



Get stuck in!

Getting a user group together and keeping it going for 10 years must mean you're doing something right – particularly when your group is going from strength to strength. DDN asked Frank Bond of BADSUF for his tips for success

The NTA were talking about getting a user group together the other week. And I'm sitting there thinking "we've been going for ten years, we set up a group without any help from the drug czar..."

Frank Bond has strong views on how you set up a user group and keep it going. He is advocacy manager for the Bournemouth Alcohol and Drug Service User Forum (BADSUF), which will be celebrating a decade of user involvement in September, and has been involved from the very beginning.

He remembers the beginning as being hard work, but there was 'nothing like the NTA around then'. There was recognition of wanting service users involved, but no-one was quite sure how you went about it. Bond knew there was a lot of misunderstanding of client needs, so he set about tunnelling through the layers of committees, managers team meetings, commissioning groups and interview panels.

His weapon was dialogue; getting to know the decision-makers, finding who was responsible for services that he needed to link to Bournemouth's service users. He reels off a list of groups he was

involved with. Life in 1995 must have felt like one long round of boring meetings...? 'It was,' he confirms grimly.

Still, the lesson was one of persistence and inside knowledge, 'being in the right places where decisions are made'. Bond was now in a position to be involved in monitoring the DAT's service level agreements, questioning why service users slipped down the priority list. The director of social services was head of the DAT, so he'd 'got everything covered'. He could go to him if there was a problem with housing, and to the head of the healthcare trust for advice on all kinds of issues.

The extensive badgering was used to good effect, to make sure the services interlinked. 'We've got street services, a service for people still using, a prison liaison officer, triage system... we can find accommodation, a night shelter, detox...'

Five workers now take care of different areas. A support worker goes into every treatment provider in the Bournemouth area, and into the HIV clinic, methadone prescribing service and needle exchange. They ask questions, listen to views, take up the dialogue with GPs and the PCT, and raise whatever's important to their service users. Provoking

discussion where there would otherwise be none, is an important part of BADSUF's role, according to Bond.

'We remind people that there are all sorts of different options... There are alternatives to methadone – there's Subutex, there's an abstinence model.' It's about representation, and about giving greater choice.

So how do you get a user group to the stage of achieving objectives, rather than just taking about what's not working?

Bond is obviously a great 'doer' and has surrounded himself with colleagues who are equipped to network effectively and be persistent in getting the right contacts. 'I will mentor new people, shadow them, or they shadow me,' he says.

He is used to speaking his mind – 'you've got to put the action in, and if that means kicking some arse...' – but stresses that manner and diplomacy are all-important at the negotiating table.

'There are people who think the way forward is to attack, but you can't behave in that manner. It's all about the way you put things across.'

Liaison has certainly paid off, in establishing the advocacy service, for example, which has now really taken off: 'I had the police come to our office. They said they had no problem with us providing advocacy... it was quite a big shift'. The group now has a 'lovely system set up', with links to support services.

'The other day someone was discharged from a dry house for drinking. We were able to fix him up with a B&B, so he didn't go back on the streets.'

They've helped girls come off the street, and intervened when someone's been taken off a methadone script for being 10 minutes late.

'They can't cope and get very angry and violent.' Their group takes up the argument for them.

Getting new members involved in the group often comes from BADSUF's open days or through their newsletter. They also send mailshots to service users, GPs and health authorities. Some patients phone the helpline, perhaps wanting to be referred to a voluntary organisation, or maybe to the clubhouse, an aftercare project for those who have been off drink and drugs for a few days.

Bond's efforts to get to know everyone else's involvement in services has made him impatient with those who don't know the system – from DATs who don't seem to understand the traffic light system for user involvement targets, to 'officials' who keep trying to reinvent the wheel in starting up user involvement.

As far as he's concerned, there's no excuse for poor user involvement – 'it wasn't that hard to set up' – but he's impatient to see it move to the next stage.

'I don't think people really know where we are with service user involvement,' he says. He's serious about moving the agenda on, and would like to see a national conference for service users, at least once a year.

'If we're realistic and want movement on service user involvement in three or four years time, we need to start now'.