

APPENDIX 3

ENGAGEMENT AND COMMUNICATION TECHNIQUES

Engagement and Communication Techniques

This guide, which is in development, outlines a number of techniques that can be used to achieve effective communications and engagement. Each technique is described briefly and then assessed on the basis of its advantages and disadvantages, with tips for success. The skill in using this guide effectively is judging which technique to use and when.

Some techniques are simple and cost relatively little: others can take months and cost thousands of pounds. Before choosing a particular technique, a number of issues have to be considered:

- What information needs communicating or collecting
- How will the information be used
- How much time is available
- What resources are available
- The nature of the service/initiative
- How any outcomes will be fed back to the participants.

The Techniques

	page
Exhibitions/displays at events	2
Leaflets and written documents	3
Web based media	4
Print and broadcast media	5
Radio Phone-ins	6
Health Panel	7
Self-Completed Questionnaires	8
Semi-structured Interviews including Discovery Interviews	9
Structured Interviews	10
Story Telling	11
Focus Groups	12
Meetings with Patient and Carer Groups	14
Public Meetings	15
Seminars	17
Targeting Interested People	18
Citizens' Juries	19
Expert Patients	20
Shadowing Patients	21
Community Development	22
Large Group Processes	23

Exhibitions/displays at events

See also PCT guidance on events [here](#)

Pros	Cons
You may reach members of the public you may not normally reach.	You provide the public with the opportunity to give you their wide-ranging agenda. You may not be able to respond.
If staffed it provides the opportunity for representatives of the organisation to exchange information with the public.	If you choose the wrong site you will waste time and money.
A good opportunity to raise the profile of the organisation and publicise what it does.	Resource intensive if staffed all the time.
An opportunity to give the public other relevant information to take away or point them in the right direction.	

If you do decide to mount an exhibition you will need:

- Careful advanced planning
- Venue to be easily accessible, near places people will be visiting e.g. shops
- Best to be staffed at all times by the right people
- To be actively promoted e.g. press/radio ads, posters, flyers etc
- To look good – professionally designed
- To be interactive with the public
- Right amount of information to enable people to make informed comments or be directed to further information sources
- Information in different languages, or interpreters, as appropriate

Checklist:

	Tick when completed
Is the site relevant to the locality of the services being consulted upon? Is it where local people go?	
Has an individual been given responsibility for preparing and co-ordinating information for the event?	
Do you need a leaflet or other handouts?	
Do you need interpreters?	
How do you ensure the exhibition looks attractive and welcoming?	
Opening times?	
Are staff prepared to work these?	
Can the event be left unattended?	
How will you record comments?	
Are the staff well briefed?	
Do you need feedback to staff involved? How to do this?	
How will the messages from the public be dealt with and acted on?	
How to formally evaluate the event?	
Is the purpose of the event clear to everyone involved at the outset?	

Leaflets and written documents

Style and format will depend on the target audience and the sort of information you are trying to provide. For patient information see the policy for patient and public information [here](#).

Pros	Cons
A document may be a starting point in a consultation.	A document becomes outdated quickly.
It is an accepted way of disseminating information.	There is no guarantee it will be read.
An opportunity for the organisation to make a statement.	
Keeps the public informed and aware of the issues.	Sometimes there are too many around.
It is a record of the organisation's position at that point in time.	Can be seen as expensive.

If you want to go ahead:

- Is this the best way to give information to people?
- Ideally a document should be tested with a range of people from the target audience before it is published
- A consultation document should be followed by a strategic document outlining the changes that have been made as the result of the involvement and consultation and the next steps
- Information must be accurate, understandable and targeted
- What other information do people need to put in the document for context?
- Are you clear on who the audience is and how to reach them?
- Need to give the right amount of information – not too little, not too much
- The document is part of the process, not the process itself
- The production of a clear readable document is a specialised resource intensive task

Checklist:

	Tick when completed
It needs to look attractive	
Plain English, jargon free. Do you need editorial skills?	
Are you going to produce a summary?	
Do you need either the main document or summary translated?	
Do you need to consider other media e.g. audiotape, video, Braille etc?	
How is it to be distributed?	
Do you need posters to tell people about it?	
Will you use local media to advertise it?	
Would built-in response forms be a good way to get feedback?	
If it is draft it should say so on each page	
Is the format and length suitable for the target audience?	
Do you need a glossary?	

Web based media

The web can be used to simply inform for example through a corporate website – or to consult. This might be through online surveys, or by setting up a discussion forum or by encouraging discussion through social media sites such as Facebook or My Space. For more information about social media click [here](#). To find out about online surveys click [here](#) – the PCT is registered (contacts for the communications team details are [here](#))

Pros	Cons
Potential to reach large numbers of people	An emerging process – NHS skills in this area likely to be limited
Potential to reach a younger audience than usually attend public consultation events	Potential for negative comments which then stay 'live'
Easy for people to respond from their own home or local library	Possibility of others hijacking agenda

If you decide to go ahead:

- Are you clear about the objectives?
- Are you prepared to respond to negative comments?

Checklist:

	Tick when completed
Who will monitor responses/comments?	
How will you encourage people to visit the site or your page?	

Print and broadcast media

Advertisements or editorials – the latter is free, but you have little control over final content. If you want to send out a press release, see the guidance [here](#).

Pros	Cons
A fast and effective way of bringing issues to people's attention.	You can usually only get a simple message across.
You can reach a wide audience or target specialist publications.	Despite efforts you may not get into print.
You can build up a relationship with reporters for the future.	You cannot control outcome, you can only try to influence it.
You can use the release as the basis for an item in the staff newsletter	You can easily be misquoted if not putting in an advert.
	Advertising can be very expensive.

If you do decide to use the media, contact the communications team for advice [here](#)

Checklist:

	Tick when completed
Would a press launch or a photo opportunity be appropriate?	

Have you followed the PCT guidelines and checked with your line manager and the communications team?	
Are there suitable photos available?	
Make sure key people are willing to talk to the press for follow-up interviews	

Radio phone-ins

If you think your topic would suit a phone-in, where listeners call in with questions or comments, talk to the communications team for advice, you can contact the team [here](#)

Pros	Cons
A fast and effective way of bringing issues to people's attention.	Can be the risk of a negative response.
An opportunity to give more detail than through a news story.	You may be put on the spot.
An opportunity to educate and disseminate information.	Requires skill in handling live calls
Can reach those who don't get out of the house e.g. older people.	
Can target particular groups, for example younger people through Ram FM; the muslim community through Radio Ikhlas.	

If you decide to go ahead:

- Are you prepared for negative comments?
- Can you explain the subject well and get ideas over simply and clearly?
- Are you prepared to be put on the spot?

Checklist:

	Tick when completed
Have a clear objective or a key message you want to get across	
Have an answer ready for the worst scenario	

Health Panel

The Derby City PCT Health Panel includes over 100 local people. They are used to get a measure of public opinion on a specific issue, collect experiences of specific services or to provide feedback on planned documents. Contact the Patient Experience Manager [here](#) for details.

Pros	Cons
The Panel is an easily accessible group	The Panel is not fully representative of the city's population
The Panel tends to give a good response rate.	Responses are not always focused on the questions asked
The Panel can be used as a source for	The same people tend to respond to

attendees at an event or focus group	invitations so the mix of responses may be limited
Panels can provide a quick measure of public opinion on a specific issue that can then be tested out with the wider community	

Checklist:

	Tick when completed
Have you considered how you will use the findings obtained from the panel?	
Will you need to spend more time and resources to obtain more in-depth information?	
Have you fed back results to Panel members?	

Self-Completed Questionnaires

See also structured interviews.

Pros	Cons
A way of gathering relevant and quantifiable information.	Not good for qualitative information.
Information obtained will be relevant to the issue.	Not in-depth, no opportunity to explore ideas/issues/experiences further.
If well done information can be collected from large numbers or representative samples.	Could be a low response rate or unrepresentative sample.
Can be done face-to-face but increased costs.	Provides only a 'snapshot' in time.
Flexible and adaptable to a large number of issues.	Can be administratively unwieldy.
Can give base-line data on something to be monitored or measured against.	Cost: professional help may be needed to design and do the survey.
A professional organisation would give more independence to the results.	

If you decide to carry on:

- Is the topic area appropriate i.e. not sensitive material?
- Is information required quantifiable or able to be categorised?
- Are the people you want to engage likely to fill in the questionnaire?
- How large a sample?
- Do you have a database or sampling frame of people you want to collect information from?
- Do you want free text boxes to allow respondents to add comments?

Checklist:

	Tick when completed
Who is the target audience?	
Do you need help with sample size/ representation?	
How to distribute the questionnaire – e-mail, web site, postal?	
Have you time to collect answers in person or will you use postal services?	
Who will decide on the questions?	
Who will do the data analysis?	
Will you need outside help for this?	
Will the information be of any use if low response rate?	
Could you find methods to improve response rates, e.g. incentives?	
Will you send reminders?	
How to feed back outcomes to the respondents?	
Will you be offering interpreting services?	

Semi-structured one-to-one interviews including discovery interviews

These can be completed on the telephone. Covers pre-set topics without pre-set answers. Qualitative data produced. Discovery Interviews are a process for joint discovery by staff, patients and carers. Listening to the patient's story and understanding better how they can help make a difference. For more information about Discovery Interviews contact the PALS Manager [here](#). See also Story Telling below.

Pros	Cons
Obtains relevant information.	Interviewing skill required.
Target specific respondents: good population cross-section.	Need to sample enough people to generalise results.
The structure allows comparisons.	Expertise in preparing questions so they are not prescriptive.
Allows freedom to explore general views and perceptions in detail.	Data analysis skill needed for qualitative data.
Provides a framework for the interview.	Can be difficult to organise times and dates of interviews.
Can use external organisation to do the work as it will add independence.	Cost, time consuming and resource intensive.
Can be a useful method for getting into sensitive topics.	

If you decide to continue:

- Are you clear about what you want to find out?
- Do you want to collect comparative data as well as explore experiences and views in a less structured way? If so this is the right method.
- How much time and money do you have?

Checklist:

	Tick when completed
Who will prepare the framework for discussion?	
What are the key points to cover?	
Will interviews be face-to-face or by phone?	
Where will the interviews take place?	
Who will do them?	
How do you recruit the interviewees?	
How many interviews do you want to do? NB time constraints.	
How will you analyse the data?	
How will you present feedback?	

Structured one-to-one interviews

Can be pre-determined questions or pre-determined answer categories. These are easy to analyse.

Pros	Cons
Approach is suitable for a wide topic area.	Cannot explore reasons for views, values or feelings.
Quick and less costly than semi-structured interviews.	Prescriptive: danger of reflecting interviewers perceptions, agendas and prejudices.
A professional organisation could do the work: offering more independence.	Only allows minimum input from respondent.
Allows tick box answers – easy to analyse, quantifiable information.	The respondents answer may be influenced by the gender, age, ethnicity of the interviewer.
No training/ information needed for those being interviewed.	Needs expertise to design the questionnaire.
	Can be costly, but not as much as semi-structured method.

If you decide to go ahead:

- Are you very clear about what you want to find out and how to word the questions? Do you need to pilot the questionnaire?
- Can responses to the questions be quantified or categorised?
- Do you need professional help to prepare the questions?

Checklist:

	Tick when completed
Who will prepare the questions?	
Who are you targeting?	
How to select interviewees?	
Face – to – face or phone interviews?	

Where to do the interviews?	
How to analyse the data?	
How to present feedback?	

Story Telling

A patient tells their story, confirms details and an action plan is then drawn up. See also Discovery Interviews above.

Pros	Cons
You follow patient's agenda and listen.	Sometimes the patient has little to say relating to health care.
The interview is done by a colleague unconnected with the department providing care, thus avoiding bias.	It is very time consuming to organise and undertake.
It is taped so it is possible to gain an insight into people's thought processes.	It requires assistance from other staff.
Often things the professional thinks are problems are not high up on the patient's agenda.	The things worrying patients will need work and resources to fix.
It is patient focussed.	You set the criteria for choosing the subject.
A useful training tool and useful where considering local changes.	

If you decide to go ahead:

- Are you clear how you will use the information?
- Have you considered the expectations of all participants?

Checklist:

	Tick when completed
What criteria to adopt for selecting patients?	
How will you decide this?	
Is your department committed to this approach and is it clear how it will respond to issues raised?	
Has the department decided on how it will deal with difficult personnel issues?	
Have you checked the procedures or agreeing processes that will bring about change in the Primary Care Trust?	
How will you feed back to individual patients involved?	

Focus Groups

In-depth discussion groups of six to twelve people that focus on a specific issue/topic. This requires an experienced facilitator.

Pros	Cons
Interaction may produce new ideas.	Group norms may inhibit some members: need good facilitation to overcome this.
Useful for providing an overview or for identifying issues for future discussion.	Does not generate 'evidence' as such.
Participants can be recruited to specific criteria.	Mix of participants may not work well depending on the topic.
Allows a framework for discussion, but content emerges from inter-action of group members.	Not a rigid process so difficult to make comparisons between groups.
Skilled facilitation can help all views to be heard.	Cost of employing facilitator and note taker.
Facilitator can interact directly with the group and provide clarification, information and interpret non-verbal responses.	Confidentiality a problem: need group rules to be formulated at the start.
Can empower participants.	Mixed groups of lay and professionals may need special handling.
Can include people with literacy/language problems.	May be difficult to find a facilitator with a range of language skills.
Can reach non-English speakers if the right facilitator found.	May need to hold a number of groups to validate findings between groups.
Can provide in-depth information on views and feelings.	Gender, age, ethnicity of facilitator may influence the discussion.
Can elicit views of those who think they have nothing to say.	Not all those invited may turn up. Optimum size 8 – 10.
Can bring similar people together – group may be sustained.	

If you decide to go ahead:

- What sort of question do you want answering: 'why', 'how many', 'what'? E.g. why people hold a view, how many hold a certain view or what are the issues/solutions?
- Focus groups help understand what views people hold and to explore why: they do not tell you how many share this view.

Checklist:

	Tick when completed
What criteria to use for selection of participants?	
How to recruit these – will you need professionals to do this?	
Is this method appropriate for the subject matter?	
Is the sample appropriate?	

How much money can you spend?	
Numbers in group – how many will you realistically attract?	
What incentives?	
Paying travel costs, time, care costs, catering?	
Are you prepared to put time into developing the group e.g. training?	
Who will facilitate – are they trained?	
Independent facilitator from Primary Care Trust?	
Who should be the note taker?	
Venue?	
Best time of day?	
Would you video or audiotape the discussion? NB permissions	
What are the agreed ground rules e.g. respect, confidentiality etc?	
What questions should you ask?	
What level of information do participants need?	
How long should each meeting last – maximum of 2 hours? NB special needs	
How to analyse the data	
What will you do with the data?	
How will you feed back the outcomes?	
Refreshments provided. NB culturally appropriate/vegetarians/Halal etc	

Tips on Focus Groups:

These should be broadly homogenous groups in terms of age/sex/social class and other criteria. Who to include in a lay group and who to include in a professional group?

It may not be possible to achieve 1. A mixed group will prove more difficult to manage. This needs an experienced facilitator. If views widely vary consider using interviews instead.

Groups, which mix lay and professionals, need special ground rules re jargon and sharing expertise, it is better to call these groups' workshops or seminars.

These mixed groups may not work: lack of respect, inhibition by lay people can create tension or disillusionment.

Refusing to accept the validity of the patient's experience, inhibition of patients, arguments in defence will create disillusionment and an unwillingness to express opinions freely. This is not a suitable environment for the group to work in.

There may be benefits in opening up a range of varied views and values from experts and non-experts with consequent joint working to agree on compromises.

Meetings with Patient and Carer groups

Focus on a common condition or geographical area. Could be locally based or branches of a national group. They may be support groups or 'user view' groups. May have a set agenda or be unstructured.

Pros	Cons
A 'captive' audience which is knowledgeable and committed.	Can only offer feedback on areas specific to their experience.
Quite quick to organise and make	They can be biased or limited in range of

contacts.	views.
Can be useful for contacts for future focus groups.	Are you involving, consulting or lobbying?
Can build on on-going partnerships.	Possible lack of objectivity – do you need to ask other users as well.
Collective knowledge which does not rely on view of one individual.	

If you want to proceed:

- Do you know what groups already exist in relation to the issue? Look for local directories
- Are you clear about the purpose of the meeting? Who has set it up?
- Are you prepared to discuss the group's agenda as well as their views?
- What will you do about those views that are not on your agenda?
- How easily can you put across your agenda? Is it easily misunderstood?
- Have you got resources/venue/ time?
- Is this a one off or the start of a series?
- Remember you are not the only expert at the meetings

Checklist:

	Tick when completed
Does the group meet regularly, where and when?	
Arrange a time and place that suits the group	
Have you given the group enough prior notice?	
Have you given the group clear information about the purpose of the meeting beforehand?	
Refreshments: same comments as before re cultural/dietary needs	
Will you provide a crèche, expenses, and an interpreter?	
Have you made it clear if this is a one-off or an on-going relationship?	
Have you agreed on the method of feedback to the group?	
If this work is on going have you agreed how you are going to work together in the future?	

Public Meetings

Open invitations: may be a set agenda. Use creatively and interactively but beware these can be very difficult to manage and are rarely the best option. See also PCT guidance on events [here](#)

Pros	Cons
Opportunity for a wide range of people to comment or raise issues or directly challenge issues.	May be a low turn out.
Opportunity for Primary Care Trusts to put their side of the story.	Risks: you have no control over who attends and what happens.
Public relations value.	Beyond control e.g. if a participant says they represent a wider view.

Provides opportunity for joint consultation with other organisations.	May be seen as a quick fix and tokenistic.
Offers the public a chance to challenge issues directly which increases accountability.	Takes organisation which uses time and money e.g. hire of venue, advertising, sound systems, travel expenses, crèche, refreshments.
Lay bodies and pressure groups may simply see the public meeting as a chance to challenge authority.	Voluntary sector needs advance warning of event
Provides an indicator of problem areas and local issues not previously known – where to focus in future.	The audience could be hostile – inform police?
	Has been used in the past as a default position: views of attendees not necessarily representative.
	May only attract specific people – lobby/pressure groups.
	There is never a best time or place for everyone.
	May need to hold more than one meeting.

If you want to go ahead:

- Why do you want a public meeting: would other methods be better suited?
- Are you willing and prepared to deal with conflict?
- Are you willing to deal with the unexpected?
- Will you have a structured presentation and/or provide supplementary information on the day?
- Is the organisation's staff confident and competent to answer questions on a range of issues?
- Could you talk about the issues to key individuals more effectively?
- Public meetings are often win-lose
- Could the Primary Care Trust, local General Practitioners, voluntary groups have information stands?

Checklist:

	Tick when completed
Where should it be held?	
Disabled access?	
Sufficient car parking? NB disabled provision also	
Is venue well known? How many will it hold?	
Is it accessible by public transport?	
If likely to attract hostile groups plan for this	
Best time?	
School holidays: will these affect things?	
Are you going to allow informal meeting time before meeting starts?	
Who will be on the platform?	
Will senior staff attend and answer questions?	
Where will people be who might answer questions: on platform or with audience?	

Seating arrangements. NB wheelchairs/sensory problems/ lighting	
Would you wish for Non-Executive Directors and clinicians to be in the audience as observers for a different perspective?	
Who should chair this meeting? Right person may not be the most senior one.	
Perhaps an independent chair?	
How basic is the information you need to give to set the scene e.g. need to explain role of Primary Care Trust?	
Agenda?	
Do you need a sound system/loop system/British Sign Language interpreter?	
Presentation of information: avoid jargon and patronising tone	
Would it be best to have specific experts present to answer specific questions?	
Will speakers need a presentation pack and training?	
Do the public need an information pack?	
How do you anticipate the public will receive your message?	
Is the meeting to inform, change or provide information?	
What the meeting can change – how will concerns be raised?	
How will you feed back to those attending? NB attendance list	
Refreshments: consider cultural / dietary needs	
If provide a 'good' meal this may attract adverse comments on Primary Care Trust spending priorities	

Seminars

A discussion group aiming to impart, exchange and receive information. More input from facilitator than a focus group.

Pros	Cons
An opportunity for organisations to provide information and seek views.	Needs to be an interesting presentation using a range of techniques.
A way of securing partnership and involvement.	Needs careful planning to get the best out of it.
A way of creating a listening culture and soliciting views sympathetic to the issues based upon better understanding.	You could attract people who only want to air personal grievances.
A means of prompting partnership and equality between agencies, voluntary sector and local population.	Cost: reimbursements to participants.
A way of identifying areas where information will help improve the quality of community involvement.	
Tenants and Residents Associations, disease specific groups, individuals, voluntary and statutory sector organisations are likely to find this process rewarding.	

If you decide to go ahead:

- What format should the seminar take e.g. workshops, presentations etc?
- Where will it be held?
- Who should be invited and how?
- Numbers attending?
- What do you hope to achieve and what is the best way to do this?

Checklist:

	Tick when completed
Disabled access and toilets?	
Loop system/British Sign Language interpreters?	
Is venue well known?	
How many people will it hold?	
Best time of day. NB older people's travel passes time limited	
Foreign language interpreters needed?	
Can you find those you want to invite i.e. hard to reach groups?	
How will it be advertised?	
Are mailing lists current?	
Who will facilitate or chair? Consider independent person	
Who is going to do the presentations?	
What format should it take? NB objectives to be explicit from the start?	
Have you enough staff trained in facilitation?	
How to feed back to participants the outcomes?	
Refreshments: check cultural / dietary needs	

Targeting Interested People

This focuses on engaging those who come together for another purpose e.g. luncheon clubs.

Pros	Cons
Potential to reach a large mixed audience and identify trends and issues.	People may not want to participate.
Obtains a wide cross-section of views.	It may be difficult to use all information gleaned – you may lose credibility.
An opportunity to: Obtain positive and negative feed back on a range of services Give information Target existing activities/meetings Form a group that in the long term can act as an advisory or reference group Have wider ranging discussion.	May be viewed as anecdotal and too subjective. What about the views of the wider public?
	Time consuming – are staff prepared to go out at times that suit the groups?

If you decide to go ahead:

- Are you clear about your main objective -
 - education
 - giving information
 - gaining views on specific issues
 - forming a reference/advisory group
- Don't assume people will be interested
- Are you prepared to do the background research to identify where to locate the people who would be most interested?

Checklist:

	Tick when completed
What means will you use to target people?	
Where do they meet?	
What would be the most appropriate venue and time to meet them?	
If you wish to convene a group, will you pay for transport, childcare etc?	
Have you considered how you will use anecdotal evidence?	
How will you give feedback to participants?	
Refreshments: check cultural / dietary needs	

Citizens' Juries

This is a high cost option where 12 –16 members of the public selected as a cross-section of the local community. They meet for several days to hear evidence. An independent moderator is used.

Pros	Cons
People reflect broadly the characteristics of the local community.	Although drawn from local population this does not mean their views are representative.
Not necessarily stakeholders.	Some jurors may find it difficult to articulate views.
Detailed information given.	Can be difficult to be exact and focus on the question.
Value judgements may be involved in complex issues.	There may be a range of issues that need discussion: it may be difficult to decide which to open up to this method.
Jurors can call in others to get full information before decisions.	Huge amount of planning needed.
A measured process.	It is very expensive, not including staff time.
If the organisation makes a decision contrary to that of the jury this has to be justified.	The organisation is not obliged to act.
Aids openness in decision making.	More difficult to reach a consensus and this may not be achieved.

If you decide to go ahead:

- Do you have a specific focussed issue on which a decision needs to be made?

Checklist:

	Tick when completed
Is the Primary Care Trust board fully committed to this approach?	
Do you have the time to plan this?	
Who supports this exercise?	
Is it possible to supply the jurors with the kind of information they need?	
Are the witnesses willing to take part as planned?	
Is it an issue that can be influenced by this process or are there other limiting factors?	
Can you fund this?	
How will you recruit jurors?	
Where will it be held?	
Will you be able to access experienced support to run this exercise?	

Expert Patients

A group of people with a medical condition who are prepared to share their experience and take part in self-management programmes.

Pros	Cons
Easy to access.	Danger that the 'professional patient' may lose touch with their original experience.
A skilled and knowledgeable resource.	Some hold views that are limited or biased.
Expert patients can work independently to empower others.	Could restrict access to broader and more diverse range of patients.

If you decide to go ahead:

- Are you clear about the issues you want to engage this group in?
- Have you considered the resources needed e.g. training, expenses, and support?
- Are you prepared not to be the expert?

Checklist:

	Tick when completed
Do you know how to identify expert patients and to access them?	
Are you clear about the issues you are involving them in?	
Have you agreed what support and resources they will require?	
How will you evaluate their participation?	
How will the information be used?	

Shadowing Patients

Gives staff an insight into the patient's experience.

Pros	Cons
Allows first hand experience of a service.	Can be time-consuming.
Allows a chance to see different cultures and climates at work.	Needs a lot of preparation e.g. confidentiality, health and safety etc.
Strongly supports understanding and rapport between staff and patients.	Needs commitment to be flexible and non-judgemental.
Is suitable for all levels of staff.	'Shadow' can affect patient's experience.

If you decide to go ahead:

- Are you sure the organisation and the individuals are prepared to invest the time needed i.e. public transport, waiting times etc?
- How will you gain an insight and how might you use the subject of the shadowing to improve services?

Checklist:

	Tick when completed
Plan in advance: inform all involved, avoid artificial treatment of subject	
How to gain the user/patient's informed consent?	
Allow time at the end for the participants to reflect on the experience	
Think of health and safety and confidentiality arrangements	
Organise a pre-meeting to set ground rules	
Be aware of the need to let all know of this work. NB security issues	
Ensure the shadower is prepared to spend as much time as necessary with the subject	
Ensure subject gets feedback and can offer suggestions	
Follow up sessions of focus groups?	

Community Development

The community identifies its own health needs and social care needs and finds ways to address them. Community Development work is led by the Engagement Directorate and you can contact them for support [here](#).

Pros	Cons
It strengthens local infrastructure and is the basis for leveraging in other resources.	Can be very local e.g. one estate.
It can establish links with hard to reach groups.	Community development may not be representative.
An opportunity for people to examine what they need: a lay viewpoint.	Costs are incurred: workers salary, pump priming, practical support.
Develops confidence and self esteem, new skills and knowledge leading to greater self-control.	Results unpredictable: could lead to unexpected outcomes.
It provides assessments in areas where	Needs identified may be difficult to act on as

health and social care needs are entwined with poverty.	they could involve a variety of agencies and various factors.
It facilitates collaboration between sectors and brings statutory and voluntary agencies together.	Open and honest relationships must be developed: this takes time.
It is long term and highlights broader concerns than just healthcare.	It is time consuming and needs strong commitment and funding.
It can be a starting point to attracting investment.	The outputs may be costly to implement.
	There may not be an outcome for a long time.

If you decide to go ahead:

- Are you prepared to make a long-term commitment e.g. 3 years?
- Have you got the funding?
- Are you able to support the community to develop their own projects and support networks?
- How will the organisation use this work and respond to it?
- Do not make promises you cannot keep
- Bear in mind lay people's views about medical care may be very different to that of professionals

Checklist:

	Tick when completed
Will you be able to respond to identified needs?	
Do you have an agreed mechanism for change?	
What are the formalised structures this work will feed into?	
Will there be a budget for this work?	
How will you feed back how the lay view compares to that of professionals – neither is paramount	
What support and resources can be put in to show commitment?	
Are people at all levels in your organisation aware of and committed to this approach?	
Can you operate at the different levels required?	

Large group processes

Appropriate for involving a wide range of stakeholders between 30 and 100s. They are highly participative.

Pros	Cons
Emphasis on self-management in small groups.	Can be time-consuming.
Openness.	Processes take a lot of planning and organising.
Empowers participants.	Can be costly.
Everyone is equal and an expert.	

Individuals are experts in own lives.	
Processes are consensual.	
Processes can bring together opposing groups.	

Types:

Future Search Conference

A community is able to create a shared vision for the future. It brings together those with power to make decisions with those affected by them to try to agree on a plan of action. The process involves up to 64 people forming 8 stakeholder groups. These are selected on the basis of knowledge, power to change services and those affected by outcomes of these decisions. A highly structured process over 2-3 days covering 5 stages: reviewing the past, exploring the present, creating ideal future scenarios, and identifying a shared vision. At the end an action plan is developed. This process requires at least one facilitator and a large room.

Open Space

This is a democratic process where an unlimited number of participants create their own programme of discussion around a central theme. It is effective in generating participation, learning and commitment.

Team Syntegrity

This is a process for enabling a large group to work in a democratic non-hierarchical manner to capture their best thinking. It is useful for groups which are very diverse. It involves 30+ people over 3 to 5 days in facilitated thinking and dialogue.