



Project evaluation and research findings

September 2013

This is an amended version of the submitted report. There was a typing error on page 26.

Contents

1. Introduction	3
i. Big Voice	3
ii. The value of service user engagement and user-led research	3
2. Method	8
i. Recruitment	8
ii. Training.....	9
iii. Research.....	11
3. Results	13
i. Findings.....	13
ii. Recommendations	20
4. Project Evaluation	21
i. Meeting the targets of the bid	21
ii. Volunteers.....	23
iii. Lessons learned.....	26

1. Introduction

i. Big Voice

Big Voice was set up as the Service User Engagement element of Liverpool's Partnership bid to Big Lottery, to improve the delivery of services to people with multiple and complex needs. We set up and developed a Service User Forum, named Big Voice, and designed and delivered a training and support package for forum volunteers. The Big Voice Project Team worked with volunteers on a participatory research project that sought feedback from service users of a variety of services across Liverpool. We focussed on four key areas: homelessness, drug and alcohol misuse, mental health and criminal justice.

The initiation project ran from mid-July to the end of September, 2013. Big Voice will continue to engage with volunteers until December 2013, gathering a rich experiential evidence base for service provision whilst empowering volunteers and increasing their employability and social inclusion (for more information see 2. Method).

ii. The value of service user engagement and user-led research

Why?

The lived experience of service users (i.e. their experiential knowledge), and the learned professional understandings of practitioners, are as valid a way of understanding service design and delivery as formal or academic research. If service users' needs and interests are to be central to services, then, logically, their perspectives should be a central focus within the evaluation of service provision.¹

Service users can make a valuable contribution to service design by, for example, raising new research questions; ensuring interventions are kept 'user friendly'; and contributing to the selection of outcome measures.² Minogue et al. (2006) identified "a national and local need to develop a strategy to involve service users and carers in evaluation and research in setting priorities."³

For some research questions, proximity to the object being studied can be more appropriate than notions of 'distance' and 'objective'.⁴ Thus service users can offer a different and valuable perspective on impacts and outcomes. Though the process can be 'time-consuming and challenging'⁵, if services are to be responsive to service user needs, service user engagement is a crucial part of the development of new services⁶ and offers a fundamental challenge to their exclusion from structures of power.

In addition to the wider practical benefit of service user involvement, the specific benefits to the personal development of the individual must be considered. Service user involvement

¹ Truman and Raine, 2002

² Trivedi and Wykes, 2002

³ Minogue, et al, 2005

⁴ Glasby and Beresford, 2006

⁵ Trivedi and Wykes, 2002

⁶ Alam, 2002

may also be seen as a means of enabling service users to regain a sense of control over events, and increase their ability to make constructive choices and decisions.⁷

How?

Service users could be involved at all stages of the development process, though their input has been said to be most valuable in: research, idea generation, service and process design and service testing. Engagement could be conducted through interviews, surveys, focus groups and think tanks, service user observation and feedback. According Alam (2002), engagement could be most pronounced and effective if service users were involved in formal strategy meetings.⁸

Throughout the existing literature and from what we know of current practice, a wide range of activities are considered “user involvement”, from patient satisfaction surveys to peer support. The benefits of involvement were harder to identify in terms of impact on services. More evident were the personal gains for those involved including: satisfaction of feeling listened to by professionals, social opportunities of meeting others in a similar situation, and increased knowledge about services.⁹

In terms of a user-led research project, user-researchers may help by: being able to prioritise topic areas or identify areas that have been overlooked; ensuring research tools are accessible to the target population; increasing access (service users from traditionally excluded groups are more likely to know where others in similar circumstances or conditions meet); and by participating in the analysis of the results.¹⁰

User-researchers may help ensure that crucial meanings and connections, drawn from the research, are not misunderstood and that any recommendations include the unique perspective of service users. It can also be very powerful for other stakeholders and audiences to hear the results and recommendations of research from those who have directly experienced the service.¹¹

Recruitment is key to any service user engagement activity. The most productive way to approach service users is via existing relationships that have been established locally (e.g. user groups, user liaison workers or user development workers), but less direct approaches (e.g. through posters or advertising in magazines, newsletters and papers) may also be useful to recruit a wider range of service users.¹²

Benefits and challenges

Service user involvement may facilitate the development of a better, and differentiated, new service that matches service user needs and wants. It may educate service users on the value and attributes of a new service, empower service users as innovators and decision makers, strengthen public relations and speed a service’s acceptance in the market.¹³

⁷ Truman and Raine, 2002

⁸ Alam, 2002

⁹ Fudge, 2008

¹⁰ McLaughlin, 2010

¹¹ *Ibid*

¹² Trivedi and Wykes, 2002

¹³ Alam, 2002

Service user engagement challenges ideas of 'distance', 'neutrality', and 'objectivity' which, it has been argued, discriminate against service users and their experiential knowledge. The shorter the distance between direct experience and its interpretation, the less likely the resulting knowledge is to be inaccurate, unreliable and distorted.¹⁴

Though service user controlled research is still vulnerable to accusations of being weak, partisan and distorting, it offers many advantages to traditional paternalistic research methods: Service users are likely to be more empathetic to the needs of their peers; there is less risk of judgement and discrimination as peers are more likely to relate to each other; they may be more open minded to knowledge other than their own than academic or professional researchers. This will add value to research methods (other service users will be more likely to discuss matters with peers) and, consequently, the resulting data.¹⁵

The 'democratic' or 'bottom up' approach, that Big Voice adopted, offers an inherent challenge to the status quo and promotes the concepts of social change and social justice. This approach is also more clearly concerned with issues around the personal development of volunteers and participants (including increased confidence and self-esteem), as well as improving the knowledge base and legitimacy of service provision.¹⁶

Social isolation, difficulty finding constructive ways of spending the day, loss of status, and the lack of a sense of belonging and importance, may usefully be addressed by involvement in a work-related activity such as engagement with service user groups and active participation in research projects. This can be a starting point for reintegration into the community for those who have felt excluded.¹⁷ Finally, becoming a volunteer is seen by some as a means of de-stigmatising the issues associated with our key areas, homelessness, drug and alcohol misuse, mental health and criminal justice. Effective service user engagement enables service users to demonstrate capabilities which they may feel are often doubted by others.¹⁸

Best practice

The project was based on best practice as outlined below.

Bovaird (2007) states "What is needed is a new public service ethos or compact in which the central role of professionals is to support, encourage, and coordinate the coproduction capabilities of service users and the communities in which they live."¹⁹

If service user involvement in research is going to challenge service provider and academic perspectives, it needs to engage with the same tools, and participate in the same arguments, as an equal partner in the business of knowledge claims.²⁰

Clarity of purpose and process, and appropriate support are crucial. Groups should contribute to service user involvement without being seen as the exclusive mechanism for it.²¹ The present findings reinforce the importance of formal structures to safeguard the well-

¹⁴ Beresford, 2005

¹⁵ *Ibid*

¹⁶ McLaughlin, 2010

¹⁷ Truman and Raine, 2002

¹⁸ *Ibid*

¹⁹ Bovaird, 2007

²⁰ McLaughlin, 2010

²¹ Patterson, et al 2010

being of service users. For example, a volunteer contract clarifying roles and responsibilities, both on the part of the service user and of the organisation leading the project.²²

There is a need for a flexible research proposal ahead of meeting service users, allowing room for negotiation and alteration. Service users should be involved in the documentation of the project; checking that papers submitted reflect the service user's impact on the study and properly acknowledge their contribution.²³

Research time ought not only to include the time spent on the research, but also time required to undertake the research training to ensure service users are able to fully understand and engage with the work. If the research process should prove to be less than inclusive, the experience can be very demoralising. Service users, in such situations, may feel exploited by the research process and are less likely to become involved in research again.²⁴

Good service user engagement will incorporate greater outcome studies and a more nuanced approach to the process, identifying where the process has been empowering and participatory and when it has not.²⁵ To this end, we must ask if the engagement project is merely to satisfy the requirements of funding of regulation bodies, or is there is a considered and genuine belief in the value of service user involvement?²⁶

For service user involvement to improve services, providers and commissioners must acknowledge the value of the process and the diversity of knowledge and experience of both professionals and service users.²⁷

This is the challenge for service user involvement in research: to generate knowledge in a participatory way that is defensible, thought-provoking and action-oriented whilst the challenge for traditional research is to accept that differing types of knowledge claims can help to generate a fuller picture and lead to better research-informed outcomes.²⁸

²² Truman and Raine, 2002

²³ Trivedi and Wykes, 2002

²⁴ McLaughlin, 2010

²⁵ *Ibid*

²⁶ Trivedi and Wykes, 2002

²⁷ Tritter and McCallum, 2006

²⁸ McLaughlin, 2010

References

- Alam, I. 'An Exploratory Investigation of User Involvement in New Service Development', *Journal of the Academy of Marketing Science* 30:3 (2002), pp. 250-261
- Beresford, P. 'Developing the theoretical basis for service user/survivor-led research and equal involvement in research', *Epidemiologia e Psichiatria Sociale* 14:1 (2005), pp. 4-9
- Bovaird, T. 'Beyond Engagement and Participation: User and Community Coproduction of Public Services' *Public Administration Review* September/October (2007) pp. 846-861
- Fudge, N. 'Assessing the promise of user involvement in health service development: ethnographic study', *BMJ*; 336:313 (2008) <http://www.bmj.com/content/336/7639/313> - Accessed 8th September 2013
- Glasby, J. and Beresford, P. 'Commentary and Issues: Who knows best? Evidence-based practice and the service user contribution' *Critical Social Policy* 26 (2006) pp.268-284
- Magnusson, P.R., Matthing, J., Kristensson, P. 'Managing User Involvement in Service Innovation: Experiments with Innovation End Users' *Journal of Service Research* 6:11 (2003) pp. 111-124
- McLaughlin, H. 'Keeping Service User Involvement in Research Honest' *British Journal of Social Work* 40 (2010) pp. 1591-1608
- Minogue, V., Boness, J., Brown, A., Girdlestone J., 'The impact of service user involvement in research', *International Journal of Health Care Quality Assurance* 18:2 (2005) pp. 103-112
- Patterson, S., Weaver, T., Crawford, M., 'Drug service user groups: Only a partial solution to the problem of developing user involvement', *Drugs: education, prevention and policy* 17:1 (2010) pp. 84-97
- Tritter, J.Q, McCallum, A., 'The snakes and ladders of user involvement: Moving beyond Arnstein', *Health Policy* 76 (2006) pp. 156-168
- Trivedi, P., Wykes, T. 'From passive subjects to equal partners: Qualitative review of user involvement in research', *British Journal of Psychiatry* 181 (2002) pp. 468-472
- Truman, C. And Raine, P. 'Experience and meaning of user involvement: some explorations from a community mental health project', *Health and Social Care in the Community* 10:3 (2002) pp. 136-143

2. Method

Big Voice was run through Community Voice, part of The Big Issue in the North Trust. Community Voice Project Manager Sarah Evans oversaw the project and Lynda Bryson was recruited as a full time Project Worker. The Big Life group's Training Consultant (Karen Welsh) and Research Officer (Ben Godfrey) were also directly engaged in the design and delivery of the project.

The project methodology had three main elements: Recruitment and engagement of volunteers, Training, and Research.

i. Recruitment

The Project Worker began recruiting service user volunteers in July 2013 and the process lasted two weeks. We sought to engage volunteers with diverse experiential knowledge of four key areas: homelessness, drug and alcohol misuse, mental health and criminal justice.

Leaflets advertising the new service were distributed and displayed and the Project Worker gave presentations to service users at Imagine, The Basement, The Whitechapel Centre, The Social Partnership and The Armistead Centre. While distributing the promotional materials and following the presentations, informal face-to-face meetings were held with service users. These encounters were the most successful element of the recruitment process.

In total, the Project Worker and Project Manager visited 15 local organisations that were known to work with service users across our key areas: The Big Issue in the North (homelessness et al), Community Voice and the Community Voice 'Our City, Our Services' open day (drug and alcohol et al), Sanctuary (cross-issue family support), The Whitechapel Centre (homelessness), The Social Partnership (social exclusion), Genie in the Gutter (drug and alcohol et al), Richmond Fellowship (mental health), The Basement (homelessness et al), Imagine (mental health), Mary Seacole House (mental health), Drug and Alcohol Recovery Team (DART), Transforming Choices (drug and alcohol), Belmont House (drug and alcohol), YMCA (homelessness et al) and The Armistead Centre (sexual health).

The recruitment process resulted in the Project Worker compiling a list of 42 interested service users. All potential volunteers were later contacted by telephone and invited to the first Big Voice meeting. 24 volunteers engaged with the project. From our database we have recorded that of the clients that engaged they had experienced or accessed services in the following areas:

Homelessness	Drug and Alcohol	Mental Health	Criminal Justice
14	21	12	6

The project achieved a good engagement of service users from across the key areas. However, we found that drug and alcohol and homelessness services were easiest to engage with. We found some particular challenges in accessing organisations with a focus on mental health and criminal justice. We believe that the different natures of the

organisations and their respective issue areas meant service users with experience of rehabilitation and substance recovery were more comfortable and confident with the idea of Big Voice.

There is much less of a tradition of service user engagement in criminal justice services compared with services in our other key areas. We would more specifically target these agencies in future. It is also very likely that clients of mental health services may need one-to-one support, something we would be able to incorporate into the design at the next phase.

The timescale for the project was very limited and we would like to have been able to invest more time into reaching the more excluded and marginalised groups: people with backgrounds in mental health and criminal justice. Several relevant services were approached but many of the clients were unwilling or unable to engage, going forward we would look to tailor the training course to incorporate the needs of people who might have additional barriers to participation.

ii. Training

The Project Worker collaborated with The Big Life group's Training Consultant to design and deliver a training programme to the Big Voice volunteers. Our key words for the training programme were *Knowledge, Motivation, Confidence and Reflection*. These were identified by the volunteers as the most beneficial areas for them to work on. Impact was monitored by self-assessment forms at the end of every session, on which volunteers scored themselves across the areas.

The training was designed with consideration of the range of volunteer experience, need and ability. The Project Team used their experience of working with the Community Voice group and initially consulted with the Community Voice members around preferred learning styles and participant's potential needs.

The training was designed to enable the greatest engagement with the volunteers and to maximise flexibility in delivery. The learning environment was considered and we concluded that it should be easily accessible for people to get to, and a bright, clean space that people would want to be in.

Plenty of breaks were planned to enable participants to reflect and absorb information, and to allow people to socialise. The training was planned to run at the same time and day every week to ensure consistency and commitment from participants.

Challenges during planning included the cost of appropriate venues in the city centre, ensuring that times were set correctly to enable participants to travel at the cheaper and less congested travel times, and designing a programme that would keep people engaged and was appropriate for all learning levels.

The training ran for three hours per week, the Project Team was very experienced in working with diverse group dynamics and with vulnerable, and traditionally excluded, stakeholders. We were able to assess the group and understand who was likely to be a 'talker' and who would be a 'listener'. This ensured that full participation was gained in a way that all volunteers felt comfortable with and motivated by.

The training delivery was conducted primarily through the Training Consultant and the Project Worker, with some support and input from the Project Manager and Research Officer. This was initially to make use of the team's particular areas of expertise but soon

became crucial to ensuring that all of the volunteers, including one with a relatively high level of need, felt supported and heard, and that their views were considered and valued. Some of the more confident volunteers also assisted the less-confident.

Some of the challenges to this type of group work are managing the group, ensuring that participants all feel valued and respected, and that they have equal opportunities to make a contribution. Initially, we discovered that the group could quite easily subdivide and that multiple people would speak at one time. We adapted the course and, working with the volunteers, drew up a code of conduct. We asked people to think about why it might be important to allow people to develop what they want to say without interruption.

A number of service users from a mental health service attended the first session but chose not to continue. We would, in future, work more closely with the service staff to identify volunteers who were ready and motivated to engage and would consider ways of engaging people who preferred one-to-one contact rather than group sessions.

The programme consisted of seven sessions:

Session 1	Introduction to Big Voice and each other, existing skills summary and what experiences the volunteers can draw on. In the first session volunteers were invited to feedback on the structure of the sessions. Future sessions were delivered according to the agreed preference of all participants. The volunteers were asked to design and commit to a volunteer contract (<i>append</i>).
Session 2	We looked at the concepts behind the project: the key areas and services, what we mean by 'vulnerable adults' and 'social exclusion', and a brief summary of research skills and methods. The session concluded with the volunteers sharing ideas around the types of questions we might find useful for the Big Voice Surveys. The group then re-assessed the agreed contracts and filled out relevant admin including registration and agreement to The Big Life group's Confidentiality Policy.
Session 3	Reviewing the questionnaire ideas and finalising the layout; the volunteers completed tasks to help them to be confident, to listen, and were introduced to key interviewing skills. <i>Volunteers began conducting the research project between sessions 3 and 4.</i>
Session 4	This session began with questions and answers with the Project Manager as we became aware of some confusion among the volunteers about the nature of the Big Voice project. The group gave feedback of their experiences conducting surveys. Francis and John gave presentations about their particular experiences, we identified gaps in our research and thought about how we might overcome challenges, an action plan for week 2 of the research was agreed based on this.
Session 5	In response to requests from some volunteers, the session began by revisiting listening and speaking skills. It elaborated on the introductory discussion about 'peer support'. Sarah revisited group contracts – listening and speaking. Peer support. Worksheets and experience, people struggling and asked to revisit key concepts. <i>The research project concluded at between sessions 5 and 6.</i>
Session 6	The group was visited by a member of Plus Dane's Communications team who showed the volunteers various designs for the bid documents and sought input on how they might be used and improved. The group then assessed the project so far,

	discussing positives and negatives with particular reference to the research exercise. We looked to the future and asked the volunteers to think about how they see the group moving forward.
Session 7	The final session of the structured course will run after this report is submitted. The Project Worker aims to discuss ways the Big Voice group might continue to meet in the future and to work with the volunteers to devise a creative project that tells the story both of the individual volunteers and of Big Voice.


The timescale was such that our intended focus on commissioning and delivery will have to succeed the submission of our report. Speakers will be attending the group from Liverpool City Council.

iii. Research

The project brief required the volunteers to design and implement an engagement strategy. The aim was to gather a large amount of feedback from service users on the services they access and what they would like to see in future.

The Research Officer attended sessions and got to know the volunteers. In Session 2, we discussed the importance of the research project and introduced some key research skills. The group then came up with a long list of questions which were whittled down by committee. The volunteers stated a strong preference towards open ended questions as they felt that a multiple choice format would be too restrictive and might put words into participants' mouths. 15 questions were agreed upon:

1. Which issues currently affect you or have affected you in the past?
2. Which services have you accessed?
3. What did you find helpful about the services you've accessed?
4. What did you find unhelpful about the services you've accessed?
5. Have you ever accessed crisis services?
- 5a. If you have accessed crisis services, which ones?
6. Did you get the help you needed?
7. Could you tell us any more about the support you've received?
8. How do you find out about support services?
9. How would you like to find out about support services?
10. What do you think services in Liverpool are missing?
11. Do you currently feel that service users have a say in how services are created?
12. Would you like to have a say in how services are created?
- 12a. Why?
13. In an ideal world, what services would be available to support your needs?

Big Voice  Big Voice Questionnaire August 2013

What would you like for a service that supports people who need help with mental health, substance misuse, homelessness and criminal behaviour?

This survey is completely confidential, you can leave contact details if you want to get involved.

1. Which issues currently affect you or have affected you in the past?

Drug use Alcohol use
 Mental health Homelessness
 Criminal behaviour Other (please specify)

2. Which services have you accessed?

3. What did you find helpful about the services you've accessed?

4. What did you find unhelpful about the services you've accessed?

5. Have you ever accessed crisis services? If yes, which ones?

6. Did you get the help you needed?

7. Could you tell us anymore about the support you've received?

The Project Team and the volunteers then drew up a list of services that they could approach to speak to service users and conduct the questionnaires. Many services were receptive to the project though others did not wish to be involved. As with recruitment (above) we encountered greater willingness to participate among the drug and alcohol, and homeless services, and found mental health and criminal justice services the most difficult to access.

Volunteers, some accompanied by the Project Worker, visited 31 services including: The Basement, The Social Partnership, The Harvey Project, Parkview, Art & Soul, DART, Addaction, Liverpool Magistrates Court, Rathbone Hospital, Whitechapel, Imagine, Richmond Fellowship, Croxteth, Addaction, Brooke Place, Ann Fowler, Salvation Army, Sharp, New Start, Sisters of Mercy, PSS, Stoddard House, Mildmay House, Crisis, Dare to Care, Transforming Choice, Brownlow Surgeries, Broadoak Psychiatric Hospital, and A&E at the Royal Liverpool University Hospital. The volunteers also stated that they would like to place an advert in The Big Issue in the North magazine, which they knew to be sold and read by people with experience of our key areas.

The research project resulted in 222 completed questionnaires, gathering the voices of service users across Liverpool.

The volunteers encountered some extremely marginalised and vulnerable people. When we reviewed the research project, the volunteers all said they had felt empowered to encourage people to open up and engage with the survey. One volunteer fed back to us that he had encountered quite a lot of service users whose needs were too complex for the survey to capture: people who did not speak English, people at services who were heavily inebriated and several who did not trust the process. The timescale was tight which the volunteers and Project Team agree was both challenging and motivating.

3. Results

The Big Voice research project ran for two weeks in September 2013. 24 service user volunteers visited 31 different services and 222 surveys were completed.

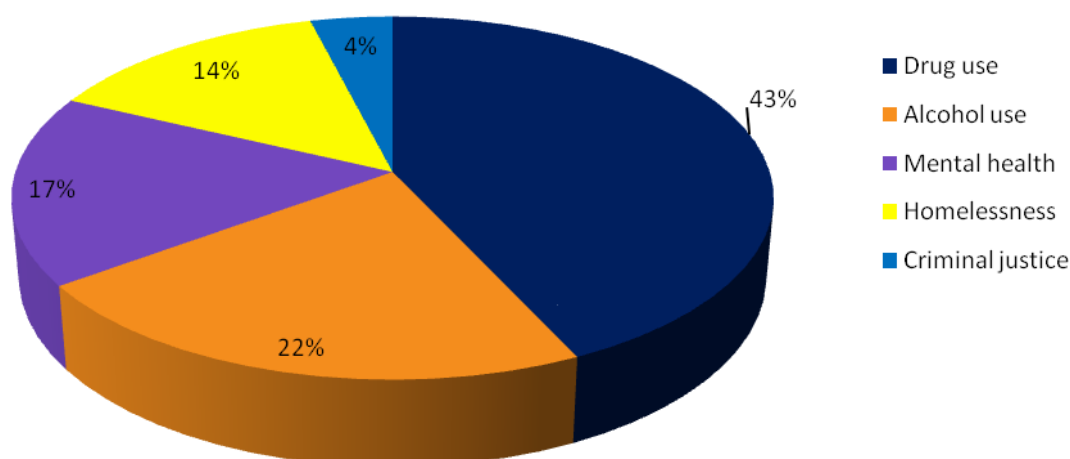
i. Findings

The questionnaire had 15 questions, the number of responses varied between questions. Due to time constraints, the Project Team held a preference for closed questions, however the volunteers stressed the importance of open questions in capturing meaningful data; enabling respondents the freedom to express their views. As a result, 13 of the 15 questions were open questions. In order to analyse this data, responses were grouped into emerging themes.

Question 1: Which issues currently affect you or have affected you in the past?

Responses: 220

The chart shows that we reached more people accessing drug and alcohol services than mental health and criminal justice in this phase of the research (see section 2: Method).



Question 2: Which services have you accessed?

Responses: 222

Our findings identified that most service users accessed more than one service. The average number of services accessed by service users was two. The services that were visited covered the following areas:

Area	Number
Homelessness	109
Drug/Alcohol	98

Mental Health	26
Criminal Justice	8
Cross Issues	174

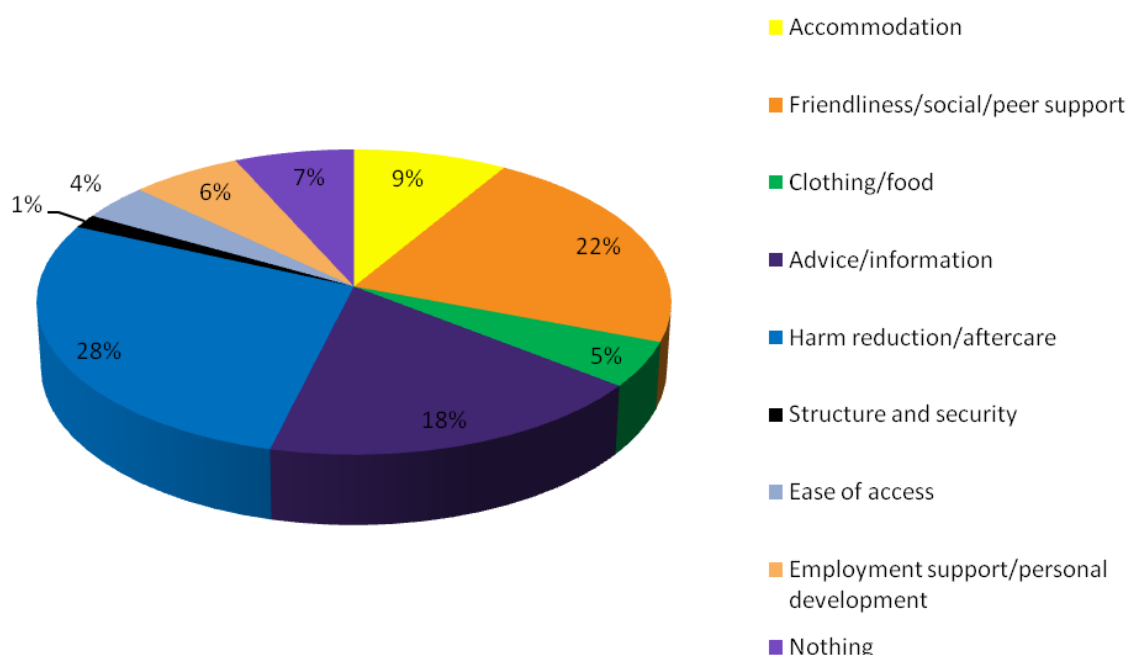
These findings suggest that service users have multiple needs and would benefit from services that worked together rather than in isolation.

Question 3: What did you find helpful about the services you have accessed?

Responses: 219

Service users valued harm reduction/aftercare (28%), advice/information (18%) and accommodation (9%).

Two themes emerged that identified qualities the service users found helpful about the way services were provided; ease of access (4%) and friendliness/social/peer support (22%). This suggests that services need to meet multiple needs, be easy to access and incorporate peer/social support.



Example responses:

“The staff were welcoming and I enjoyed being with other people in recovery.”

“That they are easily available and free for service users.”

“I have finished my peer mentoring course in The Basement and it gave me more confidence.”

“YMCA got me off the street and into a flat.”

“The staff were understanding, I got help and advice.”

“They did everything to keep me safe – the best thing ever!”

“My key worker was always phoning me!”

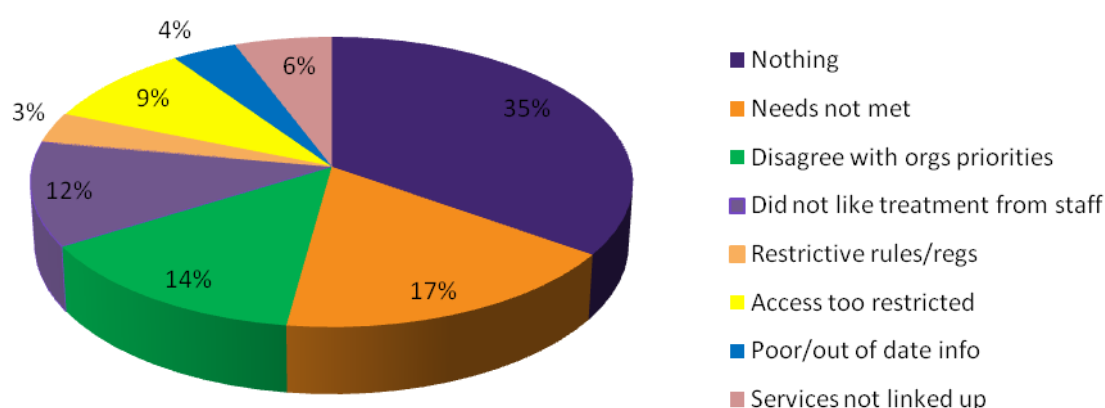
“They cared and helped me find accommodation. I have mental health issues that they have always been ready to help with.”

Question 4: What did you find unhelpful about the services you've accessed?

Responses: 194

The responses to this question are consistent with question 3. The response ‘Nothing’ is relatively low for Question 3 (7%) and high for Question 4 (35%), suggesting that many service users believe they are getting a good service that meets their needs from the services they presently access.

The way the services are provided is, however, crucial, with 38% of service users citing treatment from staff (12%), restrictive rules (3%), access too restricted (17%) and services not linked up (6%) as unhelpful aspects of the services provided. A significant number of service users felt that the service/organisational priorities (14%) were more important than a service user led treatment plan.



Example responses:

“A&E was extremely unhelpful as soon as my mental health diagnosis was disclosed. The reason I was there was physical but their attitude changed and they left me waiting. It was potentially fatal.”

“There was nowhere for someone with mental health issues – we are still waiting for counselling after two years, there’s no help for families.”

“Liverpool Alcohol Services dismissed my enquiries about other methods than their own and would not give me any other information.”

“I attended Addaction through the court; I think they could have been more supportive instead of just offering me five minutes a week.”

“I’ve been bounced around services with no personal care or consideration for me or my family.”

“Some places are a bit of a revolving door to justify their funding or existence.”

Question 5: Have you ever accessed crisis services?

Responses: 197

The majority of respondents (65%) had accessed crisis services in the past.

Question 5a: If you have accessed crisis services, which ones?

Responses: 107

Hospitals, A&E and ambulances were the most commonly accessed crisis services and homeless services, such as The Whitechapel Centre and The Basement, were the second most accessed.

Question 6: Did you get the help you needed?

Responses: 179

The majority (72%) of people who had accessed crisis services believed they received the help they needed, however the remaining 28% said that they did not.

Question 7: What did you find helpful about the services you've accessed?

Responses: 180

Respondents did not expand a great deal on their answers, some responses include:

“I have found that I've always got what I've asked for and the drug workers have been more than helpful.”

“We need a bit more help.”

“I owe my life to all of the support. I didn't know these places existed, it was only that my son in 2011 found Park View on the internet.”

“GP and CPN, Psychiatrist and Psychologist all good support.”

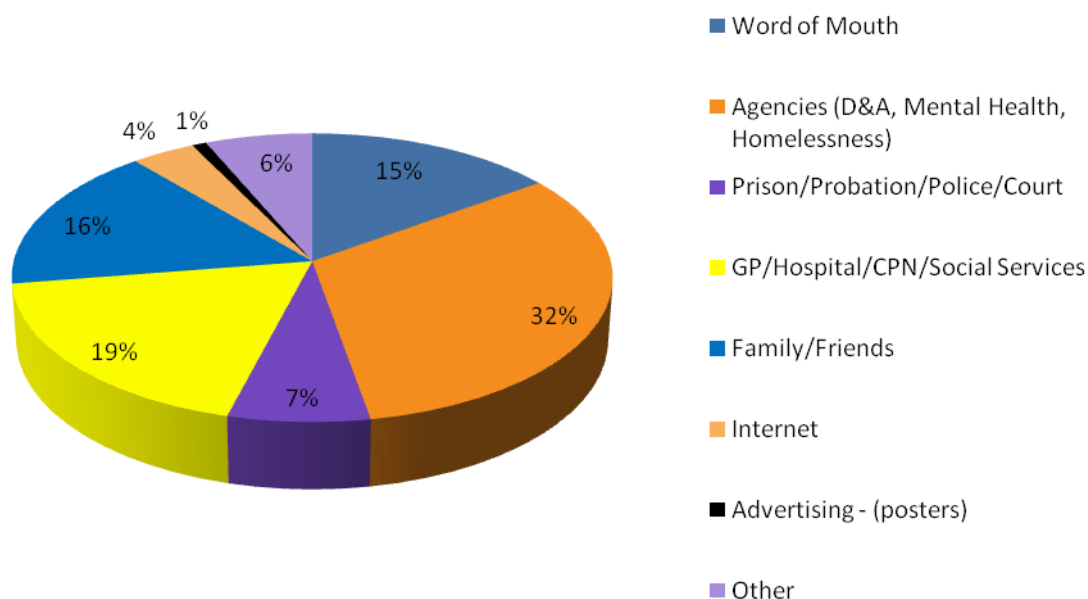
“Words can not describe how helpful everyone has been.”

“Once I got to Imagine I have got excellent support. Did a peer support course and supported my peers has been amazing; life changing, I now have such a better understanding of myself as a result.”

Question 8: How do you find out about support services?

Responses: 208

Currently the most common source of information is through existing service providers. Only 1% of respondents had heard about services through advertising/posters/leaflets, and 4% through the internet.



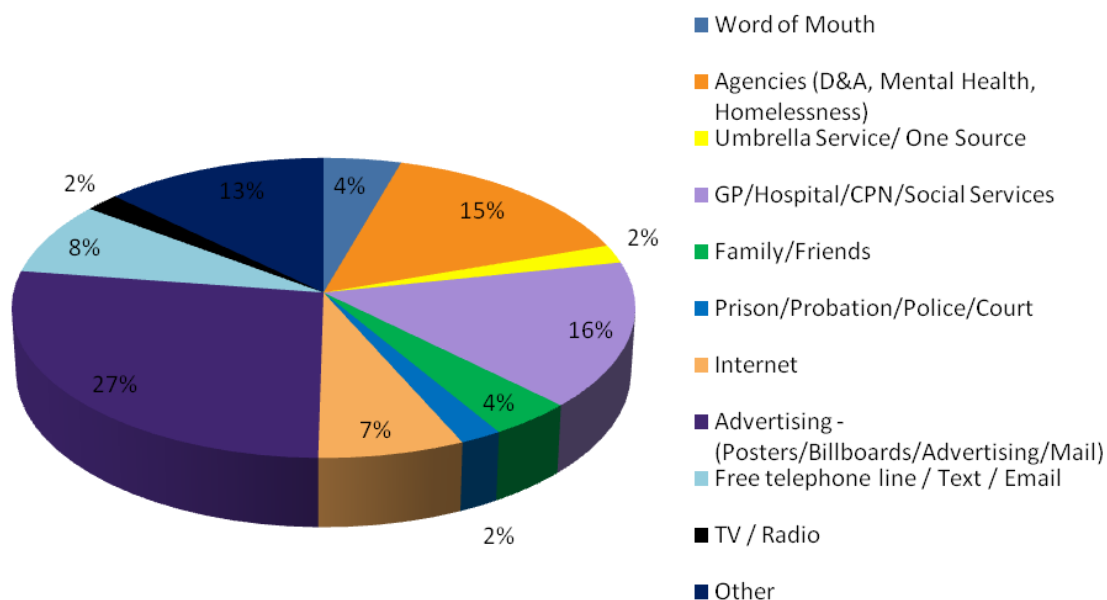
Question 9: How would you like to find out about support services?

Responses: 186

Respondents stated they would like to find out about services through:

- Advertising (27%)
- Through existing agencies (15%) and statutory services (16%).

The Internet was low on both questions 8 and 9 which is, perhaps, due to issues around access.



Question 10: What do you think services in Liverpool are missing?

Responses: 168

'Nothing' and 'don't know' were grouped together and scored the highest 21/176.

Of the responses that identified gaps in provision, the following key themes emerged:

17% - Joined-up working/multiple services in one place

16% - Accommodation

16% - More funding needed

12% - Information

11% - Ease of access

11% - Aftercare

9% - Issue-specific services

7% - 24/7 crisis support

Example responses:

“Somewhere to go any day or time if you are in crisis that is open 24/7.”

“They could maybe liaise with each other more effectively.”

“Not easy to access, i.e. only through GP etc.”

“Just more information around better advertising.”

“More accommodation, overnight shelters.”

“Not enough people know where to get help I have just found out after 15 years of binge drinking.”

Question 11: Do you currently feel that service users have a say in how services are created?

Responses: 200

The majority of respondents (44%) felt that service users do not currently have a say in how services are created. 28% said they felt service users do have a say. This may reflect the way service users feel about how they are treated, whether they are in control of their treatment or whether their needs are met by relevant service models.

Question 12: Would you like to have a say in how services are created?

Responses: 189

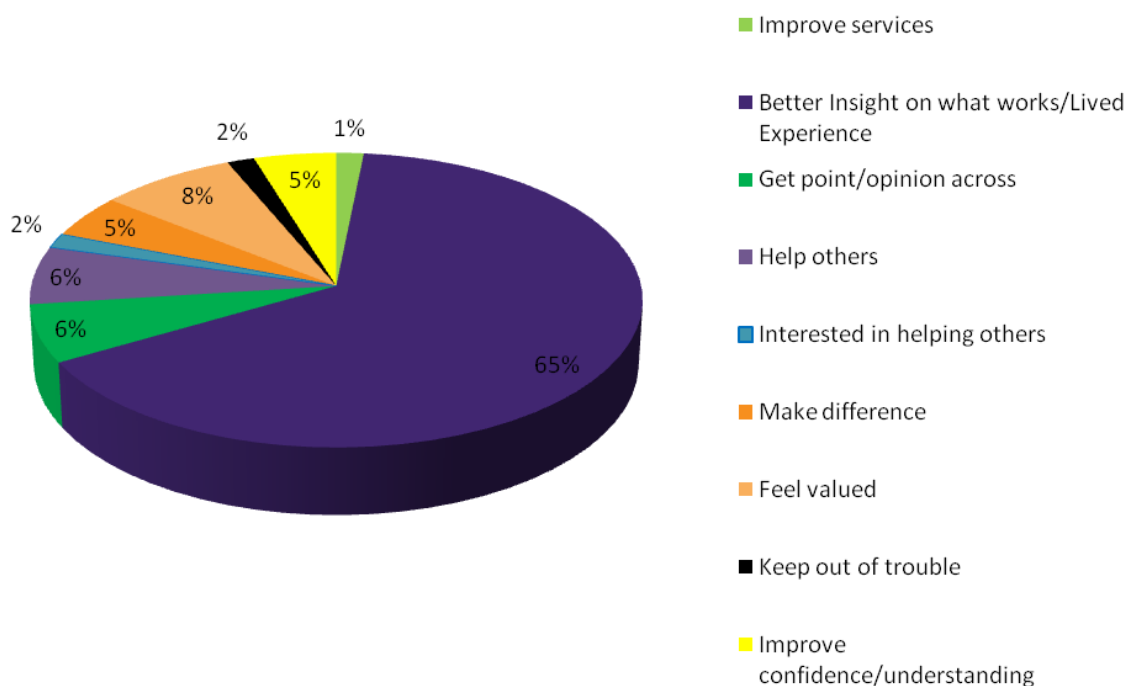
The majority of respondents said they would like to have a say in how services are created (59%), 16% said they would not, 25% said they did not know. This suggests there may be a demand by service users to be engaged with service development.

Question 12a: Why?

Responses: 170

When asked why they would like to have a say in how services are created, 65% believed that service users had a better insight into what works in services due to their experiential knowledge. This supports our belief in the value of service user engagement and reveals that service user understandings match those of the academic literature reviewed in this report's Introduction. Other reasons why respondents would like to be involved in service

creation included that they would feel valued (indicated by 8% of respondents) and that they would be able to help others (also 8%).



Question 13: In an ideal world, what services would be available to support your needs?

Responses: 170

The services that respondents said would support their needs varied dramatically and, therefore, proved difficult to group. The most common themes that emerged were:

- More expenses,
- Better accommodation,
- Regular key work sessions,
- One stop shop,
- Better opening hours,
- More support services,
- Better aftercare.

Example responses:

"More places to go when you are down."

"More regular meetings."

"Provide them with better coping skills."

"Easier /quicker access to services."

“A service that open weekends and evenings.”

“Support for families with children.”

“All services in one building.”

“Better after care.”

ii. Recommendations

Based on these results, the key recommendations that have been identified as considerations for service delivery are:

Multiple services

It is important to ensure that when multiple services are involved in an individual's experience, they provide 'joined up' care, ensuring they can meet the requirements of service users with complex needs. This was highlighted, in particular, by service users accessing at least two different services to address their needs.

Method of delivery

The service users in this study identified that the way services are delivered is crucial, ensuring that they:

- Are easy to access,
- Are friendly,
- Offer social/peer support,
- Give the clients a feeling of control.

Service User Engagement

The responses to questions 11 and 12 indicate that many respondents believe that service users should be and are willing to be involved at every stage of the design, delivery and review of service provision. This would also enable service users to take control of their care and support packages, helping to provide added value throughout the city's service delivery. Respondents also believed that participation in engagement activities would enable them to help others and feel valued; thereby enhancing the service user experience and providing opportunities for peer support.

4. Project Evaluation

i. Meeting the targets of the bid

As specified in the bid, we delivered the project from Community Voice in Liverpool and the team consisted of the Assistant Director for The Big issue in the North and Trust, the Community Voice Project Manager, The Big Life group Training Consultant and Research Officer, and we recruited a full time Project Worker.

Target: Set up and develop a service user forum

We successfully set up and developed a service user forum, tailoring methods of engagement to meet the specific needs of service user volunteers and helping shape forums which provide meaningful outcomes, assisting them to see a purpose in their engagement. We identified barriers and where possible put *things* in place to remove them for people who wanted to contribute.

Some volunteers expressed discomfort with a loud and fast-talking group, so with the agreement of the group we created a document that all volunteers signed, agreeing to be more patient and considerate of each other. One volunteer suffered from anxiety and low mood and often retreated inwards during the sessions, we made sure that a member of the Project Team was on hand to help them to feel comfortable and to liaise between the individual volunteer and the group when appropriate. The Project Worker also offered to accompany the volunteers on their visits to services, many members of the group were confident enough to go out in pairs but other members were less so and benefited from our assistance. Every session reinforced the value and purpose of the project which all of the volunteers found helped to focus and empower them in their work.

Our existing contacts in Community Voice were the basis of the forum, helping to generate ideas and recruit volunteers. The Project Worker worked with homeless drug and alcohol agencies, mental health services, the probation service, and community non statutory organisations working with people involved in the criminal justice system. As we expected, the best recruitment method was informal face-to-face meetings with service users, though leaflets were distributed and displayed at key locations and we ran advertisements in The Big Issue in the North. We had aimed to publicise the forum through other local media by press releasing positive personal stories however these stories were only obtainable during the final forum sessions.

The Project Team's approach to the forum was flexible throughout, often tailoring the sessions and revisiting past discussions as per the needs and request of the volunteers. This ensured that the format was suitable for the engagement of all people who wanted to contribute to it. The Project Worker also stayed in contact with volunteers between sessions, providing a responsive and dynamic approach to addressing concerns. We found no need for an electronic forum or to hold sessions at different times or locations. On reviewing the training programme in the penultimate session, the group agreed that meeting at the same time and place each week provided a useful structure to their work.

We monitored the interests and backgrounds of the volunteers so as to ensure that we engaged people with experience of our four key areas: homelessness, drug and alcohol misuse, mental health and criminal justice. We provided expenses for participants.

The Project Team worked with The Big Life group's Communications Team to create a logo for the project and worked within the group's branding, ensuring a clear and consistent identity. The forum members found no need to utilise social media.

Target: Training and support package for the forum

The Project Worker worked with the Training Consultant to deliver a training programme to the forum members. This was an opportunity for the volunteers to work on their personal development and to gain new skills. The programme started by understanding the volunteers' pre-existing skills and interests.

Forum members were involved in delivering the training programme as much as possible: helping the Project Team explain and discuss key issues, offering experiential and professional insight, and taking on roles such as documenting sessions on a white board and distributing materials to the other group members. This helped people feel valuable and engaged.

It was not beneficial to keep to the proposed format and content of the training, the first session established a direction for the training that the volunteers and Project Team found workable and useful (for the breakdown of sessions, please see 2. Method).

Target: Training and support package for forum members to participate in commissioning

The timescale was such that our intended focus on commissioning and delivery will have to succeed the submission of our report. The Project Worker and Training Consultant will deliver training specifically to enable some members of the forum to participate in commissioning.

The training will include: Understanding the commissioning process; Legal requirements; Including confidentiality; Conflicts of interest; Equality; Assessment methods; Recording skills; Participating in interviews - confidence and inter-personal skills.

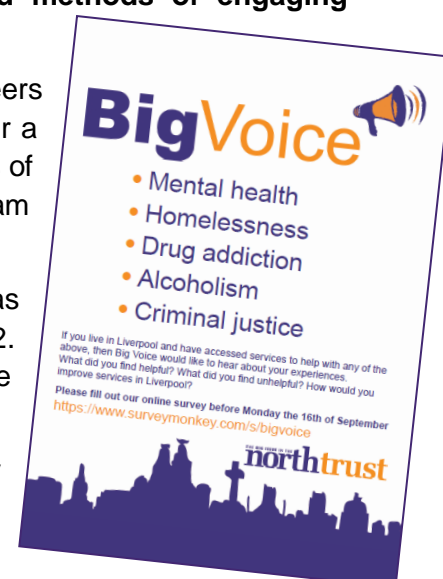
We will engage commissioners in the training wherever possible so that members of the forum have as much contact with commissioners prior to direct involvement. Commissioners will be attending the group from Liverpool City Council.

Target: Implementation of broad engagement strategy and methods of engaging service users

The Project Worker and Research Officer worked with volunteers and partners in the Big Lottery Programme to develop and deliver a broad engagement strategy. We engaged volunteers at all stages of the engagement strategy which the volunteers and Project Team decided would be focussed around a research project.

Volunteers engaged peers at 31 services across our four key areas and the project gathered 222 completed questionnaires (see 2. Method). The survey was published online and publicised in The Big Issue in the North.

At the earliest stage, the Project Team and volunteers clearly identified and agreed the goals and outcomes to be achieved. A range of tools was developed for the Project Worker, volunteers



and partner agencies to use.

Volunteers led the research project from designing the questionnaire to conducting the surveys. This improved the reach of the project, ensured good engagement and enabled forum members to develop new skills and confidence.

Accepting that many of the potential respondents may have chaotic lifestyles and diverse preferences in relation to method of engagement, the Project Team and volunteers were flexible and accommodating: engaging respondents in short time slots and at locations they would normally frequent. We worked closely with partner agencies to identify the best methods of engaging their service users.

Target: Meeting diverse needs and overcoming barriers to engagement

The Project Team engaged volunteers and respondents as individuals and made arrangements to accommodate specific needs. Volunteer expenses were paid to increase ease of engagement and the research project was conducted at places we knew service users would be.

Some service users were sceptical of statutory services, staff and their ability to influence service provision. We overcame some of these barriers by recruiting volunteers from the respondents' peer group.

Target: Capacity to deliver research

The Big Life group's Research Officer was directly involved throughout the project. They worked with the Project Worker, Project Manager and the volunteers to agree appropriate methods for research and to collate research results. This was enhanced by the Research Officer's involvement across the training sessions and one to one working with volunteers.

ii. Volunteers

Of the 42 interested people, 24 (57%) were male, 18 (43%) female. Of the 14 who engaged regularly, 8 (57%) were male and 6 (43%) were female. All volunteers engaged in a feedback session at the end of each session to determine their confidence, motivation and knowledge.

Impact on Volunteers

The following table represents average feedback score from forum members for each session. This shows a considerable progression in the volunteers' feelings about their skills, we will also capture a self-assessment of the volunteers' capacity for reflection in the final session when we review the project. The timescale was such that this could not be completed ahead of the submission of this report.

	Confidence	Motivation	Knowledge
Session 1	2.9	3.2	2.8
Session 2	3.9	4.4	3.9
Session 3	4.6	4.4	4.5
Session 4	4.4	3.9	4.2

Session 5	4.3	4.0	4.1
Session 6	4.4	4.6	4.6
1 = lowest – 5 = highest			

Case studies

The following case studies were conducted by the Research Officer following Session 6.

Francis

I started drinking aged nine. I had a big religious family and there was a lot of grief. As a teenager, I progressed onto hard drugs and, eventually, heroin. I was in prison in my own mind; I just didn't want to face my life. Thirty-nine years I was in active addiction, I didn't like who I was at all. I was able to hold down jobs but eventually it caught up with me. I woke up one day, two years ago, after a night on vodka, painkillers and cocaine, and I knew I couldn't go on this way. I felt like I was on a razor's edge between life and death.

I've been clean and sober for two years now. I knew a neighbour who had a daughter in recovery, so I asked him about it and went down to get myself assessed. I don't know what it was that made me finally ask for help but I haven't looked back. I'm dead proud of myself now. I've realised that everyone has good days and bad days, and that there's no need to hide behind drink and drugs. I try to do the right thing by being honest and open minded. I'll try anything to keep myself, and other, people safe.

Lynda from Big Voice approached us at Social Partnership and I was interested immediately. It's so important that service users have a say in the services. I've been along to all the sessions and I've been given every chance to offer some input. Personally it's done me loads of good in terms of my self-esteem and my awareness and knowledge of the issues.

We're forming a group the way a group should be formed: there's empathy, understanding and hope. I've not seen anything like it before; if this goes ahead we'll be making history. The service users are taking control of the things that affect them and we're putting down a foundation for all the people coming through the services behind us.

I never had any intention of getting involved or working with the services, I tried to go to back to my old job but I couldn't hack it; I realised I needed to give back and help others. Going out and doing the surveys with people has got me out and about, and I've been offered paid work in one of the services. Big Voice has given me the insight and knowledge I needed and has definitely played a major role in getting work. I've finally been given a second chance.

Anon

I was working as a management accountant when I was diagnosed with ME. I eventually had to leave work and claim disability allowance. There were problems with my assessments that resulted in legal proceedings. In 2009, I became homeless and dependent on friends and charities for food and shelter. Without their support I'd be dead ten times over.

I've struggled to access a lot of services because I wasn't in receipt of benefits, but I've been able to get help from The Basement [homeless service] and they put my name forward for Big Voice. I came in mostly blind; I had a bit of information but not much. The sessions have been really well run and I can see the enormous benefit it's had for the volunteers. The focus

is on learning and sharing our own experiences. People have been exceptionally motivated and engaged in what we're doing.

Conducting the surveys was quite challenging as I found a lot of people weren't able to contribute. Lots of people were unwilling because of a 'no comment' culture and lots of people didn't speak English or weren't at a suitable stage in their recovery. I'm glad I've committed to the group and appreciate being able to make a contribution towards helping other people in difficult situations. I've been given the opportunity to use my skills for a good social purpose.

Tom

Bill Shankly said "I see so much potential sitting on the bench and it's wasted on the bench." I spent nearly 30 years lost, using drugs and wasting my potential but I know I can achieve more. I'm committed to my recovery.

I'm really pleased about what Big Voice is doing, it's helped me realise I've got a lot to give but I've just been unsure how to give it. Big Voice has given me the basic skills to use my experience to do some good. The group is so user-led, it's great and the issues being raised are important; the people who deliver these services need to hear what we're saying.

Going into all the different services has been good to see what they're doing and it's nice to see them from a different perspective. I understand a lot more about what they do, and how and why they do it. I didn't engage for years but now I feel really empowered.

There's a wealth of experience out there and it's been eye opening for me to see how many different types of people are accessing these services. The amount of wisdom out there is really empowering. People learn from their own experiences and then get to share them with others.

Key workers and staff can tell you that you're doing well, but it means more coming from peers because you know they've got a better understanding of where you're coming from and what you're dealing with. I've seen that people trust me and believe I'm capable.

Big Voice has been keeping me active in a really positive way. It's all part of a learning curve for me and, hopefully, I'll be able to engage in paid work eventually. I'm very pleased to see a change in focus in the last few years. Services used to be about maintenance but they're slowly moving towards real recovery. Recovery is like a drug in itself; once you've seen a bit of it you want more.

Joe

My best mate died 23 years ago, cirrhosis of the liver. He was only a few years older than me and it was a wake up call. I was drinking myself to death and life's short enough. I hadn't been there for my wife and daughter, and that needed to change.

I've been sober since then, though I've had a couple of relapses. I want to use my experience to help other people. I see people at the drop-in centres drinking that cheap cider and I try to encourage them to give it up; it ruins people that stuff.

I spent time on the streets, too proud to ask for help. Sometimes I was just sitting there waiting for someone to come along and drop a set of keys in my lap, but I know that's not how it works. Eventually, I started to engage with services and I saw that it's not about pride. Sometimes you need a hand and there's nothing wrong with that.

I wasn't initially interested in talking to Lyn about Big Voice but, once I'd heard what it was about, I saw that it was a brilliant opportunity to make a difference and give something back. My mam taught me that if someone does something to help you, you should do what you can to pay that back and Big Voice has helped me to do that. As service users, we have to get our point across; too many people aren't being heard and decisions are being made without us. We don't want to be led anymore.

A few years ago, I never would have believed you if you said I'd be accessing all these services and getting out talking to people about the issues affecting them. I'm comfortable now, I've got a flat and I see my daughter regularly, she's the love of my life. I'm finally in a position to repay some of the kindness I've been shown and I really appreciate having the opportunity to make a difference.

John

[John has suffered with mental health issues and is an active service user at mental health services. The following feedback was offered by email to the Project Worker.]

For many years, I've suffered with mental health issues. I think talking about issues such as being in crisis can bring up negative feelings for some people when they think about difficult times in their own lives.

Big Voice has been brilliant, it's been really nice to be in the company of so many people who clearly believe in the project and are passionate about shaping future crisis services. I've felt excited coming along every week and I'm glad to have met everyone.

I think with so many passionate people the room did get a little noisy at times but that's to be expected. I thought Lyn did a really good job of chairing the meetings and giving everyone an opportunity to have their say. It's good that we can pause for a little while and that we all know it's okay to ask for support if we need it.

I'm feeling really positive and I'm proud of what we have achieved and can't wait to work some more on this.

For more feedback from the volunteers, please see 'A - Big Voice Video.mpg' in the supplementary materials on the accompanying USB memory stick, alternatively visit <http://youtube.com/thebiglifegroup> and click on 'Big Voice September 2013'.

iii. Lessons learned

Among respondents, we were lacking input from over 60s (only 5% of respondents), the other age groups (18-30; 30-40; 40-50, 50-60) were all evenly represented. 65% of those questioned were male, and 35% female. Of these, 94% identified as White British. We understand anecdotally from service staff that this is a true reflection on the current service user landscape in Liverpool.

Due to the timescale, the Project Team struggled to build strong relationships with BME specific groups and services, future engagement strategies will need to have a targeted approach to engaging with BME communities. A number of respondents were excluded from the survey because of language barriers, a more workable timescale would enable interpretation arrangements to be made and incorporated into the project.

Given more time, the Project Team could also have developed more in-depth and intensive engagement strategies for service users with more entrenched experience of mental health

services, enabling them to contribute more within the forum of volunteers and engagement in the questionnaires.

Finally, future research would benefit from further analysis of the data to identify any patterns between different ethnicity, age or gender groups and their experiences and perceptions of service delivery and user engagement.



Volunteers

Robert Archer

Nicholas Couchman

Angela Fagan

Francis Feeney

Emma Folan

Joe Gaskell

Kenneth Graham

June Hudson

Tom Inman

Alison O'Rourke

Stacey Rowlandson

Edna Sexton

John Walpole

Jimmy White

Project Team

Lynda Bryson
Project Worker
lynda.bryson@thebiglifecompany.com
0151 294 3013

Sarah Evans
Project Manager
sarah.evans@bigissueinthenorth.com
0151 294 3013

Ben Godfrey
Research Officer
ben.godfrey@thebiglifegroup.com
0161 848 2425

Keith Smith
Assistant Director
keith.smith@bigissueinthenorth.com
0161 848 2420

Karen Welsh
Training Consultant
karen.welsh@thebiglifegroup.com
0161 848 2420

The Big Life group
463 Stretford Rd
Manchester
M16 9AB

thebiglifegroup.com