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CORPORATE REPORT

APRIL 2016

# Engagement Strategy for individuals and carers 2016-2018

## 1 Introduction

This Engagement Strategy builds on:

- The Stakeholder Involvement and Feedback Strategy 2014-17, which looks at the involvement of a wide group of stakeholders, and sets out business objectives in the areas of visits and monitoring, investigations and casework, information and advice and management and governance.
- The review of carer engagement carried out in 2013, which identified ways in which the Commission could engage more effectively with carers in visits, information and advice, and influencing and challenging work; and at planning and coordination of carer involvement.
- The stakeholder mapping carried out in 2014, which identified five stakeholder groups as organisational priorities for communication. These groups have been retained as priorities for 2016-17. They are:
  1. Families/carer groups/groups of people who use services.
  2. GPs and RCGPs.
  3. CPNs.
  4. Social Work Scotland.
  5. Scottish Government officials.

The focus of this Engagement Strategy is specifically on the engagement of people with lived experience of mental illness, dementia, learning disability and related conditions, and their carers. It is a two-year strategy as we are in a period of change with the recruitment of the new Engagement and Participation Officer roles.

This strategy is informed by consultation with the Commission's Advisory Group in October 2015. It is an evolving strategy, and will be further informed by the engagement processes outlined.

## 2 Why engage?

There are two core reasons for engaging people with lived experience of mental illness, dementia, learning disability and related conditions, and their carers, in the work of the Mental Welfare Commission: because it's the right thing to do, and because it's the law.

It's the right thing to do because people with lived experience and carers have perspectives which come directly from that experience, and it is essential that these perspectives are understood and help shape at every level the care, support, treatment, regulatory, scrutiny

and safeguarding systems they use and rely on. Ethically, it is essential that we involve the people whose rights we are upholding.

It's the law, because both the Mental Health (Care & Treatment) Act 2003 and the Adults with Incapacity Act 2000 are founded upon principles which enshrine the necessity of taking people's wishes into account. The Mental Welfare Commission is legally mandated to have a person with lived experience and a carer on the Board and also to have people with lived experience and expertise as visitors, in order to ensure that these voices are at the heart of decision making.

### **3 About engagement and participation**

There are many levels at which people can be engaged, ranging from broad civic participation to areas in which the Commission is involved, including:

1. Making choices about their own care, support and treatment at an individual level.
2. Being involved in how services they use directly operate.
3. Having their say at a policy level on how care, support and treatment should operate – at a local or national level.
4. Being involved in the scrutiny of services and systems.

The Mental Welfare Commission has a role in monitoring and assessing the first through its visiting work and in promoting good practice in these areas through its work on influencing and challenging.

It also has a responsibility to ensure that it engages with people in such a way that their perspectives help to guide its work influencing and challenging policy and practice and to shape its scrutiny work.

NHS England sets out a useful five rung 'ladder of participation and engagement'<sup>i</sup>, based on Arnstein's ladder of citizen participation<sup>ii</sup>:

- Devolving
- Collaborating
- Involving
- Consulting
- Informing

Different levels on the ladder will be appropriate in different areas of the Commission's work. For example, for some work consultation may be appropriate, but for others it will be important to go beyond consultation to involve people from the start of a piece of work or collaborate with them as partners.

Input from the Advisory Committee in October 2015 helped to shape a framework for a proportionate level of engagement for our work. Areas with potential for collaboration were identified as policy and influencing work, training and professional development and developing good practice guidance. Areas for involving were visiting, monitoring use of legislation and governance. Areas for consulting were deciding visit priorities, planning themed visits and the advice line, and investigations were seen as an area where engagement might be limited to informing.

During the first year of the strategy some of the content of our engagement meetings will focus on the engagement process, in order to inform review of the strategy.

## **4 Principles**

The Commission's engagement and participation work is based on these principles:

- Shared responsibility – engagement is central to our work and is a responsibility shared by all staff.
- Proportionality: choosing the appropriate type and scale of engagement for each area of activity.
- Respect: treating people with equality and respecting them and their opinions, and acknowledging minority views.
- Diversity: avoiding tokenism and considering a range of modes of engagement and participation.
- Inclusivity - proactively encouraging participation from equality groups and hard-to-reach groups.
- Accessibility - supporting people to engage whose voices are not usually heard.
- Direct engagement: recognising that involving professionals representing organisations is not the same thing as involving people who use services or carers themselves.
- Reciprocity – feeding back outcomes of participation.

## **5 Role of Engagement & Participation Officers**

In 2015 we created two new part-time Engagement & Participation Officer (E&P Officers) posts, one for someone with lived experience and one for a carer. The postholders started in November.

Their role is to draw on their personal experience to contribute expertise and perspectives to inform and support the work of the Commission, and to help us engage effectively and credibly with a range of other people with mental health, learning disability, dementia or related conditions, and with carers, in order to benefit from their perspectives in all areas of our work.

The E&P Officers will take part in visits and will meet groups to gather views, promote rights-based care and raise awareness about and improve understanding of the Commission and its work. They will speak to people and organisations who tap into wider networks and can bring multiple experiences to bear.

They will support staff across the Commission to identify and engage effectively with carers including engagement with carers before, during and after visits.

Their primary engagement will be via national collective advocacy organisations, and practitioners remain responsible for maintaining good links with local lived experience and carer organisations in their areas. However, the E&P Officers will also maintain links with some key local organisations in order to be able to consult and involve a wide range of people. To do this they will carry out a programme of national and local engagement meetings. They will also engage selectively on behalf of the Commission with work instigated by other organisations.

## 6 Proportionate engagement

### 6.1 Potential ways of engaging

There is a wide range of ways of engaging with people including questionnaires, focus groups, consultation events and attendance at external group meetings. In addition, different groups of people, such as people with dementia or with learning disability, will require accessible approaches which take into account their needs. The appropriate mode and scale of each engagement should be carefully considered for each activity. Some strengths and weaknesses of common approaches are set out below.

<i>Type of engagement</i>	<i>Strength</i>	<i>Weakness</i>
'Engagement forum' – large event for people who use services and carers	Opportunity for broad input on people's priorities to help guide our work Can involve wide range of people	Expensive People have to travel, which is difficult for some people
Consultation event on specific project	Focussed and specific Allows in-depth work	Expensive People have to travel, which is difficult for some people Limited number of people engaged with May tend to be the same people attending

<i>Type of engagement</i>	<i>Strength</i>	<i>Weakness</i>
Taking questions to an existing group	Can reach a wider range of people Cheaper Good for asking a small number of questions	Need to work in partnership to arrange Need to negotiate sufficient time
Online questionnaires	Quick, easy and cheap Can reach a lot of people	Excludes some people – should not be used as sole means
Focus groups	Focussed and specific Allows in-depth work Can select a range of participants eg urban/rural, or specific groups such as LGBT or BME Can tailor approach to each group	Need to rely on partners to help to arrange Limited number of people engaged with Time and capacity to organise

## 6.2 Engagement meetings

We will carry out a range of regular and as-required meetings each year.

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Advisory Committee (see section 8.1)	Biannual meeting Stakeholder organisations including lived experience and carer organisations 2 Board members attend	ED E&P	Ongoing
Engagement forums	80-100 people, mainly people who use services & carers Two half-day events per year, one in central belt and one elsewhere, both held in Autumn to inform priorities for following year Board members invited to attend	ED – E&P	Hold 1 pilot Autumn 2016
Rolling programme of meetings with national lived experience groups and key local groups	Attending existing meetings or special meetings, target 18 meetings per year To inform about our work, hear about their priority issues, help us develop policy positions, consult on whatever is current for us Feed back in 6-monthly report to OMG Feed back specific issues to relevant lead	E&P Officer – Lived Experience	From 2016-17

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Rolling programme of meetings with national carer groups and key local groups	Attending existing meetings or special meetings, target 12 meetings per year To inform about our work, hear about their priority issues, help us develop policy positions, consult on whatever is current for us Feed back in 6-monthly report to OMG & to relevant lead	E&P Officer – Carer	From 2016-17
Lived experience & carer group meetings	One per health board area per year To gather views on areas of concern to inform local visits	Practitioners	Ongoing
Project & themed visit consultation meetings and focus groups	As required To gather input to inform the work Board members invited to attend	E&P Officers Practitioners	Ongoing

## **7 Engaging with people with lived experience and carers in our areas of work**

### **7.1 Visiting**

#### *7.1.1 Discussion*

Themed visit focuses for each year are chosen based on a range of intelligence, including information from previous local and themed visits, investigations and potential areas of concern we have not previously looked at. The Advisory Committee is consulted to help guide the choice of focus.

Themed visit planning includes a requirement to consult people who use services and carers, as well as relevant organisations and professionals.

We choose what to look at during local visits based on previous recommendations and local intelligence. We expect practitioners to meet at least annually with a local lived experience or carer group, and to gather views on areas of concern. There is scope to increase our engagement in terms of how we identify issues through wider engagement, in order to gain a broad perspective on gaps and potential areas of focus. This will help us to identify what matters to people themselves, rather than what matters to us, which may, for example, be less about forms and more about quality of life and interactions with staff and the wider community. Involving people in developing our questions will help us discover what people would like to be asked. Increased engagement with local groups of people using services and carers will also help to inform our local and themed visits.

The usual method of engaging with carers on local and themed visits has been to ask the service to display a poster and to inform carers of our visit and the opportunity to meet us on the day. The Learning Disability themed visits in 2015 piloted a more active approach to gathering carers' views. Carers were contacted by letter via the services and offered the opportunity to meet with us on the day of the visits, to arrange a convenient time to speak with a practitioner by phone, or to fill in a questionnaire. This was very successful, with 47 carers engaging.

We are currently reviewing our materials about our visiting role aimed at people who use services and carers.

### 7.1.2 Outcomes

1. When we undertake local and themed visits, we ask about issues which are important to people with lived experience and to carers.
2. We engage with more carers.

### 7.1.3 Actions

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Improve how we identify issues for themed and local visits important to people with lived experience and carers	Ask people who use services and carers for suggestions as part of the programme of local engagement meetings All themed visit teams include an E&P Officer Feed into planning of each local visit Feed into themed visit planning	E&P Officers Practitioners  Exec leads  Practitioners ED - Nursing	From 2016-17
Seek to better understand issues important to people with lived experience and carers	E&P Officers take full role in visits  Practitioners identify local groups and write to invite input on issues prior to announced local visits, and for some larger visits, meet with collective advocacy groups in advance	E&P Officers  Practitioners	By Oct 2016
Improve engagement with carers during local and themed visits	Routinely offer face-to-face, phone and questionnaire options Inform local carers' organisation of planned local and themed visits in advance	Casework team Practitioners	Pilot 2016-17



## 7.2 Information and advice

### 7.2.1 Discussion

We publish good practice guidance aimed at professionals. We run Excellence in Practice seminars for professionals and speak at conferences. We have involved people with lived experience or carers in these activities, and we will continue to develop these areas of participation.

We publish some materials, including easy read materials, aimed at people who use services and/or carers.

We provide an advice line which is open to people who use services and carers, as well as professionals, with concerns about rights, care and treatment. We are currently reviewing how this is publicised, to improve people's understanding of what we can and cannot provide and other sources of help.

### 7.2.2 Outcomes

3. Good practice guidance material and training are informed by the perspectives of people who use services and carers.
4. Participants feel ownership of the end product.
5. People who use services and carers are aware of the advice line and understand what it offers.

### 7.2.3 Actions

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Ensure good practice guidance material and training informed by the perspectives of people who use services and carers	As appropriate, include E&P Officer(s) in writing teams to provide their lived perspectives & to consult more widely	Exec leads /Practitioners	From 2016-17
	Review EIP content and incorporate direct input from people with lived experience/ carers in person or on video	ED - Medical & E&P Officers	2017-18
	Write all new good practice guidance in Plain English	Practitioners/ Exec team leads	From 2016-17
	New good practice guidance to incorporate a 'quick guide' summary for lay people (where appropriate)	Exec team leads/Comms Manager	From 2016-17
Improve awareness and understanding of advice line service	Implement advice line review recommendations	ED – E&P	2016-17

## 7.3 Influencing and challenging

### 7.3.1 Discussion

We do a wide range of work under this heading. Some involves providing input, nationally or locally, to policy-makers, using the results of our visiting and investigations work and staff expertise. We produce policy reports, consultation responses and briefings and speak at conferences.

The Principles into Practice programme has held biennial awards events showcasing best practice. However, these are resource-intensive. An alternative would be to participate in other organisations' awards events, nationally and/or locally, by promoting or sponsoring an award. For example, the Commission could sponsor a category in a local mental health art event (and perhaps use some of the artwork, such as on publication covers).

### 7.3.2 Outcomes

6. Our influencing and challenging work is better informed by the perspectives of people with lived experience and carers.
7. More people understand the principles of mental health and incapacity law.

### 7.3.3 Actions

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Include lived experience and carer perspectives in policy work	All policy project teams to identify how the perspectives of people with lived experience and of carers can best be included	Executive leads	From 2016-17
Gather lived/carer experiences to inform policy positions	Seek input as part of the programme of national and local engagement meetings	Executive leads/E&P Officers	From 2016-17
Restructure Principles into Practice work	Seek alternative routes for awareness raising	ED – E&P	2016-17
Take into account perspectives of other partners in the sector	Participate as observers in the Scottish Mental Health Partnership Consider participation in relevant cross party groups once established	ED – E&P  Executive team	Ongoing  From May 2016

## 7.4 Investigations

### 7.4.1 Discussion

When we believe there have been serious failings in care or treatment, and that the responsible organisations have not sufficiently identified the issues, we may do an investigation. We do this if we think there are implications for services across Scotland. We will interview the people involved, including where possible and appropriate, people who use services and carers, ensuring that we capture their experiences.

We sometimes involve outside experts in investigations, to use their expertise to help guide what we look at. We have involved Board members in an advisory capacity. However, we have not involved people with lived experience or carers in this way, and this would be difficult because of issues of confidentiality. However, we now have in-house expertise in our Engagement and Participation Officers, and there may be occasions when it is appropriate to involve them in investigations as part of the team.

### 7.4.2 Outcomes

8. Our investigations are better informed by the perspectives of people with lived experience and carers.

### 7.4.3 Actions

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Include lived experience and carer perspectives in investigations	Consider including an E&P Officer on investigation team or a Board member with lived or caring experience in an advisory role	OMG(I)	As appropriate

## 8 Governance

### 8.1 Board representation

The Commission benefits from the expertise of a person with lived experience and a carer on the Board.

### 8.2 Advisory Committee

The Advisory Committee is a sub-committee of the Board and exists to advise the Commission on its work, its strategic plan and annual business plan, and how the Commission can get useful stakeholder feedback on its work. Its members represent key national stakeholder organisations, including lived experience and carer organisations, and are listed in the appendix.

A lack of representation from minority groups, including black and minority ethnic (BME) and lesbian, gay, bisexual and transgender (LGBT) people has been identified and needs to be addressed.

### 8.2.1 Outcomes

9. Our work and strategic direction are informed by a wide range of stakeholder perspectives.

### 8.2.2 Actions

<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
Ensure an effective range of representation on Advisory Committee	Seek BME and LGBT representation Review Advisory Committee membership annually at Jan/Feb OMG as part of review of standing orders	ED - E&P  ED- E&P/OMG/ HOCS	By Sept 2016

## 9 Resources

Other than salary and travel costs, there will be resource implications for the venue and catering costs for Engagement Forums. It is planned to keep these to a minimum by using NHS venues where possible. Venues will be accessible by public transport. Meetings will be held from 2-4.30pm with light refreshments. Expenses will be paid for travel but not overnight stays.

Estimated budget 2016-17 (1 pilot event): £2000

Venue, catering and expenses for participants in focus groups and specific consultations should form part of project budgets.

## 10 Performance indicators

<i>Item</i>	<i>Source</i>	<i>Already collected?</i>
Number of national and local lived experience groups met with	Practitioner visit reports to OMG	Yes
Number of people with lived experience at meetings with groups	E&P Officer 6-monthly reports	No
Number of national and local carer groups met with	Practitioner visit reports to OMG	Yes
Number of carers at meetings with groups	E&P Officer 6-monthly reports	No
Evaluation of meetings with collective advocacy groups	Feedback forms	No
Annual engagement impact report	ED (E&P) & E&P Officers	No

## 11 Review

This engagement strategy should be reviewed during 2017-18.

## **Appendix– Advisory Committee members**

AHP Dementia Expert Group  
AHP Strategic Mental Health Leads  
Alzheimer Scotland  
Bipolar Scotland  
BME representation (stakeholder organisation to be confirmed)  
British Psychological Society  
Carers' Trust  
Coalition of Care and Support Providers Scotland (CCPS)  
Forensic Carers Network  
Law Society Mental Health Subgroup  
Learning Disability Alliance Scotland  
Learning Disability Nurses Forum  
LGBT Health (to be confirmed)  
Mental Health Foundation  
Mental Health Nurses Forum  
National Autistic Society  
PAMIS  
Royal College of GPs  
Royal College of Psychiatrists  
Scottish Association for Mental Health  
Scottish Association of Social Workers (MHO Forum)  
Scottish Consortium for Learning Disabilities  
Scottish Independent Advocacy Alliance  
Scottish Recovery Network  
Social Work Scotland  
Support in Mind  
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<sup>i</sup> NHS England. "Transforming participation in health and care" Patients and Information Directorate, NHS England, September 2013

<sup>ii</sup> Arnstein, Sherry R. "A Ladder of Citizen Participation" Journal of the American Planning Association, Vol. 35, No 4, July 1969, pp. 216-224



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