

Notes from practice

Two case studies of user involvement in the recruitment of staff for drug services

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Abstract

We provide a summary of our experience in two contrasting drug services where we attempted to involve the users of drug services in staff recruitment. This proved feasible and appears to offer several potential benefits for service users and treatment agencies; as well as complementing the wider development of user-involvement activities. A considerable investment of time and effort was initially required to develop and implement training but direct costs are low. Practical factors, such as an urgent need to recruit staff rapidly and keep services operating, made it difficult to involve service users on all occasions. Our experience suggests that the methods for involving service users need to be tailored to local circumstances and the size of the organization. Where services are encouraged to demonstrate 'user involvement', participation in staff recruitment may be a practical and meaningful performance indicator for drug services.

Keywords: *Drug involvement, recruitment, training*

Introduction

Within the UK, consulting and involving service users in the activities of drug and alcohol services is now a statutory expectation under the NHS and Social Care Act 2001 (National Treatment Agency, 2002, p. 190). This duty affects all statutory and voluntary services provided under the auspices of the relevant special health authority: the National Treatment Agency for Substance Misuse (NTA).

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The NTA requires agencies to become more accountable to service users and carers through a variety of mechanisms such as involvement in planning services, satisfaction surveys and complaints processes. However, there appears to be no guidance concerning service-user involvement in the recruitment of the staff that work in drug services. For example, the NTA document *Staff Development Toolkit for Drug and Alcohol Residential Services* describes standard practice relating to the recruitment of staff, but does not address service-user involvement in the process (National Treatment Agency, 2003).

Anecdotally, service users may have been involved in the recruitment of staff within a variety of drug services for some time, e.g. in Cumbria (National Treatment Agency, 2004). However, there is little discussion of the way this is managed, the benefits it produces and the challenges that occur, in a way that helps define and share good practice.

This paper summarizes learning points from the process of involving drug service users in staff recruitment within two organizations: the Healthy Options Team (HOT), which is part of East London and City Mental Health NHS Trust and employs around twelve staff to provide low-threshold, harm reduction services such as needle exchange, and KCA, a non-statutory service employing about 200 staff across Kent, Medway and parts of South London to provide a range of interventions including needle exchange, day programmes, counselling and community prescribing.

HOT

Service-user involvement has been a core value within HOT's development and practice since its inception in the early 1990s. Towards the end of the 1990s the service began involving service users within staff recruitment. Initially this happened sporadically as it was not always possible to find people who were willing or confident enough to fulfil this role. Gradually a process for preparing people evolved to include only people who could commit to at least half a day's preparation and training. Training addressed the following aspects of the interview process:

- confidentiality and equal opportunities;
- understanding the job description and person specification;
- developing role-play scenarios to assess candidates;
- generating interview questions in accordance with service users' priorities (as opposed to those of paid staff);
- how to introduce themselves to candidates at interview (early experience showed that service users could sometimes be quite perplexed about how to present themselves within what was an altogether different role to the one they were more familiar with—as recipients of services);
- asking interview questions and probing for information; and
- the use of internal scoring forms for rating applicants.

Between summer 2000 and early 2004 eleven staff were recruited to HOT. Service users were involved in the interview process on four of these occasions. An urgent need to recruit staff to maintain the effective operation of a busy service, coupled with an inability to identify and train people within the time that was available, sometimes conflicted with the service's commitment to user involvement within the recruitment process.

Even with the benefit of the training and preparation, it was evident that service users sometimes felt nervous and inhibited within the interview role. Nevertheless, they asked questions that may not have been considered so readily by professionals and were able to contribute a service-user's perspective within the final evaluation of candidates. In particular, they paid close attention to applicants' ability to develop good rapport—a core skill within low-threshold services. Having a service user on the panels allowed some direct evaluation of how applicants interacted. Besides direct involvement within the interview process, in three cases applicants were asked to spend time in a drop-in setting with a group of service users who assessed their engagement skills and gave structured feedback to the interview panel. This group activity seemed to have some advantages, as it largely circumvented some of the anxieties felt by service users within the more formal interview setting.

KCA

During 2003, drawing on the experience and protocols of HOT, service users from KCA's day programme were asked if they would be interested in participating in staff recruitment. Three agreed and the local service manager then arranged an information-sharing session followed by similar training to that offered by HOT, which led to the gradual introduction of service-user involvement within staff recruitment. Between April and October 2004—a period of growth within KCA—service users have been involved in staff recruitment in relation to 12 out of 50 (24%) appointments that have been made. Five service users have now received training for involvement in staff recruitment.

Where possible, service users were included in the process of short listing candidates. The application forms were presented anonymously to service users and staff alike, as part of KCA's equal-opportunities policy. Service users took part in the formal interview process and were sometimes involved in role-plays that particularly assessed applicants' interactional skills. They were then involved in the decision-making process after the interviews.

Where necessary, on the day of the interviews, service users were assisted with special arrangements for picking up their methadone and the times of interviews were scheduled to facilitate this. Whenever possible, interviews were held at the service centre they attended to facilitate their involvement. For each recruitment episode, participants were paid £15 plus all travel expenses.

Prior to the interviews, candidates were informed that service users would be on the interview panel. One candidate commented that they found this reassuring because of the message it conveyed and said that, in the event, they did not know who was a service user.

Discussion

Internationally, we doubt that our practice is particularly unusual or completely innovative. However, we have been unable to identify other descriptions of the issues surrounding involving drug users in staff recruitment and believe that careful discussion of process can usefully complement a wider treatment and research agenda that is focused on outcomes.

It is important to preface this section by noting that we are largely describing our impressions and observations of a process in which we have ourselves been involved, with the limitations and potential biases that this implies. Besides identifying benefits and learning points we have tried to be open to the limitations of what we have done. In future, it would clearly be desirable for more independent research to investigate the benefits (and any drawbacks) of this practice in order to identify ways in which it might be improved.

Turning to what we have learned, perhaps the most important thing is—quite straightforwardly—that including the users of drug services within staff recruitment is possible. The fact that drug users are a highly stigmatized and often disenfranchised population need not be an impediment to meaningful involvement in staff recruitment within agencies that have a genuine commitment to making this happen. Besides this fundamental point, we think that a number of overlapping benefits to service users and services can be identified.

Benefits to the participating service users

The acquisition of new skills. Participation gave service users an improved insight into the way job applicants are short listed, what happens in the interview process and the way that potential employees are assessed and evaluated. This has direct relevance to the needs of those people who will later be applying for education or employment places.

Raising self-esteem and self-efficacy. The process offered opportunities for service users to draw upon their life experiences and use largely unacknowledged knowledge and skills. In cases where people had consistent involvement, their confidence and role security seemed to grow perceptibly.

Increased service 'ownership'. Participants appeared to feel valued and to appreciate an opportunity to have a genuine influence on a key element of the delivery of services. The process seemed to have symbolic importance to all concerned. Through their discussions with other current and prospective service

users, this seems likely to have a wider impact on the way that services are perceived by the people for whom they are provided.

Benefits to the service

Communicating a service-user orientation to staff and service users. The introduction of these practices provided a practical and tangible way of involving service users that meaningfully reinforced organizational commitments to user involvement that are made within more abstract mission and value statements. It helped create an additional environment where the service-user voice can contribute in a valid way.

Recruiting the right people. The process enabled services to draw on the rich stock of knowledge and experience within drug-users' lives. Involving service users appeared to improve the quality of decision making and was especially helpful for evaluating crucial competencies around interacting with service users. We noted that applicants with strong academic qualifications were not always the ones who could best relate to service users.

Complementing the service's 'social-reintegration' goals. Social reintegration is a broad aim of drug services. Involvement in staff recruitment provided an immediate and authentic setting in which it was possible to help equip service users with relevant skills. The 'real-life' nature of the role sometimes seemed to offer some advantages over simulated, skills-development activities and can complement these.

Conclusions

Our contrasting experiences, between a relatively small service and a larger organization, are informative about the way that best practice might need to vary according to setting. Despite prior training and rehearsal, people who were only involved once in the formal interviewing process did not develop the same degree of confidence and role security that we observed in situations where people could be involved in a series of interviews. There are probably no hard and fast rules, but small organizations or those with low staff turnover, may not generate enough opportunities for people to consolidate preparation and training and properly benefit from the process. In these circumstances, considered and planned use of group discussions with service users during recruitment may be a better way for them to be involved.

Implementing this process was not always easy. Considerable effort was required on the part of both services and service users to develop and undertake this work to what were judged to be safe and proper standards. Although it has seemed worthwhile it is also clear to us that, if done improperly, there are risks to both service users and drug services. For this reason, organizations

that cannot commit the time and resources to doing this carefully may do better not to try it at all.

Our experience suggests that involving the users of drug services in staff recruitment is both possible and worthwhile. However, it seems important to recognize that even where there is a clear desire to do so, this may not always be possible. Within KCA, an organizational target has now been set to involve service users in 50% of appointments. Given the statutory requirement to involve service users within drug services within the UK and the corresponding vagueness about how best this should be achieved, it may be that this area could be considered as a possible performance indicator for services that should be adopted more widely.

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