



Developing a Good Engagement Charter Consultation Report



May 2013

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1. Introduction

In developing as new organisations, Healthwatch Coventry and Healthwatch Warwickshire have reflected on the kinds of tools and structures that would help to ensure that the voices of people in Coventry and Warwickshire will be heard and will influence the improvement of health and social care services. Drawing on their experience from Local Involvement Networks (LINks), they decided to work together to investigate what local people expect from consultation and engagement activities and what would encourage them to get involved.

Merida Associates were commissioned to produce a self-completion survey for wide dissemination across Coventry and Warwickshire to find out:

- What type of 'engagement' activities people are willing to take part in
- What helps people to feel that 'getting involved' is worthwhile
- What else is important for good engagement
- What practical considerations support good engagement

In addition, the consultants' team were required to hold 6 focus groups across both areas and to ensure views were gathered from a wide range of people. People took part in the following ways:

271 people completed the survey, either online or a paper copy

112 people took part in focus/discussion groups (14 groups)

- 2 open focus groups in Coventry
- 2 groups of people with Learning Disabilities
- 3 groups of Mental Health service users
- 2 groups of young people
- 1 group of Asian women
- 1 older people's committee
- 1 residents association
- 1 arts and crafts group
- 1 group with a long-term condition

9 people took part in one-to-one telephone interviews

Team members also attended two events for older people in Warwickshire and were able to talk with 50+ older people.

This report presents a summary of the findings from the consultation activity and provides information to inform the development of a Good Engagement Charter. Demographic data was collected for survey respondents and this is summarised in Appendix 1.

2. What do people think engagement means?

Healthwatch Coventry and Healthwatch Warwickshire were interested to find out what local people think is meant by the term 'engagement'. The Merida team found, when encouraging members of the public to take part in this consultation, that 'engagement' is not an easily understood term for most people. We talked about 'giving your views' or 'getting involved' to help people understand what the survey was about. For young people, from both the groups we visited and on some survey returns, the term relates purely to being asked to get married as they had not come across it in any other context.

Most of the people interviewed for the consultation, and those who took part in discussion groups, have been 'engaged' by public sector services in the past. There was a general view across these groups that engagement activities were often 'tick box exercises', something that statutory agencies had to be seen to do but that carried no weight. Many people described consultation processes as paying 'lip service' to involving people. Many people said that they felt decisions had often already been made.

"Health providers have consulted (in the past) and gone away and done exactly what they planned in the first place (..) It is debilitating – what's the point? It is failure of influence."

Other people felt that 'engagement' activities can seem as though agencies are "slanting things towards the outcome they want" and that, as a consequence, it is a waste of time getting involved because their views will not be listened to.

One person queried the term 'engagement' they felt it was important to be clear what was meant. That person knew about different levels of engagement that he described as ranging from 'providing information', through 'gathering patients' views' to 'patient influence'. No-one else expressed an understanding in this way of the different levels of engagement.

A few people talked about their expectations of the Good Engagement Charter. The key points being that health and social care providers must sign up to the Charter and publicly commit to it. Providers and commissioners must include the Charter in their strategic documents and the Charter should work both ways – with expectations about how people should be meaningfully engaged and expectations that 'representatives' should demonstrate how they have gathered views widely and are not 'speaking for' people as unrepresentative voices.

Good engagement

People were asked in interviews and discussion groups if they had any examples of good engagement processes to share.

Grapevine and Make It Easy (New Ideas Advocacy)

Both organisations support people with Learning Disabilities and the people in both groups had been involved in a number of engagement activities. The Make It Easy group helps statutory agencies to produce leaflets and other information in forms that are accessible for people with Learning Disabilities. Grapevine is well networked with health and social care providers who *“are very keen to engage us as a ready to use pool of people”*.

Coventry City Council

One interviewee reported how visually-impaired groups are being consulted by Coventry City Council on changes in road crossings in Coventry city centre and being listened to. Another commented that she had personal experience of being involved in a user group that got the Council to think about things differently.

Coventry Police

Members of Coventry Youth Council described how the Police in Coventry hold a young people’s summit. They work with children and young people to design it and young people run and host it. There are activities and free food, it is held in easy-to-get-to place and it is fun.

“They don’t dumb it down for us but they do make it appropriate for children and young people and know how to get us involved and talking and enjoying ourselves.”

“What they do is:

- *Provide us with info up front and start with talking to us first*
- *Let us do some activities to think about what they’ve said*
- *They make sure there’s time and room for debate”*

Groups with long-term conditions

One person described how they had contributed to the development of Expert Patient Panels, by suggesting that they be made up of people from different conditions, rather than condition-specific, so that people with different long-term conditions could identify common ground, and that point of view was listened to and acted on.

Another person told us about his experience of being involved with the Arden Cancer Network. He had got involved in the Network through a cancer support group that had helped him in the first few weeks following being told he had prostate cancer. Arden Cancer Network brings together clinical staff (such as specialist consultant doctors) and patient representatives from across a number of sites to share best practice in the treatment of urological cancer. He felt that it was important that doctors and other clinical people could hear from patients and that he was able to take information back to patients in his support group about the latest treatments. He also supported other recently diagnosed men to ask questions about treatment and surgery, especially on things like surgeons' performance figures. Funding for the Network has recently been cut and it is uncertain if it will continue.

Mental Health

One Mental Health service user described attending a workshop-type session on Hate Crime. The workshop brought together people from different sections of the community that have been subject to hate crime to share their experiences with a view to developing a prevention strategy. The service user liked the format of the event, he liked getting a chance to speak and listening to others. He enjoyed working in small groups and felt it was important to know the reason for the meeting and what would happen as a result.

Another Mental Health service user felt that the Q awards – the Partnership Trust's quality awards scheme – was a good example of engagement as service users sit on the award panels.

Poor engagement

"Poor engagement is worse than no engagement"

Voluntary organisations are recognised by many statutory providers as the route to reaching various communities because they deliver services on the ground, so they are often asked to respond to requests for engagement.

Several interviewees expressed the view that these requests can feel tokenistic because:

- Voluntary organisations are asked to be involved at the last minute which makes it difficult to involve users.
- Voluntary organisations can sometimes end up speaking 'on behalf' of service users because there is not enough time or resources to engage people properly.
- They receive no feedback after the engagement activity.
- Consulting agencies are reluctant to pay appropriate costs for user involvement.
- There is no proper explanation of what people will be asked.

- There is no proper explanation about what the information is wanted for – no bigger picture.
- It is not unusual to be asked to find people to be involved and then the activity is cancelled at the last minute.

“Half of me says I don’t know why we bothered because we just raised people’s hopes.”

Groups that support people with Learning Difficulties and Disabilities

- Groups have found that they are being asked about the same things by different agencies; there is quite a lot of repetition because agencies do not co-ordinate their engagement activities.
- One person said that sometimes it can feel like a box ticking exercise so they can say ‘we’ve consulted with people with learning disabilities’
- *“It can be last minute – and it doesn’t work like that. If we want someone with a learning disability to attend an event it takes time to organise”*
- Sometimes workers are invited to attend engagement activities as someone who works with people with learning disabilities, instead of the people themselves.
- Consultation events can be too long, with too many words and too much jargon for people with learning disabilities to participate effectively.
“They need to engage with us about how to engage with people with Learning Difficulties and Disabilities”

Young people

Young people felt that organisations carrying out consultation and engagement activity didn’t really know about involving young people, and based engagement activities on assumptions about what works from an adult point of view.

Young people in discussion groups were asked to give examples of poor engagement and they came up with the following:

- *“Some people come and ask us for advice and then we don’t hear anything*
- *Sometimes organisations and companies come to us just to use us to tick boxes*
- *Don’t make assumptions about us*
- *Don’t expect us to know or not to know what you’re talking about*
- *Don’t talk to a small group of children and young people and assume that’s what we all think - the same people can be called on and over-used because they are prepared to take part – a small circle of people*
- *Don’t patronise us”*

Mental Health

One Mental Health service user described a focus group they had attended on acute Mental Health services. She felt it was like lip service because she had valid but negative points to make but felt she was closed down – *“they didn’t want to hear negative stuff”*.

Black, Asian and Minority Ethnic groups

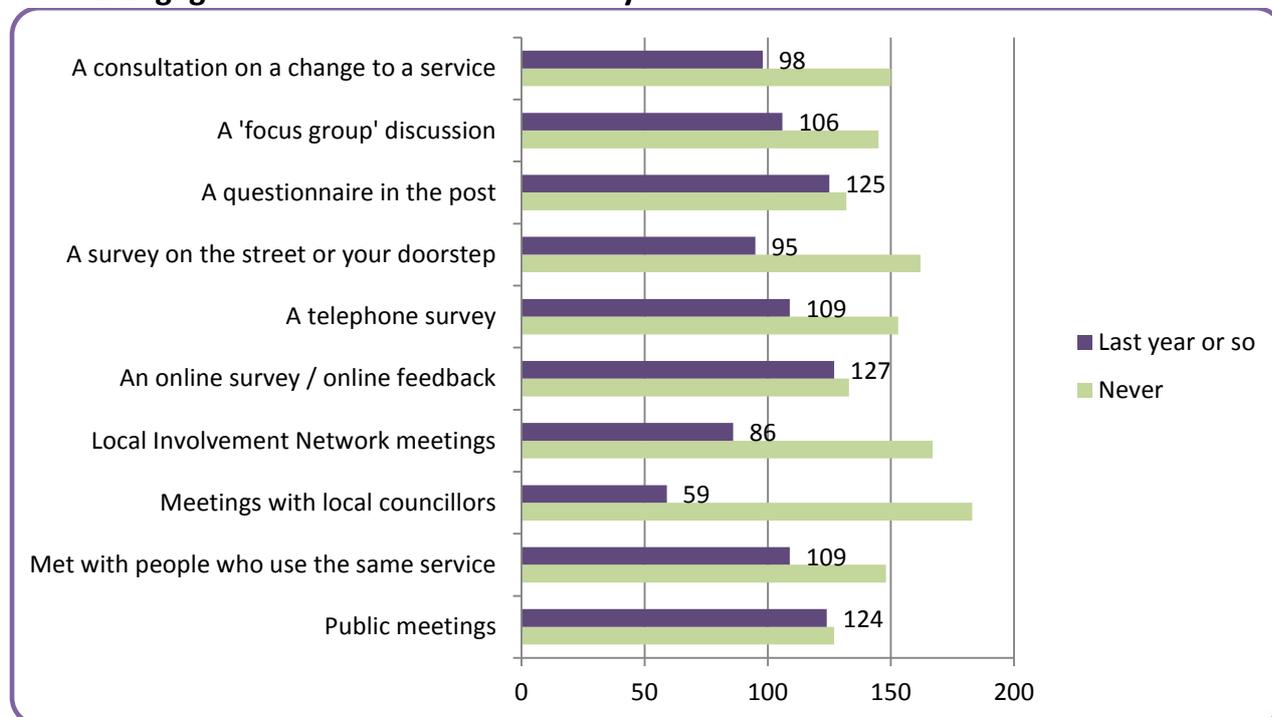
Assumptions are made about groups in communities being the same, one person commented *“People bracket us all together, we may all have the same skin colour but we’re not all the same underneath.”*

One interviewee noted that written engagement materials, like surveys, exclude a lot of people who are not literate, including people who do not read and write in their first language either, if it is not English. This point is equally relevant for English speakers with literacy problems.

3. Types of ‘engagement’ activities people are willing to take part in

People who completed the survey were asked what types of consultation activity they have taken part in over the past year or more.

Chart 1 Engagement in consultation activity



No. respondents 271

The survey data indicates that online surveys, postal questionnaires and public meetings are activities that people are more willing to take part in. People were also

asked what other activities they have been involved with and these included specific engagement mechanisms such as Patient Reference Groups, Expert Patient Panels and Youth Councils and representative groups such as residents associations and older people's forums.

Young people

Young people provided some useful insights about the use of the internet and social media as engagement tools.

- *“Don't assume that Facebook and Twitter is the best way to get in touch with us – we're often told (through PHSE and other lessons) not to get involved with things from people we don't know online.”*
- Consultation via Facebook would need to be through a private group; otherwise young people would not feel it was confidential enough. Several young people said that if they get a message from someone they do not know on Facebook they assume it's a virus and ignore it. They did agree that Facebook does have the advantage of being easy to access.
- Texting young people and asking them to text back costs them money.

Young people thought that focus groups and visiting existing youth groups for a discussion was a good way to involve young people. One advantage of a focus group approach is that there can be a lot of discussion of a subject beforehand to make sure everyone is clear what they are being asked about.

They pointed out that you need to go to the places where young people are, as not everyone goes to youth groups. Going through schools was thought to be a good way to reach most young people. They often have outside speakers in assembly, and a questionnaire could be given out in an envelope for people to return later.

Young people had quite a few ideas for making paper surveys accessible to them:

- Anything on paper needs to be colourful with pictures
- It should not be pages and pages of writing
- It should not be black and white – too clinical, and this may scare people or make them feel shy
- It could be a small piece of paper asking for a score out of 10 e.g. as you leave a doctor's surgery, or 'Did you find everything you were looking for?' with a comment box

There was general agreement that young people are more likely to respond to very simple questions where you just have to put a couple of ticks. They suggested if you wanted young people to answer a rating or scaling type question that it may be better to have smiley faces and a number scale. Most of one group liked smiley faces, but there was recognition that some people might find it too childish.

Mental Health service users

The view from Mental Health service users was that there should be a wide range of ways for people to be engaged. There was a general view that face-to-face discussion is more reflective and creative than questionnaires and that people preferred to speak with someone. Several people mentioned that they were not comfortable in large groups or meetings and preferred one-to-one or small group discussions with people they know and in a place where they feel comfortable and safe.

People were open to a range of engagement mechanisms, some would consider telephone surveys if they were short and kept to time, especially if they knew they would be called at a specific time, by appointment. Other people said the same about doorstep surveys, that they would take part if they knew the person was coming and they had proper I.D., so long as they were feeling well. Some people were happy to be contacted on their mobile phone, as long as it was free. Direct, communication by letter or online was a preferred approach. Some people felt strongly that any online surveys must be made accessible with clear instructions on how to zoom in on the screen. Others pointed out that not everyone has access to the internet. The important thing was that people had a choice about if they wanted to get involved and how.

People with Learning Difficulties and Disabilities

People with Learning Disabilities' preferred engagement activity is for someone to visit a group they go to. They would prefer to receive a letter inviting them to attend the session, with at least two weeks' notice. They would expect the questions to be understandable for their groups and suggest that organisations like Grapevine and New Ideas could help with that. They think narrative techniques, asking people to tell a story about their experience, is a good way to involve people.

With regard to paper surveys, people with Learning Disabilities made a number of suggestions:

- Large print – 16 or 18 font is recommended
- Prompt pictures beside each question
- Simplifying the structure of the questions- for example, ratings questions were considered difficult
- It could be read onto a tape
- It could be available in other formats e.g. braille

Electronic and telephone communications were not felt to be helpful, although some people could take part by phone but they would prefer to receive a letter in advance saying what time they would ring and some idea of the questions in advance.

Older people

Many of the older people who completed the survey were attending either an older people's open day or a conference, so they were more likely to be active and, to some extent, already engaged. Many in this group said they would initially like some written information, either by email (very popular) or by post, advising them what the consultation is about and how they can get involved.

Many people also said that would prefer to be engaged directly, face-to-face in a one-to-one conversation or as part of a group they were a member of, for example an Older People's Forum. Older people were not keen on telephone contact or people on the doorstep, unless they have an appointment. Several mentioned that they would not be able to participate outside the home without support with transport. Some would be happy to attend public meetings if it was a topic that interested them.

Asian women

Asian women who responded to the survey would like to be engaged by something that is easy to read and understand. Women who attended a group discussion felt the best way to involve Asian women was to attend a group they already go to, where they feel comfortable to take part and there may be support available to help with any communication barriers. It was felt that, because some Asian women are not accustomed to being asked for their opinion, they might require reassurance about why they are being asked questions so that they can understand the reason.

E-petitions

One suggestion was to use e-petitions as a way of influencing health and social care providers, some people felt that people banding together around a petition really can make a difference and they liked that it is easy to sign up by email. People who had signed e-petitions liked the updates they got and the instant feedback when they had been successful.

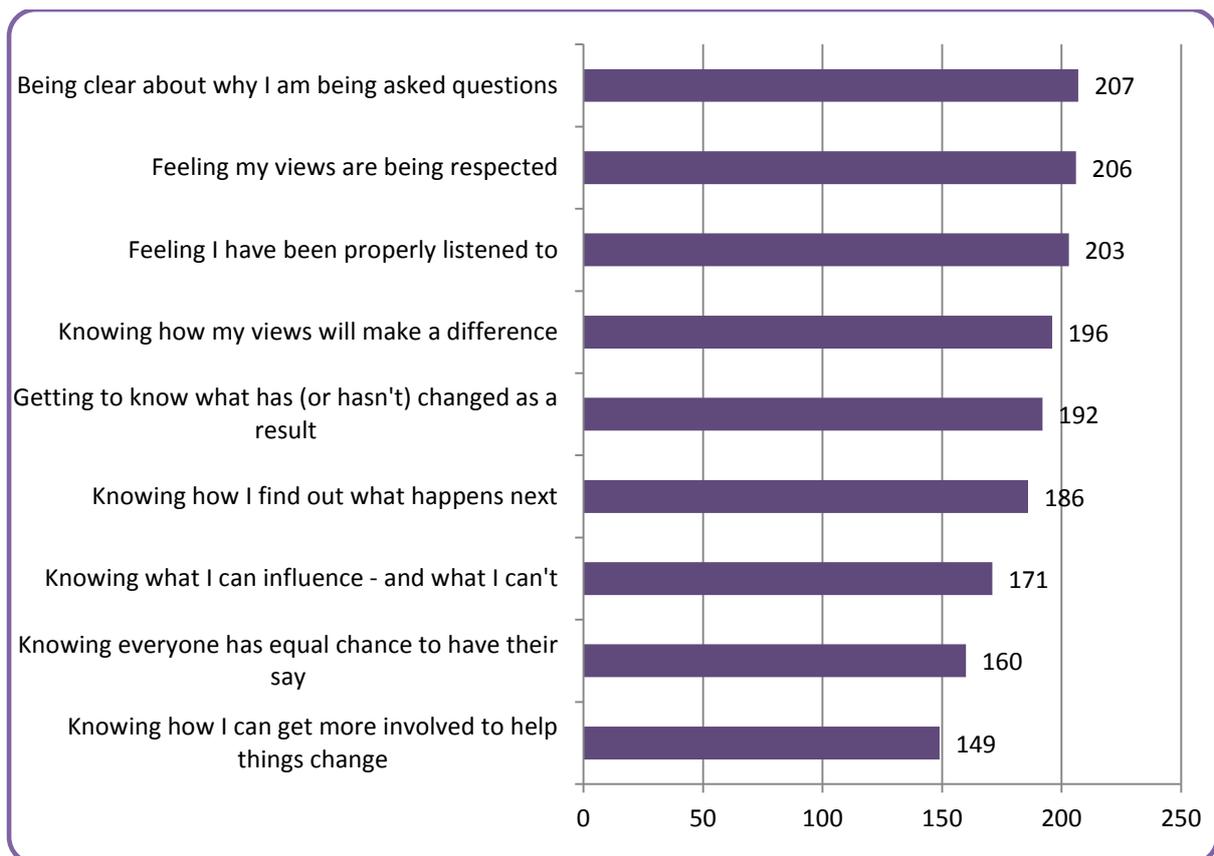
4. What would encourage people to take part

People who responded to the survey were asked which of the elements in Chart 2 (below) would help them to feel that 'getting involved' was worthwhile. There was general overall agreement that most of the suggested elements are important. The data indicates that people want to know why they are being asked questions, to be reassured that their opinions will be heard and will inform decision-making and they want to hear about the results. In discussions people were clear that not hearing about what happens afterwards was what made them feel that it was not worthwhile getting involved. Some people thought Healthwatch can build credibility by promoting where it has influenced decisions or service changes in the short term.

People were asked what else would help them to feel it was worthwhile to get involved, survey responses include:

- Speaking to someone their own age (young people)
- Giving people choice in how they can engage, speaking to them on their own terms
- Having follow up meetings to report back
- Clear communication and knowing how what you say will be used
- Respect for the time people give to take part / incentives
- Related to where they live, their local area *“Local is very important”*
- Relevant to their own experience

Chart 2: Which of these elements would help you to feel that ‘getting involved’ was worthwhile? Choose all that apply



No. respondents = 264. Respondents could choose more than one answer.

Evidence from interviews and discussion groups adds that people are more likely to take part if engagement material is clearly branded to an organisation people know

and trust and also where the questions relate directly to people's own experience or local area.

Young people

Young people in group discussions offered some key messages for consulting with children and young people, to encourage them to feel it is worthwhile:

- Ask up front and explain what you want them to do
- Young people need to understand the questions you are asking
- Let them come up with ideas about how they want to be involved
- Listen to what they say (this is very important)
- Make changes in light of their comments
- Go back and tell them what you have done, even if you couldn't change anything they would like to know why

Young people would like time to discuss questions as a group and identify key points from the group to feed in to the consultation. Where they meet as a group, youth workers, teachers or other trusted adults could support them to take part. They prefer taking part in fun activities where there is a mix of listening and talking.

Mental Health service users

People attending drop-ins, other activities and groups made several suggestions for how to encourage Mental Health service users to take part in engagement activities.

- People don't like to be asked about everything, engagement should be on a specific topic, something people can relate to and not take too long
- People should know their involvement is part of a wider process – there was a view that people would feel that their opinion is more likely to carry weight if they are not being asked in isolation
- There was some concern about email surveys – *“you don't know who you're giving the information to”* – some people would need reassurance that their views or private information would not be read by everyone
- One small group discussed the need for a cultural shift for Mental Health service users – some people will need to be empowered to take part because they do not feel able to give an opinion – *“people have been conditioned because decisions have always been made for them”*. Also, it was felt that people do not expect to get feedback so there is a need to raise their awareness that they should have a right to hear what happens as a result of their engagement
- Some people felt strongly that transparency and honesty is important – *“lack of honesty weakens trust”*

“If they have already made a decision, SAY they’ve made a decision”.

- Service users want to know what can they expect, how can they be involved and the outcome of the consultation
- They would like people’s ideas to be acknowledged (in feedback) even if they cannot happen - give justification for how and why decisions are made
- Focus groups should explore all opinions and be neutrally facilitated
- A lot of people uncomfortable in big meetings
- There is anxiety for Mental Health services users about changes in services, so engagement needs to have clear, consistent messages to reduce risk of anxiety

Black, Asian and Minority Ethnic (BAME) groups

Evidence from interview and discussions highlights that BAME communities are not all the same and that engagement activities would be most successful where they take into account cultural differences and expectations. One interviewee who is experienced in promoting public health messages in Sub Saharan African communities in Coventry suggested that engagement on health and social care should be combined with cultural events, including things that people enjoy such as music or dancing. He was of the view that people would be reluctant to attend events that were purely ‘engagement’. Other people supported this view, suggesting a range of events such as coffee mornings and health roadshows. Asian women, it was suggested, would prefer engagement activities to come to them, to a group or centre they are familiar with. In common with views expressed by young people, there is a view that engagement activities should be fun or entertaining.

Publicise when it works

Communication has been identified by lots of people in this consultation as an essential component of any engagement process. Letting people know what the engagement process is about, how and why they should get involved is very important, but so is widely promoting the outcome of an engagement process. People would like to see examples of where what local people have said has made a noticeable difference. They would like it presented in a “What people said” and “What change was made as a result” format.

There was strong view that it is very important to show people that their opinions do count.

Many people thought that it was important to promote opportunities to take part in local papers and the media and to promote the outcomes of the engagement process just as widely so that people can see what has happened as a result.

Women at a group for Asian women expressed the view that Asian women think their opinion does not matter, so it is vital to feedback to them. One suggestion was to use the Asian Network radio in Coventry to reach Asian women and let them know they have been heard. It was felt that Asian women are less likely to see articles in the local press.

Some people said they like to see senior figures from agencies undertaking the consultation at engagement public events, as it gives them confidence that the engagement process is being taken seriously and that they will be listened to.

Other encouraging factors

In the survey, people were asked “if an organisation was to try to talk to you about making changes to their services, how would you like them to go about it?”, responses include:

- Lots of people said they would like to be personally notified/invited by email or post
- Some people would like to be informed about a consultation process, for instance when they attend a service, but then be given time to think about the questions, rather than being put on the spot to answer immediately
- Lots of people would like face-to-face engagement, including visits to their local groups
- Some people would like options to be clearly presented and to be able to vote on them
- Some people prefer to engage in consultations on services they have direct experience of – *“Ask me about things I have good knowledge about”*
- Lots of people think there should be a range of ways for people to take part, including activities for people who cannot attend meetings
- Being clear where people can make a difference – not rubber stamping decisions that have already been made and having an understanding of how and why decisions are arrived at

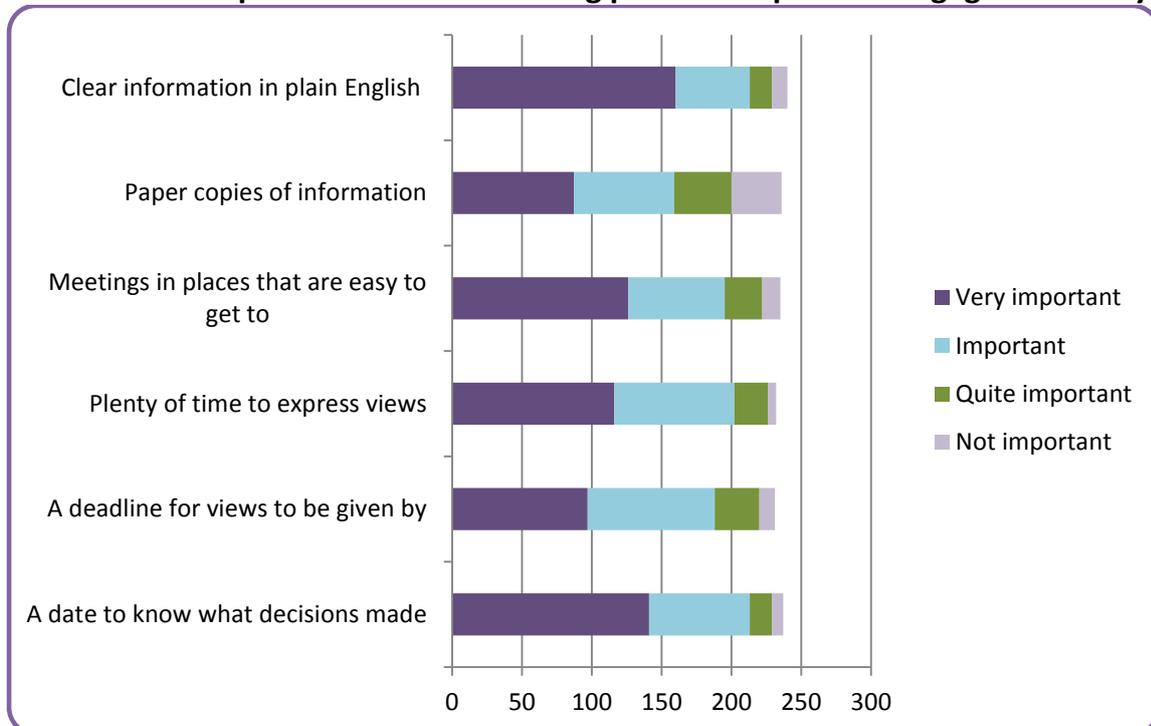
5. Practical considerations

Responses from the survey show that clear communication in plain English is the most important practical requirement when developing engagement materials. People with learning disabilities made useful suggestions for presenting information and questions in accessible formats.

There is a view that if communications are understandable for people with learning disabilities, they are understandable for most people.

Clear dates for providing feedback were the second most important.

Chart 3: How important are the following practical aspects of engagement for you?



No. responses = 244

People were asked what other practical arrangements would help people to get involved, responses include:

- Refreshments
- Incentives, *'free stuff'*
- Enjoyable activities, less box ticking – more interesting events
- Plenty of notice of meetings
- Convenient times for different people – include evenings and weekends
- In local areas, venues that are easy to get to by public transport, safe environments where people feel comfortable
- Chances to speak with someone one-to-one or in a group
- Simple, clear communication, no abbreviations - jargon buster, have a dictionary of terms used so that people can understand what technical/medical/specific words and terms are being used in consultation material
- *"Leaving surveys in a pile doesn't work – give them to people personally"*

- Friendly and helpful approach by people asking questions
- Use existing networks
- Well-advertised – celebrity endorsement
- Parking, travel costs reimbursed
- Feedback in GP surgeries and positive messages about getting involved
- Acknowledge input – credit people for what they have done
- Thank people for being involved.

International Association for Public Participation - Spectrum of Participation

The International Association for Public Participation’s spectrum of participation is a recognised global standard for naming the different levels of participation.

IAP2 PUBLIC PARTICIPATION SPECTRUM

INCREASING LEVEL OF PUBLIC IMPACT 				
INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Public Participation Goal:	Public Participation Goal:	Public Participation Goal:	Public Participation Goal:	Public Participation Goal:
To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the Public:	Promise to the Public:	Promise to the Public:	Promise to the Public:	Promise to the Public:
We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Tools:	Example Tools:	Example Tools:	Example Tools:	Example Tools:
<ul style="list-style-type: none"> • fact sheets • web sites • open houses. 	<ul style="list-style-type: none"> • public comment • focus groups • surveys • public meetings. 	<ul style="list-style-type: none"> • workshops • deliberate polling. 	<ul style="list-style-type: none"> • citizen advisory committees • consensus-building • participatory decision-making. 	<ul style="list-style-type: none"> • citizen juries • ballots • delegated decisions.

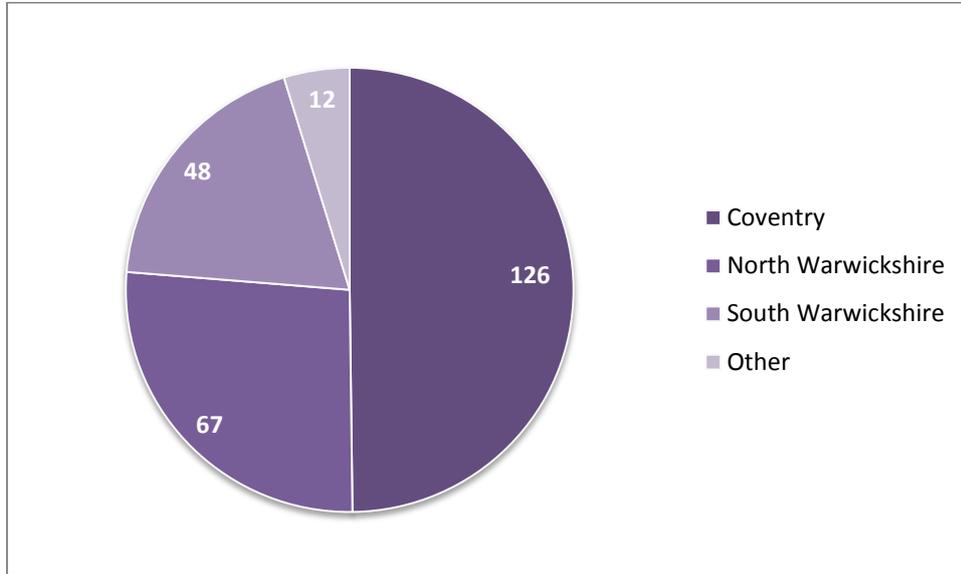
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For more information regarding the IAP2 Public Participation Spectrum, refer to <http://www.iap2.org> .

Appendix 1: Profile of survey respondents

Total number of survey respondents = 271

Location



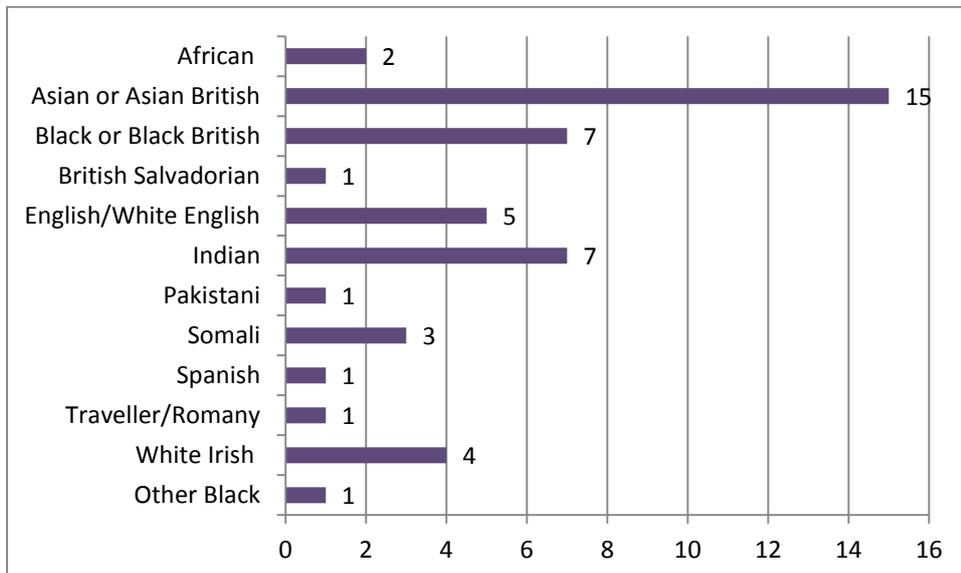
No. respondents = 253

In the 'Other' category, 11 people are from Rugby and 1 from Southan.

Ethnicity

Survey respondents were mostly White British (191) which equates to 79% of people who answered the question (243). Table 1 shows the breakdown of respondents who identified themselves as other than White British.

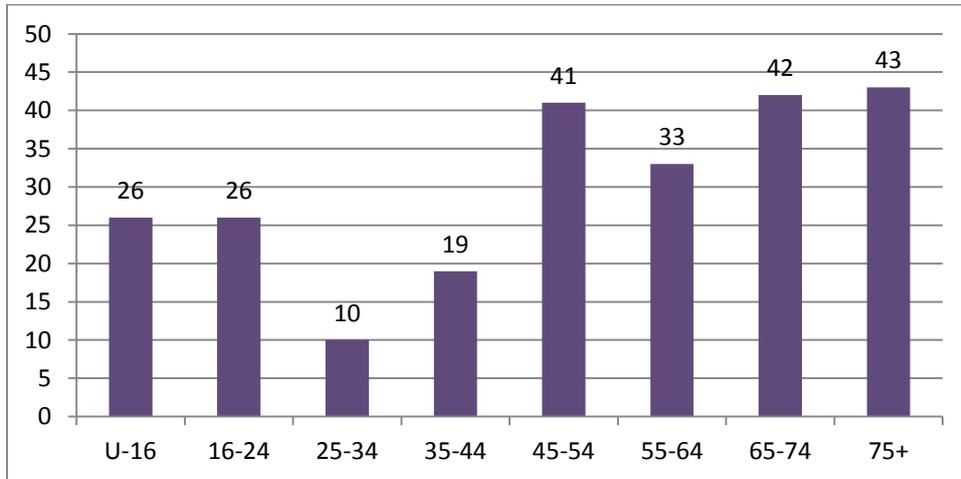
Table 1



No. respondents = 52

Age

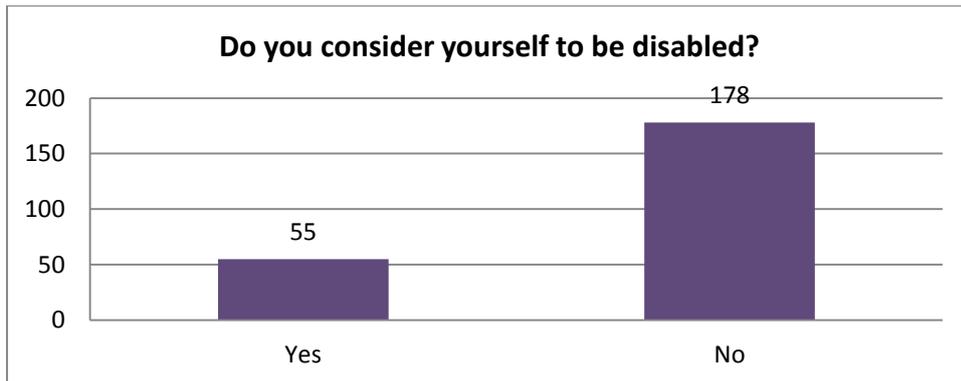
Table 2



No. respondents = 240

Disability

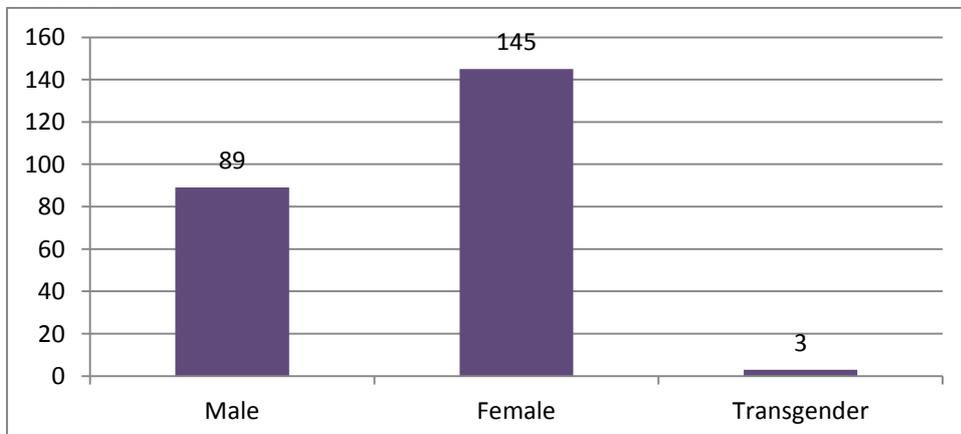
Table 3



No. respondents = 233

Gender

Table 4



No. respondents - 237