

UNIT 12: HANDOUT A

EXERCISE 2

THE NATIONAL STANDARDS FOR COMMUNITY ENGAGEMENT

(Communities Scotland – 2005)

The National Standards for Community Engagement were developed with the involvement of over 500 people from communities and agencies throughout Scotland. They are a practical tool to help improve the experience of all participants involved in community engagement to achieve the highest quality of process and results and can be used in both formal and informal community engagement. During the development of the Standards, community engagement was defined as:

“Developing and sustaining a working relationship between one or more public bodies and one or more community groups, to help them both to understand and act on the needs or issues that the community experiences”

The 10 Standards are:

- **INVOLVEMENT:** we will identify and involve the people and organisations who have an interest in the focus of the engagement
- **SUPPORT:** we will identify and overcome any barriers to involvement
- **PLANNING:** we will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken
- **METHODS:** we will agree and use methods of engagement that are fit for our purpose
- **WORKING TOGETHER:** We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently
- **SHARING INFORMATION:** we will ensure that necessary information is communicated between the participants
- **WORKING WITH OTHERS:** we will work effectively with others with an interest in the engagement
- **IMPROVEMENT:** we will develop actively the skills, knowledge and confidence of all the participants
- **FEEDBACK:** we will feed back the results of the engagement to the wider community and agencies affected
- **MONITORING AND EVALUATION:** we will monitor and evaluate whether the engagement achieves its purposes and meets the National Standards for Community Engagement



UNIT 12: HANDOUT B

EXERCISE 2

BETTER HEALTH, BETTER CARE

Foreword from the “Better Health, Better Care – Action Plan” – December 2007

I launched the discussion about Better Health, Better Care in August 2007 with a group of patients, carers and their representatives in Glasgow. I promised them an Action Plan that would put their interests and their concerns at the centre of all that we do to improve health and health care in Scotland. This document begins to deliver on that promise.

I have been delighted by the response to the discussion paper. We saw over 2000 people face to face and received nearly 600 submissions. We made a specific effort to ensure that we heard views that reflected the diversity of Scotland’s population.

We heard from the citizens of Scotland about the importance of communication, participation, being listened to and having the opportunity to play a stronger part within the NHS. For staff, the key issues were about feeling valued and there was a strong sense that we seemed to be heading in broadly the right direction. For Boards, there was a wish for clarity about priorities and about stability. They want to be part of shifting care into communities, in raising quality and in reducing inequality. The Action Plan is built around those aspirations.

There is much to be proud of in our National Health Service. We have strong foundations on which to build as we seek to improve health in Scotland.

But I have been clear since taking on this position, that the best way to make progress on health and health care is by galvanising the people of Scotland with new rights and responsibilities. That is why this document sets out a new vision for the NHS. That vision is based on a shift from the current position where we see people as “patients” or “service users”, to a new ethos for health in Scotland that sees the Scottish people and the staff of the NHS as partners, or co-owners, in the NHS. I want us to move to a more mutual NHS where partners have real involvement, representation and a voice that is heard. We will also encourage patients and carers to be genuine partners in the delivery of their care through a commitment to patients’ rights and active involvement in self management that suits their lifestyles.



UNIT 12: HANDOUT B (CONT)

A mutual NHS is more than an idea. This Action Plan contains a number of proposals that shift ownership and accountability to the people of Scotland and offer them the opportunity to take more control of their health. That brings with it responsibilities too. Our proposals for the development of a participation standard and a charter of mutual rights will enable us to maximise the opportunities that this brings. A mutual NHS is consistent with the founding values of the NHS. I believe strongly in the principles of equal access on the basis of need, available free at the point of care. Neither will we change the funding model of the NHS. It will remain firmly in the public sector. In stressing public ownership through a more mutual approach, we distance NHS Scotland still further from market orientated models.

Our Action Plan sets out an ambitious programme of work for the next five years. It is right to be ambitious. There is little that is as important to Scotland as our health and our NHS.

Nicola Sturgeon, MSP

Deputy First Minister and Cabinet Secretary for Health and Wellbeing



UNIT 12: HANDOUT C

EXERCISE 3

SCENARIO 1

You have 2 children under the age of 5 and you live in an area where there is a lack of good quality, well-maintained outdoor play areas. There are a large number of families with young children in the area.

1. There are a range of people/organizations that have an impact on the provision of local play areas. List as many of these as you can.
2. Pick 2 or 3 of these and discuss how you as citizens could influence them in order to gain better play facilities for your children.
3. What barriers might exist to you influencing the decision-making and/or the service provision?
4. What means could you employ to overcome these barriers?
5. What other influences might there be on the decision-making and the delivery of service? (Look Upstream)



UNIT 12: HANDOUT D

EXERCISE 3

SCENARIO 2

You have a problem getting assistance for your elderly mother who lives alone. She is becoming less mobile and needs assistance on a daily basis. You are working so you cannot provide this and there is no-one else in your family able to help out.

1. There are a range of people/organisations that have an impact on the care of older people? List as many of these as you can.
2. Pick 2 or 3 of these and discuss how you as citizens could influence them to get assistance for your mother.
3. What barriers might exist to you influencing the decision making and/or the service provision?
4. What means could you employ to overcome these barriers?
5. What other influences might there be on the decision making and the delivery of service? (Look Upstream)



UNIT 12: HANDOUT E

EXERCISE 4

THE CHIROPODY CAMPAIGN 'FEET FIRST'

(Taken from 'Private Troubles & Public Issues', (1999) Jones, J.)

The local chiropody services came up as one of the major issues (for the Pilton Elderly) Forum. A chiropody clinic was provided in the local community centre, but only for one session a month – on the second Tuesday of the month.

Appointments had to be made by phoning on this particular day and the chiropodist who was there treating feet had to answer the phone to deal with the appointments as well. People had difficulty remembering which Tuesday it was and even the day was sometimes changed. There was a long waiting time for appointments and even longer for home visits. This poor service had a direct impact on elderly people who not only had to suffer pain and discomfort for long periods, but it reduced their mobility which in turn affected their social contacts and independence.

There was support for the campaign from local health professionals, the community health services manager who wished to improve the service, voluntary organisations, from local people, the local press who were sympathetic to the issue and liked seeing elderly people in action and of course the wide membership of the Pilton Elderly Forum (P.E.F.). At that time the Forum was serviced by the Health Project, which took minutes or had them typed and circulated and paid for the mailing. Forum business could be done on our phone and we supported various tasks identified by Forum members.

The obstacles to change at that time seemed to be a lack of concern by the Health Board and a chiropody service which did not seem to see any need to improve the service.

There was also media and public support for an issue which clearly affected elderly people. The initial strategy in the campaign concentrated on persuasion by writing letters and holding public meetings. These bore no results, but the resistance seemed to be from the area chiropodist and bureaucratic inertia rather than powerfully held opinions or widespread professional attitudes.

Although the local health council had made various representations to the Health Board, the effects of this poorly run service on the elderly had not been forcibly drawn to their attention in a more concerted way and the Board had not bothered to investigate this issue.



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The next tactic was therefore, to exert some mild pressure and some education. The health project suggested a survey of local health professionals' views, particularly those who dealt with the elderly such as district nurses, GPs, health visitors and occupational therapists. Through the Forum, many of them had already individually expressed their dissatisfaction with the service and the strategy was to weld this support together into a more powerful collective stance. The Forum also decided to organise a petition from the local area, coupled with publicity. The health project also linked with the local arts worker who then worked with a group of pensioners to construct a large six feet high foot which was displayed in the local shopping centre, sporting the slogan – 'Cut our Nails not our Services!' Lastly the campaign was widened in collaboration with the Edinburgh Health Council, to include other areas in Lothian.

Elderly people in the area took to the campaign with relish! The chiropody clinic was eventually provided on a weekly basis and management changes within the chiropody service enabled them to attend more home visits and the waiting list dropped. This example shows that community action can be very effective, even if there is issue difference between those who use the service and those who provide it, if the local organisation is well grounded and supported and alliances can be forged with some professional groups and agencies in order to exert mild pressure on the service providers.

