Participation & Engagement Strategy
Introduction and purpose

Partners across East Ayrshire are fully committed to the principles and practice of community participation and engagement. We recognise the range of participation and engagement already happening in our local communities and we will continue to build on and harness the existing good practice across East Ayrshire. We will work with all of our Community Planning Partners, third sector, individuals and communities to develop a clear, consistent and coordinated approach to community engagement, and by providing appropriate tools to support that work and by evaluating how we are doing, we will achieve meaningful community engagement.

By ensuring community engagement and participation is integral to our strategic planning and commissioning will enable us to develop services that meet the needs and improve outcomes for our communities.

Through this participation and engagement strategy, East Ayrshire Health and Social Care Partnership are committed to providing a framework for community involvement in public services.

Legislation and policy drivers

Over the past few years The Scottish Government have introduced a number of key policy drivers relevant to the way public service providers engage with communities. All of these emphasise the importance of designing and delivering public services in partnership with communities.

We know public services are facing tough economic challenges and will have to make the most efficient use of the available budgets, while at the same time delivering services that are more personalised, meet people’s outcomes and are efficient and effective. We cannot simply continue to do as before and therefore involving and working with people who use services can ensure that we are meeting personal, local and national outcomes.

Community planning is a process which helps public agencies to work together with the community to plan and deliver better services which make a real difference to people’s lives. Community Planning is not a new concept but was given a statutory basis in the Local Government in Scotland Act 2003.

Successive legislation including the Self Directed Support Act 2013 and Children and Young People Act 2014 seek to empower and support individuals, families and carers have greater choice and control over how they receive social care services.

The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates a legislative requirement to involve and engage in developing the Health and Social Care Partnership Strategic Plan through the creation of a Strategic Planning Group comprising a wide range of stakeholders and partners with an emphasis on ensuring a locality planning approach to service delivery.

The ‘Commission on the Future Delivery of Public Services’ (the ‘Christie Report’), chaired by Dr Campbell Christie (June 2011) had as two of its underlying principles:

- Reforms must aim to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use.

- Public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve.
The Scottish Government response to the Commission on the Future of Public Service Delivery sets out a vision of how Scotland’s public services need to change:

‘We will empower local communities and local service providers to work together to develop practical solutions that make best use of all the resources available. The focus of public spending and action must build on the assets and potential of the individual, the family and the community rather than being dictated by organisational structures and boundaries. Public services must work harder to involve people everywhere in the redesign and reshaping of their activities.’

Community Empowerment (Scotland) Act 2015

The vision for future public services was embodied in the Community Empowerment Act. The new Act aims to empower community bodies through the ownership of land and buildings, and by strengthening their voices in the decisions that matter to them. It will also improve outcomes for communities by improving the process of community planning, ensuring that local service providers work together even more closely with communities to meet the needs of the people who use them.

The Act does a number of things including;

- extending the community right to buy,
- making it simpler for communities to take over public sector land and buildings,
- strengthening the statutory base for community planning, and
- enabling communities to identify needs and request action be taken on these.

Crucially it brings together the mechanisms for the participation, engagement and empowerment of local communities in shaping the future of local services.

East Ayrshire Patient Participation Forum is open to anyone with an interest in sharing your views on delivery of health care services in your area. The group meets monthly in a range of locations across area. PPF members are represented on East Ayrshire Integration Joint Board and Strategic Planning Group.

Mechanisms for public engagement

There are a number of mechanisms already in place to support the participation and engagement in public services. For example, the Scottish Health Council was established by the Scottish Executive in April 2005, to promote and support Patient Focus and Public Involvement in the NHS in Scotland. Each Health Board now provides dedicated support to a network of Patient Participation Forums and Participation Network arrangements.

Care and Patient Opinion are interactive websites allowing people who use services, their carers and families share their experiences of health and social care services. It also allows service providers to receive feedback on how well they are delivering services and how they can improve.

Participation Networks (Scottish Health Council) aim is to engage people who wish to contribute to the design and delivery of health services. PN provides the opportunity to learn from and share good practice, develop guidance and standards and contribute to the development national policy.
Community Councils are well established and recognised as the most localised tier of local government providing the connection between local communities and local councils. Local authorities have expanded this role and involvement of communities by inviting representatives to a wide range of neighbourhood forums, including tenants and residents associations, equality forums and older people and youth forums.

There are 35 Community Councils across East Ayrshire, from Dunlop and Lugton in the north to Patna and Dalmellington in the south, with representation in most local settlements. CC’s are supported locally by Vibrant Communities (EAC) and can affiliate to the national Community Council Association.

Third Sector Interfaces bring together community and voluntary organisations creating a single point of support and advice for local organisations. They provide a strong representation mechanism for the third sector and create strong links to Community Planning Partnerships.

Council of Voluntary Organisations East Ayrshire and the Volunteer Centre are core partners in the Third Sector Interface. Services are delivered through offices in Kilmarnock and Cumnock. The voluntary sector is represented on 20 different partnerships through this third sector interface arrangements, including Community Planning, Health and Social Care, Financial Inclusion and Early Years.

Strategic Planning Group (SPG) in East Ayrshire meets bi monthly alternating business meetings with workshop sessions. The SPG has responsibility for the development of the Strategic Plan for the delivery of health and social care services. Wide representation is drawn from people who use services, to clinicians, health and social care professionals.

With the integration of health and social care and the creation of Strategic Planning Groups, locality planning arrangements will be further developed to include the emerging community based groups which are developing through community led initiatives and the growing community ownership.
‘Staying Alive’ with Doctor Dance at Grand Hall, Kilmarnock
<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Inform</strong> (Giving Information)</td>
<td>To provide the public with information to assist them in understanding the problems, options and/or solutions.</td>
<td>• leaflets and written information • newsletters • posters • exhibitions • open house/drop-in • website presence</td>
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<tr>
<td><strong>Engage</strong> (Asking Opinions)</td>
<td>To obtain public feedback on proposals, options and/or decisions.</td>
<td>• option appraisal • self completed questionnaire • public meetings • focus groups • interviews • story telling • patient diaries</td>
</tr>
<tr>
<td><strong>Involve</strong> (Participating)</td>
<td>To work directly with the public throughout the process to ensure that public concerns and wishes are consistently understood and considered.</td>
<td>• opinion polls • health panels • clinical audit partnerships • workshops</td>
</tr>
<tr>
<td><strong>Consult</strong> (Deciding together)</td>
<td>To partner with the public in making decisions, including the development of alternatives and the identification of the preferred solution.</td>
<td>• citizen advisory groups • participatory decision making • user panels / reference groups</td>
</tr>
<tr>
<td><strong>Empower</strong> (Acting together / co-producing)</td>
<td>To put decision-making in the hands of the public.</td>
<td>• ballots • citizen juries • community councils • expert patients • Asset based approaches • Co-production approaches</td>
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2 Definitions of participation and engagement

We know that partners offer a myriad ways of involving and engaging with local communities, individuals and families. In order to be clear about the level of engagement available clear definitions will be provided to illustrate the different levels of engagement; from inform, engage, involve, consult and empower.

Community Involvement Approach

There is clearly a strong commitment to improving and extending the community involvement in public services.

Inform – Giving Information

This level of engagement provides information to a specific audience or target group or can be a general bulletin providing information on a new initiative, change of service or a response to a problem or concern. Quick Word About bulletins issued on a regular basis by East Ayrshire Council provide information on a new service or initiative. For example, Quick Word About - Lilyhill Gardens, provides information a newly opened independent living facility in Kilmarnock and Community Care Charges Information leaflet.
Engage – Asking Opinions

This level of engagement seeks to gather views on a particular matter and would usually involve requesting feedback and comment through the use of questionnaires, opinion polls or focus groups. Recent examples include; online questionnaire on East Ayrshire Health and Social Care Partnership Draft Strategic Plan. NHS Ayrshire and Arran Healthy Weight Strategy focused on addressing the increase in obesity with the second phase focusing on developing outcomes and an action plan to address issues related to being underweight. East Ayrshire Councils Residents Survey is used to gather information on delivery of services by Community Planning Partners.

Patient and Care Opinion are interactive websites allowing people who use services, their carers and families share their experiences of health and social care services. It also allows service providers to receive and give feedback on how well they are delivering services and how they can improve. Below is an example of a recent comment received regarding Independent Living Service (South and East Ayrshire).

I get 3 visits a day from ILS. The carers help me get ready in the mornings and put cream on my legs and feet at night. This is really important for my circulation problem. I’ve got a shower now at home because it was getting really difficult to get out of the bath – this has really made a big difference.

I would say it’s a good service, not only does it benefit me but it benefits my wife. It takes a lot of weight off her because she was having to help me a lot. The carers who visit are particularly good. My wife isn’t happy with how the service is organised from the head office, she compares it to how other services do it and feels this is something that could improve for us.

East Ayrshire Community Planning Residents’ Surveys are undertaken to gain:

- increased information on the demographics of the East Ayrshire population;
- an increased understanding of local priorities and views of residents on public service provision/satisfaction; and
- data and undertake a comparison with the findings of previous Residents’ Surveys and inform reporting in respect of Community Planning and the associated Single Outcome Agreement.

The Residents’ Survey 2014 tells us that respondent satisfaction with the following services increased between 2005 and 2014:

- Fire Service - from 72% to 96%
- Hospitals - from 80% to 96%
- Ambulance Service - from 73% to 93%
- Street Lighting - from 80% to 89%
- Environmental Health - from 43% to 87%.

91% of respondents in 2014 stated that they feel threatened by crime either not very much or not at all, an increased from 80% in 2005.

84% of respondents in 2014 stated that their general health has been good or fairly good over the last 12 months, this was also 84% in 2005.

31% of respondents in 2014 do not smoke at all, a reduction from 35% in 2005.
‘Showcase’
Learning Disability Awareness Week 2015, Stewarton
Involve

Encouraging greater participation of residents as a way to address specific concerns or to identify possible solutions. The methods used can include workshops, opinion polls and panels. Some examples include; East Ayrshire Community Planning Partnership Residents Panel and East Ayrshire Public Partnership Forum.

East Ayrshire Residents Panel is a representative group of approximately 1,000 local residents established to allow community planning partners to gain an increased understanding of residents’ views and to increase community consultation in relation to the planning and development of services.

Panel members are invited to participate on formal consultations, by mail or email, to act as ‘focus groups’ or to attend particular consultation events, all of which can be initiated by any of our Community Planning Partners. This has previously included involvement in participatory budgeting, Local Development Plan consultation and the Community Plan Review, which informed development of our current Community Plan and related Delivery Plans.

http://tinyurl.com/CPP-residents-Panel

Learning Disability Awareness Week in East Ayrshire runs during the third week in June and in 2015 celebrated an impressive 11th year anniversary. The week focuses on celebrating the talents, skills and creativity of local residents. And highlights how partners and agencies support people with learning disability and seeks to share learning on new opportunities or service developments in all aspects from education, to employment and wellbeing. The activities culminate in two showcase events in Stewarton and New Cumnock. Families, carers and individuals welcome the opportunity to participate in events, try out new activities and share their talents in dance, music and art. This programme allows people already involved to share their experience and raises awareness amongst people who are not involved or are less knowledgeable about the range of support available.

Public Partnership Forum

Ayrshire and Arran Health Board encourage involvement in service development through Public Partnership Fora. Public Partnership Forums (PPFs) are networks of local people with an interest in improving NHS services. They usually involve members of local communities, voluntary groups or organisations and other interested individuals.

There are three Public Partnership Fora in Ayrshire representing the three local authority areas (East, North and South Ayrshire). Ayrshire PPFs are fully supported by NHS Ayrshire & Arran. Members can have different levels of involvement; by attending PPF meetings, commenting on online or by supporting specific services as part of an advisory group. PPFs can comment on the range and location of services, how they can improve services and support wider public involvement in planning and decision making around healthcare services.

East Ayrshire PPF members are one of the core members of the Integration Joint Board and Strategic Planning Group.

In August 2013, a partnership between Action for Children, Benrig Children's House and the private sector resulted in the creation of a pathway to the swing park behind the Community Centre in New Farm Loch. New Farm Loch Community Council, paid tribute to the contribution made by looked after children and young people in East Ayrshire. Their work means that people using prams and wheelchairs have easy access to community facilities.
Action for Children
New FArm Loch, Kilmarnock
Consult

Working in partnership to make decisions in relation to shaping service delivery, finding solutions and participatory budgeting decision making are all examples of how local people can inform decision making. East Ayrshire Strategic Planning Group is a local example.

East Ayrshire Strategic Planning Group - East Ayrshire Shadow Integration Board in August 2014, approved the governance arrangements and the membership of the Strategic Planning Group (SPG) as part of the requirements in implementing the Public Bodies (Joint Working) (Scotland) Act 2014.

The Board took the view that the membership should build on the previous relationships established by the Community Health Partnership Forum which included a Heath Professional, user of health care, unpaid carer, commercial and non-commercial provider of healthcare, social care professional, commercial and non-commercial provider of social care and housing services and a Third Sector representation. The membership is set out in the legislation, however, the Shadow Board were keen to be as flexible in the representation as possible and in addition to the prescribed representation extended this to include the employee side, finance, Public Health and the Acute Sector.

The main focus of the Strategic Planning Group over the past year has been to develop the first 3 year Strategic Plan for the Partnership. The Strategic Plan provides detail on how the Integration Joint Board can deliver the aims of the Act. At an early stage the SPG recognised the value in gathering as wide involvement as possible and embarked on a comprehensive engagement programme with as many stakeholders within and external to the Partnership.

A total of 255 responses were received with 170 people attending the face to face events and an additional 85 people responding to the online questionnaire.

The feedback from the consultation was very positive with the 20 page summary document being well received. Employees, partners and stakeholders welcomed the opportunity to raise additional questions with the Director and to suggest comments and amendments. Some of the key themes and comments received during the consultation period were collated and where applicable changes were included within the Strategic Plan. Following a final review by the Strategic Planning Group, the Strategic Plan was submitted to the Shadow Integration Board at their meeting on 26 March 2015 where it was approved.

The Strategic Planning Group continues to meet on a bi monthly basis alternating between a formal business meeting and a workshop for wider stakeholders. The Strategic Planning Group is now focused on the first annual review of the Strategic Plan.

Mental Health Services Patient Reference Group

The main aim of the PRG is to keep the needs of service users, their families and carers at the heart of mental health services by giving them an opportunity to play an active part in the continuing development, design and delivery of mental health services in Ayrshire and Arran.

The PRG has a current membership of 32 people, of whom 20 are active at any one time. The group meets 10 times a year, chaired by the Public Support Manager of NHS Ayrshire & Arran’s Mental Health Services, and has regular dialogue with mental health service managers and senior clinicians. It also acts as a peer support group for individual service users and carers participating in other NHS groups, and is a forum to which mental health managers bring proposed service changes for discussion and consultation.

Since 2009 the PRG has made many positive contributions to the development and delivery of services spanning all areas of mental health. Members state that it fills a gap that existed prior to the Mind Your Health review, and has had a substantial impact on the standard of services that several of them continue to use.
Empower

By placing decision making in the hands of the public acting together to develop a new initiative or devolving complete control to an organisation or group. The examples below illustrate how this approach can make a difference to individuals and communities.

**Community Led Action Plans** is an initiative bringing together East Ayrshire Council Vibrant Communities in support of local community members to undertake community research into the needs and aspirations for their local area. The research results are collated to produce a local action plan. This is part of an ongoing commitment from East Ayrshire Council to assist communities become more engaged, involved and in control of their community assets. To date, 13 local communities have developed action plans and are working with a range of partners to ensure the plans come to fruition. Some common themes have emerged including roads and transportation, community facilities and activities, heritage, local economy, environment and tourism. Many of the smaller rural settlements have also expressed an interest in taking greater control of community facilities and playing fields. Community Steering Groups have been delighted with the response they have received from local residents through support for research, an increased number of volunteers and group members and stronger leadership of local groups and facilities.

Local communities are encouraged by the increased engagement and involvement of local people following the consultation and launch of the plans. Community members have become actively involved in their communities with a notable increase in the number of volunteers and community run activities.

**Participatory Budgeting** directly involves local people in decisions about spending and priorities for a defined public budget. Over the past few years Community Learning colleagues across Ayrshire have been supporting both staff and community members to gain a greater understanding around the values, principles and opportunities presented by participatory budgeting. Training events have been organised across Ayrshire with support from the Participatory Budgeting Network. East Ayrshire have been successful in securing some additional funding from the Scottish Government matched by the Health and Social Care Partnership, to test out the approach in two communities which will support of the implementation of Community Led Action Plans.

**Thinking Differently** is an approach linked to the implementation of Self Directed Support which focuses on giving individuals more choice and control over the decisions on how their care and support is provided. There are four options available ranging from providing a direct payment to the individual to allow for full control over care, care providers organising some of the care for the person, Councils providing the care or a combination of all three. This approach acknowledges individuals and families are experts in their own lives. Thinking Differently encourages everyone involved to be innovative and creative in identifying support and care solutions that can meet the needs of the individual. Individuals and families can organise support that is tailor made to meet outcomes. The diversity of solutions can include access to gym membership, recruiting personal care support, adaptations to family homes and purchasing equipment. Families have commented on the immediate benefits of being in charge of directing their own care and the improvement this has made to their feelings of wellbeing.
Newmilns Steering Group launch their Action Plan taking control and shaping the future direction for their local community.
Guiding Principles

The National Standards for Community Engagement were launched in May 2005 and have been widely adopted by Community Planning Partnerships and other areas of government. The 10 standards set out best practice principles for the way government agencies, councils, health boards, police and other public bodies engage with communities. They are not compulsory, but they are good practice and can help deliver the outcomes we wish to achieve.

The idea for the standards came from people on the front line of community engagement: more than 500 people from the statutory and voluntary sectors and the communities themselves were involved in developing and producing them. The community engagement planning tool VOICE is underpinned by the standards.

Why engage?

Engaging with individuals, groups and/or communities ensures that our services reflect the needs and aspirations of our communities. The benefits of community engagement activity include:

- communities feeling more empowered as they are involved in decision making which impacts them and/or their communities
- the delivery of better, more responsive services and outcomes for communities
- local democratic participation can be boosted
- the capacity of communities and individuals is developed through increased confidence and skills
- an increase in community participation and volunteering
- improved services and ownership of service provision
- enhanced communication with and awareness of the needs and priorities of communities
- opportunities for collaborative commissioning and delivery of services

‘Come Dine with Me’ East Ayrshire Style

Residents from sheltered housing accommodation and pupils from Stewarton Academy organised ‘Come Dine with Me’ events culminating in their own series – with fierce scoring across menu and entertainment at each event. A film was shown to all who participated with invited guests at Cumnock Town Hall.
‘Come Dine with Me’
East Ayrshire style
The term communities can be defined in many ways, it can describe the different relationships or associations that people have as well as the geography of an area, communities can be identified by three types, namely:

<table>
<thead>
<tr>
<th>Community of place</th>
<th>Defined as a geographic location with a physical boundary such as a village, town, neighbourhood or locality.</th>
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<tbody>
<tr>
<td>Community of interest</td>
<td>Defined as a group of people who share a particular interest or experience. This could be a parent council, environmental group, user groups, or sports organisations.</td>
</tr>
<tr>
<td>Community of identify</td>
<td>Defined by how people identify themselves or by society. This could be young people, older people, religious groups or equality groups.</td>
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It is important to recognise that our communities are diverse and that people can belong to one or other of these communities. To be inclusive and to engage with all members of our communities, sufficient time needs to be set aside for engagement and different and more flexible approaches may need to be taken to reach those who may not traditionally engage but who nonetheless have a valuable contribution to make.

**5 Who to engage?**

Engaging with local people and people who use services and actively involving them in decisions and service development is central to enabling health and care services be more responsive in meeting the needs of our communities and improve the quality of life of our citizens. To ensure effective engagement we will robustly identify all stakeholders that have a vested interest in a decision or change and provide opportunities for them to get involved and have a say in their own care and in the planning, design, and review of services that affect them.

**Ambitious for Ayrshire** two events have been organised at Dumfries House, East Ayrshire to discuss developing a clear direction for primary care within our communities across Ayrshire. Primary care is the front door of the NHS in Scotland and is the first point of contact for most of our communities when they access health and social care services. The pressures on primary health and social care are well known – increasing demand for services combined with challenges relating to public sector funding and workforce recruitment and retention. Senior representatives from across the whole of health and social care, including primary care practitioners, senior clinicians from our hospital services and leaders of Health and Social Care Partnerships are working together and have produced an action plan to address these challenges and to come up with some innovative and bold solutions.
Ambitious for Ayrshire
Dumfries House, August 2015
Superheroes Event
Protecting People 2015
How to engage with people (methods and approaches)

Communication and engagement activities will be carried out in a planned and consistent way, based on knowledge, understanding and insight into people who use services.

We will utilise all available methods of engagement from listening and understanding to collaboration and responsiveness. We will use these approaches to develop a rich understanding of what is needed to co-design and deliver services that meet the needs of the people who use our services.

Stakeholder engagement is part of an integrated process of communication and discussion; where communities, people who use services, their families and carers have opportunities to influence decision making. This inclusive process will demonstrate that we engage with communities, listen, are supportive and take account of views and suggestions.

In line with the National Standards for Community Engagement, we will agree with local people how they want to be involved and the approaches to be used.

A range of example methods and approaches for engagement can be found in the Participation Toolkit published by the Scottish Health Council.

Pupils from across East Ayrshire received certificates for work they did to design ‘Protecting People superheroes. Members of the Council’s Adult Protection team have been visiting schools to talk about the importance of children sharing their worries if they feel that they, or someone they know, is in need of help or protection. The pupils were then tasked with producing a poster, story, comic or leaflet which would help share the Protecting People message, and these were entered into a competition.
What will it achieve?

The key to the success of this Participation and Engagement Strategy will ensure improvements are driven by staff, people who use services, carers and other stakeholders.

In addition by empowering all stakeholders to ask difficult questions about practice will help us to make positive changes to the way we work. The process promotes a continuous improvement culture leading to real savings in materials, reducing waste and vastly improving service satisfaction and staff and stakeholder morale.

Other benefits include:

- Effective engagement enhances services and care, improves health and social care outcomes and strengthens public accountability
- People who use services and carers have the opportunity to actively participate and be involved in decisions about their care and services
- People who use services and carers can build on existing skills and develop new ones by becoming involved, increasing confidence and self-esteem
- People who use services and carers may develop a better understanding about how services operate
- People who use services receive new and better services that have changed and improved in response to their needs
- Improved reputation through recognition that service users will have a positive experience
- Services and policies can be designed, delivered and evaluated based on actual rather than presumed needs and reflect the diversity of local communities
- Services will be more effective, better targeted and received
- Information can be gained from people who use services carers and the public about their changing attitudes and needs, their views as to what constitutes quality in service provision and barriers to accessing services

There is always a cost implication for engagement, however, these can be kept relatively low with use of social media, email and websites as well as use of partner networks and local halls and facilities. The cost of engagement will always be off-set against the improved outcomes, greater understanding and efficiencies that can be potentially introduced as a result of effective engagement approaches.

Quality Checkers’ Group is a group of individuals who use services, family carers and people who work across East Ayrshire Health and Social Care Partnership’s Adult Social Care Services. The group is supported by David Douglas from Heartfelt, an independent training and consultancy company. A range of methods are used by the group to get feedback from people about the quality of the services they use including holding individual meetings, setting up a focus group and issuing questionnaires. Information from all of these are collated and presented to representatives from the Health and Social Care Partnership Senior Management Team as well as Senior Managers from partner providers. The information is used to ensure continuous improvement within services.
Quality Checkers 2015
Northwest Area Centre, Kilmarnock, opened in October 2006 and is a key joint partnership development between East Ayrshire Council and NHS Ayrshire & Arran. It has brought together a wide range of primary care and other public services co-located in one Centre. In addition to GP Practices, Dental Services, there are also Mental Health, Social Work, Housing, as well as Vibrant Communities and an Early Years Centre, community hall and a gym under one roof.
Future Opportunities

Engagement is undertaken as a cyclical approach to enhance service design delivery and review processes. It is therefore important to undertake on-going evaluation in order to develop and enhance future engagement and communication approaches.

This will include the regular review and evaluation of engagement methods and approaches and undertaking a range of new and innovative approaches with a range of stakeholders. This will help us to ensure that our services are efficient and effective and meet the needs and outcomes of local people. It will also assist to identify and measure any change arising from the engagement and input by wider stakeholders. It is also important for public services to demonstrate that the engagement of individuals, families and communities contribute to the achievement of our local and national outcomes.

Partnership Approach - Action Plan

East Ayrshire Health and Social Care Partnership emerging participation and engagement arrangements will reflect and build upon the specific participation structures and community engagement arrangements already in place.

The Strategy will be accompanied by an action plan detailing the consultation process and implementation plan. The Action Plan will be an Appendix to the Strategy and will be updated as part of the Strategic Plan annual review process. It will also support the requirement laid out in the Integration Scheme which identified that new Partnerships should have a Participation and Engagement Strategy in place by March 2016.
Learning Disability Awareness
Week 2015, Cumnock
Appendices & Resources
Appendix 1

National Standards for Community Engagement

The 10 national standards are:

The Involvement Standard
We will identify and involve the people and organisations with an interest in the focus of the engagement.

The Support Standard
We will identify and overcome any barriers to involvement.

The Planning Standard
We will gather evidence of the needs and available resources and use this to agree the purpose, scope and timescale of the engagement and the actions to be taken.

The Methods Standard
We will agree the use of methods of engagement that are fit for purpose.

The Working Together Standard
We will agree and use clear procedures to enable the participants to work with one another efficiently and effectively.

The Sharing Information Standard
We will ensure necessary information is communicated between the participants.

The Working with Others Standard
We will work effectively with others with an interest in the engagement.

The Improvement Standard
We will develop actively the skills, knowledge and confidence of all the participants.

The Feedback Standard
We will feedback the results of the engagement to the wider community and agencies affected.

The Monitoring and Evaluation Standard
We will monitor and evaluate whether the engagement meets its purposes and the national standards for community engagement.
## Appendix 2 - Stakeholder Groups

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<thead>
<tr>
<th>Service Providers</th>
<th>Service users/representatives</th>
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<tbody>
<tr>
<td>NHS staff</td>
<td>Patients: short stay and day patients/A&amp;E</td>
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<tr>
<td>Local Authority staff</td>
<td>Outpatients</td>
</tr>
<tr>
<td>GPs (as clinicians)</td>
<td>Inpatients</td>
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<tr>
<td>GPs (as localities)</td>
<td>Carers</td>
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<tr>
<td>Community Health Teams</td>
<td>Patient Panels</td>
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<tr>
<td>Primary Care staff</td>
<td>• Mental Health Public Reference Group</td>
</tr>
<tr>
<td>Social care staff</td>
<td>• Hospital Patients Council</td>
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<tr>
<td>Clinical networks</td>
<td>Health focused engagement network e.g.</td>
</tr>
<tr>
<td>On-site staff employed by other organisations</td>
<td>• Participation Network</td>
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<tr>
<td>Private and 3rd sector providers</td>
<td>• Public Partnership Forums</td>
</tr>
<tr>
<td>Other NHS Boards</td>
<td>• Managed Clinical Networks</td>
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<tr>
<td>Scottish Fire and Rescue</td>
<td>Patient Support Groups e.g.</td>
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<tr>
<td>Police Scotland</td>
<td>• Heart and Angina Support</td>
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<td>• Stroke Associations</td>
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<td>• Action for Health</td>
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<td>• Age Concern</td>
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<td>• Alzheimer’s Society</td>
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<td>• Disability Forums</td>
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<thead>
<tr>
<th>Key groups or bodies</th>
<th>‘keep informed’ groups</th>
</tr>
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<tbody>
<tr>
<td>Scottish Health Council</td>
<td>Employment / training providers</td>
</tr>
<tr>
<td>NHS Board</td>
<td>Local supply chain</td>
</tr>
<tr>
<td>H&amp;SC Partnerships</td>
<td>Local community</td>
</tr>
<tr>
<td>Local authorities</td>
<td>local businesses</td>
</tr>
<tr>
<td>Local councillors &amp; MPs</td>
<td>Chamber of Commerce</td>
</tr>
<tr>
<td>Trades Unions</td>
<td>Schools and colleges</td>
</tr>
<tr>
<td>Regulators</td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td></td>
</tr>
<tr>
<td>Statutory watchdogs / Scrutiny Groups i.e. HIS</td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td></td>
</tr>
</tbody>
</table>
**Objective 1 - Ensure all people have the opportunity to have their voices heard by increasing the participation and engagement activity**

<table>
<thead>
<tr>
<th>Key actions</th>
<th>Responsibility</th>
<th>Timescales</th>
<th>Success criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult on draft Participation and Engagement Strategy</td>
<td>Directorate</td>
<td>February - March 2016</td>
<td>Wide range of stakeholders have opportunity to comment on strategy</td>
</tr>
<tr>
<td>Finalise and disseminate Participation and Engagement Strategy</td>
<td>Directorate</td>
<td>March 2016</td>
<td>Strategy revised, approved and published by Integration Joint Board</td>
</tr>
<tr>
<td>Identify and address practical barriers to participation and engagement e.g. language, access to engagement events and dissemination of information</td>
<td>Directorate</td>
<td></td>
<td>Knowledge of Strategy and National Standards for Community Engagement has increased within workforce</td>
</tr>
<tr>
<td>Promote opportunity to and respond to requests for engagement</td>
<td>All</td>
<td></td>
<td>Stakeholders are confident that their views will be considered</td>
</tr>
<tr>
<td>Expand the number of to engage with range of stakeholders utilising a range of participation and engagement methods</td>
<td>All</td>
<td>Ongoing</td>
<td>Stakeholders are able to engage with HSCP on a range of participation and engagement opportunities have increased</td>
</tr>
</tbody>
</table>
## Objective 2 - Measure the impact of participation and engagement

<table>
<thead>
<tr>
<th>Activity</th>
<th>Department</th>
<th>Timeframe</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor and record opportunities for participation and engagement</td>
<td>Planning and Performance</td>
<td>March – September 2016</td>
<td>Baseline for activity agreed and number of participation and engagement activities have increased</td>
</tr>
<tr>
<td>Develop mechanisms to measure impact of engagement – using you said- we did</td>
<td>Planning and Performance</td>
<td></td>
<td>Stakeholders are able to identify outcomes of engagement</td>
</tr>
</tbody>
</table>

## Objective 3 - Ensure good quality feedback is provided for participants

<table>
<thead>
<tr>
<th>Activity</th>
<th>Department</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide feedback timely to participants following engagement</td>
<td>All</td>
<td>Stakeholders are able to identify the outcome of their engagement</td>
</tr>
<tr>
<td>Devise a range of methods to improve feedback e.g. online tools, quick response methods</td>
<td>Planning and Performance</td>
<td>Feedback can be provided timeously and is appropriate to level of engagement</td>
</tr>
<tr>
<td>Feedback what has changed as result of engagement</td>
<td>All</td>
<td>Outcomes of engagement can be demonstrated</td>
</tr>
</tbody>
</table>
### Objective 4 - Review opportunities to collaborate with partners to better use resources and reduce consultation fatigue

<table>
<thead>
<tr>
<th>Work with partners to develop communication and consultation calendar</th>
<th>Partner- Council, NHSAA, CPP, CVOEA</th>
<th>February – April 2016</th>
<th>Stakeholders are able to identify the opportunities for engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilise opportunities to collaborate with partners on engagement activity</td>
<td>All</td>
<td></td>
<td>There is a reduction in the duplication of effort by both partners and stakeholders</td>
</tr>
<tr>
<td>Identify and commission partners to deliver engagement activities</td>
<td>All</td>
<td></td>
<td>Engagement methods and approaches are transparent</td>
</tr>
</tbody>
</table>

### Objective 5 - Increase the engagement skills amongst HSCP workforce to increase and improve the participation and engagement activity

<table>
<thead>
<tr>
<th>Identify existing participation and engagement activity</th>
<th>All</th>
<th></th>
<th>Baseline provided on current engagement activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify workforce utilising with engagement skills</td>
<td>OD</td>
<td></td>
<td>Baseline provided on current engagement activity</td>
</tr>
<tr>
<td>Increase number of employees with engagement skills</td>
<td>OD</td>
<td></td>
<td>Employees have increase in skills and can improve engagement activity</td>
</tr>
</tbody>
</table>
Appendix 3 - Engagement methods, approaches and techniques

For most people working in the health and social care environment the common reasons for using an engagement method or technique is to obtain information, to consult on a preferred option or change, or to encourage participation. These techniques are found at the centre of the ‘spectrum of involvement’ (appendix *). The following describe a range of common engagement techniques that could be used to engage with people:

Opinion surveys / self-completed questionnaires

Questionnaires (qualitative and/or quantitative) are a structured set of questions on a form, which can be handed or mailed out to a number of people in order to collect statistical information about a particular topic.

Advantages:

- A good method of obtaining reliable statistical information
- Can be targeted accurately
- Requires a low level of interaction
- Relatively inexpensive and easy to conduct in large numbers
- Standardised questions allow for benchmarking
- Allows analysis of large samples quickly
- You can track changes over time if you use the same questions
- Good method of getting views of non-users if targeted

Shadowing

Shadowing allows for a new and different perspective to be gained of the service experience by accompanying a service user as they use the service. An agreed period of time is spent shadowing an individual and the lessons learnt are used to improve future services.

Advantages:

- Allows first-hand experience of a service from the service user’s perspective
- Allows a chance to see the culture and climate within which other individuals work
- Strongly supports understanding and rapport between service providers and service users

Story telling

Story telling is a person-centred approach that allows patients to tell their story or experience. The interview is recorded (video or audio) and a ‘mind map’ or experience map extracted. The patient is then asked to confirm what was heard. From this an action plan is drawn up and shared back with the person.

Experience diaries

Experience diaries are a useful way of encouraging and facilitating individual service user input into their experience of the service they receive. Service users follow a set of guide questions to keep a personal written record of their experience over time. People will
sometimes give more detailed observations in writing than in face-to-face discussions.

Advantages:

- Allows people to reflect, explain, expand and suggest ideas and new solutions.

- Provides in-depth information of a qualitative nature, enables an understanding of different perspectives and provides a story of the person's experience

- Can give an indication of how people feel about the way in which they are being treated

- Records events and feelings as and when they happen

Focus groups

Focus groups are an in-depth discussion of between six to twelve people, which is focused around a set of particular issues or topics. A trained specialist facilitates the discussion and the session's details are recorded, or noted by another person.

Advantages:

- Interaction between the participant's makes people feel more comfortable and can lead to new ideas and perspectives

- Direct interaction with the group enables issues to be further probed and non-verbal responses can be noted

- Can be used to empower people by sharing views

- Effective place to explore and test new ideas

This requires a degree of confidence and good people management skills. Some people will find that managing a focus group is difficult and will therefore look for an experienced facilitator.

The facilitator will need to ensure that everyone has a chance to speak and move the discussion along without imposing his or her own views onto the group. The facilitator also needs to probe and seek clarification of some responses.

Interviews

Interviews are a flexible method of gathering information about a particular issue or place. Interviews can be conducted face to face or by telephone. Interviews can be used to collect either quantitative or qualitative information. Three main formats can be used.

Structured using pre-set questions as prompts

- Semi-structured, which allows the interviewer to explore issues based on a loose set of questions

- Unstructured or in-depth interviews, where the interviewer is able to explore a theme without being restricted to a series of questions

1. Structured interviews

- Standardised format means that all the answers are comparable across your sample

- Good at collecting more factual information

- Not dependent on interviewer teasing-out answers, the questions have to be straightforward and unambiguous

2. Semi-structured interviews

- This format is less rigid - it allows the skills of the interviewer to respond to the interview situation to follow relevant lines of enquiry

- Good at collecting more factual information

3. Unstructured / in-depth interviews

- Can get to the heart of the issue

- User led and so patient/user focused

- Can be empowering for those being interviewed.

- Interviewees perspectives are really valued
Interviewing people on a face-to-face basis can be an excellent way of gathering good qualitative information. Telephone interviews are usually only acceptable if pre-arranged with the participant. ‘Cold Calling’ should not be used. Face-to-face interviews are best used when:

- tackling a difficult or complicated subject matter that would benefit from more input from the interviewer
- when targeting a small sample group for in-depth views
- gathering specialist views such as from people whose first language is not English (through an interpreter); or
- exploring questions in more depth. Arranging and undertaking face-to-face interviews will therefore be time consuming.

### Street interviews

Street Interviews uses the method known as Rapid Appraisal, a technique that was pioneered in third world countries by agencies such as the World Health Organisation (WHO). The WHO often has to go into areas of high need and quickly assess the situation in order to provide a rapid response. They would approach community leaders, village elders, teachers, doctors etc. and members of the community where they gather.

This technique has been used in the West, predominantly in regeneration areas where quick responses are often needed.

**Stage one** - Workers will go into a small geographical area (such as an estate, town, village) and speak to community leaders, workers, key people such as faith leaders and so on asking people what the main issues are facing the area or concentrating on a particular subject (for example, facilities, young people, activities etc.). From this, a picture will start to emerge about the area, the needs and some solutions.

**Stage two** - use the key issues that have emerged to put together a more structured survey. Take these questions out onto the street and to places where people in the community already meet – for example, school gates at end of school time, community centre, church or other faith meetings such as coffee mornings, pensioners groups or sheltered accommodation, post office queues, bus stops, hairdressers. Anywhere people may gather is a good location. Remember if you are going onto someone’s premises, (for example, the post office or library) always ask permission to be there.

It is a good idea to have formal identification on you with your photograph and contact details so that people can check up on you if needed.

Approaching people - first make sure your I.D. is showing, and approach people by saying who you are and your organisation are and emphasise that you are not selling anything! Show people your survey; if you have kept it short then this may not put them off answering your questions. Explain what will happen to their views and where the information is going. Ask if people want to receive feedback about the survey, if they do take their name and address on a separate sheet from their responses (to ensure confidentiality).

### Discovery interviews

This interview technique used by health or social services tries to discover people’s experiences of a service, an intervention or a life-event. This technique is led by the client rather than interviewer led – the interviewer may have some key prompts to cover in the interview but essentially the client leads the conversation and discusses issues or concerns from their own perspective.

The technique can be used in several different ways – for instance

- To follow-up on people after a long term intervention, for example surgery or in-patient treatment. The interview will gather information from the patient’s perspective about their experience, what went well, what could have made their stay better, any issues or problems that arose, the patient’s views of how these could have been overcome.

- To follow-up relatives or carers after a family member has been into hospital or care home, uses the same approach as above, but from the relative or carer’s perspective.

- To follow-up after a complaint has been made – this ensures that the person’s concerns have been dealt with appropriately and also helps ensure a user-friendly service.
• To get the views of people with dementia, either in their own home or in a care setting. The discovery interview technique allows people to explore things in their own time, at their own pace and without the restraints of a structured questionnaire.

Discovery Interviews could be used in any setting where qualitative views are sought – for example, the experience of carers seeking advice on benefits.

**Public meetings**

A meeting for which there has been an open invitation. There may be a set agenda or the discussion may focus on issues raised at the meeting. In the past, public meetings have tended to be the ‘default position’ for formal consultation activities. However, unless conducted carefully they can be unproductive and produce unsatisfactory results.

**Advantages:**

• Opportunity for a wide range of people to comment or raise issues and, importantly, directly challenge issues
• Opportunity for the service or organisation to put their side of the story
• Offers opportunity for public to challenge issues directly which increases accountability
• Provides an indicator of problem areas and local issues that may not have emerged previously. May provide a good indicator of where to focus attention in the future
• The attendance at a public meeting often is an indicator of how strongly the community feel on a topic

**Open space**

Open space is a meeting framework that allows large groups to have self-directed, but structured discussions around a particular theme. The start of the meeting has no agenda but the group works together to shape the discussion’s format according to the knowledge, experience and energy of those in the room.

Open space (sometimes called open space technology) is a technique developed by Harrison Owen in the mid-1980s. The technique is based upon anthropological evidence that meeting in a circle is the most productive for encouraging honest and frank discussion. The open space refers to the space in the centre of the circle.

**Advantages:**

• Effective at bringing together diverse groups with potentially complex and conflicting points of view about a topic
• Effective at dealing with large groups
• Good at dealing with situations where people are willing to admit they don’t know the answer but think they might generate something useful by working together, more creatively

**World café**

World café is a different kind of meeting format designed to bring people together in an informal setting to have conversations about questions that matter. The underpinning assumption is that people feel more comfortable and creative in a less formal environment and, as its name suggests, this engagement technique recreates a café environment and behaviours to stimulate conversations.

Café conversations link and build on each other as people move between groups, cross-pollinate ideas, and discovering new insights into the questions or issues that are most important in their life, work, or community.

As a process, world café can evoke and make visible the collective intelligence of any group, thus increasing people’s capacity for effective action in pursuit of common aims.

**Advantages:**

• Requires minimal preparation except for ensuring you get the right stakeholder balance in the room
• Connects people with diverse styles and perspectives
• Encourages contributions from everyone because of the naturalistic setting
e-engagement

E-engagement uses information technology (IT) to facilitate the process of engagement. This might be in the form of a focus group chat room, a blog, an online survey or for the delivery of information.

Advantages:

- At its simplest this can be a quick and cheap way of obtaining views
- If the groups you are seeking to consult are IT literate, it is a very flexible way of delivering information and letting people participate.
- As long as you have IT access, it doesn’t matter where or when you are able to respond during a consultation period
- It is possible to use alternative formats (for example language, audio, graphics) to engage with seldom heard groups, including people with disabilities, young people and people who work during the day
- The lack of face to face contact might make it an appropriate technique to deal with sensitive issues

Arts-based engagement

Arts-based engagement refers to a cluster of techniques using drama, music, dance and performance, creative writing, poetry and storytelling, music and the visual arts (drawing, painting, collage, photography, video and three-dimensional arts), as a vehicle for engaging people about an issue.

Advantages:

- Using creative processes to engage about issues can lead to solutions that are more creative.
- Arts-based engagement can succeed in reaching traditionally seldom heard groups, including those who have limited language skills
- The process and products are often high profile and media friendly
- The process itself can stimulate communities and get people from different backgrounds and ages working together towards common purpose
- The process can also deliver individual benefits such as skills development, confidence-building, fun, personal expression and widening horizons

Future Search

Future search is a highly structured planning meeting that ideally lasts for approximately three days. The aim is to attempt to get the ‘whole system’ in the room. The event focuses on the future and common ground rather than conflicts and problems and stresses the importance and validity of different kinds of knowledge that are brought by stakeholders.

Future search is a planning meeting that helps people transform their capability for action very quickly. The meeting is task-focused and brings together 60 to 80 people in one room or hundreds in parallel rooms across three days. People tell stories about their past, present and desired future. Through dialogue they discover their common ground. Only then do they make concrete action plans.

Advantages:

- The group begins to understand the perspectives of others by hearing what the group thinks and feels about the issue
- If the stakeholder balance is managed correctly a rich mixture of information is brought to bear on the issues being discussed
- A future search leaves a legacy after the event because it encourages self-management and personal responsibility for action during and after the conference
Deliberative Mapping involves both specialists and members of the public. It combines varied approaches to assess how participants rate different policy options against a set of defined criteria.

The citizen and expert participants are divided into panels (often according to gender and socio-economic background to ensure that people are comfortable voicing their views).

The members of the public and the experts consider the issue both separately from one another and at a joint workshop. This allows both groups to learn from each other without the experts dominating. The emphasis of the process is not on integrating expert and public voices, but understanding the different perspectives each offer to a policy process.

The groups themselves determine which criteria they will use to score the options against, thereby limiting any structural bias. Deliberative Mapping incorporates both quantitative and qualitative methods and participants work both individually and as a group.

A sample of the public (around 40 people) from varied backgrounds are recruited onto citizens’ panels. The experts (around 20) are selected to reflect the full spectrum of specialist knowledge in an area.

Deliberative mapping can deliver greater legitimacy for decisions, information about public preferences towards policy option and information on the different aspects of an issue and the considerations around them.

Advantages:
- Specialists contribute to the process without dominating
- Combination of different approaches creates a deep and comprehensible understanding of public priorities
- Assists in mapping out the range of values and priorities held by public and ‘expert’ individuals towards a particular controversy or series of policy options
- Creates a good understanding of which options different groups in general would prefer if they had the chance to learn more about the issue

Events are usually one-off occasions that can either be directly related to the issue being explored in consultation (for example a men’s health awareness day) or used to build community capacity (for example a family fun day).

Advantages:
- Events can be flexible different venues, different times etc.
- Provides good ad-hoc feedback suggestions and comments
- An open day can give an opportunity for users to become familiar with your premises and services
- Good opportunity to contact users and potential users

Open day or listening events

Should be a relatively informal occasion where local people or service users have the chance to meet staff and volunteers.

Format:
- Set up an exhibition of your project, scheme or ideas in a public place (could be a church hall, community centre, library, or in a shopping area) for a whole day
- Have people at the stall who are there to engage with local people about the subject, these are your ‘listeners’. These can be staff, local people, ‘experts’ etc.
- Have a system of recording people’s comments, suggestions or complaints so that this can be analysed at the end of the event
- Think about giving an incentive for participation – for example, a free draw for a prize (ask local stores for gifts), free balloon for children.
- If you are thinking of having an open day it is probably best to hold this on your own premises so users and potential users can see your services for themselves
• For a listening day it will be more appropriate to choose an accessible venue that lots of people already use or close to where people are

Practicalities:

• Publicise the event well to get good attendance. Use organised groups in the community, community and voluntary leaders, key workers and so on. Posters and flyers can help

• If you want to attract a particular group you will need to target them. The personal touch is often best and helps to develop ongoing relationships

• You will probably need to set up stands, equipment and so on beforehand so give yourselves plenty of time

• Think about refreshments (for participants and staff/volunteers)

• Make sure health and safety figures in your planning early on - at the very least you need to think about insurance, risk assessment and an evacuation plan

• Make sure your venue is fully accessible and appropriate

• Do not expect a representative sample of views, those attending will be largely self-selecting or have special interests

— Citizen / Community panels

Citizens / Community panels are a standing pool of people recruited for their views on an ongoing basis. It can be used to build a picture of local people's views of services, strategies and issues.

A representative selection of local people is recruited through random selection and sizes can vary from 300 to 3500 people depending on the size of local population. Surveys are sent out on a regular basis, often four times a year and usually cover a range of subjects.

Advantages:

• Adds credibility to any consultation process
• Helps you concentrate on issues from a user perspective
• Good way to ask larger numbers of people about a range of issues
• Can track changes in views over time as it creates ongoing dialogue with users
• Panel can (and should) reflect the whole population
• Can be used to examine any differences between people living in different areas
• Can be a useful sounding board on which to test-out ideas and plans
• Can give feedback relatively quickly

— Service user panels/reference groups

A service user panel is made up of a small group of service users along with one or two senior managers (who can affect change and are decision makers). Where a focus group usually only meets once, a user panel will meet on a regular basis over a longer period.

Advantages:

• A user panel can act as an ‘early warning’ system for problems or issues that may arise and help form a collective view of possible solutions.
• User panels draw on the expertise of service users to help develop services
• User panels can also be used to test out plans or changes to services before they go live

— Participatory appraisal

Participatory Appraisal (PA) is an approach to learning about communities that places equal value on the knowledge and experience of local people and their capacity to come up with solutions to problems affecting them.

PA is a growing collection of methods, tools and techniques for interacting with people in a way that enables everyone to share and contribute their skills and experience and knowledge of life.
This creative learning process involves a team of local people, people from local groups, services and organisations all with different backgrounds and experience working together.

PA usually uses a combination of methods to collect information, for example street interviews alongside informal focus groups, organised events and questionnaires. It rarely relies on one method of consultation.

An essential part of PA research is the verification process, which enables participants to verify and extend upon the initial findings. Verification not only seeks to inform local people about any proposals, it also helps validate findings by ensuring triangulation (cross checking) of the information gathered between all groups involved.

Advantages:

- The ethos underlying PA leads to shared ownership of research projects
- It encourages community based analysis of problems
- The method is orientated towards community action
- It can lead to community involvement in the decision making processes
- It can build community capacity in an area because of the training that this method requires and so develops longer-term sustainability
Useful resources & contacts
Vibrant Communities are focused on empowering local people to have their say in how things are run and supporting communities to play a part in managing local facilities and services.

The Vibrant Communities team delivers a range of services focused on developing sustainable communities and reducing inequalities, by providing prevention and early intervention.


Telephone: 01563 576705  Telephone alt: 01563 578104
Email: vibrantcommunities@east-ayrshire.gov.uk
Facebook: www.facebook.com/eavibrantcommunities

Third Sector Interface- CVO (East Ayrshire)
CVO is a core partner with Volunteer Centre in the Third Sector Interface in East Ayrshire, together the organisations support the growth of a diverse third sector, from small voluntary groups to large social enterprises. There are a range of training, capacity building and development support available.

http://www.cvoea.co.uk/

Scottish Community Development Centre (SCDC)
SCDC are a company and registered charity that supports best practice in community development. SCDC provide training and consultancy support in all aspects of community development to all organisations and partnerships that work in and with communities. SCDC work across sectors and with a wide range of professions to support community engagement and community capacity building in any context and at strategic and practice level.

SCDC was the delivery organisation for the National Standards for Community Engagement Support Programme 2005/2007. A copy can be downloaded from SCDC website at this link

http://www.scdc.org.uk/what/national-standards/

VOiCE
VOiCE is planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement. VOiCE is published by the Scottish Government as part of its support for implementation of the National Standards for Community Engagement.

http://www.scdc.org.uk/
Scottish Health Council

The Scottish Health Council promotes Patient Focus and Public Involvement in the NHS in Scotland. A key aspect of our role is to support NHS Boards and monitor how they carry out their statutory duty to involve patients and the public in the planning and delivery of NHS services.

The Scottish Health Council has several core functions:

- Community Engagement and Improvement Support – providing proactive and tailored support for NHS Boards
- Participation Review – reviewing and evaluating NHS Boards’ approaches to involvement through the Participation Standard
- Service Change – supporting NHS Boards to meet the requirement to involve people when planning or changing local services
- Participation Network – a centre for the exchange of knowledge, support, development and ideas.

There are a number of resources available including the Participation Toolkit which can be accessed at the link below;


http://www.scottishhealthcouncil.org/home.aspx