

KNOWSLEY COMMUNITY ENGAGEMENT TRAINING

April – July 2015

FINAL REPORT



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Introduction

From page 40-48, this report on a programme of community engagement training for residents and staff in Knowsley contains very concise recommendations for good practice created by the participants themselves. The whole Report would have been far shorter if it merely sought to cover the training process. It runs to 55 pages for a very good reason: it reveals the evolving thoughts and the wealth of experiences offered by participating residents and staff. Their deliberations reveal the sheer abundance of local commitment and insight which can be utilised for continuously improving community engagement in the Borough.

The training brief suggested that capacity needed to be built amongst residents and staff; this was illustrated by the initial sense of confusion and frustration aired by many participants at the induction sessions in April 2015. However, as this Report shows, the most fundamental point about community engagement in Knowsley is that it will prosper when there is greater *belief* amongst residents and staff that residents' views will make a significant impact on policy and practice across the board, and when evidence is consistently provided about how residents' views have made an impact. The Report outlines the deliberations of the residents and staff about the ingredients for excellent community engagement: far from needing to have their capacity for engagement increased, the overall consensus was that what is most needed is a new level of confidence that engagement is worthwhile because it will really influence change.

The discussions from the workshops are faithfully transcribed here to help identify the actions which will enhance community engagement in Knowsley. Most importantly, all of the participants voiced their concern that this Report should not lie on a shelf: it contains ideas which can transform Knowsley service delivery, planning and monitoring, and should be considered at the highest levels of the Council and Clinical Commissioning group as a guide to improved engagement. The participants have requested that the ideas in the Report be revisited by all stakeholders within six months to evaluate progress

and co-design next steps to deeper and wider engagement. It provides a basis for a *cross-cutting* Community Engagement and Communications strategy which reinforces two-way communication at all levels and provides a co-ordinated approach to community engagement borough-wide.

Executive Summary

1. The first section of the Report outlines the aims of the project (pages 3-6) : to enhance residents' abilities to influence and staff's abilities to engage
2. The training process is described on pages 6-37
3. The ideas generated during the training sessions for improving community engagement are fully articulated on pages 38-48, which record the discussions between residents and staff at a Feedback and Action Planning Event on July 14th 2015. These ideas can be summarised as follows:
 - a) there is an urgent need for a cross-cutting Community Engagement and Communications Strategy which brings together all sectors and the public.
 - b) Creating this Strategy is a community engagement project in itself and requires the involvement of all to develop it and own it, but to be consistent and effective it has to be first embraced at the highest levels by all of the partners.
 - c) Communication has to be a two-way street: residents feel that they are not receiving sufficient feedback on how decisions are made at higher levels of Partnerships and remain unconvinced that their views have made a difference. Staff across all sectors need opportunities to develop a coherent approach to engagement work which clarifies roles, activities and timetables. A central online hub for storing and updating community engagement activity and resources is essential and should be publically available and updated by all stakeholders. Communication is everyone's responsibility.

- d) Partnership meetings should be evaluated to identify best practice in supporting 'resident voice'. The residents and staff have outlined the ingredients of excellent meetings (with suggestions for core actions before, during and after meetings to ensure everyone can feel part of the planning of meetings, conduct of meetings and follow-up activity).
 - e) Widening the reach to residents currently under-represented will be more viable when existing participants feel that the meetings make a real difference and are responding to residents' views. Staff and residents have identified effective ways of communicating with a wider circle of residents, and this will need to be developed into a coherent 'inclusion and diversity' policy across all sectors
 - f) Senior Level commitment to have ongoing dialogue about the issues highlighted in this report will make a huge difference to the belief amongst residents and staff that community engagement matters.
4. The Evaluation workshop outlines a methodology for stakeholders to monitor community engagement processes in future, and summarises the participants' views on this project (pages 49-55)

The Project

BACKGROUND

Knowsley Council and Knowsley Clinical Commissioning Group (CCG) have established Partnership structures and wanted to develop even more effective engagement with local communities, by enhancing staff skills and confidence in supporting community engagement and by increasing the empowerment of residents to influence service planning and delivery.

The need for further development and training for community members had been raised by the Knowsley Engagement Forum, which comprises the following organisations:

Knowsley User Led Organisation, Healthwatch Knowsley, Physical and Sensory Impairment Partnership Board, Learning Disabilities Partnership Board, Older People's Partnership Board, Knowsley Youth Mutual, Knowsley CVS, Autism Services Development Group, Knowsley Patient Participation Groups (PPG) and Knowsley Carers Partnership Board.



COMMISSIONING THE PROJECT

In February 2015, Our Life submitted a successful proposal for delivering a bespoke Community Engagement programme which develops and supports professional staff and residents. Our Life is a social enterprise based in Manchester, specialising in community engagement and wellbeing training and support for public, private and voluntary sector organisations and the communities they serve. Our Life's approach to engagement encourages citizens to take action for themselves and work with local partners, leaving a

legacy among participants and decision-makers alike and ensuring deliberative citizen engagement continues to inform policy and practice in the future.

AIMS

The project aimed to develop the strengths of both the staff and the residents in a mutual approach to community engagement:

1. To increase the skills, knowledge and understanding of Council and CCG staff involved in engagement work so that they can create a relationship and interactions which will encourage people to voice their needs and concerns and inspire confidence that these will be heard and reflected in service development.
2. To support residents from the Engagement Forum membership and wider community networks to build on existing relationships and to help increase their skills, knowledge and confidence for deeper involvement. This mutual empowerment will underpin more effective partnership work.

PROCESSES

The planned training and development programme comprised eight elements:

1. Induction workshops for staff and residents.
2. Staff and residents to collaborate in the recruitment of an inclusive group of residents from Knowsley Engagement Forum. These residents would engage in experiential learning within a Citizens' Inquiry
3. Three Citizens' Inquiry sessions with training inputs to understand current systems for engagement, and deliberate on effective ways to engage communities
4. Evaluation workshop for staff and residents– participatory appraisal
5. Staff training workshops on community engagement methodologies
6. Outreach work by staff and resident 'explorers' during and after the Inquiry, to involve more residents in expressing their needs and concerns.

7. Feedback event with Action Planning session for all stakeholders, using the large scale World Cafe engagement tool
8. Final Report on embedding long-term engagement systems

THE WORK

In April 2015 the project commissioners and Our Life's Community Engagement Specialist met to agree the timetable and initial stages of the project, and the commissioners started to recruit up to fifteen community engagement staff and fifteen residents from the Engagement Forum (who already have experience of working within Knowsley Partnerships).

The induction sessions:

The initial sessions for residents and staff took place on April 21st 2015.

These first meetings provided separate spaces for staff and residents to reflect on their past and current experiences of community engagement, before starting to work together in future sessions. Our Life's experience in developing co-production has taught us that this initial separate space helps each sector feel freer to explore openly their own concerns and issues, so that they are able to approach subsequent work together with greater insight, equality and confidence. These workshops sought to clarify the aims of the project and the shared timetable, and immediately establish a positive assets-based approach by focussing on participants' shared stories about good experiences of partnership work between staff and residents before considering the challenging aspects. This exercise enables participants to experience Appreciative Inquiry.

Both sessions were well attended and very productive. 15 residents and 13 staff attended (with two apologies from staff), and experienced the same programme of activities.

They began by identifying the current assets:

“what is working well in partnerships between residents and CCG staff, and what helps meetings to be positive experiences?”

The two meetings identified the following foundations for building future strength :

<i>"We're changing corporate attitudes – they respond and share the end result"</i>	<i>"Officers really get engaged with communities when they see that the communities have the answers"</i>
<i>"Our residents on the Engagement Forum are really empowered"</i>	<i>"The passion and ideas of residents – fab ideas and practical solutions"</i>
<i>"The Learning Disability Partnership Board is getting more residents in there, pushing the issues forward"</i>	<i>"Converting to Easy Read"</i>
<i>"Adult Social Care Local accounts – we know where the money goes and the impact"</i>	<i>"Commissioners are willing to change their language"</i>
<i>"The Clinical Commissioning Group is keeping the public involved and working together"</i>	<i>"We have a great community network"</i>
<i>"The Clinical Commissioning Group have lay members – some other places don't"</i>	<i>"We're all committed to Knowsley"</i>
<i>"Hate Crime events"</i>	<i>"Remove the barriers, with funding"</i>
<i>"The relationships with Healthwatch and Clinical Commissioning Group are good"</i>	<i>"Clinical Commissioning Group staff are well-chosen"</i>
<i>"They listen in some cases and are willing to help"</i>	<i>"Written information on what the meeting entails"</i>
<i>"Pictures/ visual meetings"</i>	<i>"Getting involved from the very start of the Boards"</i>
<i>"The Engagement Forum and Network"</i>	<i>Community involvement in serious case reviews, Safeguarding thresholds and Clinical Commissioning Group Governing Body</i>

<i>"Joint Working & Planning (Council, Health & Clinical Commissioning Group)"</i>	<i>"Community member chairing a case review"</i>
<i>"Patients on the Procurement Group"</i>	<i>"Using community venues"</i>
<i>"The Engagement Forum is really good, with all partners together and communities in the driving seat"</i>	

The importance of starting with positive stories was illustrated by the energy created in the small discussion groups and by the subsequent feedback to the larger group. A key element in community engagement work is to ensure that the initial focus is uplifting and celebratory, so that subsequent focus on challenging issues can draw on this positivity and sense of shared cause.

The second part of the exercise generated a list of helpful ingredients in making engagement meetings feel worthwhile:

INGREDIENTS OF GOOD MEETINGS	
Be honest	Explain decisions
Don't be dismissive	Listen to all views
Always feedback on engagement	Empower communities to engage with each other
Peer support & mentoring	A common theme
Shared passions and interests	Build informal relationships
No jargon	Having Chairs & Co-Chairs
Written information on what the meeting entails	Pictures/ visual meetings
The Chair has to manage the meeting well	Different ways to communicate, depending on the issue or target group

Share values and aims	Use community feedback to develop services
Feedback to communities on how they have influenced	Time constraints – make sure the meetings are meaningful, not rushed
Use the resources already there in the community (asset-based approach)	Consult with the right people
Understand the full picture	Common aims and goals
Knowing each other	Accessible information
Share when positive changes have been made following engagement	Lots of responses and attendees
Capture all needs – re-design the service so it can be created in partnership with communities	Build rapport between people
Consult before deciding	room layout so everyone can take part
Enough time for communities to have a say on their concerns	Informal meetings

CREATING SHARED GROUND-RULES

The third exercise focussed on how people can work together effectively if everyone creates the rules and enforces them collectively. The residents' group were very lively from the start, with people arguing their positions across the room. This behaviour was discussed by the whole group as an illustration of how ground-rules are needed so that everyone can participate and feel listened to. A small group exercise followed; the groups were given cards which listed individual guidelines for good meetings (drawn from residents' ideas from previous workshops facilitated by Our Life). The group were asked to agree or disagree with each card, and change them in any way they saw fit, adding any extra suggestions on blank cards.

GUIDELINES

What helps a group to work well together?



The groups agreed the following guidelines collectively:

OUR GUIDELINES	
Our differences make us interesting	There is no such thing as a stupid question
Keep it simple – no jargon or fancy talk	Make everyone feel welcome
Support each other to take part in the meeting	Turn mobile phones to silent/vibrate
Don't interrupt each other, but don't rattle on forever	Listen well when others are talking
Make every effort to be here on time	Abide by decisions agreed here
The Chair has to manage the time well	Raise any off-topic issues in the break
If we disagree, don't take it personally	Agree to disagree with respect
Meetings must be accessible for all – visuals	

To ensure professional jargon or use of acronyms was minimised, red cards were distributed throughout the group, so that people could use them to intervene in a meeting whenever anyone said something they didn't understand. This method provided a fun way of tackling a common problem which can otherwise make residents disengage.

CHALLENGES TO EFFECTIVE ENGAGEMENT

Once these guidelines were agreed, the group began to explore the challenges to engaging effectively. They used a visual checklist of typical challenges facing partnerships and took it home to continue thinking, in preparation for the next session.

The staff session covered the same programme of exercises, and produced very similar views on the current strengths of the engagement work and the required guidelines for positive collaboration. The staff also identified the need for better inter-staff communication and co-ordination of engagement activity, as they had undergone changes to roles and personnel and were unsure about each other's current roles. It was agreed to include mapping of current staff roles and activity within their future Engagement workshop.

Session two:

On May 12th a joint meeting of residents and staff shared their findings from their Induction sessions, to establish a positive start to their work together and to recognise that residents and staff shared great commitment to making the partnership effective. This session would embody community engagement methods, not just in the techniques used in the session but also in the relationship-building which is at the heart of effective engagement. A visual audit of the issues was presented to remind everyone of the challenges they had begun to discuss in their induction meetings, and they worked in mixed groups to develop their ideas on challenges to engagement and how to overcome them.

The following issues and possible solutions were identified:

EVERYONE BEING CLEARER ABOUT THE NUTS & BOLTS

What is the Partnership system?

What do agencies do and what can be expected from them?

We need input to understand the Partnership system

BETTER COMMUNICATION

Lines of communication- libraries and community centres are being shut- there are limited notice- boards and lack of access to web.

Community would like one access point for information so they don't get lost in the system.

Could we have a one stop shop to address accountability so everything is in one place?

Staff struggle to find information from each other sometimes.

Share good practice and good news more

ACCOUNTABILITY

People feel they are not being heard- not enough feedback to say what has happened. We need to know how public views have influenced commissioning decisions

Why not consult with service users from very start of creating a service, to create solutions rather than assume and get it wrong.

We need residents to meet regularly with decision makers, to influence.

BETTER MEETINGS

Different ways to engage with public: not just formal meetings- need an open floor and honest discussion, not controlled

Public meetings need to be opened up to public rather than feedback to public – more opportunities for public involvement throughout meetings, not just at the end

Allow space for the difficult questions to encourage working together to all be part of the solution

Active involvement in public meetings from residents. Early info sharing to prepare for meetings. Realistic goal setting

INCLUSION

Need to engage with more representative demographic like young people and BME

Access- easy reading materials, taxis and transport makes it difficult to get places. Bus routes changed and people not informed.

Explore use of Digital inclusion eg for housebound

MORE RESOURCES TO SUPPORT ENGAGEMENT

Resources to enable residents to attend meetings- not assume that engagement is free.

Sustainability- engagement and representation needs to be funded in the long term. Longer-term funding for Healthwatch

Funding for grass roots ideas and projects

A TEAM APPROACH BETWEEN STAFF & RESIDENTS

More cohesion between residents and CCG and Council staff. Public to shadow CCG staff to understand day-to-day operations

Engagement needs to be driven by community but coordinated by health professionals.

Need a commitment to volunteers and structures to support grass roots movements and participation.

CCG turns to Healthwatch but need to know who else to turn to for right expertise. A co-ordinated map of who does what and when

Freedom of speech for staff

This exercise generated the raw materials for the rest of the programme to explore in more depth. Through experiential training and joint exploration of issues, all participants were to be facilitated in identifying how to increase everyone's feeling that community engagement was effectively supported and could make a difference to the quality of planning and service delivery.

Including all...



REACHING MORE RESIDENTS - DIVERSITY

The last section of the session explored the demographics of the residents participating in the current workshops, to identify who is currently represented within the group and who is missing.

Mixed teams of residents and staff were given a handout representing diverse backgrounds and asked to identify “**who’s missing from this picture? who’s missing from our sessions?**”

They used this resource to discuss the diversity of Knowsley’s population and begin to consider how each everyone could be reached. The groups’ feedback to each other to create a plan for reaching a wider range of people:

Who's missing from this resident's group?

- Young families
- School-age
- Hearing impaired
- Multi-faith communities
- Black & Minority Ethnic (BME)
- Visually impaired
- People with Autism
- Down's Syndrome
- Mental Health
- Lesbian, Gay, Bi-Sexual, Trans-Gender (LGTB)
- Working Parents
- Not in Education, Employment or Training (NEETS)
- Carers
- Young Carers (via Caring for Carers?)
- Housebound (skype?)
- Alternative Futures Group
- Multiple health needs

The residents and staff then worked as a whole group to explore how to reach people from all of these different profiles in future:

How to reach all?

PERSONAL ACTION:

By inviting personal contacts who don't come to meetings usually

User networks

Contacts via frontline staff

ACCESSIBILITY:

Accessible meetings: Interpreters, Braille, signers, hearing induction loops, Easy Read, support workers/buddies, venues with wheelchair-friendly lifts and facilities

USE TECHNOLOGY:

Skype / Google Hangout / Join Me / Webinar

“We want more communities to have more say....how can we build connections in the community?”



The session concluded with residents agreeing to attempt to each contact one person from the 'missing people' list and invite them to join us at the future Inquiries in June.

INTERIM EVALUATION

Evaluation forms were completed, revealing a high level of satisfaction with the sessions so far but emphasising the need to ensure that future sessions are fully accessible and comfortable for people with disabilities and provide a variety of visual methods and hearing induction loops so that everyone can participate fully.

We debated the potential use of social media to enable housebound people to participate in our meetings. Subsequent research by Our Life revealed that very few Knowsley venues can offer sufficient broadband access and technical expertise to deliver these methods effectively within the timescale of this project; only The Venue were able to be confident that their broadband signal would be strong enough to make use of skype possible. A proposed skype session with a commentator from the Asset Based Community Development world was arranged for Inquiry Two but had to be cancelled after the first Inquiry date was postponed for a week (the Venue wasn't available for the new date for Inquiry Two).

The Three Inquiries

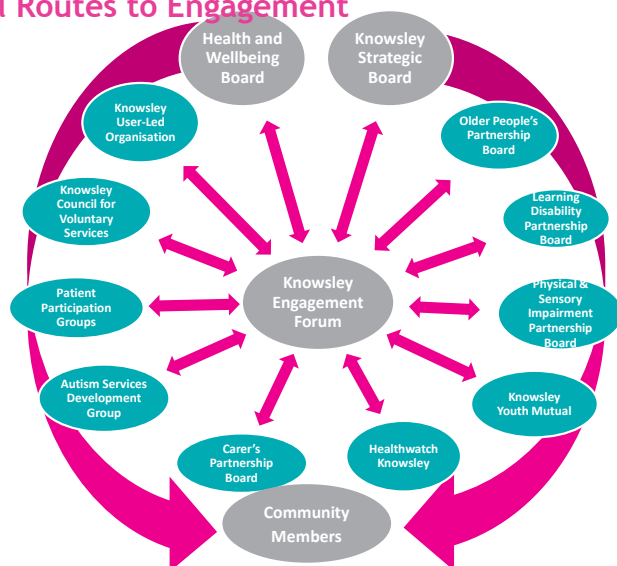
On June 16th, the re-arranged First Inquiry was held in The Venue, Huyton. The purpose of the first Inquiry was to offer a training component (helping the residents gain greater insight into the current system's 'nuts and bolts') and an engagement experience (a question-and-answer session with senior staff to explore how the engagement system currently works and how residents' initial ideas for improved engagement might be achieved).

The panel of commentators were senior representatives from Knowsley Council, Knowsley Clinical Commissioning Group and Knowsley Healthwatch,

who had worked together in advance of the session to create a collective presentation.

Three slideshow sections were presented: Richard Holford described the national, regional and local context, and explained the Health & Wellbeing Board's role in promoting integrated working of all health and social care partnerships, and outlined the Council's mechanisms for engagement. Dawn Boyer and John Barbour focussed on the CCG's role in involving residents in consultation and planning, and Paul Mavers described Healthwatch's role in supporting residents to have a voice in the Partnership system. The residents had red cards to intervene in the presentations whenever they needed clarification or to raise an issue about their experiences of engagement.

Formal Routes to Engagement



A very lively question-and-answer session explored the following issues and experiences:

- Many needs cut across several service themes eg as a physical and mental health issue. Where do you take issues? (how do partnerships communicate with each other about cross-cutting issues?)

- What to do if don't get promised feedback?
- What does 'Commissioning' mean?
- How are services monitored against quality standards? at what point do commissioners have to intervene if a service isn't meeting standards?
- Why are services users not spoken to, to find out which services are a waste of money?
- What's the easiest way to tell decision makers that a service is poor? who to contact?
- Observation about the complexity of influencing – must know the right forum to feed comment into. The comment can go through several bodies before it reaches Knowsley Engagement Forum. Feedback on comments is seldom given. It's a complex system of partnerships and services, covering many issues and health & social care themes, with lots of services playing roles within a single response eg Cancer screening involves NHS England , and Primary Care get involved too in supporting GPs , while Council's Public Health are responsible for campaigns on prevention/ early detection of breast cancer
- Doing things better is the route to saving money in times of cuts
- Residents can play a big role in helping services to understand priorities when budgets are limited
- It is a statutory requirement that services should be accessible for all
- Where to turn for signposting to services?
- Can carers receive financial support for extra costs? Why is there no recognition of the double cost of some activities when people with a condition (+ their carer) access such services as swimming – surely there could be a discount?
- Partnerships focus on common causes rather than individual cases – and can raise issues at all levels via the Engagement Forum
- What gaps and frustrations exist? How can we improve the accessibility of the engagement system?
- Specific services were mentioned by residents:

Some services were praised for effectively responding to residents' needs: *"The Community Cardio services"*; *"Manner Park's services (although they don't provide repeat prescriptions over the 'phone")*.

There were causes of concern for the future: *will the NHS go bust? What are Public Health's plans for Mental Health services?*

Several services were criticised by the residents for failing to meet their needs or being effectively influenced by residents' views at present:

"Speech and language services are stretched and not effective – how do we influence what is provided?"

"I'm waiting for Nutgrove to get back to me with an appointment for having my ear syringed – I don't believe it is going to happen".

"Is there nowhere for people in wheelchairs to be weighed?"

"Who commissions 'light up your life' – it's patronising – you can't sing or laugh away depression".

"Why am I still offered drugs I stopped taking 6 months ago?"

"There is nothing provided for the carers of those with autism – as a result of a family member's autism the carer suffers from depression, anxiety and PTSD – can't access therapist. Why is very little information given to a family with a new diagnosis of autism, they could easily be given a pack?"

A long discussion about influencing provision for people with autism focussed attention on residents' frustrations in seeking to influence service planning and delivery: this single example became a focal point for the general experiences of residents in seeking to engage and make a difference. A specialist on services for Autism was invited to join the session to engage with residents in a detailed question-and-answer session on the planning and delivery of these services.

Inquiry Two:

On June 23rd, the second Inquiry was held at the Old Schoolhouse, Huyton. The first Residents Inquiry had further developed the residents' awareness about

the Partnership systems within Knowsley ('the nuts and bolts') and the routes to be involved in, and influence, the decisions about health and social care.

The Second and Third Inquiry sessions aimed to bring together all of the residents' deliberations on the strengths and weaknesses of current and past engagement, to consider the essential elements of a cross-cutting Community Engagement and Communications Strategy from a residents' perspective.

At the second Inquiry, Paul Mavers' input on the role of Healthwatch and the Community Engagement Forum helped the residents to explore the routes available to influence discussions and decision-making.



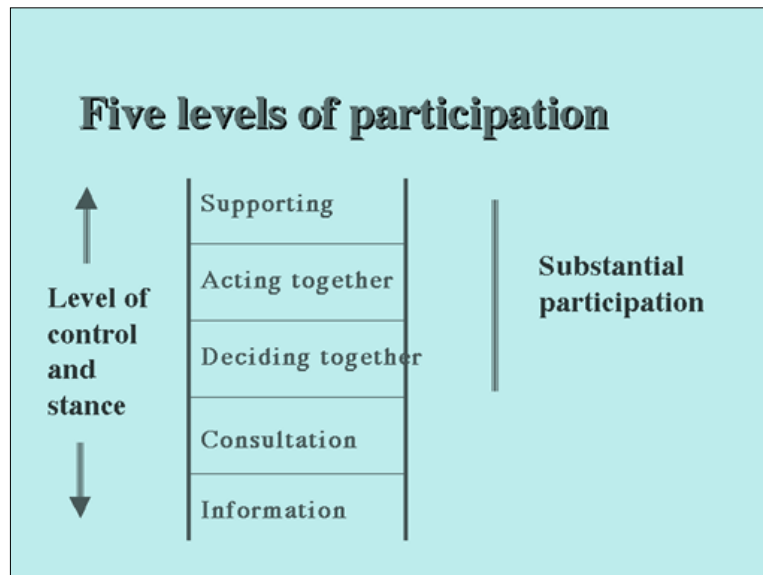
The residents looked at the importance of the arrows which link the various parts of the participation structure, recognising that these arrows should be a two-way street of communication if everyone is going to feel part of the partnership system.

The exploration of existing partnership structures underlined the complexities of attempting to engage in empowering dialogue: residents said that they were often unaware of who was acting as their representatives at each meeting within the overall structure, and felt unable to impact on the deliberations at the top of the structure (the Health and Wellbeing Board). The flow of dialogue up-and-down the system was a cause for concern.

The residents also considered the importance of dialogue across the system, so that people were aware of discussions amongst all residents' through the vital work of the Community Engagement Forum. The discussions also considered the importance of residents and staff reaching out to those residents who are outside the current partnership structures, so that more residents can be voicing their issues to be presented on their behalf by those residents who attend meetings on health and social care. This discussion re-emphasised that communication, if it is to be a two-way street, is everyone's responsibility: the relationships have to be built throughout the system so that everyone feels it is an effective system.

Consideration of Arnstein and Wilcox' Ladders of Participation revealed a significant gap in resident involvement after initial information-giving and consultations: they felt that often they were unable to impact on the subsequent decision-making and weren't informed about how their views may have influenced the decisions taken or the subsequent stages and time involved in the decision-making. At the Third Inquiry, residents concluded that they need a representative at the Health and Wellbeing Board and/or Strategic Board, but also want senior people from these Boards to occasionally come to the Engagement Forum to listen to residents directly. This closer partnership

working would help to assure residents that their voices were being heard throughout the system, and that their issues were being addressed elsewhere. It would also give professionals the opportunity to see how committed and passionate the residents are about the issues and to appreciate the vital knowledge and skills they are contributing.



The Ladder of Participation

The communications element of community engagement was particularly clear when residents talked about the need for better feedback about decisions. For example, residents would welcome a public website which publicises evidence of changes being made due to resident involvement. They also identified the need for online sign-posting to staff who can support engagement on specific topics. The Carers Centre was cited as a model, where residents can find 1-2-1 support from someone who talks their language. Residents were passionate about the need for positive first contacts, feeling that every contact between residents and staff needs to be a customer care issue, ensuring that residents aren't encountering any unhelpful responses to initial enquiries. In that sense, every member of staff is a community engager. This requires staff training in customer care and awareness of their own structures and services, and further development of signposting- champions who can be approached for guidance. Otherwise residents can feel they are dealing with obscure infrastructures rather than people.



Communication across

Eg: how can more residents be in the loop if they aren't at meetings?

Engagement and empowerment are at the heart of what we do

The second half of Inquiry Two re-focussed on how we engage with each other in communities, reaching more people from all walks of life. The induction sessions in May had concluded with identification by staff and residents of the people who aren't represented within these current sessions, creating a Diversity mini-audit. The residents had attempted to each invite one person from the list of unrepresented people to attend the subsequent Inquiry sessions. This exercise had only brought five more residents into the group and revealed the difficulties in engaging other residents to come to meetings, even when they are invited by their peers.

Inquiry Two looked at the reasons why people are so reluctant to attend meetings: past experiences had turned-off some frustrated residents who now saw meetings as a waste of time where nothing can be achieved; some residents felt shy or anxious and found meetings a difficult environment; some residents felt alienated from professional jargon. Residents faced many significant barriers to involvement (including childcare, mobility, expenses, timing of the meetings).

These factors are obstacles to developing a partnership which focuses primarily on meetings. The residents identified alternative methods of engagement which had been more successful in the past (including stalls at community events, where the issues and people had been accessible within the community. This approach was felt to be particularly attractive to residents because it allowed for focussed discussions on their own interests without demanding people to commit to a fixed meeting-time in advance). Residents said that engagement is made more difficult if people feel that their initial contacts with services leave them exasperated: many residents struggle to locate the right person, and need a clear point of access to the health and social care systems to seek support or raise complaints. If this customer care issue isn't addressed, many people won't want to engage positively in any other forums.

Other methods of engaging the wider community were highlighted: Our Life's training input on their Community Explorer projects looked at the impact that resident-led research could have on local awareness of issues and opportunities to influence, generating citizen action groups.

The Inquiry session looked at an example of a health and social care questionnaire which could be used by residents to initiate local interest in having a voice on the issues. The residents' trialled the questionnaire on each other and concluded that they did not feel that it would work as an engagement tool with their contacts, as surveys had become a turn-off for local people ('Once bitten...'). Questionnaires are unpopular when they only offer Yes and No options, when many feel that the answer may be much more nuanced ('Yes, but...').

The residents also looked at the possibilities for using social media to reach more people, with the option of joining an independent private chat group within a Ning site run by the National Community Activists Network, or using

platforms such as Facebook or Twitter to develop conversations about local health and social care issues. These online opportunities were presented, with handouts on how to use social media. Some of the residents voiced their concerns about social media and expressed the need for social media surgeries to teach more people how to use online engagement opportunities. However, a co-ordinated email system could publicise events and a database of contacts.

Inquiry Three on 7th July at the Old Schoolhouse deepened the exploration of how residents could engage their peers, identifying the lessons to be learnt from recent practice.

The residents shared one example of a positive story about effective local engagement: a recent Health event for Carers had succeeded in engaging the public by giving people an opportunity to meet specialists and engage in a free flowing question-and-answer workshop; this removed the barriers between professionals and residents. It targeted its audience by focussing on a specific topic rather than general 'health and social care'. However, residents felt that such events need to be repeated regularly, because otherwise residents can become frustrated again by the lack of opportunity to further engage in dialogue about their issues. Continuous engagement was essential, with prompt feedback about the impact of this engagement ('You said, we did'). It was also felt that use of local venues across the Knowsley catchment area would help to engage people and feed-in their concerns and ideas. Councillors Surgeries were seen as a welcome opportunity to raise individual issues: could the CCG offer similar surgeries in localities?

The Third Inquiry integrated all of the lessons learnt so far about influence and partnership working, to create suggestions on how to improve community engagement practice (before, during and after each meeting):

BEFORE EACH MEETING:

- Establish a very clear purpose for the meeting, with specific topics shared in advance
- Be very clear about what level of influence is on offer to residents who attend (using the Ladder of Participation to clarify to everyone)
- Co-ordinate meeting dates so that there isn't duplication / consultation fatigue
- Enable residents to have a say in the agenda (eg. by setting future agendas at the end of each meeting)
- Publicise meetings in every possible way, as no one size reaches all eg emails, other social media, publicity boards, word-of-mouth
- Provide a contact person for residents to approach
- Provide concise, easy-read information in advance of the meeting so that residents can consider the topics and prepare themselves (and ask other residents for their views)
- Use local community-friendly venues across the Knowsley area, being mindful of access issues
- Make space for residents discussions at the start of the meeting (as a residents space at the end can often get lost when meetings over-run)
- Consider how non-attending residents might put forward their views
- Create a contact list of residents representatives
- Consider access issues for all: easy read, wheelchair access, parking, expenses, timing of meetings, aids and adaptations, interpreting, jargon-busters, need for a buddy/carer to attend
- Make meetings enjoyable and inter-active

- Lay-out the room as a circle or horseshoe
- Ensure comfort – chairs, tables for people with medical conditions, refreshment breaks, etc
- Help the Chairperson prepare for their role (use of Guidelines cards)
- Circulate Meeting Guidelines in advance (to help people understand the behaviours / rules adopted in the meetings)

DURING MEETINGS:

- Pre-meeting and post-meeting mingle time
- Share the guidelines for good meetings at the start (see the Guidelines Cards, emphasising teamwork is everyone's responsibility)
- Visual agenda
- Offer an anonymous Question Box so that all residents can raise issues, regardless of their confidence in public speaking.
- Greet people warmly and ensure newcomers are supported
- Support the Chairperson (observing people who wish to speak, etc)
- Have clear topics with time-slots
- Opportunities for small group discussions so people feel they can have a say
- Good time-keeping by all
- Ensure that the meeting reaches clear decisions and identifies next steps
- Evaluate each meeting openly

AFTER MEETINGS:

- Written minutes/ notes circulated asap
- Feedback to residents on how their views have affected other's thinking/ decisions
- Ensure issues are passed higher-up, with residents' involvement where possible and desired
- Offer a complaints procedure if residents aren't happy with meetings or outcomes
- Encourage residents to share information with their peers
- Signpost residents to contacts if they have individual issues to pursue
- Take individual issues to the Engagement Forum to identify possible collective issues
- Ongoing discussion about revealed training needs for residents and staff
- Opportunities to evaluate how the partnership is working overall

The Third Inquiry ended with a discussion on the skills required by the Chairperson and how to support residents who didn't feel confident in speaking in meetings. Two ideas were identified: an anonymous Question Box so that less-confident residents can raise issues, and bringing a buddy.

The importance of breaking the ice before the meetings was emphasised, so that every attendee felt welcome, particularly at their first meeting. The Chairperson has to have support to ensure that all people wishing to speak are noticed, and the job becomes a bit easier if an informal atmosphere has been established within the accepted guidelines for good meetings. The role of

Chairperson was seen as very important in achieving positive meetings, and current Chairpeople discussed their roles, dilemmas and the need for mutual support.

Staff Training part two:



Immediately after the Third Inquiry, the staff were involved in an afternoon training workshop at the Old Schoolhouse to focus on three themes:

- *Mapping and co-ordinating Community Engagement activity*

- *Role difficulties and positive conversations*
- *Preparing for next week's Feedback Event*

The current programme of meetings with staff and residents have been intentionally planned to provide demonstrations of how community engagement methods are used, so that participants experience these methods in practice. Community engagement isn't an abstract concept to be taught from textbooks: it has to be developed in relationships with others, and the techniques are useful frameworks to produce opportunities for positive dialogue. The training has been planned to explore consecutively the key stages in effective community engagement:

- ICE-BREAKING: vital to set the tone of informal friendly relationships with communities - shared endeavour and breaking-down barriers
- GATHERING KNOWLEDGE of communities' current feelings and issues about engagement
- GUIDELINES for smoother meetings (using the card game to identify agreed ground-rules and negotiate the worker's role)
- ASSET-BASED: Start from positives and explore challenges, not problems(WHY= morale/mindset)
- RELATIONSHIP building through a shared inquiry- working separately at start as staff & residents and then coming together (men & women weekends)

The sessions so far have built-in a range of methods which help everyone have a say: small groups, visual exercises, power-point limited to key points and humorous commentary rather than a mass of information. This training session brought it all together to explore Community Engagement's 'magic ingredients': *"how can we plan our approach so we're confident and relaxed when we meet residents?"*

The following ingredients were recalled:

1. *Knowledge of communities issues and building personal relationships through face-to-face meetings*
2. *Mindset of staff* (seeing community voice as positive, not a duty or problem to be managed – raising shared visions, not worrying about expectations)
3. *Well-planned engagement sessions* (very clear in advance about why we're doing it, how the meeting contributes, what level of power on offer, and what makes a meeting a good experience)
4. *Participatory and inter-active methods*
5. *Skills in tackling conflict and narrow interests* (without getting defensive or controlling)

PARTICIPATION LADDER: The training summarised the residents' work in the Inquiry Sessions, where residents have been looking more deeply at how the partnership structures are meant to work ('the nuts-and-bolts'). The use of Arnstein and Wilcox' Ladders of Participation was explained, before the staff worked in small groups to discuss where their current engagement work sits within this ladder. Discussion focussed on the importance of being very clear from the outset about the level of empowerment being offered to residents, to avoid frustration and misunderstanding. The residents' Inquiries had revealed how gaps in the Participation Ladder can aggravate eg. being asked to help decide and then not receiving feedback on what was decided, how it was decided and what impact the community had on decision. The use of this Ladder before starting any piece of engagement work will help to clarify the exact nature of the engagement.

The staff felt that it was very difficult to co-ordinate community engagement work when there were so many staff working in separate structures and using

different communication systems. Devising a joined-up communication system is essential to help co-ordinate all of the Community Engagement work, knowing what each is doing and avoiding duplication, clash of dates and consultation fatigue.

DEALING WITH DIFFICULTIES

The Participation Ladder gives staff a shared framework to use with communities, and a basis for better mutual understanding of what level of influence is possible. But sometimes there are very difficult conversations with communities about expectations and misunderstanding. *“How can staff engage in difficult conversations positively?”* A pairs exercise shared an example of a difficult conversation with residents, and identified what staff had done which either helped or hindered a positive outcome:

What helps:

- Listening well
- Positive body language
- Empathy
- Being honest
- Being realistic / managing expectations
- Avoiding promises/ personal opinions
- Asking what outcome was desired?

What hinders:

- Putting the blame elsewhere
- Interrupting

- Being dismissive
- Make false promises
- Not taking action
- Offering personal opinions



PREPARING FOR THE FEEDBACK & ACTION-PLANNING EVENT—the staff discussed the slideshow of community-identified issues, and considered how to jointly work with the residents at the Feedback Event to decide together how to make Community Engagement more effective. What would be the magic ingredients underpinning an excellent Community Engagement and Communications Strategy?

The staff worked in small groups to look at what would improve engagement Before, During and After meetings:

Before:

- Identify stakeholders
- Clear objectives
- Appropriate venue
- Agree agenda and format in advance, and distribute to all
- Clear instructions and directions
- A named contact

During:

- A good Chair
- Guidelines
- Stick to the agenda
- Tailor the event to the audience
- More Q & A sessions
- Discuss next steps/feedback

After:

- Feedback tailored to the audience
- Thanks everyone
- You said, We did

The staff highlighted the following issues in relation to the residents' concerns:

- There are differences in communication systems between the various sectors (Council, CCG, private, voluntary) : how can people access each other's information for sign-posting, data-bases etc?
- How can staff act as sign-posters in such a complex system with so many specialisms? Would Community Navigators be the way forward, as points of contact? Could Healthwatch's model of supporting outreach be more widely adopted? Could one public website help to create an accessible information point for all eg Access Knowsley? Could it be collectively used and updated? Could a co-ordinated database of engagement work be created, similar to the past system? Could the various intranets be accessed across sectors for some functions
- Communities won't respond to wider empowerment issues (such as Increasing Diversity) if they remain frustrated with system, with personal axes to grind rather than identifying and pursuing collective issues. It is vital to engage in positive conversations about their concerns, using the Participation Ladder and the Conversation skills to frame conversations: everyone has to be clear what can be influenced and what resources are available.

THE FEEDBACK & ACTION PLANNING EVENT: 14th July 2015



at THE SIGNATURE SUITE, THE VENUE, HUYTON



The session commenced with a powerpoint presentation from Our Life on the key issues revealed to date, with comments from residents and staff.

Three mixed groups of residents and staff were facilitated by Our Life workers to develop action ideas on one of the following themes:

- a) Great meetings
- b) Joined-up working
- c) Reaching more people

Each table then feedback two key points, before the facilitators moved consecutively to the other two tables to seek new ideas on the theme (this method is called World Cafe). The session ended by recognising that there was significant overlap in the issues raised about joined-up working, better meetings and reaching more people, revealing how inter-twined these issues are in practice.

The following ideas were recorded by the discussion groups:

JOINED-UP WORKING

- a) *Strategic coherence:* We need a cross-cutting Community Engagement and Communications Strategy to incorporate Council, CCG, Healthwatch, voluntary sector , so that there is consistency. It needs to be joined-up at a senior level so that budgets and policies can be aligned to support community engagement

- b) *Feedback about decisions:* We need much more feedback about progress, especially when residents' issues from the Engagement Forum are sent to higher levels eg the Strategic Partnership. We don't get any detail about who is going to do what about the issues we raise. We would welcome visits from Senior partners to local meetings and vice-versa, to link us all together and forge a face-to-face relationship and communication channel.
- c) *Resident involvement in decision-making:* residents want to be involved at the planning stages before commissioning and be part of the panel which commissions the bidders, as residents know what will and won't meet their needs. This would help to save money by ensuring commissions are given to service providers who really make a difference. There are already some good practice examples of resident representation on commissioning panels: this could be a more consistent model.
- d) *General communications with residents:* We need more information about what's going on, in accessible places and formats. We can use places where people go (restaurants, takeaways, supermarkets, taxi companies, buses, businesses, leisure centres, GPs). Can we ask businesses to support us with free publicity sites? Use free newspapers more? Use KCR community radio? Use Councillor surgeries in the community?

Use social media so that there is two-way flow of information. Knowsley website's community notice-board is underused because the site is so difficult to navigate and keep up-to-date.

People prefer face-to-face or telephone conversations: surveys leave no space for 'Yes But' contributions

The Council and CCG could link in more closely together to reach people in public spaces.

e) *Resourcing community involvement:* Residents could help pass on the information as community champions through word-of-mouth in their own communities, but to reach widely the residents groups need core-funding to act as outreach – it costs people money to volunteer. Some parts of the Partnerships offer expenses (taxis etc) but it isn't consistent. If there is no money available due to cuts, can the Community Engagement Forum raise the issue of volunteer expenses at the Strategic Partnership so that there is a consistent practice and a pooled resource, or a joined-up strategy for seeking the resource elsewhere? 35p a mile for petrol would avoid tax. Other forms of incentive and recognition could be offered from within existing services eg free swimming.

Need to be very honest and realistic about budgets. To save money, can we ensure staff go to where residents are rather than expecting them to come to the organisations? Cheaper to use community meeting places with free parking eg Old Schoolhouse, Knowsley Leisure and Culture Park, Childrens Centres. Could we have electronic meetings sometimes?

f) *Communication between organisations:* Co-ordination of information: it needs to be updated as an online directory, and there should be more interlinking of existing websites to signpost to everything (contacts, venues, groups, opportunities for training).

Communication between Council and CCG needs to be addressed – linking staff across the sectors as well as linking with residents. The link between the Health & Wellbeing Board and the Strategic Partnership could be the way for all of these issues to be addressed at the top. Council Communications staff need to join the conversation with other staff and residents.

Every member of staff has to become a communication champion, feeding back on meetings they have attended. Everyone needs to feedback at all levels if communication is to be achieved.

- g) *Streamlining the engagement*: there are too many meetings for a few volunteers to attend regularly: the Partnership system has grown like topsy, with a few very powerful groups getting most attention and resources.
- h) *Clarity of purpose*: meetings are not targeted clearly - could residents be informed in advance about the purpose of the meetings and the issues to be covered, so they can decide if the meeting is relevant to them?

INVOLVING MORE PEOPLE

- a) *Better engagement with diverse public*: many people don't like formal meetings. They prefer informal meetings in accessible settings, signposted in community settings, in order to attend with confidence. Many of the issues are so emotive that it's hard to engage

Need to build relationships outside of the meetings, to widen the networks eg facebook, twitter, and word-of-mouth. To be more representative of all of the population, need to go to the places and services which people use; send personal invitations; remind everyone at the end of each meeting to speak to five other people

Offer incentives to the public to engage eg free pens, travel expenses

Recognise new faces at any meeting and make them feel welcome

Use public spaces (supermarkets, bingo, fast food outlets – advertise on shopping trolleys)

Make the engagement inter-active, have appropriate engagement people, reassure people, be aware of good times for people to be approached and involved (ie on the way in rather than on the way out), make materials attractive

Be clear – targeted issues need targeted approaches to attract people to relevant meetings, and by integrating the existing group’s social media there could be a quick win

CCG could visit housebound residents. Develop the roles of community navigators and community champions

Promote options via facebook, free newspapers, and via Healthwatch

Mapping of local groups (joint project for Council and CCG)

Recognise community skills and knowledge

Advertise local groups via chemists, foodbanks etc

Encourage people to speak to a wider circle of residents eg at supermarkets. Go to the spaces where people naturally meet anyway.

- b) *Better communications between all levels:* there is a breakdown in communication – residents believe that their views are not reaching the Strategic Partnership senior level, and there is a lack of internal and external consistent communication.

A joint multi-agency communications team could reduce duplication and encourage information-sharing. Need the Council’s Communication Team to join us (John Barbour to have an informal conversation).

Use Local Councillors as a mechanism

Use “You Said, We Did” as a succinct demonstration that agencies are listening , are acting, and are accountable. Better feedback will keep people interested.

Public groups should be feeding views to an Issue Based group who send issues to the Strategic Partnership and receive feedback which they pass on to the public: a communication loop

- c) *Better Partnership meetings*: Publicise the Feedback mechanisms – so you can follow up issues after receiving feedback – this requires clear information about who to speak to.

Have Chair and Secretary roles to emphasise building relationships

GREAT MEETINGS

- a) Before meetings:

1. *Communications*: Pre-meeting documents, different formats of documents to be planned well in advance. Although barriers of time/money, importance of knowing audience and planning accordingly. Promote option to have documents in alternative format early so that all needs can be planned for.

Agenda should be shared a week before; where not possible, explain to residents and offer a brief outline of subjects likely to be covered.

Manage expectations: honesty is the best policy - better to have a rough idea than no documents at all.

Questions that will be asked to be given before meeting so that people can prepare/consult on them.

Presentations etc to be circulated before meeting so that half of the meeting does not need to be used going through material: attendees

can read material before and get straight into questions in the meeting.
Frees-up more discussion time.

Staff to work to build 1-1 relationships: one staff member to be “go-to” person on an issue or act as a link person between community and staff.
Builds trust and understanding.

Invite front line staff to meetings: they often have a lot of interaction with residents to pass on at meetings.

Clear purpose: Target audience - ensure that the residents invited to attend meetings have an interest in the subject matter, ie someone who is interested in mental health services is not necessarily interested in other issues

Tailor the agenda to who is in the room: prioritise topics that people who are attending can have most input on. A great meeting has the right people there.

Meetings are not always needed! Can be more beneficial to have 1-1 conversations, phone conversations and teleconferences.

Accessible meetings: Know your audience, be considerate to who is attending, ie wheelchair accessible buildings etc. Venue, ensure fully accessible for disabled members, ensure it is a space that everyone feels comfortable in- council buildings can be imposing and intimidating to some. Ensure central and easy to get to location

Timings, be mindful of peoples schedules. Not everyone is available 9-5: people have caring responsibilities etc.

Notify people of meetings plenty of time before so that they can make arrangements for travel/care cover.

Expenses: care, travel etc. Residents should not be out of pocket to attend meetings. Budgets are often very tight but staff are able to claim expenses so perhaps consider staff coming to places that the community already meet, eg carers groups etc.

b) During meetings:

Welcoming: Encourage people to attend before meeting starts to “warm up”, tea and coffee before can help attendees feel more comfortable and confident to speak.

Well-presented: Keep powerpoints to a minimum- can be hard to read/hurt eyes and lengthy, can make people “zone out”. If powerpoint is to be used then give out handouts of presentation as well as projecting it so that everyone can read it.

Take time to explain acronyms at first use in meetings, eg, Clinical Commissioning Group, which from now on will be referred to as CCG.

Well-chaired: Set meeting guidance at start- who can talk and when, give times where new information or comments can be raised for example build in “free time” during meetings where residents can raise any issues. Use techniques to “park” discussions that are too lengthy and agree who is going to work more on these areas after the meeting.

Manage time- Realistic agenda. It was felt that often there was too much to cover and the focus was on “getting through it” than meaningful discussion

A good summary at start and end of meeting- at start summarise actions that happened before meetings. At end summarise what has been agreed and who is doing what.

Time for residents' voices: More opportunity to ask questions, not just at the end as time often runs out, but ask questions as they arise.

Combat shyness for both staff and residents, presentations/information could be given by someone else if person responsible isn't comfortable doing so. Buddy system or facilitator for residents who may be worried about speaking up. Question box where questions can be asked and be read out by someone else

Develop options for people not able to attend to be able to give input, for example questions sent out before and responses read by chair, use of skype or phone. People unable to attend could have a few minutes at the start or end of a meeting to give their input.

Encourage attendees to write down any points or questions as information is presented/discussed which can then be read out at the end/at intervals to ensure that all points are addressed. Ensures quieter voices are heard and also that points are not missed/forgotten.

c) After meetings:

Communication: Action log to be sent out with minutes after meeting, including who is doing what and by when, and next steps detailing how the information gained from the meeting will be utilised.

Meeting information to be put online after it happens, eg presentations and agreements. Perhaps consider filming meetings?

Opportunity to email questions or points after meeting, perhaps an email group to be set up with attendees of meetings so that conversation can continue where needed?

Agendas/ agreements to be published on a portal online so that groups know what others are doing/discussing.

EVALUATION WORKSHOP



On July 21st, the project concluded with a workshop for residents and staff on Evaluation. Our Life introduced the topic by noting how people evaluate all of the time as a natural part of life, passing judgement, but rarely do people get together to share these views openly and consider how to improve matters. The aim of the workshop was to help the participants understand Evaluation as a vital ingredient in reassessing aims and progress and deciding how to go forward in the desired direction. The group used the example of a child being measured for height increase, and then worked in small groups to discuss **“Why do you think people bother to measure things?”**

The feedback identified:

Measuring impact; demonstrating impact; showing movement up and down and from good to bad; identifying improvements; identifying if changes are for better or worse; growth, progress, change; benchmarking against others

A second input from Our Life underlined the importance of learning from experience, and doing it together actively. The principles underlying Evaluation were summarised through the analogy of wanting to be taller: all useful measurement starts from measuring what really matters to you, so start with an idea of where you want to be or want to become: this gives us a starting point from which to measure (Vision, aim, desired outcome). Considering what you need to do to get there will guide an action plan. If it goes wrong and you find you've got undesired outcomes, use evaluation to consider why it's turned-out that way and plot a new course to remedy matters: evaluation isn't just about measuring – it's a guide to new action.

The Likert Scale was introduced, to measure invisible things like how people are feeling:



Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

The participants used the Likert scale in small mixed groups to baseline how they currently feel about four of the key issues highlighted in the previous week's Feedback and Action Planning Event. The issues were presented as statements for people to judge:

1. "I can have a real say in partnership meetings".

Residents baselines: 3 strongly agreed, 3 agreed, 2 were undecided, 4 disagreed

Workers baseline: 5 agreed, 2 were undecided

Comments: *better to ask if I felt comfortable; depends on confidence; OK at some meetings but not at all; OK at our community group meetings but no space at Partnership meetings; Learning Disabled Partnership is good; feel intimidated; get talked over or talked-down-to; need more pre-agenda information; chair's role is vital in setting rules; depends on the individual ; everyone who attends does get a chance to have their say – they just need confidence to speak up*

2. "I get feedback about decisions and how my views influenced them"

Residents baselines: 3 agreed, 4 were undecided, 2 disagreed and 2 strongly disagreed

Workers baseline: 1 agreed, 5 were undecided, 1 disagreed

Comments: *Little feedback from Council or Engagement Forum; Health consult but Government don't feedback; feel like a broken record when I complain time and again about lack of feedback; put a lot in but don't get a lot back; depends on the Chair and if anyone is taking proper minutes with actions recorded and followed-up; smaller residents meetings are best; staff residential for feedback*

3. "I get enough information before meetings"

Residents baseline: 3 strongly agreed, 1 agreed, 4 were undecided, 4 disagreed

Workers baseline: 2 agreed, 4 were undecided, 1 disagreed

Comments: *the pre-meeting before the Learning Disability Partnership is good; rarely get pre-meeting information – about two times out of ten*

4. "Everyone is represented in the meetings"

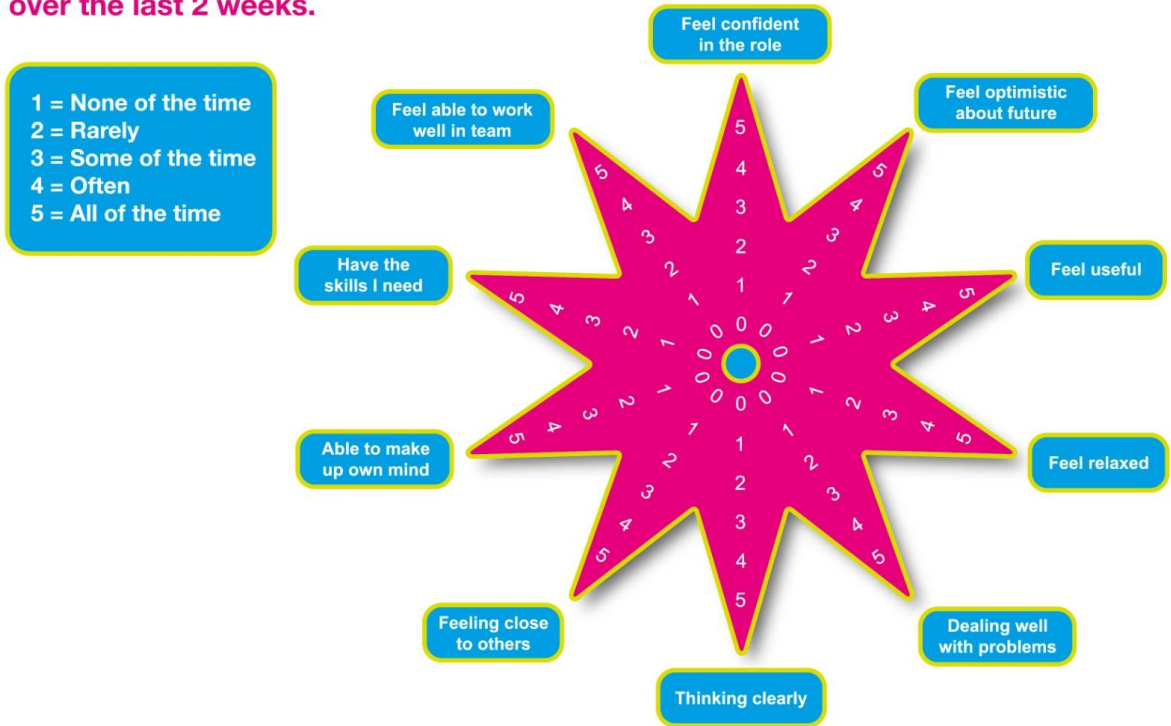
Residents baseline: 2 strongly agreed, 2 agreed, 2 were undecided, 2 disagreed and 3 strongly disagreed

Workers baseline: 1 agreed, 3 were undecided, 2 disagreed and 1 strongly disagreed

Comments: *Staff Yes, public No; they get invited; feel that there are people missing who should be there*

The group were introduced to a Wellbeing Star used by Our Life to enable people to assess their own personal development and open-up insights and conversations about potentially-tricky subjects such as roles, relationships and levels of confidence: these stars use the Likert scale in a fun way to focus on emotions and wellbeing. The participants used the star without sharing their personal scores, and considered how it might be used at the start and end of a process of personal development.

Please circle the number on the star that best describes your experience of each over the last 2 weeks.



Finally, the participants evaluated the impact of this project on their future involvement in the engagement process in Knowsley:

1. "I understand Knowsley Partnership system":

Residents baselines: 3 strongly agreed, 3 agreed, 4 were undecided, 1 disagreed and 1 strongly disagreed

Workers baseline: 2 strongly agreed, 2 agreed, 2 were undecided, 1 disagreed

Comments: *only from prior knowledge; I'm new to post and found this workshop really helpful – I didn't realise how many community groups existed in Knowsley*

2. “I know how I can involve more residents in future”:

Residents baselines: 3 strongly agreed, 3 agreed, 5 were undecided

Workers baseline: 5 agreed, 2 were undecided

Comments: I go to the big group meeting in Stockbridge where we ask other people how they feel – we talk about events coming up and ask if there is anything they want to ask or talk about; I already practice and it's common sense; built some useful contacts

3. “I feel more confident in my role”:

Residents baselines: 3 strongly agreed, 6 agreed, 3 were undecided

Workers baseline: 4 agreed, 2 were undecided, 1 disagreed

4. “I have grown closer to others”:

Residents baselines: 6 strongly agreed, 5 agreed, 1 was undecided

Workers baseline: 6 agreed, 1 was undecided

Comments: helps to keep it real; made some new contacts

WHAT NEXT?

The closing session focussed on the future learning and action required to develop stronger community engagement in Knowsley. The participants were concerned about the future, and wanted to ensure that the lessons identified in this training programme were shared at the highest level and re-evaluated periodically to see if improvements had been made. They wanted to know what will be done with the Report, and suggested it be sent to the Council CEO, Health and Wellbeing Partnership Board and CCG Governing Body to develop communication across all Boards. The Report should contain clear actions at the start, expressed concisely, with clear

recommendations about the desired changes identified, with a follow-up meeting in six months to re-evaluate. Community Engagement and Communications should be built into all strategies.

The staff and resident participants should meet again in six months to revisit the Report and engage in a “You said we did” conversation.

The Report needs to underline the resources which already exist in Knowsley: lots of community organisations have masses of knowledge to tap into, which will make the staff’s jobs easier. Money needs to be kept in Knowsley, commissioning locally wherever possible.

The staff and residents need a central information resource which everyone can access and update: Knowsley CVS had a hub in the past and it contained lots of contact information about existing community groups and activities. Communities also need funding to help them market themselves and act as effective sign-posters. Autism diagnosis forms used to signpost residents to support groups.

Staff and residents have shown the will to work well together constructively: *“this training is living proof that communication works, and breaks down barriers”*. Can we build wider change from this foundation?

