

Final South Gloucestershire Community Engagement Strategy

2008 - 20011

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1. Introduction

From April 2008 local authorities with social services responsibilities have been given funding from the Department of Health and a duty to make sure that LINK activities can take place in their area. Bristol has commissioned the Care Forum to take the LINK activities for South Gloucestershire forward.

South Gloucestershire LINK aims to:

- To reach out to community and voluntary health and social care providers
- Strengthen, develop and sustain opportunities for local people and community and voluntary groups to influence their health and social care
- Manage and co-ordinate engagement activities
- Provide opportunities for participation from all sections of the community, particularly people and groups that seldom seen or seldom involved in community engagement activities
- Shape and influence the development and delivery of health and social care services
- Listen to communities and ensure feedback to participants about the outcomes of consultation and engagement
- Provide variety, flexibility and choice in community engagement activities

- Provide community engagement activities with a clarity of purpose
- Work with integrity when establishing community engagement activities

2. What is Community?

When engaging with communities there is no 'one hat that fits all' therefore communities need to be provided with a variety of ways to be involved with the LINK.

The term community has three different meanings:

1. Community of identity – e.g. youth forum, Older People's forum
2. Communities of interest – e.g. user groups, tenants groups
3. Communities of local / geography – e.g. rural communities, neighbourhood action groups

To provide the widest opportunity to engage with local people, opportunities and activities need to be provided for all of the above communities to take part.

3. What is Community Engagement?

The term 'community engagement' is often used interchangeably with consultation, participation and community involvement. A lack of clear understanding about the term leads to misunderstanding of what the LINK is trying to achieve when engaging communities, the Link will work with all service users groups but it's main focus will be on health and social care services. Community engagement is actually an umbrella term which refers to the following ten national standards:

1. Involvement – identify and involve people and community organisations who have an interest in health and social care
2. Support – identify and overcome any barriers to involvement
3. Planning – gather evidence of the needs and available resources and use the evidence to agree the purpose, scope and timescale of the LINK engagement and actions to be taken
4. Methods – agree and use methods of engagement that are fit for the purpose
5. Working together – agree and use clear procedures that enable the participants to work with one another effectively
6. Sharing information – ensure that necessary information is communicated between participants
7. Working with others – work effectively with others with an interest in community engagement
8. Improvement – develop actively the skills, knowledge and confidence of all participants
9. Feedback – the results of the engagement to the LINK and wider community
10. Monitoring and Evaluation – whether the engagement process achieves its purpose and meets the national standard for community engagement

Engagement can take many guises, from structured surveys to small community meetings. Informal and unstructured engagement, such as views expressed to LINK Development staff, by community members are valuable findings to improve health and social care services. It is important that all forms of community engagement are recognised.

4. Why do we need a Community Engagement Strategy for the LINK?

The LINK is bound by a number of statutory duties to consult with communities, commissioned through the local authority and has to be accountable to the Department of Health. In the terms of reference South

Gloucestershire LINK have listed the communities the LINK aims to reach out to and hear issues and concerns of health and social care.

It is important that all partners are aware of the statutory duties applicable to the LINK so that expectations can be managed and the initiative delivered appropriately, particularly as consultation and involvement are continuing to increase under the Government agenda to modernise public services. Alongside the LINK's statutory duties, community engagement can be used to:

- Provide a first point of contact for local community groups to work together on health and social care issues
- Inform the community with relevant information about LINK strategies, plans and services
- Increase awareness about the role and responsibilities of the LINK
- Identify the needs of communities with regard to their health and social care issues and concerns
- Identify the needs and access issues of local people who do not actively access health and social care services within the community
- Build a positive relationship with and between local people through a process of informing, listening, involving and supporting
- Work with the voluntary sector and community groups that provide services within the community to give people better opportunities, the confidence and skills to support and become involved in defining and tackling health and social care issues within their own communities
- Test support for particular proposals
- Reveal to local people the complexity of choices that exist so that they have a fuller appreciation of the difficulties partners experience, particularly when health and social care decisions may not always be popular
- Indicate the satisfaction of health and social care services

- Alert partners to problems and identify potential issues

5. Principles of Community Engagement

While methods of community engagement may vary according to circumstances and needs, the following principles will underlie all of the LINK's community engagement:

Clear purpose – the purpose of community engagement activities must be clearly outlined to the local community from the start of the exercise. The LINK must be honest about whether it is an information sharing exercise or identify any limited scope of consultation. Participants must be aware of the parameters of any engagement.

Inclusion – The LINK must ensure that all people are included. We should explain who we are trying to engage with and why. We consider that it is not so much the case that communities are hard to find, hard to access or hard to understand – but more so a case of hard to engage with to gain trust and confidence. Harder to reach groups must be engaged with alongside the community partnerships that represent some localities within the South Gloucestershire area.

Value all views – we need to listen and respect local people's views. All contributions will be valued.

Feedback – we must ensure that feedback is given after any engagement activity. This includes the findings and the outcomes of how it has helped to inform decision making.

Appropriate tools to engage – we will use the most appropriate method to engage with the local community, recognising that ‘one hat does not fit all’ and that a basket of measures are needed to ensure we can engage with our diverse communities across the city.

6. Joining it all together

LINK development staff will work within the community using a variety of way in which to communicate and engage and will utilise interactive technology:

- Outreach
- Letter and leaflets
- Email bulletins
- Newsletters
- Website
- Web forums
- Blogs / social networking
- Questionnaire and survey
- Exhibitions and road shows
- Media
- Interviews
- Forums
- Focus groups

- Advisory committees
- Workshops
- Suggestion schemes
- Round table discussions
- Drama workshops

7. Working with partners

A co-ordinated approach to community engagement is required to ensure that the local community receives clear and consistent messages. By working with partners we avoid giving mixed messages. A more joined up approach avoids consultation fatigue, duplication and allows for the sharing of resources. The strategy will work with:

- LINK steering group / core management group
- LINK participants
- South Gloucestershire Council
- Voluntary sector and community partners
- NHS South Gloucestershire
- NHS Trusts
- Voluntary and community groups
- Training providers (to ensure newly trained staff understand the role of the LINK)
- Public

The LINK will share the findings of any consultation so that decisions can be determined using a consistent base of findings and research from a broader base of partners. If it is recognised that people are sharing information with us when we are engaging we will need to be sensitive to confidentiality issues. A joint approach to sharing the results will be developed to ensure that the anonymity of participants can be protected.

8. Mapping and monitoring the Impact of Community Engagement

While it is important that we undertake quality community engagement it is equally vital that we ensure that we use the information that our local communities are telling us. A database of all the collected issues and concerns collected will identify how the LINK has responded. This will be done in a variety of ways:

- Setting up a task group to take issues forward
- A short task and finish group
- Signpost to another support organisation e.g PALS or ICAS
- Letter sent by LINK to the NHS Trust or Local Authority
- Informing the Health Select Overview and Scrutiny Committee or the Care and Community Housing Overview and Scrutiny Committee

Consultation feedback will enable us to see a snap shot of the major issues and outcomes and allow us to both track the impact and how the results are being used to inform the Local Authority, NHS Trusts and Care Quality Commission. We must show local communities that we are listening and using their views, but also be honest about any limitations the LINK has to make changes.

9. Measuring community engagement

How the LINK will deliver on this strategy will be measured by:

- Building relationships
- Monitoring of community engagement activities
- Making sure results of engagement activities are fed back to participants and into future LINK plans
- Training LINK participants to undertake and evaluate LINK activities
- Evaluation by the Engagement and Inclusion group

10. Tools for engagement

There is no one method to engage with the community. It depends with whom we are trying to engage with to identify and promote health and social care. The LINK will develop a basket of measures to engage with our local communities, including web based resources, accessible and inclusive consultation activities, developing staff expertise, co-ordination with partners, raising awareness of volunteering opportunities with LINK, developing the skills and expertise of participants, toolkits and training on the best ways of working. These tools will be shared with our stakeholders and partners.

11. Co-ordinating Best Practice

It is important that we recognise and build on the impact of past experience and skills gained through the Patient and Public Involvement Forum the new LINK has been commissioned to deliver a service that is much broader in community development and wider in that it now covers Social Care. Co-ordinating best practice can also be delivered through outreach work and the LINK will need to consider:

1. Looking for community organisations that can help reach a particular population

2. Consulting with community organisations at the outset, to give the LINK invaluable advice, and begin to work in partnership
3. Thinking of community organisations as an audience in their own right, not just a distribution channel
4. Identifying what is the best way to present information to a diverse and geographically diverse community
5. Providing a summary of key information points in rural areas will be more useful than a leaflet
6. Identifying key people who have influence and respect in local communities to assist with LINK community engagement
7. Looking for opportunities to work in partnership with communities and use special community events and cultural festivals
8. The gender of the facilitator in male or female only activities
9. The clothing worn – particularly in places of worship
10. Whether translation and interpretation services are required
11. What support should be offered i.e. care or childcare facilities
12. The location of activities that will make it easy and most familiar for participants
13. The timing of activities , including time of day and year, paying particular attention to religious festivals

12. Drivers for Community Engagement

LINKs need to encourage and support more people and communities to get involved in shaping health and care services, canvas every section of community for their views and experiences of local health and care services; and provide the community with a mechanism for monitoring and reviewing local health and social care services and the ability to hold them to account. Making people aware of LINKs will be crucial to our success.

National LINK drivers:

- Local Government and Public Involvement in Health Act 2007
- National Centre for Involvement – LINK support
- LX website

Local LINK drivers:

- South Gloucestershire Local Authority monitoring of the Care Forum as LINK host
- Involvement of local people and communities to help influence the way health and social care are delivered to meet their needs
- Joint Strategic Needs Assessment to identify health inequalities
- Local Area Agreements
- Increased public expectation of LINK
- Social exclusion of people living in rural and disadvantaged areas

Community Engagement Working Principles

Information sharing – Consultation – Involvement – Development

Needs analysis

Determine LINK needs to collaborate with others	Identify Community Partners and their needs
Mapping the South Glos area	Identify the differing needs of the rural and urban communities that make up South

Outputs

Information sharing	Consultation	Involvement	Development
<ul style="list-style-type: none"> • Improve information sharing • Facilitate partnership working • Encourage joint delivery of consultation, involvement and development <ul style="list-style-type: none"> • Share support and advice 	<ul style="list-style-type: none"> • Identify need for consultation with other stakeholders • Keep a data base of consultation that participants are asked to contribute towards • Set up a LINK consultation when required 	<ul style="list-style-type: none"> • Community events calendar • Negotiation with community partners and community leaders • Work to Community Engagement standards 	<ul style="list-style-type: none"> • Mapping communities of engagement • Working with communities to explore issues relating to health and social care • Identifying issues and concerns in health and social care and having a system to

			take these forward
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13. Monitoring and Evaluation

The outcomes from the South Gloucestershire LINK community engagement activities will be monitored through the Engagement and Inclusion task group, the group will receive regular reports and updates from the development worker and host.

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