
Service User Involvement Policy

**MEWA Health and
Harm Reduction Unit**

Approval date: February 2025

Revision date: January 2025

1.Responsibility for approval of policy	<i>CEO-MEWA</i>
2.Responsibility for implementation	<i>Abdalla Badhrus</i>
3.Responsibility for ensuring review	<i>Abdalla Badhrus</i>

1. Policy Statement (what this policy is for)

- 1.1. *MEWA Health and Harm Reduction Unit* will ensure service users are involved as much as possible in how the service works.

2. Purpose of this Policy

- 2.1. To describe ways that service users can be involved and how service users' views are included when the service is being improved or changed.
- 2.2. To make sure there is a charter of service user rights and responsibilities which has been developed in partnership with service users.

3. Scope (what this policy covers)

- 3.1. This policy refers to service users – which is any person who makes use of the service. Sometimes this may also include previous service users.

4. Principles (the values that drive this policy)

- 4.1. Service user involvement is vital to delivering and developing a good service.
- 4.2. Service user involvement will be meaningful; it will be done so that the service users' input will genuinely feed into the organisation, how it runs and how it might develop.
- 4.3. *MEWA Health and Harm Reduction Unit* will provide a variety of options for service users to get involved to make sure that involvement is as accessible as possible.
- 4.4. All service users will be given opportunities to be involved.
- 4.5. Service user involvement is a chance for service users to learn new things: staff will actively support service users to develop new skills through service user involvement.
- 4.6. Communication between the service and service users will be clear, honest and understandable.
- 4.7. Services users will receive timely feedback on their suggestions. If suggestions can not be put in place it will be explained clearly why this is.
- 4.8. *MEWA Health and Harm Reduction Unit* will regularly review how service users are involved and whether the process is working well.

5. Roles and Responsibilities

- 5.1. Manager: to make sure that service user involvement is representative, to review service user involvement strategies and to make training available for staff and service users where needed.
- 5.2. Staff: to help service users understand how they can be involved in the service.
- 5.3. Service user representatives: to represent their own views / when representing a service user forum, the views of other service users, in a way that is fair and correct.

6. Procedures (how we go about involving service users)

- 6.1. The following activities will be used by the organisation to involve service users: Group Sessions, One-to-One counselling, presentations from staff, past clients and international visitors “who share their personal story of addiction and recovery”. Outdoor activities and work-out sessions in the gym to encourage peer-to-peer support.

7. Consulting with Service Users in Relation to Service Planning

- 7.1. Service users will be involved in service planning through:

- 7.1.1. Review of Mission Statement: this is a sentence or two which describes what the organisation wants to achieve. It is reviewed every three to five years as part of the strategic plan. Services users will input to any mission statement reviews by attending the special AGM which is open to members of the public.
- 7.1.2. Strategic Plan: This is a description of what the service plans to do over the next three to five years. Service users will input into this process by attending the MEWA AGM.
- 7.1.3. Annual Plan: This is the plan for what the service will do in the year ahead and is always done in reference to the strategic plan and mission statement. Service users will have a say in the annual plan by attending the MEWA AGM.

8. Communication

- 8.1. Service users will be made aware of their rights and responsibilities within the organisation. To assist with this, we will display a Charter of Service User Rights and Responsibilities
 - 8.1.1. Service users will be made aware of the Charter by being given a copy / shown the charter when they enter the service / through induction to the service.
 - 8.1.2. The Charter will be developed by staff and service users.
 - 8.1.3. It will be reviewed annually with service users through MEWA Health and Harm Reduction Unit.
- 8.2. Service users will be given information on the types of services provided, the standards they can expect and the ways in which they can be involved in the service. All information we produce aims to be:
 - 8.2.1. Easy to understand.
 - 8.2.2. Written in language that suits a variety of service users.
 - 8.2.3. Considerate of people's different reading abilities.
- 8.3. Where possible service users will be asked for their comments on the content and design of any leaflets / publicity materials etc.
- 8.4. Service users will receive feedback from any suggestions they provide through *MEWA Health and Harm Reduction Unit*. This is the responsibility of MEWA Health and Harm Reduction Unit, who will aim to ensure that this happens within an appropriate time frame of the suggestion being received.
 - 8.4.1. When feedback cannot be acted upon by the organisation, reasons why will be clearly explained to the service user (i.e. legal or funding constraints) and other options will be discussed where possible.
- 8.5. Service users will be made aware of any changes to the service that affects them in a timely manner. If service users' opinions influence change, it is important that service users are informed of this.
- 8.6. Service users will also be made aware that due to the law and the values of the organisation, there are some limits to what issues / decisions service users can input on.

9. General Guidelines for Running Service Users Forums / Groups

- 9.1. Events will always be publicised at least one week in advance.
- 9.2. Service users will be engaged in preparing agendas.
- 9.3. Forums will be facilitated by *MEWA Health and Harm Reduction Unit*; service users will be encouraged to co-facilitate.

- 9.4. Confidentiality: where relevant, groups will create a contract which states the values of the group around issues such as respect and confidentiality.
- 9.5. If the group is meeting regularly a term of reference will be developed. This is a page describing what the group does, how it does it and the boundaries it works within
- 9.6. Recording the meetings: minutes (written records of what is said at the meeting) and clear agendas (a plan for what will be discussed at the meeting) will be used and fed back to service users. All written feedback will be in plain language to be as accessible to as many service users as possible.
- 9.7. Feedback in relation to suggestions, questions or requests will be provided after each group in a timely manner. This is the responsibility of *MEWA Health and Harm Reduction Unit*.

10. Representatives

- 10.1. Service users may be nominated to act as service user representatives to represent the views of a group of service users such as a service user forum, or service users may sit on committees with the task of communicating their own views only. It will be made clear which option is part of the role.
- 10.2. It is a goal that representatives, peer groups or interviewee groups are representative of the general profile of service users. New service users, women and any minority groups will be encouraged to get involved.
- 10.3. Service users will be offered training or support when they are involved in activities such as peer education or service user representation.
 - 10.3.1. Supports will be structured and on-going.
 - 10.3.2. There will be regular formal check-ins to check that the service user rep feels supported, and that there are not other supports required. This is the responsibility of *MEWA Health and Harm Reduction Unit*.
- 10.4. Where requested, service users will be supported to make contact with local and national service user groups or advocacy services and provided with information.

11. Review Process

- 11.1. *MEWA Health and Harm Reduction Unit* is committed to making sure that the quality our service provided is of the highest standard, which includes having useful and accessible service user involvement. Service user involvement will be reviewed every 6 months. This review will include a summary of:
 - 11.1.1. Ways that service users are involved, and levels of involvement.
 - 11.1.2. Changes as a result of service user participation.
 - 11.1.3. Whether service users found it useful and accessible and what could be improved in the future.
 - 11.1.4. Goals for service user involvement for the next year.
- 11.2. It is the manager's responsibility to make sure this review happens. The review will involve service users and will be facilitated by *MEWA Health and Harm Reduction Unit* and will involve service user meetings.
- 11.3. The results of the review and any proposed changes will be shared with the service users through *MEWA Health and Harm Reduction Unit*.