Wales Mental Health and Wellbeing Forum

The Voice of Lived Experience

Wales Guidance on Best Practice in Service User and Carer Engagement in Mental Health

February 2026

Contents

Fforwm Iechyd Meddwl a Lles Cymru
Wales Mental Health and Wellbeing Forum

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Practice Solutions

Introduction

This document was commissioned by Welsh Government and developed by the Wales Mental Health and Wellbeing Forum (the Forum) to lay out standards for best practice in engagement and co-production. It builds on the foundations laid by Stronger in Partnership 1 and 2.

The document also lays out the basis for a consistent approach across Wales.

This document and its standards will be integrated into policies and strategies currently being developed by Welsh Government. Its application will be taken into account by the Welsh Government when allocating funding.

The Forum was set up through the 10-year strategy, ‘Together for mental health’ as a mechanism to deliver a voice of adult service users and carers in Wales both locally through Local Partnership Boards, and nationally through the National Partnership Board. The membership of the forum originally came from each health board area. Service user and carer representatives are locally chosen to sit on the Health Board area’s Local Mental Health Partnership Board. All the representatives on these boards are members of the Forum. There are also 10 members appointed across Wales to improve the diversity of the Forum membership, as they bring minority characteristics or diagnoses.

The Forum’s role in delivering this guidance will be in hosting the documentation on its website, in leading on a number of national recommendations (which have been submitted to Welsh Government separately) and in driving the provision of advice and support to organisations and partnerships in how best to develop their arrangements in line with the standards.

This guidance applies to all who work with service users and carers to make decisions in relation to mental health care. This includes all organisations, agencies and partnerships which either deliver services directly or which influence them.

Whilst this document is based on experience of engagement of service users and carers in adult mental health services, much of it would be equally applicable to children's services, harmful substance use, dementia, neurodiversity and Learning Disability. It is, however, recognised that there are additional considerations required when working with each of these groups.

Organisations and partnerships will have different levels of resource, internal barriers, policies and procedures, and hence different opportunities and challenges in implementing this guidance. The guidance is written to be as relevant as possible to all, but may require adaptation to organisational circumstances, such as recruitment and HR policies in the larger employers.

Following consultation, this guidance document has been revised to focus on those standards which achieved significant support. Best practice guidance, discussions and reports will be published separately and kept up to date with on-going research and discussions to continuously develop this work.

The evidence base supports the effectiveness of co-production in Mental health services. The need for greater autonomy and rights for service users in mental health creates an ethical imperative to promote co-production. Hence it is not only the smart thing to do, it is also the right thing to do.

This guidance has additional supporting documents available on the Wales Mental Health and Wellbeing Forum website. These documents provide additional information to support co-production and are referenced through the guidance. A list is included in Appendix 2.

Executive summary

The document lays out the ambition to increase opportunities for the mental health service users and carers of Wales to be able to take part in engagement activities at a range of levels as appropriate to their preference, commitment, experience and capability (with support). The ultimate aim is to see the co-production of all Mental Health Services, strategies and policies.

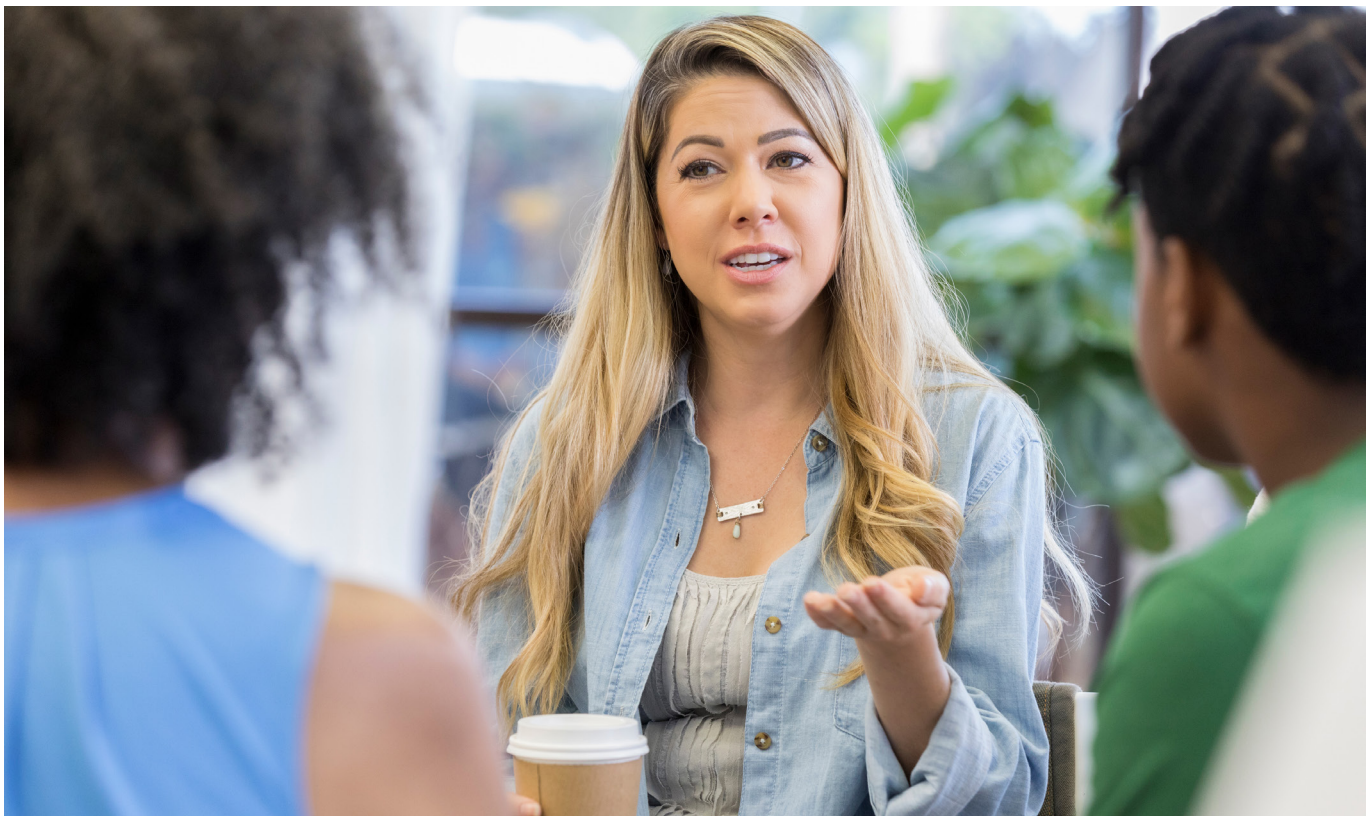
The reach and quality of opportunities, the diversity of voices, and the independence of the voice of service users and carers all need to be improved.

In **Section 1 – Engagement** the guidance lays out principles of good co-production in a supporting document, before going on to describe the critically important role of supporting engagement and the risks attached to it with respect to the independence of voice.

It covers basic governance including terms of office, number of service users and carers included in meetings, training for service users, carers and staff, support and development of representatives, including peer support, developing an ethical framework and aspirations.

After acknowledging the current lack of consistency of standards across Wales, this guidance goes on to discuss:

- implementation,
- minimum expectations, and how these would work through,
  - evaluation,
  - protecting independence of voice,
  - creating an engagement strategy,
  - ensuring a dedicated resource to facilitate engagement,
  - reporting on progress,
  - and delivering on the objective of ‘nothing about us, without us’.



Section 2 – Recruitment lays out ambitions for bringing more service users and carers into the discussions about improving services. Whilst it is recognised that most people get involved following bad experiences of mental health support, we also need to be attracting those who have had good experiences so that there can also be learning from the positives.

It lays out a minimum standard for organisations and partnerships delivering or influencing mental health services. The minimum expectation is that they will have a recruitment strategy section in their overall engagement strategy to attract service users and carers to give their voice, based on best practice in service user and carer recruitment. This strategy will be regularly reviewed and renewed.

Appendix 1 illustrates the engagement pathway.

Terminology

‘Activist’ is used to mean a service user or carer who is actively engaged in decision-making about mental health services for their development and improvement. It is not used in the sense of political activism, and hence does not imply adversarial approaches.

‘Engagement’ is used as a generic term to cover all forms of productive interaction between service users and carers and everyone else involved in decision-making about services for people with mental health issues and their carers.

You will see from the engagement pathway (appendix 1) that the term engagement is also used to describe the step on the engagement pathway where individuals are interacting with the decision-making process on a one off or very short-term basis, as individuals rather than as representatives.

‘Engagement pathway’ The various ways of being engaged. Please see the engagement pathway in appendix 1. As you will see the most basic form of engagement is when service users and carers are kept informed about what is happening, and the highest form is when service users and carers are leading.

‘Co-production’ is used in this guidance to describe a higher level of engagement characterised by working in partnership with service users and carers, where there is equality and parity of esteem between all partners. There is joint responsibility for the outcomes of co-production and power and influence are evenly shared. It occurs at all levels from co-production of a person’s own care plan to co-production of any other decisions which influence mental health services on a larger scale.

Co-production is not being used as a generic term for all forms of service user and carer engagement or involvement.

For instance, a service user or carer coming in to talk to a team would not be co-production unless the team is doing a piece of work – such as a Team Recovery Implementation Plan. If the purpose of the service user's involvement in this instance is to lead and influence change, this might be service user leadership through consultation or training. If the service user is sharing their story to stimulate learning by the team, this would be 'engaging' or 'influencing' depending on the outcomes of the activity. The individual may or may not be representing other service users and carers, and they may or may not have gone through a selection process for this piece of work.

'Decision makers' is used to mean all those participating in co-productive decision-making. It includes service users and carers, service delivery staff, managers, policy makers, regulators, inspectors, academics and politicians.

Section 1: Engagement

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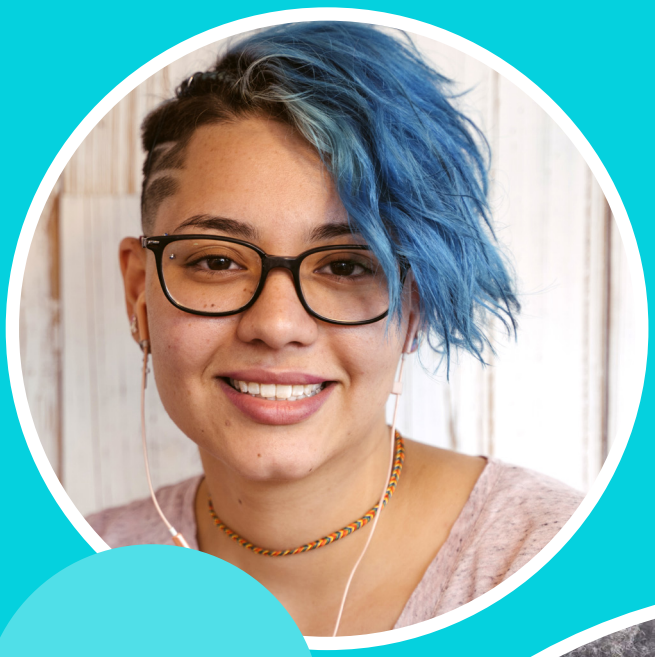


1.1 Introduction

The current situation

Engagement is already happening at various levels across Wales in a range of different mental health services. However, the level of engagement is often limited to the lower levels of the pathway and the quality of experiences are very variable.

There are many examples of excellent practice, and also examples of where improvement is essential.

The ambition for Wales

The aim is to increase opportunities for the service users and carers in Wales to be engaged at whatever levels in the Engagement Pathway that appeal to them, which are appropriate to their talents (with support if necessary) and to make the experiences of doing so as positive and constructive as possible.

The diversity of the people who take part in engagement needs to be widened, to ensure that minorities and disadvantaged groups are adequately represented. Documents need to be accessible to all.

Pathways for representation of individual views feeding through to local, regional and national forums need to be clear, accountable and properly resourced.

The independence of the service user and carer voice needs to be protected, and risks to this independence need to be minimised and managed.

All services, organisations with responsibilities for mental health and groups involved in decision-making about mental health, should be starting from the position of ensuring that there is 'nothing about us, without us.' They should be moving the level of engagement along the pathway towards co-production and service user and/or carer leadership. Ultimately co-production should occur across the board, supported by activity at all the other levels of engagement, as a minimum expected standard for all mental health decision-making.

Delivery of this ambition will require a robust mechanism to drive engagement in Wales.

1.2 Principles of Co-production

There is no one universal definition of co-production. As a result, there are differences in vision regarding what the principles of co-production should be.

As a result of consultation many ideas about principles were collected. These are described in the additional document 'Co-Production Principles'.

Standards

1.2.1 When setting out on a co-productive process it is recommended that groups first co-productively adopt principles for engagement.

1.2.2 All frontline mental health service staff are given training in co-production of care and treatment. This training is co-produced with, and co-delivered by service users and carers.

1.3 Culture change

Excellent engagement and co-production require a value base and culture which is inclusive, egalitarian, and power sharing. Joint decision-making is the way things are done as a matter of course. Commitment to this way of working stretches from the front line to top management and everything in between. The process is continuous, from setting priorities to the development of a concept, and through to its delivery review, evaluation and monitoring. The value base applies equally to front line professional decisions and every level of decision-making beyond that. The desire for service user and carer input is genuine and the difference this makes is demonstrable. This culture is not compatible with any form of coercive practice.

Various mechanisms are available to support change. See the supplementary document 'Culture Change for Engagement'.

Standards

1.3.1 Job descriptions and person specifications include co-production and engagement skills and values

1.3.2. Leadership roles go to the people who demonstrate shared power values and commitment to co-production and engagement

1.3.3 Teams have a champion who raises the profile of the values and behaviours which support engagement and co-production, and who promotes training opportunities

1.3.4 Teams have a plan with short term goals for being more co-productive which delivers tangible change and is reviewed on an annual basis.

1.4 The specific role of supporting engagement

Many organisations have internal posts to support service user and carer engagement (or PPI – Patient and Public Involvement), including professional regulatory bodies, NHS Trusts, Health Boards, and third sector organisations. In addition, in Wales the Health Boards and/or social services commission service user and carer engagement posts through third sector organisations. Some organisations specifically seek to employ people who are or have been service users or carers representatives into these roles.

Internally employed engagement workers would not replace independent sector support for engagement which needs to remain at arm's length from the commissioning organisation.

Internal employees would focus on developing the internal culture for co-production and engagement, and provide support for frontline staff to take a proactively co-productive approach to care, service evaluation, service improvements and developments. They will do this by arranging training, coordinating service users' and carers' engagement, giving feedback on the impact of engagement, and providing advice to staff. They could also be instrumental in recruiting new service users and carers into engagement processes and co-production roles. They will be most effective if they work in partnership with engagement workers in independent sector organisations .

The benefits of a service user being recruited to this role are:

- They can use their own experiences of engagement and co-production to inform their work
- They 'speak the same language' as service users due to common experience
- Having been representatives themselves, they will appreciate the need for an authentic and independent service user and carer voice, and be able to hold a 'professional neutrality' as they cannot be an independent voice themselves as an employee.

The risks of a service user being in this role are:

- That they and the organisation they are working for will consider it to be acceptable for them to attend decision-making groups instead of service users and carers in the community
- Service users and carers in the community will not see an employee as able to provide an independent or representative service user or carer view
- Service users and carers are likely to feel resentment if they are excluded from decision-making groups because the engagement worker has replaced them.
- Service user and carers may feel that the 'service user experience' of the engagement lead may not be relevant to the service user and carer population they are working with.

Standards

1.4.1 At least one 'engagement lead' role is developed in each public sector and large not-for-profit organisation to work in partnership with local independent organisation engagement colleagues. Their duties will include responsibility for leading culture change, supporting staff development in co-production techniques and processes, and improving communication with service users and carers about engagement opportunities. This post is to be filled by a candidate with high level lived experience of using mental health services and with experience of holding a service user representative role.

1.5 Staff with lived experience as representatives

Many staff in provider organisations have their own lived experience of mental health issues and of caring for loved ones. It is critically important not to use this voice to the exclusion of the voices of those who are both unemployed and who have no training background in mental health service provision. The experience of services is very different if you come into them understanding the staff perspective and the culture of the organisation. This can make the experience more predictable, or staff may face additional stigma and discrimination from colleagues when they disclose their own issues. It is essential that those who are incapable of holding down a job and are battling with benefits can have the opportunity to speak for themselves.

The experience of staff is a bonus in co-production when they are holding a staff role where their own experience can make a real contribution, but, due to privileged knowledge which affects the power balance, conflict of loyalty and conflict of interests, it cannot ever be an alternative to the independence of a voice from outside of the organisation, especially where the external voice has been chosen by other service users and carers to represent them.

In this context the role of Peer Workers in co-production (beyond the co-production of the care of the individuals they work with, and their influence with the teams they work with) is controversial. If they have been chosen by the organisation and not by the people, they would be representing they may be resented. The core skills of peer workers are different to those of co-productive working at an organisation and system level although a person may well hold both sets of skills.

The voice of staff employed by service providers is important, and it should be heard. However, this voice is an addition to, but not a replacement for, the independent voice of external contributors. We need co-production to be present both within organisations as an integral part of organisational culture and between organisations and independent external voices. It is not a case of either or, but of both.

There is a strong case for the unique voice of staff with lived experience to be heard at a national level, representing staff with lived experience from across Wales.

1.6 Commissioning of independent sector organisations who support Representatives

Standards

1.6.1 Service users and carers should be involved in:

a) Development of the service specification
b) Agreement for advert and where advertised (this would be in addition to any advertising requirements based on procurement law and policy)
c) Evaluation and shortlisting criteria, (additional to any existing organisational requirements)
d) Shortlisting process (where there is flexibility within legal requirements)
e) Interview process and appointment e.g., agreeing questions, interview/ tender panel membership, negotiate and agree scoring and weighting criteria
f) Ongoing contract review and evaluation

1.7 Roles of independent sector organisations who support Representatives

There has been a lot of controversy surrounding the current arrangements for commissioned support officers in the independent sector, which suggests a need for some clarification of role and skill set for these staff.

Independent sector organisations who deliver support to service user and carer representatives and others involved in engagement activities will be expected to deliver the recommended support described in the document below.

'Provision of Support for Representatives, and for General Engagement Processes by Independent Organisations Through Employed Engagement Support Officers'.

Independent organisations are also asked to follow the 'Guidance on Recruiting Service Users and Carer Representatives', available as a supplementary document.

All the actions suggested in these documents are already being provided by workers in Wales, with some organisations providing all, or the majority of them. We are therefore comfortable that they are a practical possibility.

The below standards are designed to support greater consistency in performance across Wales.

Standards

1.7.1 There needs to be healthy competition for SLA's (Service Level Agreements) to ensure that organisations don't become complacent about keeping their SLA, and hence let the quality-of-service slip.

1.7.2 To provide greater transparency, independent sector organisations with engagement SLAs should be publicly accountable through the need to declare the outcomes of spending through annual reporting.

1.7.3 There needs to be a co-productive process for support organisations to be held to account by the service users and carers who they support together with the commissioning organisation.

1.8 Governance Issues – meeting processes and etiquette

The consultation responses emphasised the importance of tracking, reporting and promoting the impact of engagement of service users and carers. It also demonstrated the need for inclusive, sensitive and constructive chairing. For more information on chairing guidance please see 'Guide to Chairing Co-Productive Meetings'.

Standards

1.8.1 All meeting papers describe the engagement processes used in their development and how the outcomes of that process have influenced the contents of the paper.

1.8.2 All meeting agendas have a standing item on service user and carer engagement in order to monitor progress towards implementing this guidance.

1.9 Terms of office, and number of representatives

The consultation indicated that people felt there should be more opportunities for different people to be heard in board meetings. Because short terms of office lead to poorly performing inexperienced representation, and evidence also shows that service user and carer views are rarely valued when they are a lone voice in a group, the standard is to have longer terms of office and more service users and carers in the room. This also helps to ensure diversity of experience in the representation given. We know that service users and carers often have issues with time off for illness or caring responsibilities, so the model that seems to work best is to have a group or 'team' of representatives available who can share the work out between them to maximise the likelihood that the 'quota' of membership is always available at every meeting.

For more discussion see document 'Terms of Office and Numbers of Representatives'.

Terms of office:

As a general rule, terms of office should reflect the complexity of the work and the frequency of meetings. Representatives need enough time to get used to the culture, to learn the nature of the work, to develop good working relationships and effectiveness, and to pass on their learning to new representatives before they leave.

For service users and carers, and for organisations, effective contribution and representation is key to success.

Minimum standard

- For meetings which occur 3-6 times a year – a minimum length of term of 3 years with at least one more possible term of service provisional upon a successful review of performance at the end of term 1.
- For meetings every month or 6 weeks – a minimum length of term of two years with at least one more possible term of service provisional upon a successful review of performance at the end of term 1.
- A notice period of 6 months or at least 2 meetings (whichever is longer) is given to a representative if their term of office is to end.
- A team of representatives is never replaced in one go, to ensure the passing on of knowledge and expertise to incoming representatives, and to ensure that there are always experienced and effective representatives on the Board, committee or group.

NB. Representatives are of course free to resign at any time.

Gold standard

- The same terms of office as served by other members of the committee or group

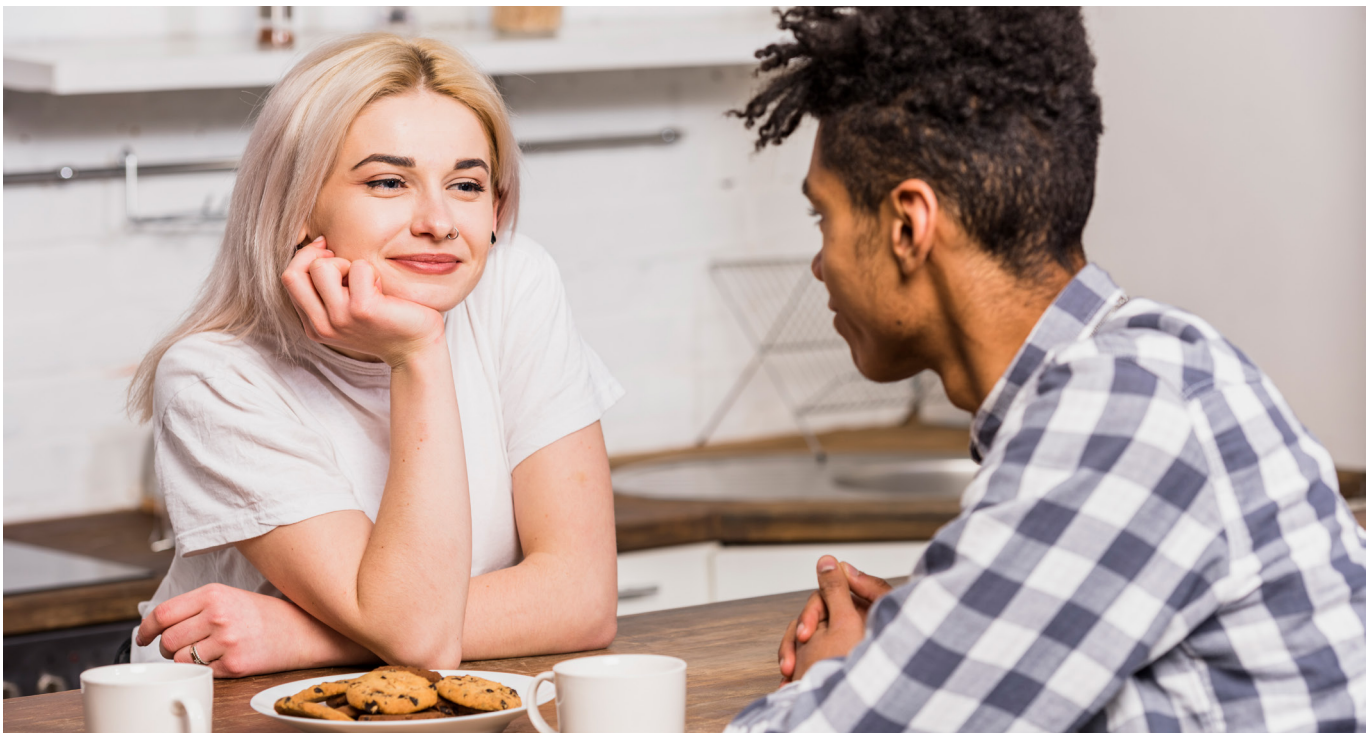
Number of representatives:

Minimum standard

- At least 2 service users and 2 carers are appointed as representatives to each Local Partnership Board.
- As a rule of thumb each long-term Board or committee which makes decisions affecting services, or provides governance, assurance and scrutiny will have at least 2 service user and 2 carer representatives.

Gold standard

- Where there are geographical and administrative differences in service between different parts of the organisation's area of influence it is preferable to have representatives from each geographical district.
- Enough representatives will be appointed to ensure that, given the high absence rate due to illness or caring responsibilities, there will always be at least 2 service users and 2 carers in attendance at the Board.
- More than 2 service users and 2 carers are appointed to maximise the diversity of voices and to ensure that the lived experience of the representatives is relevant to the decisions being made.
- Best practice is for there to be enough service users and carers to have an equal voice to professional decision-makers where majority voting is being used. This would imply a membership of at least 50% service users and carers.



Standards

1.9.1 Organisations meet the minimum standards for terms of office and numbers of representatives in decision-making groups and they aspire towards the Gold standard.

1.9.2 The minimum conditions can be exceeded locally, but not reduced.

1.9.3 For transparency and fairness, the number of representatives and their terms of office will be decided through a co-produced engagement strategy for the organisation or partnership.

1.9.4 There is a fair and dignified exit strategy, when a representative's term of office comes to an end, which may include keeping them on to mentor, support and develop newly appointed representatives.

1.10 Training

It is important that lack of training is not a barrier to taking part in engagement activities. Training can be seen as a reward for commitment. Attendance at training shows dedication and provides evidence of capacity to progress to more responsible roles.

Training is also needed by other partners in how to work in a co-productive way with service users and carers. This would be best co-designed and co-delivered with service users and carers.

Standards

1.10.1 Organisations and partnerships set aside a training budget for co-production training for all staff. This training is co-produced with service user and carer representatives.

1.10.2 Organisations and partnerships have a budget for training and conference attendance for representatives. Representatives are kept informed of the budget available to them.

1.10.3 Engagement workers would be expected to support representatives to negotiate discounted attendance at conferences.

1.10.4 Training is based on need, including refresher sessions, and is not compulsory for all, as people may already have the competencies required, and may learn more effectively through doing rather than through courses.

1.11 Accountability of Representatives

This is a critical issue to get right as it links to independence of voice. It is important that people are not disciplined or dismissed because of their opinions, because they challenge the status quo, or because they contact staff directly in the pursuance of their representative role.

Many representatives and those they represent feel strongly that representatives should only be accountable to the people they represent.

As far as possible any arrangement needs to have the consent of service users and carers.

The consultation response showed that there is no consensus on this topic at present. Concern was expressed at the possible repercussions of any negative consequences of accountability on vulnerable people.

1.12 Line management of Representatives

This is a controversial issue because representatives, like politicians, are ultimately responsible to the service users and carers they represent.

Again, there was no consensus on this issue in the consultation. In fact, there were some very strong opinions expressed. However, there was general support for the development of a voluntary code of ethics that would apply to everyone (all stakeholders) involved in engagement and co-productive processes.

1.13 Support and development of Representatives

Support and development is important for all service users and carers who have an on-going role in co-production and leadership, such as work on boards, committees and working groups, or on-going training responsibilities. People working for one off duties, such as taking part in recruitment panels, may require training unless they already have recruitment experience, but not on-going development and support.

Support and Development

Representatives have expressed a desire to have a named individual with whom they can discuss their role. Support and development would be like clinical supervision which creates a safe space for discussing the work, any difficulties or wellbeing issues, getting feedback and looking at development needs and opportunities. It is an essentially positive relationship which helps the individual to explore how to deal with any difficulties in their work, and to celebrate their successes.

Support and development provided by very experienced or retired representatives who have received training in support and development, or who have had equivalent work experience of supporting and developing others, would deliver opportunities for reflection on effectiveness, well-being, sharing ideas, dealing with barriers, workloads, and relationships with other representatives and stakeholders. It would be helpful if those who offer support and development also had advocacy skills. A local representative would be ideal as a mentor as they will be familiar with local challenges and circumstances which affect service delivery. Where there are no suitable representatives in an area, someone can be recruited from out of area for this work, until a local person is trained up for this role.

The support and development process could include creating Personal Development Plans for representatives, where there are resources to provide development opportunities. This may include looking at how the individual feels they have made a difference. This should be informed by feedback from organisations regarding what has changed as a result of service user and carer contributions.

Standards

1.13.1 Support and Development is provided to all representatives by other very experienced or retired representatives.

1.13.2 There is funding invested in training for representatives to become people who provide support and development.

1.13.3 All such people who provide support and development become members of an organisation which has policies which provide an ethical framework to ensure security and protection of Mentors and of those they mentor.

1.14 Peer support structure

Peer group support and development is also a very useful model, as a mechanism for both support and personal development.

Standards

1.14.1 Representatives will have meetings where they discuss their performance as a group and as individuals.

1.14.2 Representatives are trained (where they don't already possess the necessary skills), to provide support to their fellow Peer representatives.

1.15 Evaluation of engagement processes

Local service users and carers, including those who use non-statutory services, will have views and ambitions regarding the quality and reach of service user and carer engagement. These views and ambitions should guide the evaluation criteria and process.

For evaluation criteria from across the world, see document 'Setting Goals and Evaluating Services'.

Standards

1.15.1 Evaluation of engagement processes is a co-productive exercise with service users and carers who are currently involved locally.

1.15.2 Many different ways of giving feedback on engagement are available to service users and carers.

1.15.3 Evaluation has adequate resource, but is proportionate to the benefits it provides for learning and improvement.

1.14.4 There will be a public facing and co-produced annual report on engagement activity and reach, so that the process is transparent, and the organisation is accountable to the public for its performance in meeting engagement goals.

1.16 Independence of voice

This is the most critical issue for service users and carers, whether in a representative role or not. Service users and carers need to know that their representatives can challenge the status quo without being removed and replaced.

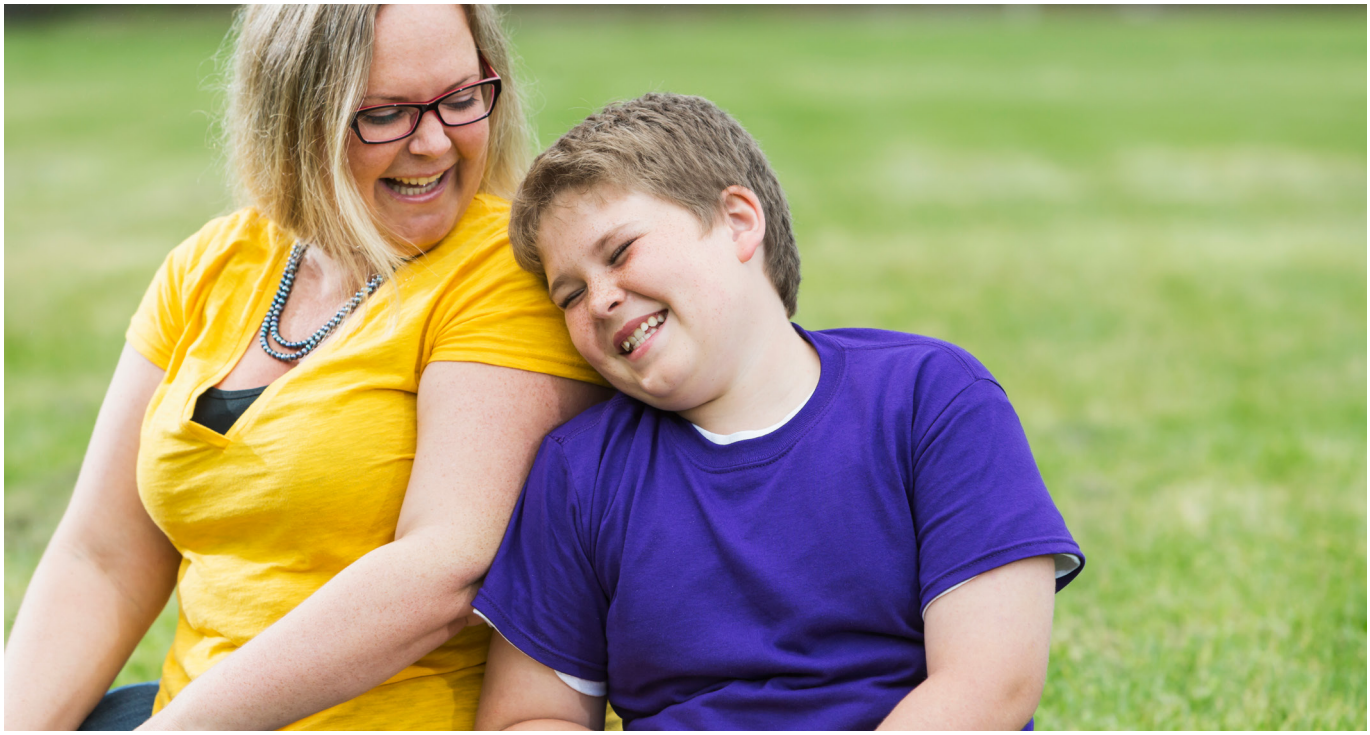
Further discussion of the factors and risks which affect independence of voice are included in the document 'Independence of Voice'.

Standards

1.16.1 Independence of voice is regularly reviewed and the risks which may compromise it are managed.

1.16.2 Payment of individuals for representative work needs to be made through an arm's length arrangement or directly from independent funding bodies.

1.16.3 Commissioning and contract monitoring arrangements do not involve the people from the commissioning organisation who work directly with representatives.



1.17 Complaints and concerns about engagement

The consultation responses indicated that people wanted a way to make complaints or raise concerns about engagement processes, and for such complaints and concerns to lead to learning and change.

Standards

1.17.1 There is a process to resolve any concerns or complaints about engagement processes.

1.17.2 Any concerns or complaints about the engagement process lead to learning and change.

1.18 Implementing this guidance

The aim is to implement this guidance over the next 10 years.

It was clear from the consultation that resources, including funding, are needed to drive forward this strategy if it is not to remain an unachieved ambition.

The guidance needs to be integrated into all developing plans, strategies and policies so that it features in delivery plans which are fully resourced, and to ensure that it has a high enough profile to be sure everybody who needs to know about it is aware of it.

A minimum standard approach was taken in recognition of the fact that different areas are at different stages of development, and to ensure there is still the freedom for organisations to evolve. However, organisations and partnerships must keep an eye to developing best practice and learn from the achievements and excellent practice of their neighbours.

Work to keep organisations and partnerships up to date with best practice will be on-going and will be published on the Forum's website.

It is anticipated that some Welsh Government funding may depend on having the agreed standards in place.

It is acknowledged that there will be some challenges and barriers in implementing the minimum standards, but the consensus of those responding so far was that the standards presented were reasonable targets.

Standards

1.18.1 A quality improvement approach is used in organisations and partnerships to drive and improve engagement and a culture of co-production

1.18.2 It is recommended that –

The minimum expectation is that all services/organisations will:

a) work towards having an on-going and open conversation with service users and carers, so that they are involved in decision-making from the pre-concept stage, through the blank paper stage, and then throughout the process to include monitoring and review/evaluation of the results.

b) ensure there are a variety of ways to engage, which are accessible and inclusive, to ensure maximum opportunity for all people who want to, to be a part of the decision-making process.

c) appoint at least 2 service users and 2 carers to each long-term Board or committee which makes decisions affecting services, or provides governance, assurance and scrutiny with significant influence over services.

d) at least annually involve service users and carers to evaluate the reach and quality of their current engagement processes as well as the outcomes achieved.

e) take necessary steps to ensure the independence of the service user and carer voice from control by any partners, or from 3rd sector support organisations.

f) develop a strategy and action plan with service users and carers. This should demonstrate the group's commitment to engagement, and seek to improve independence of voice and the reach and quality of engagement processes. (These must be adequately resourced to ensure service users and carers are never out of pocket as a result of their work).

g) outline service user and carer role in all Terms of Reference for Boards, committees and groups.

h) dedicate and ring-fence resources and funding to support and underpin the delivery of engagement processes.

i) representatives have access to the facilities and resources they need to work effectively.

j) report on engagement on each piece of work, e.g., meeting papers will evidence engagement and agendas will have a standing item on engagement

k) report annually on progress against strategic and operational objectives for engagement.

l) work towards the principle of ‘nothing about us without us’, whereby service user and carer representatives will have a voice in all decision-making arenas, which have relevance to mental health in Wales.

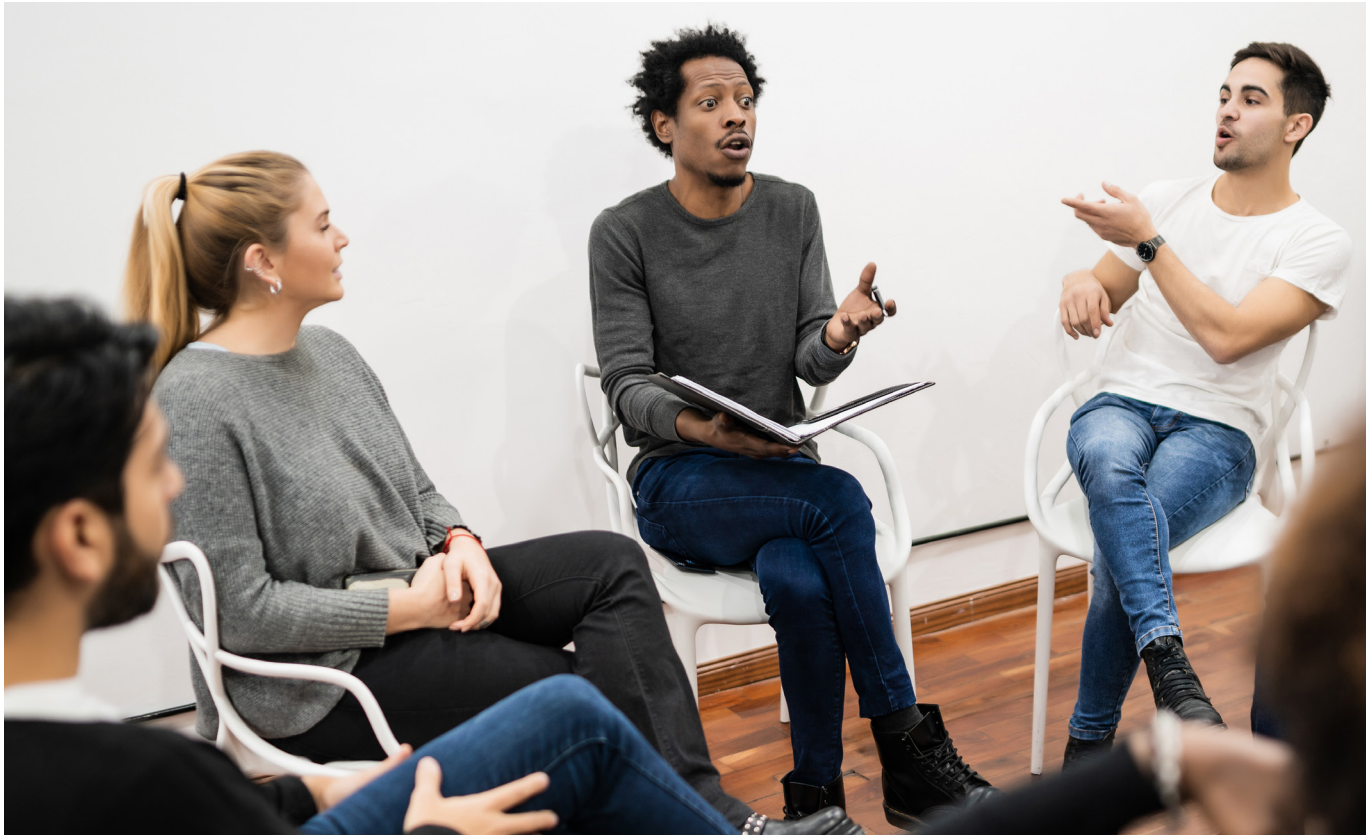
m) keep up to date with best practice, strive to exceed the minimum standard and keep improving over time.

1.17.6 Include minimum standards for engagement as part of assurance body reviews (e.g., Care Inspectorate Wales, Health Inspectorate Wales, and the Delivery Unit).

1.19 Conclusion

Current engagement processes and activities across Wales are inconsistent in quality and reach. Examples of good co-production are relatively rare, although there are many activities which demonstrate lower levels of engagement.

It is time to create minimum expectations for services and organisations to improve engagement, to aim for nothing about us without us, and to vigorously protect the independence of the voice of the service users and carers who represent people with lived experience of mental health issues and the lived experience of their family and friends across Wales.



Section 2: Recruitment

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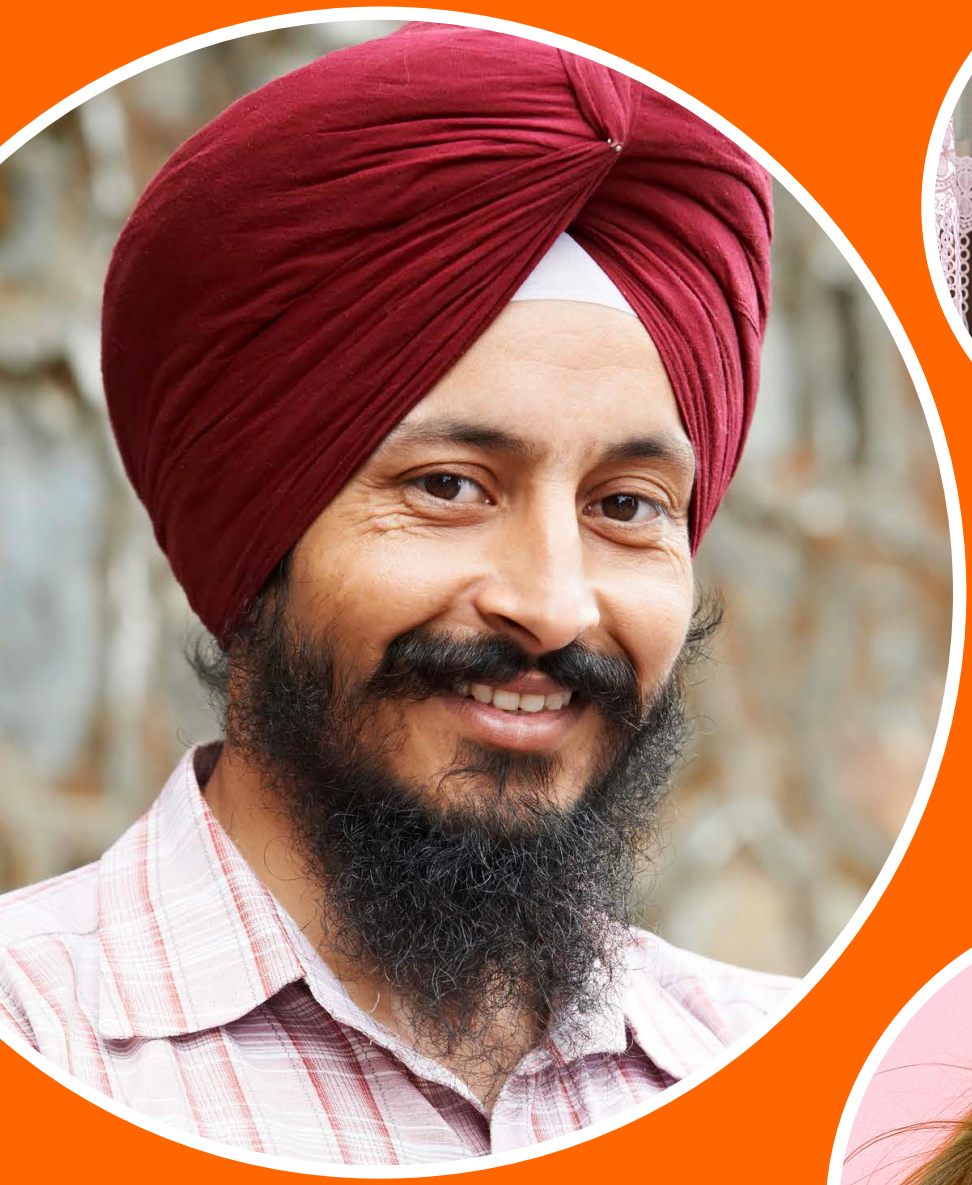
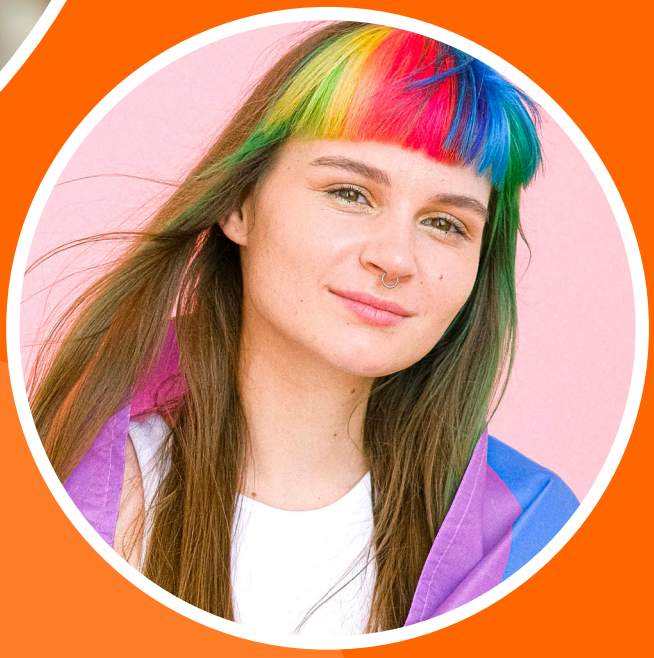




2.1 Introduction

This section outlines the minimum standard expected of all organisations and partnerships making decisions about mental health. It promotes best practice in the recruitment of service users and carers into roles where they give service user or carer voice. This applies to all the organisations and partnerships in Wales in all sectors which provide mental health services or make decisions related to mental health.

The ambition is to bring more people into the conversation about improving mental health services. This section is very much about attracting talent and inspiring people to join in and to believe in their ability to make a difference.

Organisations are expected to have, as a minimum, a recruitment strategy and action plan (as part of their overall engagement strategy and plan), with mechanisms for their delivery, review and up-dating. This must be based on best practice.

The roles and responsibilities of service users and carers at different levels of engagement will vary, and especially with more demanding roles, Job descriptions will need to be negotiated and co-produced with service users and carers currently in the role.

This recruitment section is based on current best practice; however, it will be important for each organisation to keep up to date with ongoing developments.

2.2 Raising the profile of opportunities to use service user and carer voice

People cannot choose to do an activity if they don't know it is an option.

Many ideas have been offered that have been gathered together into a resource for ideas and best practice: 'Raising the Profile of Engagement Opportunities to Influence Service Improvement'.

Standards

2.2.1 Organisations must publicise and promote the difference that has been made by service user and carer contributions in the past.

2.2.2 Occupational Therapists and Care-coordinators offer people the option of getting involved in engagement activities as part of their care and treatment plan.

2.2.3 Organisations involve their staff in identifying people who might want to join in with conversations about the quality of services.

2.2.4 Organisations work together to promote opportunities.

2.3 Barriers and bridges to engagement

There are many challenges to be overcome in making engagement activities accessible to as many service users and carers as possible. We collected many ideas about these barriers and how to overcome them and examples of best practice. These ideas are all available in the document 'Barriers and Bridges to Engagement'. Best practice will be published and kept up to date in due course.

Standards

2.3.1 Reducing barriers to engagement is everybody's responsibility. This includes professionals in the frontline and at all levels of management, academia, inspection, regulation, and policy making.

2.3.2 A change of culture where engagement becomes a part of everybody's job, to facilitate a running conversation with service users and carers all the time.

2.3.4 Service Users and Carers are able to routinely share their feedback in multiple forms (anonymous, online, paper survey etc) and have an avenue to put their name forward to work with services on service design and change, staff recruitment and so on.

2.3.5 Everybody and anybody can provide support for engagement. For instance, people can support each other.

2.4 The less often heard

Some groups are heard less often because they are small or marginalised communities who don't get involved in mainstream activities. Some are heard less often because talking about mental health is taboo in their culture.

Standards

2.4.1 Make co-production and engagement a part of core documentation and procedures to ignite the conversation and promote an appetite for change in both staff and service users and carers.

2.4.3 Posts are created to lead on reaching out to the voices of people who are heard less often.

2.5 Attracting, inspiring and developing people

Many ideas were collected on this topic. For more detail, please see 'Attracting, Inspiring and Developing People'.

Standards

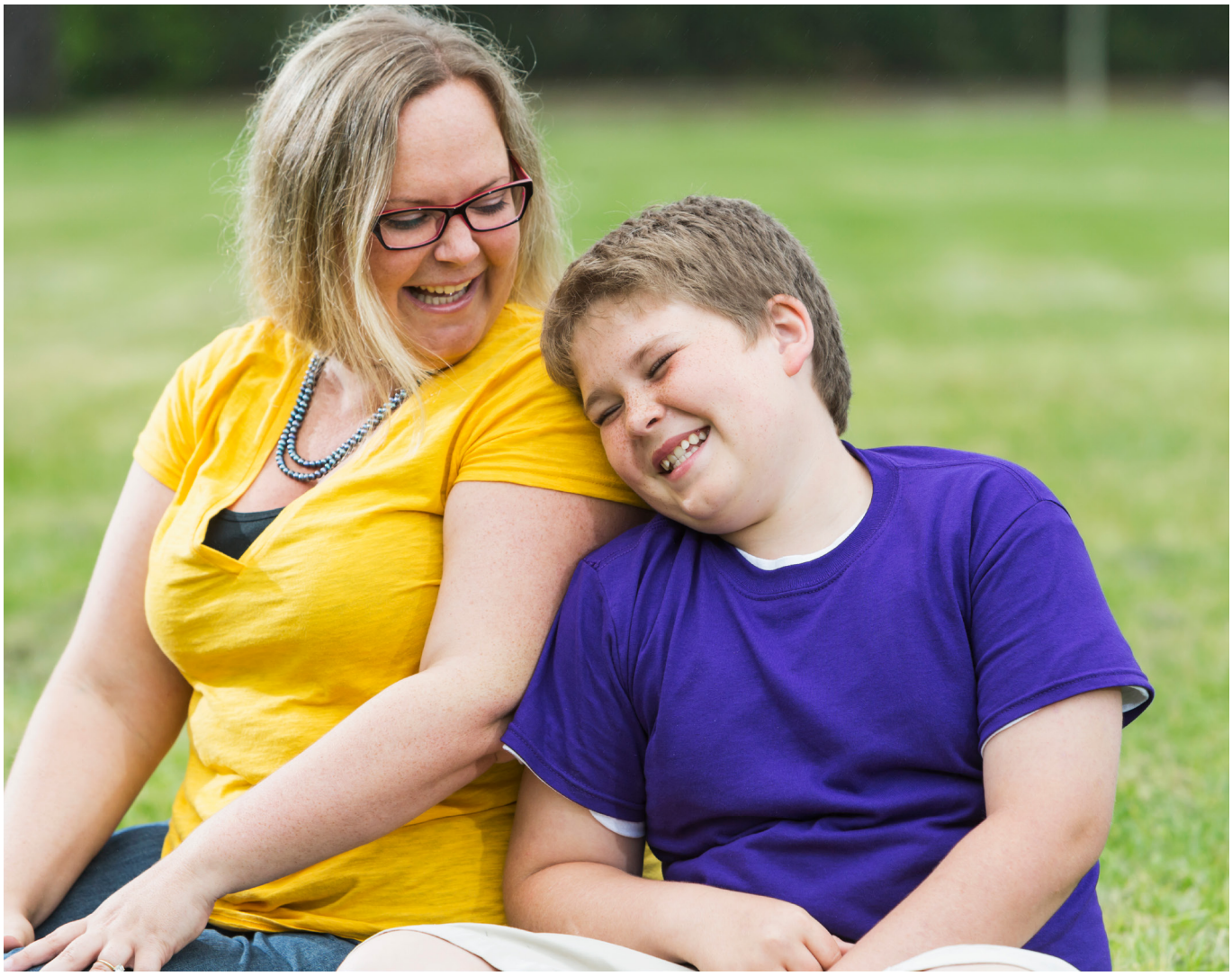
2.5.1 Promote the benefits of getting involved.

2.5.2 Innovation is encouraged in engagement working both locally and nationally.

2.6 National

Engagement outside the Forum

Many other service users and carers belong to local, special interest, and National groups and committees but currently have no access to the peer support, secretariat support, representative discussions and lines of influence enjoyed by the Forum. These people are rarely appointed through formal recruitment processes.



2.7 National objectives

Decision-makers' ambitions for engagement

To develop the capacity of the service user and carer population to contribute to engagement activities at local, regional and national levels.

To increase the number of people who can and do take part in consultations and engagement events, locally regionally and nationally.

To increase the diversity of people who can and do contribute to engagement activities.

To have a clear process for representation of views from local through to national levels, and for communication and accountability from national through to local levels.

To have a consistent quality of recruitment processes based on national standards/guidance. This requires greater co-production and accountability of the recruitment process to local service users and carers.

To make it easy for service users and carers to find engagement opportunities.

To improve service user and carer access to those who are representing them, so that they can pass on their views.

Standards

2.7.1 Develop or build on local and national mechanisms to ensure that everyone who wants to be involved can be involved at some level.

2.7.2 Work with and be inclusive of all existing groups and committee representatives.

2.8 Organisational recruitment strategy

Standards

Organisations which provide mental health services, and organisations or partnerships which make decisions about mental health are expected as a minimum to have a strategy and action plan to develop a direction of travel for recruitment of service users and carers for engagement processes within their organisation. This will be a part of their overall engagement strategy and action plan. For further guidance on strategy and action plan development, please see 'Recruitment Strategy Guidance'. For further guidance on the recruitment of service user and carer representatives, please see 'Guidance on Recruiting Reps'.

2.9 Succession planning, talent retention and career structure

Recruitment strategies must recognise the need for retaining and rewarding commitment, effort, talent and effectiveness. Currently in many places talented individuals are given large workloads for a couple of years before being replaced and disappearing back into obscurity. Often a whole team of service users and carers are replaced with new people without any hand over period. This leaves new representatives to sink or swim, and whilst they are becoming more effective, service users and carers are left without experienced representation.

It is critically important that there is continuity of representation by effective and experienced individuals. This requires that any development of new people needs to take place before existing representatives leave. In addition, where there is a policy of replacing effective representatives, thought needs to be given to where these people go next, and how their talents can be retained and developed within the system. If organisations get the reputation for over-using and then quickly discarding representatives it is likely to put many good people off getting involved.

Current best practice is to have local and specialist groups which are open to all interested service users and carers. The function of these groups is to gather the opinions of the service user and carer population and to give people experience of being in a co-productive group, developing public speaking abilities, the capacity to represent other people's views, and other skills necessary to progress to more demanding roles.

Experience of being in such a group should be a desirable criterion in the person specification for representatives attending boards and committees.

To help those people who want to progress from one-off short-term engagement opportunities, such as filling in feedback forms, or attending a consultation or focus group, it is essential that information is always provided regarding who to contact to get involved further in local or specialist groups.

Standards

2.9.1 Develop a career pathway for people involved in engagement activities, including paid roles at the highest leadership levels.

2.9.2 Develop or continue to support local open access groups through which views can feed into local, regional and national decision-making processes.

2.9.3 Develop or continue to support open access groups for people who are heard less often.

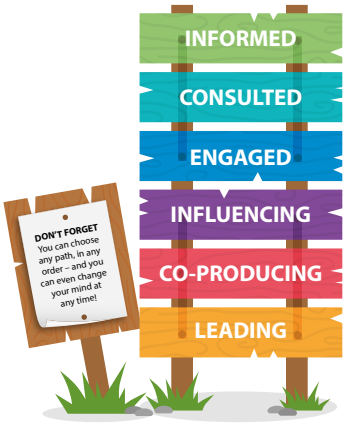
2.10 Conclusion

This section has set out the ambitions of decision-makers for the improvement of recruitment and support of service users and carers who are representatives in Wales. Effective service user and carer voice will make policy development in mental health services more in tune with service user and carer needs and goals.

Appendix 1: Engagement Pathway

START
(Choose where to begin your journey)

This pathway gives people an idea of the different ways they can be engaged from just being informed about what is available to co-producing and leading on developing and delivering policies and services. You can decide where you want to be on the pathway, but you don't need to stay in one place you can move any way you wish to depending on what you want to do and how you want to be involved.



1 INFORMED	**Nature of activity** Receiving information, keeping people informed about what is going on	**Example roles or activity** People are able to access information by subscribing to the Newsletter, accessing the website	**Time commitment** None specified	
2 CONSULTED	**Nature of activity** Getting feedback about work being done e.g. writing policies, guidance documents	**Example roles or activity** People choose to attend, respond or comment on e.g. online surveys, consultation events	**Time commitment** None specified	
3 ENGAGED	**Nature of activity** Actively involved in decision making to make sure any issues are addressed	**Example roles or activity** Invited to attend workshops/events/ focus groups on a one off basis	**Time commitment** Duration of the one off activity/ event – usually expected to be one day or less	**Is an application process needed?** No
4 INFLUENCING	**Nature of activity** Actively involved in decision making, developing and influencing e.g. policy, guidance	**Example roles or activity** People are asked for advice and ideas in finding solutions and their advice is included in development	**Time commitment** Duration of the one off activity/ event – usually expected to be one day or less	**Is an application process needed?** Yes – light touch usually involving a short form expression of interest
5 CO-PRODUCING	**Nature of activity** Equal partners in the development and design of work/activities/projects Ability to influence change	**Example roles or activity** People & organisations work together in designing, delivering and evaluating services	**Time commitment** Regular meetings attended as required	**Is an application process needed?** Yes – light touch usually involving a short form expression of interest
6 LEADING	**Nature of activity** Those with lived experience have the majority say in decision making, taking a lead role in committees/working groups etc	**Example roles or activity** Membership of the national clinical reference groups, or individual National Mental Health Partnership Board	**Time commitment** Regular meetings, attend as required	**Is an application process needed?** Yes – submission of an application form and may require references

Appendix 2: Supporting Documents

This is a list of the additional supporting documents for this guidance, which are available on the Wales Mental Health and Wellbeing Forum website.

Section 1 - Engagement

1.2 Co-Production Principles

1.3 Culture Change for Engagement

1.7 Provision of Support for Representatives, and for General Engagement Processes by Independent Organisations Through Employed Engagement Support Officers

1.7 Guidance on Recruiting Service Users and Carer Representatives

1.8 Guide to Chairing Co-Productive Meetings

1.9 Terms of Office and Numbers of Representatives

1.15 Setting Goals and Evaluating Services

1.16 Independence of Voice

Section 2 - Recruitment

2.2 Raising the Profile of Engagement Opportunities to Influence Service Improvement

2.3 Barriers and Bridges to Engagement

2.5 Attracting, Inspiring and Developing People

2.8 Recruitment Strategy Guidance

2.8 Guidance on Recruiting Service Users and Carer Representatives

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