

# Engagement and Participation Strategy, Framework and Principles

2021 - 2024





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# Introduction

Health and Social Care North Lanarkshire (HSCNL) has a firm commitment to ensuring ongoing meaningful involvement with the communities it serves. This engagement and participation strategy sets out how we will achieve this. This will ensure we have the right systems and supports in place to enable effective engagement between stakeholders and HSCNL over the next three years.

The strategy builds on strong foundations that have been established in North Lanarkshire to facilitate the involvement and engagement of people who use services, carers, the community and voluntary sector and the independent sector.

We are committed to building on local knowledge and experience to ensure services are tailored to community needs and make the most of the considerable community assets that exist in towns and villages across the area. We want people to live safer, healthier, independent lives through the right information, local support networks and services, and by anticipating need before it arises.

Plans to transform our services will not succeed without the full engagement, participation and support of our stakeholders: people who use health and social care services, carers, and the community and voluntary and independent sectors. It is essential our stakeholders are empowered to contribute to the new arrangements. This includes their contribution to the strategic direction and oversight of integrated services led by the Integrated Joint Board (IJB) and also in locality planning and delivery.

It is important to understand that engagement with stakeholders should not be limited to services and service developments. The first national outcome is about improving health and wellbeing. This engagement also aims to enable people to live longer in good health in their own communities. This requires an ongoing shift in mindset and culture going forward with local people and partners. This strategy is designed to play an important role in supporting this.

The IJB recognises the value of and is committed to engaging with equality groups and with people who experience prejudice and discrimination as a result of protected characteristics.

The strategy has been devised with contributions from representatives of the community and voluntary and independent sectors, carers and people who use services, through an engagement and participation working group, to ensure a widespread collection of views are collected and acted on.



# Health and Social Care North Lanarkshire Engagement Principles

Our proposed changes will not happen overnight. Services must be planned using the integration, planning and delivery principles. To succeed, stakeholders must be engaged in discussions about how services are planned and delivered.

Our approach to engagement and participation is built on a shared set of principles that will guide all activities:

- Services are planned and developed in a way that actively and systematically engages with communities and local professionals
- All stakeholders are treated fairly, equally and with respect
- Engagement opportunities are accessible and engagement materials are offered in accessible formats
- All health and social care staff play a role in supporting engagement and participation
- There is a commitment to learning and continuous improvement

Engagement and participation will seek to involve all stakeholders including:

- The general public
- People who use health and social care services and supports
- Unpaid carers
- Health and social care colleagues

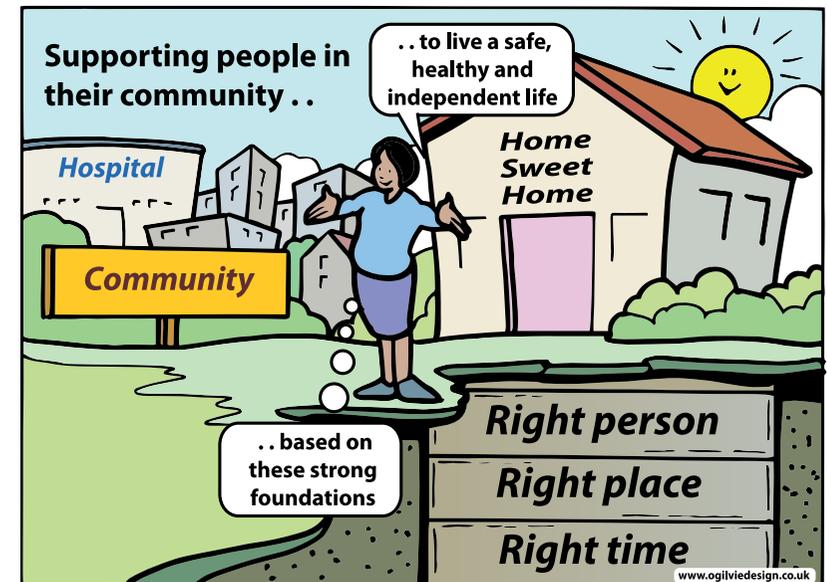
- Housing colleagues
- Other NHS and local authority staff
- The community and voluntary sector
- Equality groups
- The independent sector
- NLC elected members

The implementation of this strategy will be taken forward through detailed yearly action plans.

## The Landscape of Engagement and Participation

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services.

This suite of outcomes focus on the difference health and social care services make and improving the experiences and quality of services for people using those services, carers and their families.



### National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer;
2. People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
3. People who use health and social care services have positive experiences of those services, and have their dignity respected;
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services;
5. Health and social care services contribute to reducing health inequalities;
6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing;
7. People using health and social care services are safe from harm;
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide; and
9. Resources are used effectively and efficiently in the provision of health and social care services.

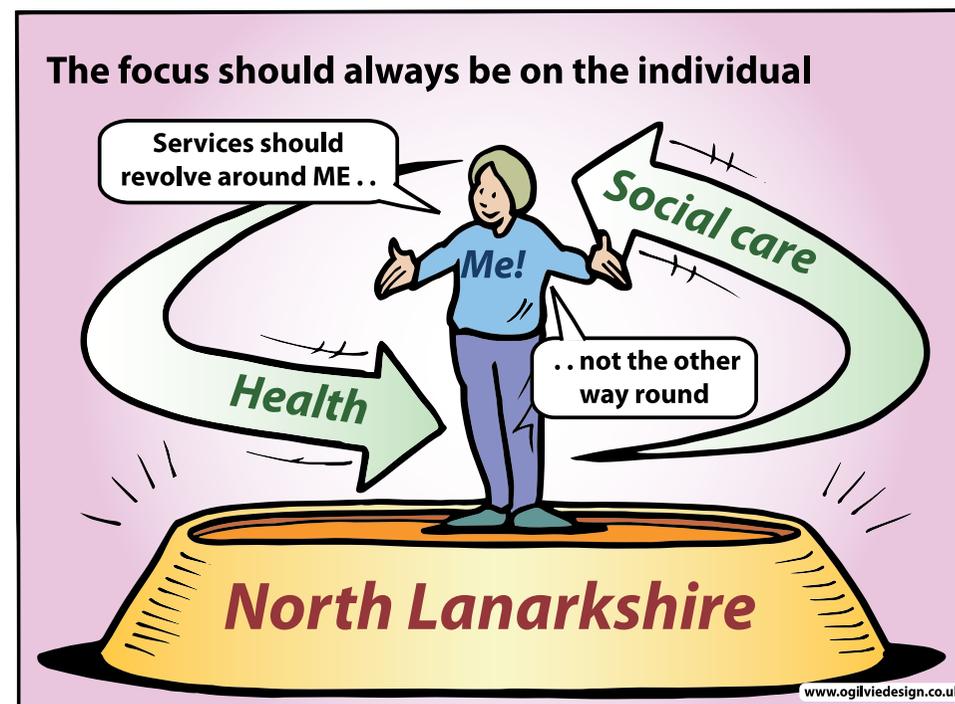
### Health and Social Care North Lanarkshire's (HSCNL) overarching strategic commissioning ambitions are to:

- Design and deliver services and supports around outcomes and what is important to individuals, carers and communities
- Increase ability to evidence the impact of services and supports
- Improve engagement and seek feedback from service users, carers and communities to better inform services
- Promote equality, raise aspirations and address financial inequality

To realise the ambitions, all work to improve engagement and participation will:

- Focus on what matters to people (outcomes)
- Implement the Engagement & Participation Strategy

These will be delivered via the annual action plan developed by the SEPWG and supported by the Engagement and Participation Framework.



# Engagement and Participation Programme of Work Objectives

The following objectives will be prioritised over the next three years:

- Involve stakeholders in the development work aimed at achieving the national outcomes
- Provide stakeholders with information on how to get involved
- Ensure a diverse range of engagement and participation opportunities are in place to suit different needs
- Measure how well we involve community stakeholders in the planning, design and delivery of our services
- Provide regular feedback on how stakeholder engagement and participation is shaping and influencing service development and delivery
- Provide support to enable stakeholder representatives to participate meaningfully and confidently at meetings
- Develop participation guidelines to ensure a common understanding and set of expectations for both stakeholders and partnership staff
- Support engagement planning and participation in localities, taking account of other engagement activity and local plans across the Community Planning Partnership

Yearly detailed action plans will be developed to set out how these objectives will be delivered and how we will measure and report on the implementation of this strategy.

Action plan updates will be presented to the North Lanarkshire Integrated Joint Board (IJB) annually in order to report on progress with the strategy.





# Engagement and Participation Framework

**2021-24**

# Supporting Engagement and Participation

Communities across Scotland can now make use of the Community Empowerment (Scotland) Act 2015, which aims to empower communities by strengthening their voices in decisions about public services.

The national standards were produced by the Scottish Community Development Centre (SCDC) in collaboration with the Health and Social Care Alliance (The Alliance) and the Scottish Government. The National Standards for Community Engagement are good-practice principles designed to improve and guide the process of engaging with the community that your service has been established to support, whether it is a geographical community or a community of interest. Community engagement is a way to build and sustain relationships between public services and the community, helping them both to understand and act on the needs or issues that the community experience.

A copy of the National Standards can be found [here](#) and provides more information on what the standard means and case studies for each standard.



The National Standards for **Community Engagement**

Scottish Community Development Centre, [www.scdc.org.uk](http://www.scdc.org.uk)

## Action Plan 2021

The Action Plan has been designed by the SEPWG to set out a clear direction of travel where HSCNL can support effective engagement and participation while also looking at ways to build on existing best practice. The actions are as follows:

- Review, gather, update and share good practice to further the Engagement and Participation Framework 2021-22. The framework includes:
  - Supporting Engagement and Participation
  - Key Stakeholder Network Meetings
  - Locality Engagement Fund
  - Engagement Tracker
  - Evaluating Participation, Guidelines and Toolkit
  - Volunteer Induction Guidelines
  - Volunteer Expenses Guidelines
- Support the 41 programmes in the Strategic Commission Plan / Programmes of Work to develop Engagement and Participation plans and collate progress
- To maintain a stakeholder meeting schedule of key network meetings. These will be updated on a regular basis and be available to stakeholders
- Publish the engagement and participation tracker on an annual basis to identify the engagement activity, and any gaps that have taken place during the previous year
- Support and resource the Locality Planning Groups to plan and deliver their engagement and participation activities with stakeholders and communities
- Provide six engagement and participation awareness raising sessions targeted at specific stakeholder groups annually throughout the life of the strategy e.g. Independent sector.

This Action Plan will be reviewed annually.



## Key Stakeholder Meetings

Stakeholder representatives are involved in range of meetings and forums relating to health and social care across North Lanarkshire. For full list, please visit **Appendix One**.

## Locality Engagement Fund

As part of the Engagement and Participation Framework there is a dedicated fund to support engagement events across all six localities within North Lanarkshire. In addition there is funding for Care Home and Care at Home engagement through Scottish Care. Activities are collated in the Engagement and Participation Programme Plan and recorded on the Engagement Tracker (See below). A concise description of the Locality Engagement Fund is outlined in **Appendix Two**.

## Engagement Tracker

The notification and recording template has been designed to help:

1. Ensure that effective stakeholder engagement and participation is recorded consistently
2. Ensure all relevant stakeholders have been identified and are engaged appropriately
3. Demonstrate that people and carers who have experience of using or accessing services have engaged

4. Ensure all communication is coordinated across all partner organisation, they are following the same format and that all messages are consistent

5. Ensure all feedback and comments are captured in a structured and manageable format

6. Ensure all interested partners including service users, carers and families, staff, elected members, other organisations are informed

Further information is outlined in **Appendix Three**.

## Evaluating Participation, Guidelines and Toolkit

This guide and toolkit for health and social care practitioners has been adapted by the Stakeholder Engagement & Participation Working Group of North Lanarkshire's Integration Joint Board, as a tool for supporting the evaluation of public involvement and participation in health and social care services.

It is a partner to the Healthcare Improvement Scotland Community Engagement Participation Toolkit and also a stand-alone guide for evaluating participation. It does not set out to be a definitive guide to evaluation, but aims to provide resources, references and tools to help you develop your own evaluation.

Further information on evaluation is outlined in **Appendix Four**.

## Volunteer Induction Guidelines

This guidance has been developed to support the engagement and participation of service users and carers in the broad range of activities, meetings, consultations and groups, who work in partnership to develop, deliver and provide health and social care services across North Lanarkshire.

We are committed to supporting the induction/training of service users and carer representatives across all groups. It has been designed to complement and develop - not replace - what organisations currently have in place to support effective representation.

Further information is outlined in **Appendix Five**.

## Volunteer Expenses Guidelines

HSCNL will take steps to make sure community, service user and carer representatives are not worse off as a result of contributing to the work of HSCNL and there is provision for out of pocket expenses.

The volunteer expenses guidelines deal with out of pocket and support expenses. For any other volunteering matters, please refer to the policies of NHS Lanarkshire, North Lanarkshire Council or Voluntary Action North Lanarkshire (VANL).

Further information is outlined in **Appendix Six**.

For more information on any aspect of Participation and Engagement in Health and Social Care refer to the SEPWG or individual members.

# Appendix One

## Keys Stakeholder Meetings

### A selection of these key forums are:

- **North Lanarkshire Health and Social Care Integrated Joint Board**
  - Includes third sector, carer and service user representation
- **Health and Social Care Integration Joint Board (Performance, Finance and Audit)**
- **Health and Social Care Integration Joint Board (Performance, Scrutiny and Assurance) Sub-Committee**
  - Includes third sector, carer and service user representation
- **North Lanarkshire Strategic Planning Group**
  - HSCNL's strategic planning group that meets six monthly and has user and carer representation
- **Partnership Boards**
  - Frailty & Long Term Conditions Board
  - Addictions, Mental Health and Learning Difficulties Board
- **Locality Planning Groups (LPGs) There are two in each of the six localities.**
  - Frailty & Long Term Conditions LPG
  - Addictions, Mental Health and Learning Difficulties LPG
- **Partnership for Change User and Carer Engagement and Representation Forum**
  - The forum meets every six weeks and includes service users, carers and staff advisors from local organisations that involve and represent service users and carers
- **North Lanarkshire Market Facilitation Group**
  - This will be established to ensure participation from the independent sector
- **Locality engagement events**
  - These are held with staff and stakeholders annually, or more frequently if required, to engage on key issues
- **North Lanarkshire Public Partnership Forum (PPF)**
  - The forum's reference group meets at least six times a year. Representatives from the Community Forums in each locality are part of the PPF.
- **North Lanarkshire Partnership (NLP) Strategic Leadership Group**
  - NLP has responsibility for community planning and brings together organisations and communities to identify local needs and jointly agree and prioritise actions
- **Community Boards**
  - These boards have replaced Local Area Partnerships (LAPs)
- **Community Forums**
  - Some localities have Community Forums that meet regularly to identify local concerns.
  - Community Forums are represented on Community Boards
- **Community Solutions**
  - This NL wide consortium meets every two months and involves a wide range of stakeholders in developing community led preventative activity in response to local needs. Stakeholders range from Locality host/anchor organisations, and thematic project leads to colleagues from health improvement and local authority, and people who use services and carers
- **North Lanarkshire Youth Forum**
  - Forum for young people in North Lanarkshire
- **Locality Youth Forums**
  - There are six locality youth forums
- **NHS Lanarkshire MSP/MP briefing meetings**
  - These are held twice a year and are attended by the chief accountable officer for HSCNL

# Appendix Two

## Locality Engagement Fund

### Funding for Locality Engagement Events / Activities Guidance 2020-21

Following approval by the North Lanarkshire Health & Social Care Partnership (H&SCP) Senior Leadership Team (SLT), to roll-out the Engagement & Participation (E&P) Framework a small fund has been established to support stakeholder engagement events/activities in all six localities. This is administered through the Stakeholder Engagement and Participation Working Group (SEPWG). A brief description of the Locality Engagement Fund and how to access it is outlined below. For more information on the fund, please contact [engage@northlan.gov.uk](mailto:engage@northlan.gov.uk)

### Locality Engagement Fund

HSCNL has allocated £1,000 per locality to support two stakeholder events/activities per year, in conjunction with consortium partners, to engage with any of the following groups:

- The general public
- A defined service user group or groups
- Unpaid carers

The event/activity should be delivered in partnership with local stakeholders such as the Community Solutions consortium members.

There may be access to additional funds. For example, for a programme rather than a one off or large event/activity that exceeds the allocated funding. If you are planning an event/activity that targets or includes care home or care at home provider services, there is also an additional fund for this purpose. To access this please seek advice from the SEPWG during the planning stages.

The SEPWG collate details of all stakeholder engagement event/activities across Health and Social Care. Event/activities will be included in the Engagement and Participation Programme Plan and will be recorded on the Engagement Tracker to demonstrate what types of stakeholder engagement has taken place. Each event/activity requires notification, with an outline plan prior to the event/activity and a submission of a short report and evaluation following the event/activity. Templates are displayed below.

Examples of some forms of public participation can be found in the Health Improvement Scotland – Community Engagement Participation Toolkit, which forms part of the E&P Framework and can be found at: <https://www.hisengage.scot/equipping-professionals/participation-toolkit/#.XcA-KW52uM8>

### Accessing the Locality Engagement Fund

The fund is administered on behalf of the SEPWG through Planning and Performance, to enable oversight of the fund and minimise duplication.

1. Please complete Part 1, Notification of event/activity.
2. You will be given a contact person and a cost code to generate invoices through Planning and Performance, Health and Social Care.  
Email: [engage@northlan.gov.uk](mailto:engage@northlan.gov.uk).

<b>Locality Engagement Fund Stakeholder Engagement Event or Activity Notification and Reporting Template – Part 1</b>	
Part 1 – Notification of event or activity (to be completed prior to event)	
Name of event /activity	
Event/activity organiser (include contact details)	
Venue (Include full address) Or Online/engagement activity	
Date and time	
Target group/groups	
Brief outline	
Anticipated costs <i>e.g. venue, catering, transport, accessibility, equipment</i>	

Please submit Part 1 to [engage@northlan.gov.uk](mailto:engage@northlan.gov.uk)

**You will be given a cost code to raise invoices.**

The information will be included in the Engagement and Participation Programme Plan and will be recorded on the Engagement Tracker.

<b>Stakeholder Engagement Event or Activity Notification and Reporting Template – Part 2</b>	
Part 2 – Event/activity report and evaluation (to be completed following the event/activity)	
Target group/groups	
Attach Agenda/ Session Plan/ Programme	
Event reach (Estimate number of people and/or organisations notified)	
Actual participation (Number of people in attendance and organisations represented)	
Brief description of the event/activity (Continue on additional sheet if required)	
Evaluation summary (Attach evaluation form if used)	
Contact person	
Date completed	
Date submitted	

Please submit Part 2 to [engage@northlan.gov.uk](mailto:engage@northlan.gov.uk)

# Appendix Three

## Engagement Tracker

To ensure meaningful two-way participation and engagement we have developed a number of mechanisms to enable a variety of ways for people to engage, feedback, generate ideas and support implementation of our work. Engagement & Participation Strategy, Framework and Principles 2021-2024. This Engagement Tracker seeks to track what engagement activities are planned and what the result was. This will support Health and Social Care North Lanarkshire to collate, monitor and share activity and best practice. The Engagement Tracker records the following information, which may help when planning the activity:

- The date the activity will take place
- What Stakeholders are involved?
- A description of the activity, including the objective
- What method/channel or participation tool was/is being used \*
- Who is the lead for the activity?
- What is the estimated or potential number of people who will engage in the activity?
- What was the actual number who engaged in the activity?
- What evaluation has taken place and if there is an evaluation report available

Engagement Tracker							
Date	Stakeholders	Activity	Method/Channel	Lead	Estimated Reach	Actual Reach	Evaluation Report

\*Please see below links to supporting documents:

[National Standards for Community Engagement](#)

[Participation Toolkit](#)

# Appendix Four

## Evaluating Participation, Guide and Toolkit

### Contents

1. Context
2. Introduction
  - 2.1 Who is the Toolkit for?
  - 2.2 Using the Guide
3. Evaluating Participation
  - 3.1 Benefits & Challenges of evaluating participation
  - 3.2 Developing an appropriate evaluation method
  - 3.3 Patient & Service User Feedback
4. Summary
5. Evaluating Participation Toolkit
  - 5.1 A Checklist for Evaluating Participation
  - 5.2 After Action Review
  - 5.3 Emotional Touchpoints
  - 5.4 Head, Heart, Carrier Bag & Dustbin
  - 5.5 Reflective Log

Please also consider **VOICE (Visioning Outcomes in Community Engagement)** evaluation software. This toolkit compliments the National Standards for Community Engagement and provides a framework for multiple users to contribute to "analyse"; "plan"; "do" and "review" of a large-scale engagement activity. Please note you will require to register for this tool.

### Covid 19 Pandemic

Consideration must be given to how we adapt our Community Engagement approaches so that they remain possible, meaningful and safe within the context of physical distancing restrictions and the global pandemic.

To assist with physically distant community engagement, please refer to [HIS Engaging Differently](#) web resource for suggestions and guidance in doing so.

## 1. CONTEXT

Health and Social Care North Lanarkshire (HSCNL) plans, commissions and delivers community health and social care services and supports in North Lanarkshire. This is overseen by the Integrated Joint Board. There is a strategic plan, Integrating Health and Social Care in North Lanarkshire 2016-2026, and since 2016, an annual report and commissioning plan have been produced each year, summarising achievements from the past year and outlining the priorities for the year ahead. From 2020 the Commissioning Plan will be produced for a three year period and an annual report published.

To measure the impact of the commissioning plan and ensure that there is an ongoing focus on continuous improvement, HSCNL work with a performance framework that includes:

- **The Chief Executives Dashboard - A range of indicators, for social work and health that is produced quarterly to support oversight of the work of the partnership.**
- **The Locality Scorecard- A range of indicators for social work and health that is produced quarterly to inform progress and improvement at a locality level.**
- **Locality Performance Reviews take place every 6 months to support a focus and direction for progress and improvement. These are informed by the Locality Scorecard.**

There is also external scrutiny.

- **A range of professional and clinical standards apply to management and practice within health and social care.**
- **Health Care Improvement Scotland and the Care Inspectorate are the national regulators for health care services in Scotland. As well as inspecting and regulating service provision they also carry out joint inspection with partner organisations. Joint inspection will generally include self-evaluation across a small number of quality indicators.**

An important aspect of commissioning, and in line with the activities referred to above, is a need to evaluate, measure, demonstrate and evidence progress and achievements.

As part of the approach to commissioning, HSCNL have identified ten areas where plans and frameworks are developed that sit underneath the commissioning intentions. One of these pillars is 'How we engage with stakeholders' and the framework for this includes:

- **Engagement & Participation Strategy**
- **Participation Toolkit**
- **Engagement & Participation Action Plan**

The following document provides practitioners with guidance and tools to support the evaluation of service user, carer, community and public engagement and participation.

## 2. INTRODUCTION

This Guide has been extracted from 'Evaluating Participation – A guide and toolkit for health and social care practitioners' and has been adapted from Healthcare Improvement Scotland for HSCNL as a tool for supporting the evaluation of public involvement and participation in health and social services. It is a partner to the HIS Community Engagement Participation Toolkit and is a stand-alone guide for evaluating participation. It does not set out to be definitive guide to evaluation, but aims to provide resources, references and tools to help you develop your own evaluation.

### 2.1 Who is the Guide for?

This guide is for anyone working in the area of community engagement, public involvement or participation whilst it will be of particular interest to those working in health and social care it may be of interest to other sectors. It is designed both to be a useful starting point and to add to the existing resources and tools of the more experienced evaluator.

### 2.2 Using the Guide

You can use the Guide in its entirety, or simply dip into the sections or tools that are most relevant to you needs. The Guide draws on a number of sources (which are referenced at the end of the Guide) so that you can investigate particular aspects of evaluating participation in more detail. The Toolkit section provides a small mix of flexible tools and templates that can be adapted and used in your own evaluation projects.

### 3. EVALUATING PARTICIPATION

#### 3.1 Benefits & Challenges

Evaluation can help our understanding of public involvement and participation in four main ways, helping to:

- Clarify the objectives of the exercise by finding practical ways to measure success
- Improve project management by building in review and reflection as the work progresses
- Improve accountability by reporting what is done and what has been achieved, and
- Improve future practice by developing evidence about what works and what impact different approaches to participation can have.

There are also challenges when it comes to evaluation. Some practical barriers include: lack of time, resources, or expertise to conduct the evaluation or lack of commitment from senior management. Other challenges include:

- Deciding on an appropriate timeframe: should the evaluation take place after the process of participation or should it be ongoing throughout the participation process?
- There may be a need for multiple evaluation activities aimed as short term (process) and medium to long term (outcomes) evaluation activities
- Medium to long term evaluation activities can be problematic where keeping contact with stakeholders and participants for follow up after the activity takes place.
- Thought should be given to maintaining a register of stakeholders and participants and priming them in advance that a follow-up evaluation will take place. Although this will not guarantee evaluation responses.

#### 3.2 Developing an appropriate evaluation framework

There is no single approach or method for evaluating participation. Each participation activity or programme has to be viewed in its own terms, and an evaluation framework or plan designed to fit the purpose, the audience, and the type and scale of the activities or programme. There are some important points to remember when undertaking an evaluation framework:

- Evaluation should be an integral part of the planning and implementation of participation activities or programmes. This means building in evaluation at the start of the project as opposed to evaluation as a separate activity carried out at the end
- Evaluation should be a structure and planned process based on clear performance criteria, goals and desired outcomes and carried out systematically using appropriate methods, as opposed to relying on assumptions and/or informal feedback
- Evaluation should, whenever possible, be a participatory activity involving key stakeholders such as professional staff, managers and decision makers and community participants in a collaborative learning process aimed at improving services
- Evaluating participation should be considered within its wider context in order to assess the opportunities and risks that might help or limit the evaluation. For example, considering if there are local issues or tensions that might affect public involvement; the community's likely willingness to participate; or whether the activity or programme might unrealistically raise expectations of local change

### 3.3 PATIENT AND SERVICE USER FEEDBACK

Seeking feedback is central to service improvement in both health and social care.

The benefits of feedback include:

- Raising staff awareness of how the service is actually experienced
- Help to improve communication between the people delivering services and those who use them
- Ideas and suggestions that will offer opportunities to improve services and learn from what has not worked for people

#### Where to seek information

**Compliments** – expressions of thanks or congratulations

**Concerns** – remarks, opinions or suggestions on the service received which may or may not require a response

**Comments** – may be comments, compliments or observations offered orally or in writing by visitors, patient or relatives. For example, ward or hospital suggestion cards or through the Care Opinion, which reflect how someone experienced a service

**Feedback** – may be in the form of views expressed orally or in writing as part of a survey, patient questionnaires, on- line polls, ward diaries, patient stories, comments boxes, letters to staff, from Care Opinion or social media. The feedback may describe an individual's experience of using NHS or social care or observation of care as a carer and may include suggestions about how things could have been done better or identify areas of good practice

To access the full Participation Toolkit online please do so here:

<https://www.hisengage.scot/toolkit.aspx>

### 4. SUMMARY

Evaluating participation is a complex activity but it provides the fundamental key to ensuring that public involvement and participation activities and programmes:

- Generate learning and results
- Improve future participation practices

The next section of this Guide introduces some evaluation tools suggested for use.

## 5. EVALUATING PARTICIPATION TOOLKIT

### 5.1 Checklist for Evaluating Participation

Design Checklist		Yes/No/NA	If Yes, please provide/attach details; If No, please justify
1.	Have you ensured that his work has not been done before?		
	Have patients carers, members of the public or staff been involved in the design/development of the project?		
	Will you ensure that potential recruits are not currently involved in any other surveys or patient focus and public involvement work?		
2.	Are there any expected benefits to participants?		
	Have any potential hazards been minimised, including unwitting disclosure of medical condition or personal circumstances?		
3.	Will participants be assured that participation is voluntary and that they can refuse or withdraw at any time?		
4.	Have you ensured that no participant is excluded on the grounds of sexual orientation, age, gender, religious belief, ethnic group or disability?		
5.	Will potential participants receive verbal or written information about the project?		
	Will information be provided in languages other than English?		
	Will information be provided in formats other than standard type (e.g. Braille, large font)?		
	Will informed consent be obtained – either verbal or written?		
6.	Will participants be reimbursed for any expenses incurred?		
7.	Will you ensure that all identifying data is removed and that all records (paper and computer) are anonymised?		
	Will data be kept in accordance with the Data Protection Act (1998)?		
8.	Is there an intention to publish or disseminate this work?		
	Will participants receive feedback?		
	Will results be presented in a way that does not identify individuals?		
9.	Will any reports/feedback include recommendations for improvement?		
	Will the outcomes be monitored and evaluated?		
10.	Signed by:		Date:

## 5.2 After Action Review

An After Action Review is a facilitated discussion about a project or activity that allows those who were involved to review what happened, track progress, correct unintended effects and capture recommendations for the future. They can be a formal meeting lasting half day, or shorter sessions lasting half an hour.

### How to do it

- Hold the meeting as soon as possible so that memories are fresh and team members are still available.
- Include all the key members of the team
- Appoint a facilitator to help to draw out answers and insights and to keep the meeting focused. This can be a member of the team, but ideally it will be someone not directly involved so that they can remain objective but nevertheless have a good understanding of the business
- Set ground rules for the meeting, including: respect for others' views, equality of participants, the need for openness and honesty, and an expectation that all should take part
- Revisit the objectives in order to establish a common understanding of the activity: what did we set out to achieve? What actually happened? Why are these differences?
- Reflect on the strengths and weaknesses: What worked well? Why? What could have improved? How?

- Identify specific actions: What would you do differently next time? What two or three key lessons would you share with others?
- A note taker should be present to record the main points and the actions, but the focus should not be on producing a lengthy report which is filed away. A short list of key lesson for the future will be more memorable.

### Pros

After Action Reviews can be held almost anywhere and do not require a lot of advance preparation.

A flexible approach can be taken, so the meeting can be formed or informal, longer or shorter, depending on the complexity of the activity being reviewed.

They help to build trust among members of the team.

They help to overcome a "blame culture" and a fear of making mistakes.

### Cons

Skilled facilitation is required to ensure that all team members take part and contribute to the discussion

The emphasis should be on the participants committing to specific actions, rather than on writing up a long report which will sit on a shelf and be forgotten.

This is not a performance evaluation but a learning event; care should be taken not to focus on a list of complaints' assign blame or critique individuals.

### Resources

A meeting space large enough for all the members of the team

Flipcharts and pens to record the key points and actions

### Top Tips

If time is limited, or participants are unwilling to open up' it may be helpful to distribute the questions in advance. The responses can be collated by the facilitator and shared on the day to stimulate discussion

Write the questions on a flipchart sheet before the meeting and stick these up around the room to focus participants' minds. Comments can be written on the sheets though out the review session.

Keep asking "why?" to draw out the reasons behind the strengths and weaknesses and "how?" to identify specific actionable recommendations.

## 5.3 Emotional Touchpoints

Emotional Touch points is a powerful means of helping people to share the aspects of experiences that are important to them – rather than the things service provides think are important.

### How to do it?

A number of story elicitation techniques exist, but Emotional Touch points has emerged as a rich and useful tool, particularly in older people care settings. Touchpoints represent the key moments or events that stand out for those involved as

crucial to their experience of receiving or delivering the service. These are the moments where the person recalls being touched by emotionally (feelings - or cognitively (deep and lasting memories). These can be the 'big moments' that people return to when retelling their stories, or the "hidden small acts" that have a huge impact despite seeming to pass unnoticed.

A set of possible touchpoints is developed comprising the key points of contact with the service and created as laminated cards. For example, in an inpatient setting these may include:

- **Arrival on the ward**
- **Meal times**
- **Visiting times**
- **Going for tests / treatment**
- **Getting medication**
- **Talking with doctors / nurses**
- **Night time on the ward**

A set of positive and less positive emotion words is also created (using words and/or images) and made available on smaller laminated cards. For ease of use and to facilitate re-use, the cards can be affixed with magnetic tape before laminating and then used with a wipe safe magnetic board.

Each "storyteller" is given sufficient information and time to decide whether or not to take part in sharing a story through emotional touchpoints. The storyteller is presented with the possible touchpoints that he or she may wish to talk about, with blank cards also provided, allowing additional touchpoints to be added.

Having identified the aspects of care that an individual wishes to talk about, a number of positive and negative emotion words, together with blank cards, are then offered to facilitate the discussion, giving permission to talk about emotions and feelings. The storyteller is:

- **Asked to select emotion cards that best sum up how the experience felt**
- **Invited to say why he or she felt this way**
- **Encouraged to tell the story using active listening skills**

#### **Resources**

Staff time for planning and facilitating the interview and stationery

#### **Top Tips**

It may be tempting to restrict the number of touch points to those aspects of care which the interviewer is interested in improving. However, a key aspect of emotional touchpoints is that the participant is able to choose which aspect(s) of experience to talk about, ensuring that the participant focuses on the things that he or she consider most important.

#### 5.4 Head, Heart, Carrier Bag & Dustbin

This is a lighthearted and informal method of gathering feedback on or evaluating an event or project. It may succeed in engaging people where more formal methods fail.

##### How to do it

On a large sheet of paper (the back of an old roll of wallpaper is ideal) draw around someone so you have an outline of a person. Draw a large heart shape in the middle of the chest and, a little way apart, draw the outlines of a carrier bag and a dustbin. Hang this paper in a prominent place which is easily accessible to all participants.

Each participant receives four post-it notes or stickers. They should be asked to write a comment on each one and affix them to the paper as follows:

- One post-it for the **HEAD**, noting down "something I've learnt from being part of this project or event".
- One post-it for the **HEART**, noting down "something I've felt/experienced from being part of this project/event".
- One post-it for the **CARRIER BAG**, noting down "something I'll take away from being part of this project or event".
- One post-it for the **DUSTBIN**, noting down "anything I want to forget or that was not good about being part of this project or event".

##### Pros

This method is easy and fun to do

It makes people think differently

It costs very little

The results are immediately visible to everyone

##### Cons

Some people may find this method frivolous

It is not suitable for people with low literacy levels, visual impairments and/or who do not all speak English.

##### Resources

Paper, marker pens and post-it notes.

Alternatively, you can use the template over leaf

### 'HEAD, HEART, CARRIER BAG AND DUSTBIN' EXERCISE

#### Sample Evaluation Form



**Bin:**  
Something i will leave behind



**Bag:**  
Something i take away

## 5.5 A Reflective Log

Reflective Log is an area of reflective practice in the form of a facilitated discussion to capture people's experience of their involvement in specific groups or projects to highlight areas for improvement.

Reflective Log sessions are held at regular intervals throughout the lifetime of a group or project to highlight areas for ongoing improvement.

### How to do it

Hold sessions while experience is still fresh in everyone's minds.

Include all who are involved in group or project.

Appoint a facilitator to help raw out answers and insights and to keep the discussion focused. Ideally this should be someone not directly involved in the group or project so they can be objective but nevertheless have a good understanding of issues.

Appoint a note taker to record main points and actions for the feedback report. This should be someone who is not participating in the discussion.

Set ground rules for the meeting e.g. respect other people's point of view, an expectation that all should take part, a need for openness and honesty, confirm that individuals will not be identified in the feedback report.

Reflect on what has worked well, not worked so well, and what improvements can be made.

Identify specific actions to take forward to make improvements to how people are involved in group or project.

### Pros

Reflective Log sessions do not require a lot of advance preparation.

A flexible approach can be taken so the session can be formal or informal, shorter or longer.

They can be tailored to the needs of a specific group or project.

Improvements can be made immediately and on an ongoing basis rather than waiting until the end of a group or project.

They focus on improvement and not on a list of complaints, assign blame or critique individuals.

### Cons

Skilled facilitation is required to ensure that everyone takes part and contributes to the discussion.

Some people may not feel comfortable speaking out in a group session.

### Resources

A meeting space large enough for all members of group and flipcharts.

### Top Tips

Distribute questions in advance so people know what is to be discussed to enable them to prepare for the session.

Write the questions on flipchart sheets before the meeting. Comments can be written on the sheets throughout the session.

# Appendix Five

## Volunteer Induction Guidelines

This guidance developed by the SEPWG on behalf of the Health and Social Care NL, is intended to guide and support the participation of service users and carers in the broad range of activities, meetings, consultations and groups, who work in partnership to develop, deliver and provide health and social care services across North Lanarkshire. The Integration Joint Board (IJB) embraces and values the engagement and participation of service users and carers in the various forums that have been established to take forward the work of the health and social care partnership and aim to ensure that their involvement is fully supported.

The SEPWG are aware of the long standing organisations/forums that support community engagement and we have worked alongside Voluntary Action North Lanarkshire (VANL), North Lanarkshire Carers Together (NLCT) and Partnership for Change (Pfc) in developing this guidance. The guidance is intended to support the induction/training of service users and carer representatives across all groups and should complement and not replace what organisations currently have in place to

support effective representation.

Representing an organisation, service, forum or group should be a positive and rewarding experience for service users and carers, and for the organisation, service, group or activity, to which they offer their time.

The guidance that follows is designed to assist in the effective induction of service user and carer involvement, to support stakeholders across Health and Social Care North Lanarkshire to consider what requirements they need to put in place to ensure that people who give their time are supported to fulfil their role and responsibility, in a safe, welcoming and supportive environment. The guidance is intended to support the involvement of service user and carer in the wide range of activity that takes place across Health and Social Care North Lanarkshire.

This checklist provides a range of best practice suggestions that can be used when inducting service users and carer representatives.

Checklist			
Induction/Training & Support	Additional information	Signed off	Responsible person
Welcome to HSCNL			
Role and remit of the Integrated Joint Board (IJB)			
Membership of the IJB – voting and non-voting			
Committee Structure including sub committees of IJB, Partnership Boards and Locality Planning Groups			
Understanding the role of Carer and Service User Reps on H&SC NL structures			

Checklist			
Out of pocket expenses- Refer to North Lanarkshire Health and Social Care Volunteer Expenses Policy			
Policy for rotation of Carer & Service User Rep.			
Code of Conduct Agreement			
Conflict of Interest policy, Procedures and Declaration (to be signed and returned)			
Further support and training will be provided by the organisations listed below: Partnership for Change North Lanarkshire Carers Together Voluntary Action North Lanarkshire Independent Sector			

The involvement of service user and carer representatives in HSCNL structures should be a positive experience for all parties involved.

Their valuable contribution is a vital element of past, present and future activities of North Lanarkshire organisations and local groups. The process of engagement with service user and carer representatives should enable them to be at the very heart of Integration within North Lanarkshire by recognising and supporting their contribution as representatives of the organisations and communities in which they serve.

Organisations supporting service user and carer involvement have a wide range of processes in place ensuring that policies and procedures protect, support and develop the role that people who use services and carers play within North Lanarkshire's Strategic Structures.

Our aim is to always promote and enable meaningful involvement of service users and carers. We are continually exploring different ways of engaging in different ways as a result of the COVID-19 pandemic. We are taking the necessary steps to share the views of people who use services and carers, and we will ensure that they have the resources to effectively participate in meetings, forums and structures.

# Appendix Six

## Volunteer Expenses Guidelines

### Purpose

- To ensure clear guidance regarding volunteer out of pocket expenses is in place for partners and stakeholders and is consistently applied
- To ensure that no one participating in health and social care activity on a voluntary basis is out of pocket as a result of their contribution
- Removing the barriers to participation to ensure people do not face discrimination and feel empowered to contribute

### Principles of expenses

- Actively promoted, encouraged and supported to ensure uptake
- Clear, simple and accessible process
- Discreet
- Non-discriminatory and considerate of circumstances, health, caring responsibilities and support needs
- A common sense approach is applied if any uncertainty arises

For the purpose of this guidance, a volunteer is defined as a person or group, who has been asked to attend a meeting or event to represent a stakeholder group, or are participating in activities that are part of the business of health and social care and are:

- Not in receipt of remuneration for their participation
- Not participating as part of their job
- May incur personal expense as a result of participating

The guidance would also extend to an unpaid carer or unpaid escort, who is supporting the participation of an individual or group and meets the criteria above.



The National Standards for **Community Engagement**

Scottish Community Development Centre, [www.scdc.org.uk](http://www.scdc.org.uk)

### Expenses are applied to:

- Travel: public transport, taxi or mileage.
- Subsistence, if the event or activity takes place over mealtimes and food is not provided
- Costs associated with communications and digital technology. E.g. Telephone or data costs. In some cases, this may include provision of equipment
- Replacement care or assistance such as an escort, carer or support worker, where this would incur out of pocket expenditure \*

*\*Please note, expenses for provision of equipment and replacement care or assistance require prior agreement and will not be paid in cash.*

*It is best practice for open days and events to provide refreshments and a meal if it is taking place over mealtimes.*

### Terms and rates

Expenses can be claimed for:

- Meetings that a volunteer attends as a representative
- Attending a conference, event, online activity or training course as a volunteer representative of Health & Social Care North Lanarkshire. Attendance would be agreed through prior discussion
- Attendance at an event or activity where attendance has already been discussed and agreed
- Travel to and from a venue There are a range of circumstances where public transport, although this generally costs less, is not an option for individuals due to reasons such as location, timing, individual support needs
- Participation in activities that incur costs associated with communications or digital technology.

Attending meetings may require people use their personal mobile data, for which they should be reimbursed

- Subsistence for meals that are not provided by the event organiser
- \*Replacement care costs will be considered on an individual basis to support volunteers to attend activities and events
- \*Costs to pay for an escort or support worker will be considered on an individual basis
- Health and social care staff have access to services for interpretation and translation. Please refer to NHS or NLC intranet for guidance

*\*Decisions relating to the above should support reasonable adjustments to enable participation, consider support arrangements currently in place and ensure that people do not face discrimination.*

For activities not mentioned in this policy, arrangements should be made following discussion with the relevant member of staff leading on the activity.

The process (this includes remote working) is payment by cheque or BACS. The process should follow these guidelines:

- The chairperson or event coordinator will delegate responsibility for payment of expenses using the NHS Cel 23 guidance to an appropriate person prior to a meeting or planned event and ensure they have access to the paperwork. (Paperwork is attached in Appendix 1.)
- The process for claiming and payment is made known to volunteers
- Claim for reimbursement for members attending the meeting, session, event, mobile or virtual costs will be by BACS or cheque

- Any new claim requires the volunteer to complete the NHSL claim for reimbursement form. This requires the volunteer's bank details or confirmation that a cheque is the preferred payment option
- This information is only captured once. It is then held in the secure financial records within NHSL. The initial registering of the bank details can take up to 7-10 days but once created a speedier payment response is anticipated for future claims
- Claims and payment are handled discreetly
- Receipts should be presented or documentation noted/photographed (e.g. day ticket)
- The claim form can be sent electronically
- The claim is 24p per mile or for the full costs of the telephone /mobile call
- The completed form must be returned to the meeting organiser
- The meeting organiser will ensure the volunteer has completed and signed the form
- The meeting organiser will date stamp and forward to "account payable" (NHSL Global email)
- The meeting organiser will scan and forward the claim form to accounts payable

At this point the payment can only be made by either cheque or BACS as NHSL is unable make cash payment in order to cut down on the risk of potential transmission of COVID-19. If a cash only payment is required then a local conversation will need to take place with a partner organisation i.e. NLCT to pay cash then apply to NHSL for the funds to be reimbursed.

Expenses paid have been adapted from NHS Cel 23 guidance.

Subsistence Rates		
<b>1.</b>	<b>Day Subsistence Allowance</b>	
	Volunteering of more than 5 hours but not more than 10 hours where meals are purchased (not payable if meals provided)	£4.90
	Volunteering of more than 10 hours where meals are purchased (not payable where meals are provided)	£10.70
<b>2.</b>	<b>24 hour Subsistence</b>	
	Receipted cost of bed and breakfast up to a limit of (Boards may need to apply discretion and reimburse actual cost – this will depend on costs of B&B available)	£55.00
	plus meals allowance	£20.00
	plus personal incidental expenses allowance (e.g. telephone calls etc)	£5.00
<b>3.</b>	<b>Staying With Friends Allowance per night <sup>1</sup></b>	£25.00
<b>4.</b>	<b>Personal Incidental Expenses Allowance <sup>1</sup></b>	£5.00
<b>5.</b>	<b>Overnight by Train or Boat (per night)</b>	£24.10

Motor Mileage Rates		
<b>1.</b>	<b>Public Transport (or commuting rate)</b>	24p
	<b>Standard Motor Vehicle Mileage</b>	45p per mile for the first 10,000 miles and 25p thereafter <sup>2</sup>
	<b>Passenger Allowance</b>	5p per mile passenger allowance is payable: * from 1 April 2012 for the carriage of more than one passenger/patient e.g. volunteer car drivers (this is not per passenger); from 1 April 2011 for each passenger where this relates to the carriage of other volunteers for meetings/training etc
<b>2.</b>	<b>Motor Cycle Mileage</b>	24p per mile
<b>3.</b>	<b>Bicycle</b>	10p per mile

<sup>1</sup> Only payable when overnight stay required.

<sup>2</sup> Based on the HM Revenue and Customs Approved Mileage Allowance Payment rate announced on 23 March 2011 <http://www.hmrc.gov.uk/budget2011/tiin6310.pdf>

### Public Transport costs - Actual

Other Expenses		
<b>1.</b>	<b>Reimbursement of reasonable receipted childcare or other carer expenses</b>	Eligibility: all volunteers who incur such expenses in the course of their volunteering work.
<b>2.</b>	<b>Reimbursement of reasonable receipted additional expenses of people with disabilities.</b>	Eligibility: all volunteers with a disability who incur such additional expenses in the course of their volunteering.

**NHS LANARKSHIRE - CLAIM FOR REIMBURSEMENT TO BE COMPLETED BY THE CLAIMANT (Block Capitals Please):**

Name: .....

Address: .....

**Reason for Claim:**

Name of Meeting:	Date of Meeting:	Venue:	Start time	End time	Value claimed	Return Mileage

**Bank Account Name:** If required, please supply the following details:

Bank Name and Address (inc Post Code): .....

Bank Sort Code: ..... Bank Account No: .....

Signature of Claimant: ..... Authorised by: .....

**FOR FINANCE USE ONLY:**

Value of Claim	£	Payment Authorised by	
Sessional Fee			
Other Expenses		Date:	
<b>TOTAL</b>		<b>Financial Code:</b>	<b>L82142</b>

