Annex B. **LERO census template**

Table B.1. Blank LERO census template

Number	Question
1	What is the name of your LERO?
2	When did your LERO start?
3	Can you provide a brief history of the organisation?
4	What types of support were needed to set up and maintain the LERO? *Prompt: Structural factors (e.g. location), IT factors (e.g. access to client records), people factors (e.g. expertise needed and recruitment)* *Prompt: In your experience, which people or organisations have had the most influence on supporting the involvement of LEROs in treatment and recovery systems?*
5	What is the ethos of your LERO?
6	What geographical area(s) does your LERO cover?
7	What services do you provide?
8	How is your LERO adapted to the needs of local people in treatment, dependence and recovery?
9	How well has your LERO been integrated into existing systems of care in your local area?
10	Do you work with, support or get support from another LERO? If yes: – Which LERO(s) is/are these? – Could you describe the relationship you have with this/these LERO(s)?
11	*If not already included in Q10:* Does your LERO rely on another organisation for some governance, support and/or infrastructure?
12	Do you have formal or informal partnerships with treatment providers or harm reduction services? *Prompt: NHS or third sector?*
13	If so, what treatment providers or harm reduction services?
14	What other relationships, if any, do you have with treatment and recovery providers and local commissioners (formal or informal, and with people outside your local area)?
15	How are LEROs currently included in treatment and recovery service delivery in your area(s) – what is difficult and what is easy?

16	[Only if not covered above] What are the attitudes of people in the treatment and recovery sector to working with LEROs? *Prompt: If not mentioned, probe on LA, commissioners, treatment providers, non-LERO recovery support services*
17	To what extent do you feel that LAs and/or DHSC/OHID are aware of, and support, the needs of LEROs to support integration in treatment and recovery pathways?
18	Is your LERO constituted?
19	Is your LERO incorporated?
20	How are you incorporated? – Charity – CIC – Community benefit society – Charitable company – Other
21	Is your LERO legally regulated or does it have a legal structure?
22	Does your LEROs have: – volunteers? – staff?
23	Do your staff or volunteers undergo enhanced DBS checks?
24	Does your LERO have mandatory and statutory policies and procedures in place? – If yes, how long have these policies been in place? To what extent does your LERO follow the guidance and principles for LEROs? *Prompt: Such as the CLERO guidelines?*
25	What type of training or development do you and other LERO staff receive?
26	How do you determine staff pay and conditions? *Prompt: What other organisations do you benchmark against?*
27	Does your LERO have a board of directors?
28	How is your LERO funded? *Prompt: How stable is your funding? Has this changed at all since you first started? Do you have to compete with others for funding?*
29	What support and guidance did you receive around finding funding for your LERO? – From OHID? – From CLERO? – From other sources?
30	Does your provider leader, such as a group leader, CEO or director, have lived experience?
31	Does more than half your board have lived experience?
32	Do 90 per cent of your frontline staff and volunteers have lived experience?

33	If no to any of the above three questions: are you actively seeking to address lived experience representation in your LERO?
34	Have you received funding to conduct an evaluation of your LERO? Or conducted your own assessment? If so, what were the main findings? *Prompts: Do you know how many contacts you have per year? Do you know the levels of abstinence or employment coming from your LERO's services?]*
35	Do you feel that your LERO is independent of your Local Authority?
36	What are you most proud of that your LERO has accomplished?
37	Where did you collect most of the information on the LERO?
38	What is the website?
39	What is the email contact for the LERO lead?

The barriers and facilitators to supporting, commissioning and working with Lived Experience Recovery Organisations in systems of care in England

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Published by the RAND Corporation, Santa Monica, Calif., and Cambridge, UK

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Funded by NIHR | National Institute for Health and Care Research

Funding for this study has been provided through a research grant from the National Institute for Health and Care Research (NIHR) Policy Research Programme (PRP). The number for this grant is NIHR205228.

The views expressed in this research are those of the author(s) and not necessarily those of the NIHR or DHSC.