accurate views of what is happening in each area. Local users can also get involved in reviewing the local partnership's treatment plan and through the forum have the chance to learn from and support each other.
- 5.6 User Involvement is central to the National Treatment Agencies' treatment effectiveness agenda and DAT are required to evidence in annual treatment planning processes.

6 Key Targets

- 6.1 From the Adult Treatment Plan 2007/08; this delivery/ action plan will support the following key targets.

B1 Numbers of drug users in treatment (Adults and Young People)

B1.1 Estimated number of problem drug users (PDU) in Partnership area	471	Source	'Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use 2004/05.' Study funded by Home Office
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DATA TO BE USED IS ALWAYS <u>DAT OF RESIDENCE</u>	Performance 2005/6	Target 2006/07	Performance April –	Target 2007/08
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				September 2006		
B1.2	Total	LDP(T43)	372	132	311	158
	number in treatment	Partnership Target	473	532	448	555

B2 Retention rates – Adults only

DATA TO BE USED IS ALWAYS <u>DAT OF RESIDENCE</u>	Performance 2005/06	Target 2006/7	Performance July 2005 – June 2006	Target 2007/08
B2 Percentage retained in treatment for 12 weeks or more (LDP and partnership target)	47%	80%	74%	85%

6.2 Taken from the ATP 2007/08 Part 3

Objective 3.1

Service users who are representative of the diverse communities within the partnership area, are involved in needs assessment, setting partnership plan priorities and are consulted on plan at draft stage and throughout the process with evidence that the involvement has resulted in action at partnership and provider level

Actions and milestones for objective	By when	By whom
3.1.1 Continuation of service user co-ordinator post	Ongoing	DAT
3.1.2 Service provider quarterly contract reviews request evidence of service user consultation and improvements as a consequence of this	Quarterly reviews	Commissioner
3.1.3 Commissioner and key provider managers maintain close links with developing service user group to support and share information relating to service planning, delivery and evaluation	Ongoing	Partnership
3.1.4 Commission service user group to participate in diversity needs assessment audit	September 2007	Commissioner

Objective 3.2

Partnership service user involvement strategy which includes current, ex and potential service users

Actions and milestones for objective	By when	By whom
3.2.1 Draft service user involvement strategy written in collaboration with service users	July 2007	Adult & Community Project Coordinator Service User co-ordinator
3.2.2 Partnership to agree service user involvement strategy and implement related team action plans	September 2007	Partnership
3.2.3 Monitor progress of implementation at bi monthly Substance Misuse Action Group (SMAG)	Bi monthly	Commissioner

Objective 3.3

Develop a mission statement, protocols and policies for service user and carer involvement

Actions and milestones for objective	By when	By whom
3.3.1 Peer led Education at Tiers 1 and 2 - reliable and up-to-date information and education cascading through tiers by service user representatives	June 2007	Adult & Community Project Coordinator
3.3.2 Promotion of benefits of involvement - Informing potential representatives to 'get involved' to improve services.	June 2007	Service User co-ordinator
3.3.3 Training of core group of service users to support development of involvement and themselves - What are the gaps?	September 2007	
3.3.4 Explore potential and options for development of advocacy service	October 2007	

- 6.2 The implementation of this plan and the achievement of targets will be monitored through contract reviews and the DAT Joint Commissioning Group.
- 6.3 The DAT will co-ordinate the implementation of this plan and act as a lead through its commissioning processes.

7 Current IOW Position

- 7.1 In September 2006 the DAT employed a Service User Coordinator to establish, develop and promote user involvement within the Isle of Wight's drug treatment system. Over the following months the coordinator began the process of recruiting voluntary service user representatives with a view to establishing a service user group. In March 2007 **RESULT** (Representing & Empowering Service Users & Liaising with Treatment) was launched with a team consisting of the coordinator and five service user representatives.
- 7.2 In 2003 the NTA commissioned the Oxfordshire User Team (OUT) to develop the Practical Guide to User Involvement and Peer Education. In 2004 OUT was commissioned to provide consultancy to five DA(A)Ts per year. OUT has been recognised by the NTA as a model of good practice for user involvement. It is the intention of **RESULT** to use the OUT model in developing user involvement on the Isle of Wight as well as seeking to develop its own initiatives.
- 7.3 It is the intention of the DAT to support and assist **RESULT** in developing its service to the stage where it can make the transition to becoming its own independent user led charitable organisation ensuring first that all the structures and systems are in place to provide sustainability, long term security and success.
- 7.4 **RESULT** held a local event to inform people of their intentions and aspirations, the feedback from this event was good. However, few people completed evaluation forms and of those that did, there were little indication of how to engage people to get involved further. (See Appendix 1)
- 7.5 **RESULT** core group has started to form strong alliances within the group and are fortunate to have a good gender balance. They are keen to further develop their networks and build on the core group to

increase the number of service user representatives.

- 7.6 **RESULT** basic policies and procedures are place including Terms of Reference, Codes of Conduct and Confidentiality Policy. (See Appendices 2-5)
- 7.6 **RESULT** provide service user representation at all planning and strategic meetings ensuring service users have a voice on the Joint Commissioning Group, DIP Steering Committee, Substance Misuse Action Group, Harm Reduction Group, Shared Care Meetings, The Lighthouse Project Committee and Adult Treatment Plan Review meetings. **RESULT** also sits on two regional User Forums: The Hampshire User Federation and The South East User Group Forum where good practice and user involvement experience is shared. **RESULT** will also be involved in all future Service Reviews of current IOW Service Provision.

8 Current Local Substance Misuse Service Issues

- 8.1 There is little evidence of consultation apart from annual involvement in the Adult Treatment Planning process.
- 8.2 There is little evidence to date of service user involvement in service delivery or any service user led services.
- 8.3 There is a lack of service user representation at service development meetings except for the involvement of the DAT service user coordinator in the Substance Misuse Action Group SMAG/Joint Commissioning Group JCG/ Harm Reduction meetings/ etc.
- 8.4 There is little evidence of service user involvement in recruitment to substance misuse services.
- 8.5 There is no Substance Misuse Specific Advocacy Service for service users to access independent help and advice to resolve issues concerning their treatment.
- 8.6 The developing RESULT representatives are planning involvement in the following areas:

8.6.1 Needle Exchange (NX) Provision currently under review as there is a lack of data as to what service users are taking from Pharmacies, the level of returns for used works, whether service users are being given Harm Reduction advice and information on collection of NX packs. There is no outreach NX for rural areas.

8.6.2 Negative attitudes towards service users, a lack of understanding and empathy within the medical profession and mental health services continues to exist from the experience of service users in contact with these services.

8.6.3 Women remain under represented in local treatment services as are ethnic minorities, it is evident that there needs to be more work undertaken to increase the numbers of diverse groups of people into treatment.

8.6.4 There is a lack of interventions for stimulant users and a lack of support and specialist care for alcohol misusers.

8.7 RESULT aspires to develop what they can offer to individuals, teams, services and commissioners. They have identified a number of areas of training need to develop skills:

- Harm reduction Advice
- Blood Born Virus Information
- Motivational Interviewing
- Brief Solution Focus Therapy
- Counselling Skills
- Comprehensive Training on the Treatment System
- Local information
- Vulnerable Adult and Children policies / procedures
- Delivery of training and workshops
- Substance Misuse Intervention Skills
- Finance Management

8.8 RESULT would like to develop the following services:

- Peer support
- Buddy Scheme
- Treatment Advocacy
- Peer Led Education (Overdose prevention, Harm Reduction, Blood

Born Viruses)

- Peer Led Needle Exchange
- Outreach Needle Exchange Service
- Education / Training provider around areas of concern
- Co facilitation of Basic Drugs Awareness Program
- Interview panel members
- Bi-monthly Newsletter
- Consultation on treatment Provision
- Inclusion in Outreach Service to Stimulant users
- Alcohol Support
- Audit
- Specific Service User Involvement in Tier 2 and 3 services
- Specific Service User Involvement for Blood Born Virus Clients

8.9 RESULT seek to promote: (See Appendix 3)

- Social inclusion
- Mutual respect, privacy, dignity and confidentiality
- Assertive challenge where issues are raised
- Non tokenistic involvement – making a difference
- Knowledge of the Service Users Charter (See Appendix 7)
- Understanding of care planning and complaints procedures
- Public awareness of drug related issues and to educate around areas of concerns.

9 Priorities for action

9.1 Development of RESULT to increase core group to a minimum of eight

9.2 Seek ways of wider involvement of services users in service planning, implementation and review.

9.3 Identify opportunities for the development of individuals to provide involvement in staff recruitment, staff training and service user led projects as identified through the SMAG.

9.4 Identify ways in which RESULT volunteers can gain additional support and supervision where they are in direct service user interventions.

9.5 Explore the necessary support and governance required for RESULT to make the transition from volunteering for the IOW Council to become an independent organisation.

9.6 Establish tariff for service user payment for involvement in statutory service strategic and operational developments.

IOW substance misuse services Service User Involvement Action Plan

September 2007 – April 2011

Goal 1: RESULT has a core membership of eight volunteers as a minimum by April 2008. All members have an individual training and involvement plan			
Update on progress	Action Required and Milestones	Lead person	Audit outcome measures
	<ol style="list-style-type: none"> 1. Current volunteers to identify areas in which they wish to be involved and the support they require ensuring sustained involvement. 2. Service User coordinator to seek ways in engaging more service users to get involved in RESULT. 3. RESULT to agree community events to raise awareness of their work and promote involvement. 4. Leaflets and posters to be agreed via the council media department. 	<p>Service User Coordinator</p> <p>RESULT</p>	<p>RESULT has a minimum of 8 core members by April 2008</p> <p>Evidence of RESULT and substance misuse services involved in activities/ events which promote service user involvement.</p> <p>Leaflets and posters are widely circulated across appropriate community / hospital services.</p>
Goal 2: There is evidence of service user involvement in all key strategic and service planning meetings, the recruitment of staff and joint training initiatives within substance misuse services			
Update on progress	Action Required and Milestones	Lead person	Audit outcome measures
	<ol style="list-style-type: none"> 1. Identify key meetings 2. Identify representatives who wish to get involved in meetings listed 3. Reps to agree with meeting chair expectations of their role and seek to develop good practice in service user involvement in meetings 4. Reps to access training to get involved in training peers/carers/ 	<p>Service User Coordinator</p> <p>Provider Service / team leaders</p>	<p>Evidence of service user representation at all key meetings regarding substance misuse services</p> <p>Reps trained in DANOS core competencies</p>

	<p>staff</p> <ol style="list-style-type: none"> 5. Identify key training events to promote substance misuse services that service users can be jointly involved. 6. Plan joint training programme for next two years and review annually. 7. At least four service users trained in recruitment processes and interviewing skills within RESULT 8. Provider teams to consider service user involvement in all recruitment of staff working with people who substance misuse 		<p>Reps trained in recruitment/ training and services</p> <p>Evidence of staff and service user joint training events</p> <p>Evidence of service user involvement in recruitment of staff</p>
Goal 3: There are two identified service user led projects year on year that are implemented by RESULT by the SMAG			
Update on progress	Action Required and Milestones	Lead person	Audit outcome measures
	<ol style="list-style-type: none"> 1. SMAG to identify two projects year on year which will can be led by RESULT. 2. Project plans to be submitted by RESULT to SMAG including necessary resources required and audit tool. 3. Project plans agreed by SMAG 4. RESULT implement plans and report outcomes to SMAG. 	<p>DAT commissioner</p> <p>SMAG members</p>	<p>There are two RESULT led projects year on year as a minimum per year</p> <p>There are outcomes reports presented to the SMAG following delivery of the projects</p>
Goal 4: RESULT will be an independent organisation by April 2009.			
Update on progress	Action Required and Milestones	Lead person	Audit outcome measures
	<ol style="list-style-type: none"> 1. Service user coordinator to explore models of independent service user groups across the country. 	<p>Service user coordinator</p>	<p>Service user coordinator has worked with RESULT to identify service user group model.</p>

	<ol style="list-style-type: none"> 2. Service user coordinator to develop terms of reference/governance/policy and protocols to support the development of an independent service user organisation developing current work undertaken by RESULT. 3. RESULT to agree necessary support and resources to assist setting up independently. 4. RESULT to submit proposal to SMAG to agree resources required and consult on ways of working with commissioners and providers. 5. RESULT to agree timeline for the transition fro the council to an independent organisation 	<p>RESULT</p> <p>SMAG</p> <p>RESULT</p>	<p>RESULT has a plan for transition to an independent organisation with the necessary infrastructure agreed and set up.</p> <p>Timeline is agreed, supported and monitored on a six monthly basis at the SMAG and JCG.</p>
Goal 5: There will be an acceptable tariff for service user involvement activities by April 2009.			
Update on progress	Action Required and Milestones	Lead person	Audit outcome measures
	<ol style="list-style-type: none"> 1. Funding has been identified to support service user involvement in the Adult Treatment Plan 2007/08. This needs to be agreed year on year. Currently this funds the service user coordinator post, service user training and expenses. 2. RESULT to monitor costs of training and expenses every six months. 3. RESULT to identify streams of work in which they would 	<p>DAT Commissioner</p> <p>Service User Coordinator</p> <p>RESULT</p>	<p>There is ongoing funding for service user involvement identified in the ATP year on year.</p> <p>RESULT funding spend records are available</p>

	<p>want payment in the future.</p> <p>4. RESULT to identify how payment can be made and spend closely monitored and audited.</p> <p>5. RESULT to submit a tariff of services to the SMAG for agreement and future commissioning plans.</p>		<p>Tariff of services drawn up and discussed at SMAG</p>

Appendix 1

Excerpt from: **A Ladder of Citizen Participation**

1. Citizen participation is citizen power

Because the question has been a bone of political contention, most of the answers have been purposely buried in innocuous euphemisms like "self-help" or "citizen involvement." Still others have been embellished with misleading rhetoric like "absolute control" which is something no one - including the President of the United States - has or can have. Between understated euphemisms and exacerbated rhetoric, even scholars have found it difficult to follow the controversy. To the headline reading public, it is simply bewildering.

My answer to the critical what question is simply that citizen participation is a categorical term for citizen power. It is the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future. It is the strategy by which the have-nots join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated, and benefits like contracts and patronage are parceled out. In short, it is the means by which they can induce significant social reform which enables them to share in the benefits of the affluent society.

1.1. Empty Refusal Versus Benefit

There is a critical difference between going through the empty ritual of participation and having the real power needed to affect the outcome of the process. This difference is brilliantly capsulized in a poster painted last spring [1968] by the French students to explain the student-worker rebellion. (See Figure 1.) The poster highlights the fundamental point that participation without redistribution of power is an empty and frustrating process for the powerless. It allows the power holders to claim that all sides were considered, but makes it possible for only some of those sides to benefit. It maintains the status quo. Essentially, it is what has been happening in most of the 1,000 Community Action Programs, and what promises to be repeated in the vast majority of the 150 Model Cities programs.

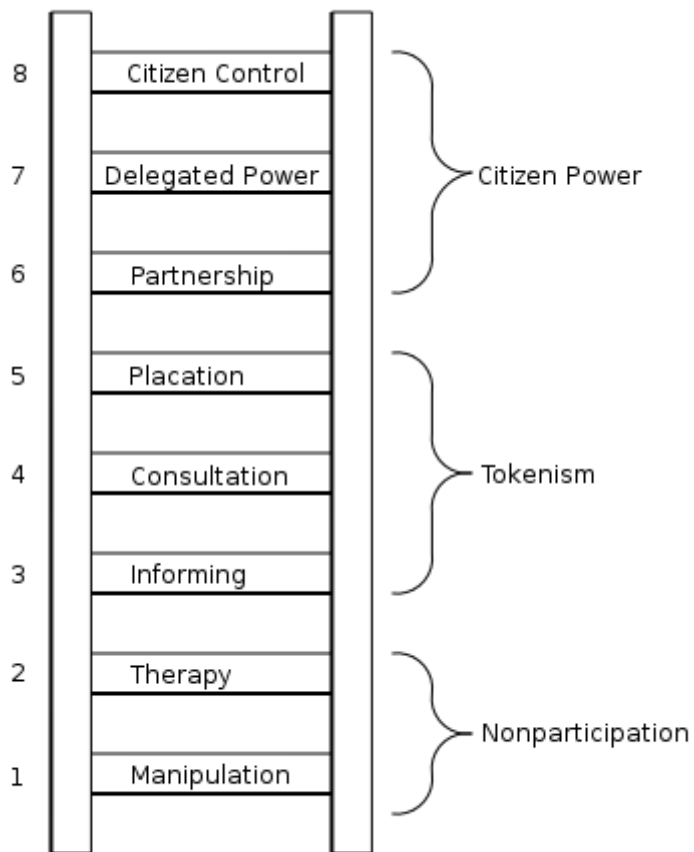
Figure 1. French student poster. In English, "I participate, you participate, he participates, we participate, you participate...they profit."



2. Types of participation and "nonparticipation"

A typology of eight levels of participation may help in analysis of this confused issue. For illustrative purposes the eight types are arranged in a ladder pattern with each rung corresponding to the extent of citizens' power in determining the end product. (See Figure 2.)

Figure 2. Eight rungs on the ladder of citizen participation



Arnstein, Sherry R. "A Ladder of Citizen Participation," JAIP, Vol. 35, No. 4, July 1969, pp. 21

Appendix 2

RESULT LAUNCH EVENT EVALUATION SUMMARY

9. How effective was the organisation of the day in terms of:

	Very Good	Good	Satisfactory	Poor
Overall organisation of the event	8	10		
The venue and facilities	6	12	1	

2. What is your overall assessment of the event?

Very Good	Good	Satisfactory	Poor
9	6		

3. How informative did you find the following workshops?

	Very good	Good	Satisfactory	Poor
1. Hugo Luck	10	6	2	
2. Simon Parry	16	1		
3. Wayne Liversedge	12	2		

9. To what extent to you feel the event's objectives were met?

Fully met	Partly met	Not met
14	4	

9. What did you like most about the event?

<p>An explanation of RESULT and a resultant increase in knowledge of the local provision</p> <p>Common focus</p> <p>A relaxed Informal atmosphere</p> <p>The information about DAT and NTA</p> <p>The enthusiasm and knowledge of speakers</p> <p>Finding out what was achieved so far – both from RESULT and what could be achieved from MORPH</p> <p>Service user attendance impressive</p> <p>Good news about what is happening on the IOW and what results have already been achieved</p> <p>Passion</p>
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Meeting others
Directness
Informality
Addressing 'real' issues
The relaxed but professional atmosphere
Also the knowledge base of the speakers
Organisation was very good
All presentations were concise and relevant
Opportunity to meet people and chat about areas of common interest
The enthusiasm of the group and the support given

PTO.....

6. What did you like least about the event?

Lack of discussion about alcohol abuse
All ok
Sausage rolls
Broccoli quiche
Event started late- I could not stay until the end
The food
I didn't

7. What changes or improvements could be made?

Heat them up
Better food
I think the launch was well done

8. How do you see your organisation working with RESULT in the future?

Make sure they are aware of service and that it may be of support/benefit for both carer and client
Sharing information
Happy to be involved and support service user group and work with advocate
Work for Job Centre Plus
May be able to issue RESULT newsletter, refer customers for help- advocacy, etc
Very closely with us
Closely, I would like far more feedback from service users regarding what they like to see in the service
Possibly joint event?

Offering flexible services to people who have problem with travel and attendance

9. How can RESULT benefit your organisation?

Additional support can now be offered as well as services in place that may be more beneficial for the client

Sharing information

Thought 'buddy' example made by MORPH would be really useful with clients I work with

Help our service users females, advocacy, implementation of policies

Feedback

Additional comments

Need more information about alcohol abuse

Keep up the good work

Appendix 3: RESULT MISSION STATEMENT

RESULT

Representing & Empowering Service Users & Liaising with Treatment

MISSION STATEMENT:

RESULT aims to represent the needs and views of I.O.W. drug users/ex-users in order to improve and maintain standards of treatment; to empower individuals and ensure knowledge of users' rights thus encouraging and assisting self-help

Appendix 4: RESULT TERMS OF REFERENCE

TERMS OF REFERENCE

FOR THE PURPOSES OF THIS DOCUMENT DRUG MEANS ANY SUBSTANCE THAT ALTERS THE MIND AND/OR BODY INCLUDING ILLICIT SUBSTANCES, ALCOHOL, SOLVENTS AND ABUSED PRESCRIPTION MEDICATION

OUR AIMS:

- To maintain and develop the service user group and provide and a functioning forum to ensure that drug/service user's voices are heard.
- To represent the views of drug/service users and the wider drug using community on the Isle of Wight at a local, regional and national level with a view to improving the provision of treatment services.
- To provide peer support to drug/service users and ensure a safe and confidential environment at all times.
- To provide relevant and up to date information to drug/service users and when appropriate signpost relevant services and facilitate the transition into treatment.
- To deliver a wide range of harm reduction information to the drug using community on the Isle of Wight via a program of peer led education, projects and activities.

- To raise public awareness of drug related issues and to educate around areas of concerns.
- To engage areas of the drug using community that is under-represented in treatment services on the Isle of Wight.
- To work toward the successful implementation of a substance misuse advocacy service, which will at all times impartially advocate on behalf of Isle of Wight drug/service users to resolve issues and problems with their treatment.
- To empower drug/service users, promote self-help and ensure knowledge of Service Users Charter.

CONSTITUTION:

- The RESULT co-ordinator is currently line managed by the Isle of Wight Drug Action Team (Community Services) but has been given full support to allow the RESULT to develop and take the project forward to gain independence.
- RESULT will endeavour to take the project forward in the best interests of its members and the Isle of Wight drug using community and seeks to apply for charitable status as soon as it is viable so that we can be completely independent of the local authority and in its own premises.
- RESULT representatives will decide team activities and work delegated depending on experience and availability.
- RESULT is open to all drug/service users whether they are accessing drug treatment services on the Isle of Wight or not. Interest in RESULT membership can be discussed with the Coordinator (contact details below) or through any of the RESULT core representatives.
- RESULT meetings will only be open to current or ex-drug users except in cases where the group itself gives permission for outside professionals to attend; in which case the said individuals will be invited to attend at set times and to leave when the purpose of their visit has finished.

DUTIES:

- Team representatives will commit to weekly meetings and others when requested depending on availability to discuss group activities.
- Team representatives will at all times adhere to RESULT policies and procedures.
- The team will represent the needs and views of Isle of Wight drug/service users at a local, regional and national level via its groups and forums within treatment services and at a strategic level.
- The team will assist the Isle of Wight Drug Action Team (Community Services) in the planning, implementation and delivery of Drug Treatment and Criminal Justice services on the Isle of Wight.

Appendix 5: RESULT CODES OF CONDUCT

RESULT

Representing & Empowering Service Users & Liaising with Treatment

Codes of Conduct

The following document has been discussed and agreed upon by the RESULT Core Group Members. It has been designed to clearly state what is considered to be acceptable behaviour by RESULT members during team meetings, workshops or any other related activity where we are representing RESULT and the drug using community. We aim to develop full and meaningful Service User Involvement within treatment systems on the Isle of Wight and these guidelines are designed to provide an atmosphere of equality and mutual respect.

1. Representatives must agree to take direction from the RESULT co-ordinator when necessary, failure to do so could lead to the member(s) status being withdrawn.
2. Violence or threats of off violence, intimidating or aggressive behaviour toward RESULT staff, representatives or any other professionals we work in cooperation with will not be tolerated under any circumstances and will be taken very seriously. Representative status could be withdrawn; disciplinary procedures may be initiated and could lead to prosecution. Equally racist, sexist and other disrespectful behaviour and/or comments will not be tolerated.
3. When at RESULT meetings or representing RESULT in any capacity team members are asked to behave in a reasonable manner and maintain an atmosphere of mutual respect, for example; please refrain from swearing, shouting and allow others the opportunity to state their opinions without talking over them. Remember you are always acting on behalf of RESULT and as such are an ambassador of the drug using community and in some cases may be the first drug/service user they have met. As a user involvement movement we clearly must maintain our integrity and protect our reputation if are ever to challenge societies stereotypical views of drug users.
4. All representatives should present themselves in a clean and tidy manner when attending RESULT meetings or when representing RESULT in any capacity. If you are at any kind of meeting or conference and you are finding it hard to stay alert or you are clearly not enjoying it, remove yourself from the meeting and refresh yourself, remember you are representing RESULT and we do not want to give the wrong impression.
5. When stating your opinion, unless you are sure that your beliefs are the same as RESULTS, you should always state " in my opinion " This must be done to make sure that any one in attendance does not confuse the opinions and beliefs of individuals with those of RESULTS and is necessary to protect the groups integrity and reputation.
6. When talking about any member of the drug using community in any context we should refrain from using the term 'addict(s)' or 'junkie(s)' or any other slang terms associated with drug users as they can be perceived to be disrespectful. The terms 'service user' or 'drug user' are more politically correct and will ensure that other people present at meetings and/or conferences will be clear about who we are referring to.
7. If attending a meeting, conference or presentation; please show the speaker and others present respect. Playing with your mobile phone etc can be seen as disrespect and is often distracting to others. If an opinion is shared that you don't agree with please note your feelings and raise them when the speaker is

finished, you will get an opportunity to ask questions so wait until it is appropriate to do so. Interrupting; laughing or shouting at the speaker is not appropriate.

8. When giving workshops or representing RESULT in any capacity, you must remember that the treatment that worked for you may not work for someone else. Do not put your own beliefs on to someone else, do not criticise any user's treatment or drug use, we no better than any one where this can lead. We all have our own experiences, views and beliefs about treatment and recovery and each one is just as valid as the next. This diversity will only strengthen RESULT as a whole. Remember to respect any drug/service user, who attends a workshop or RESULT meeting, these are the people we are working for!
9. When doing workshops RESULT representatives or staff should let the designated facilitators deliver the material themselves unless it is absolutely clear the information is inaccurate and could for example harm someone. Another representative or staff member interrupting could give the impression that the facilitator is not competent. If a facilitator is unsure of anything they can always ask for assistance if necessary.
10. Whilst in or whilst facilitating workshops you must behave appropriately. As peer educators you should be giving the right impression to the drug/service users who attend. If you are finding it hard to stick through the whole workshop inform the facilitator and remove yourself. If you seem bored others will pick up on this and it may give the impression that you are not interested in the delivery of the workshop, or that RESULT representatives are not interested in the content of the workshop or content in your role as a service user representative.
11. All RESULT representatives must have received training before delivering workshops. This is to ensure workshops are providing all the correct information in a way that is interesting and informative and we can ensure the improvement and progression of the workshop delivery. This will also ensure a wide range of skills and approaches to bring to the delivery of workshops. All RESULT representatives are advised to take up the training provided and will be given the opportunity to deliver workshops once trained. No RESULT representative will be allowed to facilitate workshops without being fully competent and having been through a complete CRB check.
12. Always be sure if you can not attend a meeting, conference or any event you may be attending as a RESULT representative; this includes RESULT team meetings to give at least 24 hours notice (more if possible). This is vital for the smooth running of RESULT, the workshops and the team as a whole.
13. Confidentiality between RESULT representatives and any user who attends our meetings is of the utmost importance. You should never discuss any member of RESULT with any service user or other team member without that individual being present or without their expressed consent. Never discuss RESULT representatives or staffs' personal life in earshot of other service users or professionals from other services. Always respect the confidentiality of service users and never discuss them with any one outside of RESULT without their expressed consent.
14. Theft will not be tolerated. Theft of any personal items and/or information not permitted to leave RESULT premises will be taken very seriously. Status will be reviewed and possible convictions could follow.
15. RESULT has a clear policy on drug use whilst representing RESULT at conferences, meetings, workshops or any other related event including our own team meetings. Do not turn up to any such event under the influence of any drug. By drug we mean any substance, which alters the body or mind. This includes alcohol. You will be asked to leave. Turning up at any such event under the influence (off your head, gouching out) will give completely the wrong impression and could damage RESULT as a whole. Also it shows a lack of respect to the other members, their recovery and could put them through difficult feelings they find hard to cope with. Also we must insist that no drugs or paraphernalia be brought to our meetings or any other event you are attending as a RESULT representative.
16. Any RESULT staff or representative seen to be dealing in illicit substances or offering illicit substances to one another or to drug/service users will be asked to leave and their status reviewed. The status of those accepting drugs will also be reviewed and outcomes decided by the representatives that make up the RESULT team.

I understand and agreed to adhere to these codes of conduct and understand the consequences of breaching these guidelines:

Signed Date

Print

Witness

Signature Date.....

**THIS DOCUMENT IS SUBJECT TO REVIEW AS AND WHEN IS DEEMED APPROPRIATE BY THE RESULT
COMMITTEE.**

Appendix 6: RESULT CONFIDENTIALITY POLICY

RESULT

Representing & Empowering Service Users & Liaising with Treatment

CONFIDENTIALITY POLICY 2007

1.0 Introduction

1.1 RESULT is committed to providing a confidential service to drug users and service users. A “service user” is defined as anyone approaching or accessing Isle of Wight drug or alcohol services/agencies for help, advice or information. A “drug user” is defined as a current or ex-user of illicit substances.

1.2 This confidentiality policy is based on the principle that the user’s interests, wishes and rights are of fundamental importance. A user has the right to be confident that:

Information given by them will only be used for the purpose for which it was disclosed and will not be shared with anyone without their express consent.

Every effort will be made to ensure that records are kept securely.

1.3 RESULT understands confidentiality to mean that no information regarding drug/service users shall be given directly or indirectly to any third party, without the user’s prior consent to disclose such information. RESULT will not confirm any user contact without obtaining prior consent. Drug/service users have the right to withhold their consent if they wish.

1.4 It is the responsibility of RESULT to ensure that users understand the confidentiality procedures.

1.5 RESULT is professionally bound to the confidentiality policy.

2.0 Exceptions to Keeping Confidentiality

2.1 The only instances confidential information will be given without drug/service user consent are:

If by keeping confidentiality the drug/service user or another person might suffer serious harm.

If the user gives information concerning the abuse or neglect of a child, or if the RESULT Representative believes there is reasonable evidence of neglect or abuse of a child, the relevant authorities will be informed.

If the RESULT Representative believes that a drug/service user has overdosed, he/she will call an ambulance and give paramedics the necessary information required for emergency care, including information about the individuals drug use.

3.0 Recording, Use and storage of data

- 3.1 Information relating to users will be kept in locked drawers. This includes notebooks, copies of correspondence, and any other sources of information.
- 3.2 Recorded information, either in paper form or computer data, will be held in secure and private storage. The obligations imposed by the Data Protection Act will always be adhered to.
- 3.3 All computer databases containing information about individuals must be password-protected.
- 3.4 Movement of confidential information outside physical areas in which it is Safeguarded will be avoided as far as is possible.
- 3.5 All information shared within the RESULT remit concerning RESULT and/or other organisations; outside of RESULT be it documentation or verbal is confidential and as such should not be shared with any one. If you are unsure do not say anything and consult the co-ordinator.

4.0 Secure storage, handling, use, retention and disposal of Disclosures and Disclosure Information

- 4.1 As an organisation using the Criminal Records Bureau (CRB) Disclosure service to help assess the suitability of applicants for positions of trust RESULT complies fully with the CRB Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosures Information.
- 4.2 Disclosure information is never kept on an applicant's personnel file and is always kept separately and securely, in lockable, non-portable, storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.
- 4.3 In accordance with section 124 of the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. Records are maintained of all those to whom Disclosures or Disclosure information has been revealed and RESULT recognises that it is a criminal offence to pass this information to anyone who is not entitled to receive it.
- 4.4 Disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.
- 4.5 Once a recruitment (or other relevant) decision has been made, RESULT will not keep Disclosure

information for any longer than is absolutely necessary. The information will be kept for up to six months to allow for the consideration and resolution of any disputes or complaints. If, in very exceptional circumstances, it is considered necessary to keep Disclosure information for longer than six months RESULT will consult the CRB about this and will give full consideration to the Data Protection Act and human rights of the individual before doing so. Throughout this time the usual conditions regarding safe storage and strictly controlled access will prevail.

- 4.6 Once the retention period has elapsed, RESULT will ensure that any Disclosure information is immediately destroyed by secure means i.e. by shredding, pulping or burning. While awaiting destruction Disclosure information will be kept securely. RESULT will not keep any photocopy or other image of the Disclosure or any copy or representation of the contents of a Disclosure. However notwithstanding the above, RESULT may keep a record of the date of issue of a Disclosure, the name of the subject, the type of Disclosure requested, the position for which the Disclosure was requested, the unique reference number of the Disclosure and the details of the recruitment decision taken.

5.0 Use of information for planning, research and publicity

- 5.1 Information used for planning purposes will be presented statistically, or in aggregated form, thus ensuring that individuals are not identifiable and preserving confidentiality.
- 5.2 Where information about specific drug/service users is used for publication in appropriate journals, this will be with the individuals' permission and with her/his anonymity preserved.
- 5.3 Users will not have information about them or photographs of them used in publicity material without their consent.

6.0 Breaches of Confidentiality

- 6.1 RESULT acknowledges that occasions may arise where individual representatives feel they need to breach confidentiality, it recognises, however, that any breach of confidentiality has to be treated with the most serious of approaches.
- 6.2 On occasions where an RESULT representative feels confidentiality should be breached (e.g. Under Exceptions to Keeping Confidentiality clause) the following steps must be taken:
- The RESULT Representative should raise the matter immediately with the Co-ordinator and discuss the issues involved in the case. The decision to break confidentiality will not be taken on an individual basis. The RESULT Co-ordinator should take a written note of this discussion. The Co-ordinator is responsible for discussing available options with the RESULT Representative and is responsible for making a decision on whether confidentiality should be breached.

- Where time does not permit the above procedures to be followed i.e. Child at immediate risk, then the worker should take the decision to breach confidentiality and a full report should be submitted to RESULT Co-ordinator at the earliest possible time.
- If an RESULT Representative believes that confidentiality should be breached and where the reasons do not fall within the Exceptions to Keeping Confidentiality clause they should consult with the Co-ordinator before taking any decision to breach.

6.3 If a user feels that his/her confidentiality was not respected by RESULT then s/he has a right to invoke the Complaints Procedure.

7.0 HIV and Hepatitis C Status

7.1 Law protects the confidentiality of a person with HIV infection. No information on an individual's HIV status will be given to professionals or users without first discussing the full implications of disclosure and gaining the drug/service user's consent.

7.2 No information on an individual's Hepatitis C status will be given to professionals or drug/service users without first discussing the full implications of disclosure and gaining the individual's consent.

8.0 Expressed Consent to Give Information

8.1 It is the responsibility of the RESULT Co-ordinator to secure the informed consent of the service user before sharing information and the degree of such information, with any individual or agency. The service user should be informed of the implications, including the benefits, of sharing the information.

8.2 RESULT Representatives are responsible for checking with drug/service users if it is acceptable to call them at home or work. Each Representative will ensure that no reference to drug or alcohol agencies is made when unable to make telephone contact directly with service users.

8.3 RESULT Representatives are also responsible for checking with drug/service users that it is acceptable to write to them at home or work. Monogrammed envelopes must not be used when writing to drug/service users.

9.0 Legislative Framework

9.1 The RESULT Co-ordinator will monitor this policy to ensure that it meets statutory and legal requirements including the most recent Data Protection Act, Children Act, Rehabilitation of Offenders Act and Prevention of Terrorism Act.

9.2 The policy will be reviewed annually with appropriate internal and external consultation and amendments will be presented for ratification to the RESULT core members.

I understand, and will adhere to, this policy.

Signed

Print

Date.....

Witness

Signature

Date.....

Appendix 7:

Service Users' Charter on Rights and Responsibilities

A drug service user has both rights and responsibilities. The service provider has an obligation to make each of these explicit to the service user.

A service user has the right to

- Assessment of individual need (within a specified number of working days)
- Access to specialist services (within a maximum waiting time). And the right of immediate access on release from prison
- Full information about treatment options and informed involvement in making decisions concerning treatment
- An individual care plan and participation in the writing and reviewing of that care plan
- Respect for privacy, dignity and confidentiality, and an explanation of any (exceptional) circumstances in which information will be divulged to others
- The development of service user agreement, specifying clearly the type of service to be delivered and the expected quality standards
- The development of advocacy
- An effective complaints system
- Information about self-help groups and user advocacy groups

A service user's responsibilities to the service provider includes

- Observing "house rules" and behavioural rules, as defined by the service (e.g. not using alcohol or drugs)
- Specific responsibilities within the framework of a care plan or treatment contract (e.g. keeping appointment times and observing medication regimes)

SCODA (Standing Conference on Drug Abuse)