

Engagement methods

A wide range of methods has been advocated for securing community engagement – from informing and consulting through to full community control.

There is no shortage of techniques and case studies but, in general, we lack a critical literature and sufficiently rigorous evaluations to provide definitive guidance on which techniques are most appropriate in each and every circumstance. Nevertheless, there is much to be learnt from the experience of those who have tried it and several specialist organisations, including Involve and the NCI, have produced helpful guidance.

Working with communities

Good involvement practice is described as being continuous, inclusive, well-informed, fit for purpose, transparent, influential, reciprocal and proportionate.¹⁷ However, this is much easier said than done. Local authorities have had longer and broader experience of doing it than healthcare organisations. Drawing on this experience, Involve's guidance suggests that effective engagement with local communities means paying attention to the following:

- understanding the local community
- tapping into existing networks
- learning from informal relationships
- targeting under-represented groups
- allowing people responsible for strategy and delivery to work together
- taking an action-focused approach
- maintaining a long-term perspective
- understanding that the method is only part of the story – purpose + context + people + method = outcome
- setting clear objectives
- bringing people together around issues that connect them
- adapting to local circumstances and context
- listening and learning
- having good communications and visible results
- supporting participants to take part (information, logistics, incentives)
- ensuring diversity of voices
- capturing and sharing learning to improve practice.⁷⁰

Engaging service users

The Involve guidelines are useful for organisations, such as local authorities, with a broad remit that can allow local communities to determine priorities, but commissioners and providers of healthcare often have a more specific requirement for community engagement with a clear focus on service improvement. Some healthcare provider organisations have made efforts to involve users of their services in their quality improvement efforts and their experience is instructive. Evaluative studies have suggested that effective user involvement in this context requires:

- adequate resources
- a facilitative organisational culture
- good quality information
- professional champions
- staff training (by users)
- user training (by staff)
- payment and/or employment of users (sometimes)
- representative structures
- recognition and understanding of power differentials
- acknowledgement of, and sensitivity to, likelihood of mental distress
- high-quality, meaningful and measurable involvement processes.^{26,71-73}

This can be quite challenging and few healthcare professionals have received relevant training. In addition many of those with responsibility for patient and public involvement feel unsupported.⁷⁴ And it is not as if there's a great clamour on the part of service users to get directly involved. Many organisations struggle to get people to join patient groups or attend meetings.

A key issue is the extent to which active sustained involvement is essential, and what it is realistic to expect people to do. Most service users who actively participate in planning and service development value the experience, but only a tiny minority get involved in this way.^{26,67,68} These people undoubtedly have a valuable contribution to make, but they cannot be expected to represent the diversity of views in the larger population of service users. For example, it may be unrealistic to expect busy people to give up much time to work with staff to improve customer service and care delivery or be consulted about complex service developments that do not affect them directly. These people may, however, be willing to give their views and they are likely to welcome information and feedback on what organisations are doing to improve services. The views of active participants need to be balanced by information gathered from people who are unable or unwilling to get directly involved but are nevertheless willing to give their views in surveys, focus groups or by other means.

Tools and techniques

A wide range of tools and techniques have been developed to assist in working with groups of people. Some of the most commonly used participatory methods are listed below.

For a more detailed description of each method, its strengths and weaknesses and when it should be used, see www.peopleandparticipation.net.

Participatory methods

Techniques for use with large groups	Techniques for use with smaller groups	Online techniques for use with those who have internet access
21st-century town meeting	Appreciative inquiry	Blogs
Area forums	Citizen advisory groups	ePanels
Citizen's summit	Citizen's panels	Online consultations
Community development	Citizen's jury	Online forum
Consensus conference	Café consultation	Twitter
Deliberative polling	Customer journey mapping	Webcasting
Fun days/festivals	Deliberative workshops	Web chat
Future search	Delphi survey	Wiki
Open space events	Focus groups	
Opinion polls	Mystery shopping	
Surveys	Participatory appraisal	
	Participatory strategic planning	
	Planning for real	
	User panels	

Principles for effective involvement

The NCI at the University of Warwick works with NHS organisations to help them develop patient and public involvement programmes. Their organisational development programme provides strategic and practical help to trusts and gathers case studies and learning for wider dissemination. The NCI has developed the following set of principles for effective patient and public involvement.

Be clear about what involvement means. People in all parts of the organisation need to:

- have a shared understanding of what is meant by involvement and its purpose
- be clear about the difference between working for and working with patients and the public
- be clear about the different possible purposes of collective involvement
- make sure there are adequate resources including money, time and people (skilled staff, engaged and informed patients and the public).

Focus on improvement. Involvement is a means of improving services, not a problem to be solved. Organisations must:

- engage with patients and the public and demonstrate change as a result of that engagement
- embed a systematic approach to involvement that links corporate decision making to the community
- ensure commitment and leadership from the board, its chair, trust chief executive, directors and clinical leads
- support staff and equip them with the necessary skills.

Be clear about why you are involving patients and the public:

- by being clear about the objectives of the work, its rationale, relevance and connection to organisational priorities
- by being honest about what can change, what is not negotiable, and the reasons why
- by finding out and using what is already known about people's views and experiences.

Identify and understand your stakeholders:

- by defining who needs to be involved and who needs to be informed
- by considering who is likely to be affected by the implications of the matter in hand
- by ensuring that your involvement activity is relevant to your stakeholders' interests
- by making sure all stakeholders are appropriately involved.

Involve people:

- by finding out how people prefer to be involved
- by creating opportunities for people to be involved
- by making sure your methods suit the purpose of the involvement exercise
- by making a concerted effort and bespoke arrangements in order to reach out to people whose voices are seldom heard
- by sharing information and knowledge, so that people can easily understand the issues
- by making it clear to people what you are doing and why, including what you can and cannot change
- by clearly letting people know that their views will feed into decision making processes
- by providing feedback to people about what you have learned from them and what action(s) you intend to take as a result of their involvement
- by ensuring that patients and the public have the support they need to get involved.

What makes a good project?

This section draws together the learning from the various projects and reports reviewed during the course of this scoping study to describe the characteristics of an effective community engagement project.

Clarity of purpose

Those proposing to engage with local communities should be clear about why they are doing it. Reasons might include the following: to determine local needs and aspirations; to promote health and reduce inequalities; to improve service design and the quality of care; to strengthen local accountability.

Clearly defined community profile

The most effective projects start with a clear idea of the nature and make-up of the community they want to engage and key stakeholders within it. It should be possible to specify who the target community is and why their engagement is considered important. Known characteristics of the community should be described including, if appropriate, the names of host organisations or community partners. Apnee Sehat (p 17) is a good example of a project that works with a specific group (members of the Sikh community) and has clear focused health improvement goals (reducing the risk of strokes, heart attacks and diabetes).

Identified leadership

It should be clear from the outset who is responsible for leading the project. This person/people may be located in a healthcare organisation, voluntary organisation or in a community group; in many cases all three will be required. Most of the successful projects stress the crucial role played by effective champions. For example, the evaluation of the community audit organised by Connected Care in Hartlepool (p 15) stressed the crucial role played by various champions, including the PCT, local community associations, and a national voluntary organisation – Turning Point.

Specified goals

Project proposers should be able to specify the goals of the project at the outset and what they hope and expect to achieve. Ideally the goals should be SMART, ie specific, measurable, agreed upon, realistic and time based. Careful consideration should be given at the outset to how flexible or fixed you want the goals to be. For example, can the project accommodate community-defined goals if community members decide that issues other than health are a higher priority? It may be possible to combine the general aim of community mobilisation and empowerment with a more specific focus on particular health topics. The Bromley by Bow Centre (p 24) is an example of a project that successfully combines both.

Engagement plan

A project plan should set out how community members will be approached and what will be done to ensure that all relevant people are informed, consulted and invited to participate. Ideally the plan should be developed with the active involvement of community representatives. Liverpool PCT's Big Health Debate (p 13) managed to engage large numbers of people in its consultation and planning process.

Building on previous experience

There is a great deal of knowledge about community engagement, much of it stemming from outside the health sector. It makes sense to study the experience of other projects before plunging in. The many national, local and academic organisations that specialise in this field (see appendix) are useful information sources. The HAZs (p 19) are a useful source of learning and the results of the national evaluation have been published.

Recruitment strategy

If people from the community are to be employed in the project, either on a paid basis or as volunteers, a recruitment strategy should be specified. Connected Care in Hartlepool (p 15) found this was more difficult and took longer than had been anticipated.

Participation methods

Techniques for promoting and securing local participation should be carefully selected and clearly specified. Involve's People and Participation website (p 33) is a useful source of information and guidance on tried and tested techniques.

Payment policy

Consideration should be given to the issue of financial incentives, including the possibility of paying community members for time spent working on the project, fees and expenses. This has proved a sensitive topic in some community engagement projects. Connected Care in Hartlepool (p 15) solved it by adopting a flexible approach to meet specific individual needs.

Timetable

Project proposals should include a realistic timeline. In practice many community engagement projects underestimate the amount of time it takes to achieve their goals. Tackling entrenched problems, such as health inequalities, is likely to require a long-term commitment.

Capacity and resources

Expecting community members to devote a great deal of time may be unrealistic. An assessment should be made of the likely extent of voluntary contributions and what skills people can bring to the project, in addition to a clearly worked out budget for professional staff time and resources. Sometimes working in partnership with other organisations will make sense, as in the arrangements worked out by LINKs and OSCs (p 27).

Training

Community members and professional staff may need training to help them perform identified tasks. This needs to be timetabled and budgeted for. Voluntary organisations and university departments may be able to help as in the case of Connected Care in Hartlepool (p 15), where UCLan provided the training.

Cultural awareness

If the target community includes people from minority groups, it is especially important to be aware of cultural differences and to seek guidance from members of those communities. NHS Tower Hamlets (p 23) was able to develop new facilities to meet the identified and previously unmet needs of particular minority groups.

Consensus-building

It is crucial that all involved share a common understanding of the goals of the project, its rationale and planned direction of travel. Plenty of time should be set aside for consensus building. Involving local people in the development of a clear ethical framework to guide decision making has been helpful to Oxfordshire PCT (p 29) when making its allocation and exceptional treatment decisions.

Communications

Clear communication and transparency are important elements in any community engagement programme. It may be appropriate to seek help from communications professionals in developing a strategy and implementing it. Liverpool's Big Health Debate (p 13) went to great lengths to increase understanding of the consultation process and its outcomes.

Monitoring and outcomes assessment

If the project has set itself SMART goals, including measurable outcomes, it should be relatively easy to monitor progress. Process and outcome indicators should be carefully selected to ensure that they are feasible, specific and reliable. Monitoring process and outcomes is important for keeping on track and informing funding bodies and, in particular, for maintaining the commitment of those involved. The Healthy Communities Collaborative (p 21) is a model in this respect since regular monitoring of progress towards their health and community empowerment goals is a feature of all their projects.

Evaluation and dissemination

All those involved in community engagement should have an interest in developing the knowledge base, so independent evaluation should be built into projects wherever possible. Many of the best projects have involved academic organisations in formative and summative evaluations. Completed evaluations should be published with a clear plan for disseminating the learning.