

**DRAFT:**

**The Quality Framework for Community Engagement and Participation: Supporting the delivery of meaningful engagement in health and social care.**

**Self-evaluation tool**

The [Quality Framework for Community Engagement and Participation](https://www.hisengage.scot/about/quality-framework-for-community-engagement/) will support NHS Boards, Integration Joint Boards, Health and Social Care Partnerships and Local Authorities to meet their statutory duties with regard to public involvement and community engagement with regard to the planning and provision of health and social care. It provides a framework for statutory planning and commissioning authorities, and those externally quality assuring them, on what good quality engagement looks like and how this can be evaluated and demonstrated.

The development of the framework and self-evaluation tool took account of related community engagement guidance, duties and frameworks (please see appendix 1 for a full list) and Scottish Government and COSLA’s new joint [guidance](https://www.gov.scot/publications/planning-people/) on local community engagement and participation.

Therefore, it may be useful to consider information and evidence you may have already collated for other recent reviews and self-evaluations by the Care Inspectorate, Healthcare Improvement Scotland and Audit Scotland.

**How to use this tool**

This self-evaluation tool accompanies the [Quality Framework for Engagement and Participation.](https://www.hisengage.scot/about/quality-framework-for-community-engagement/) We have developed a guide to self-evaluation that provides further detail on how to approach the process and who to involve.

The completed self-evaluation should focus on outcomes rather than activities. This could include a description of the impact of engagement, changes made as a result of feedback, or information on how potential impact is being monitored.

**Domains**

The self-evaluation should tell a story about where you perceive your organisation to be overall against each domain in the framework.

This self-evaluation tool has been developed to enable organisations to self-evaluate their performance against three areas of focus, called domains, which are outlined within the Quality Framework.

It contains three areas of focus, which are referred to as domains. Each domain has two associated quality indicators and statements to guide discussion, and support evaluation with a view to answering key questions.

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| **Domain 1: Ongoing engagement and involvement of people** | * The organisation undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust. * The approach to engagement is inclusive, meaningful and is evaluated to identify learning and the impacts. |
| **Domain 2: Involvement of people in service planning, strategy and design** | * The involvement of people and communities has had a positive impact on service change and strategy development and has been planned as part of the organisation’s wider engagement strategy. * People representing communities have been involved throughout the development, planning and decision-making process for service change and strategy development. |
| **Domain 3: Governance and leadership- supporting community engagement and participation.** | * Robust corporate governance arrangements are followed for involving people, founded on mutuality, transparency, equality, diversity and human rights principles. * To engage effectively and inform decision making, the organisation supports and improves the participation of people by dedicating resources (both in people, time and budgets). |

**Statements**

The statements (questions) are prompts to help you to consider, overall, how well you are meeting the indicators for each domain.

We note that not all the statements may apply to every NHS Board, Integration Joint Board and Local Authority, due to the individual circumstances of each organisation. Therefore, we have added a ‘not applicable’ option to each statement. *Healthcare Improvement Scotland – Community Engagement* staff are happy to discuss with you how best to apply the framework to your organisation.

All the domains include statements about the public sector equality duties, [the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012](http://www.legislation.gov.uk/sdsi/2012/9780111016718/contents), which must be answered in relation to the specific domain each time, but you only need to consider how would you evidence this once.

**Summary Statements**

For each statement summary, please provide an honest and succinct narrative outlining how you perceive your organisation to be, how you know this (the evidence you have) and what you need to do better or differently. The narrative should focus on the impact and outcomes of engagement with people and communities.

This should include examples that demonstrate the impact of engagement and improvements made for those who use or deliver health and social care services. You can provide and highlight additional relevant information, background and context in the section too, to support your discussions.

**Evidence**

In answering the statements, and completing the tool, it may be useful to consider the following evidence-

* Strategies that are in place for ongoing community engagement
* Structures that are in place to seek the views of people and communities- for example, locality planning and empowerment groups, committees with representatives, lay and third sector representatives on boards, online community panels
* Policies to help people take part in improving healthcare services
* How you support people who may find it more difficult to be involved
* How feedback (from complaints and informal feedback) is used to inform ongoing service improvement
* Evaluation that has been undertaken of engagement activity
* Evidence of the difference that engagement has made and how you tell people how their views have been taken into account

You don’t need to provide evidence for every statement and some of the evidence is likely to overlap between the domains. The evidence is for you to consider as an organisation and provide you with assurance as to how you are performing.

Those completing the self-evaluation tool are encouraged to use information from different sources to triangulate evidence of the quality of engagement. To understand the quality of engagement delivered you need to know the views of those accessing the service or impacted by the service. Feedback should be sought from people and communities to inform the completion of the self-evaluation.

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| **Definitions**  The reference to ‘**Board members**’ in this document refers to both executive and non-executive members and ‘senior leaders’ refers to senior staff and executive officers who have designated responsibility for community engagement.  By ‘**people**’ we mean- patients, people experiencing and accessing health and social care services, carers, families.  By ‘**communities**’ we mean a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.  By ‘**meaningful engagement**’ we mean working collaboratively with people affected a particular policy, event or change and ensuring people of all backgrounds can take part and have their voice heard and acted upon.[[1]](#footnote-2) |

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| **Domain 1: Ongoing engagement and involvement of people**   1. **The organisation undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust.** 2. **The approach to engagement is inclusive, meaningful and is evaluated to identify learning and the impacts.** |

*Please note the change of scale when considering the statements below.*

**Fulfilment of statutory duties and adherence to national guidelines**

* 1. The organisation has implemented a communication and engagement strategy to promote and support the delivery of community engagement across the organisation (in line with [statutory duties to involve people in developing and delivering care services](https://www.gov.scot/publications/planning-people/pages/2/)).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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* 1. The organisation has undertaken training and awareness raising with its staff in relation to engagement with people and communities who are socially or culturally excluded.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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* 1. How confident are you that the organisation’s engagement processes and structures are accessible, inclusive and reflect the diversity of communities, and is informed by Equality Impact Assessment which is undertaken before engagement activity begins, and updated throughout the engagement process (in line with the [Fairer Scotland Duty](https://www.gov.scot/publications/fairer-scotland-duty-interim-guidance-public-bodies/pages/1/) and [Public Sector Equality Duties](https://www.equalityhumanrights.com/en/public-sector-equality-duty-scotland)).

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| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** |  |
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* 1. The organisation proactively seeks participation from seldom heard people and communities[[2]](#footnote-3), under-represented people and communities, communities experiencing health and social inequality and has taken action to support people to participate in ongoing engagement about improving access to health and social care services and improved health and wellbeing outcomes (in line with [Public Sector Equality Duties](https://www.equalityhumanrights.com/en/public-sector-equality-duty-scotland)).

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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**Support/Equalities**

* 1. How confident are you that when undertaking engagement, the organisation provides timely accessible information in a variety of formats, which meets individual needs (such as large print, audio, Braille, different languages, induction loops)?

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| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** |  |
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* 1. The organisation supports carers and representatives of people experiencing and accessing services, to enable their full engagement about health and social care services, and can evidence this (in line with the Health & Social Care Standards).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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**Co-production and design**

* 1. The organisation involves community representatives (people representing a community of place or interest) in planning engagement, as part of the planning team, to help to ensure that the process of engagement is inclusive.

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| **Always** | | **Almost always** | | **Sometimes** | | **Never** | | **Not Applicable** | |  | |
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* 1. The organisation raises awareness of, promotes, publishes annual reports on, and provide supports with participation requests; especially in relation to people and communities who may be seldom reached or who face additional barriers ([as per the Community Empowerment (Scotland) Act 2015](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/05/community-empowerment-participation-request-guidance/documents/participation-requests-guidance-pdf/participation-requests-guidance-pdf/govscot%3Adocument/Participation%2Brequests%2B-%2Bguidance.pdf)).

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The organisation has worked with community planning partners to routinely engage with local communities to develop a common understanding of local needs and ensure they are genuinely engaged in decisions made on public services which will affect them (in line with the Health and Social Care Standards and [The Local Government (Scotland) Act 2003](https://www.legislation.gov.uk/asp/2003/1/contents)).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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**Methods**

* 1. The organisation has used a range of innovative, effective and empowering communication and engagement methodology to gain an understanding the needs of people and communities and to reach the right people. (For example, citizen’s panels and new methods of online engagement).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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* 1. The organisation can evidence examples of positive working with the third sector and has collaborated with them when planning engagement.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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**Feedback**

* 1. The organisation keeps people and communities informed of progress during the process and provides feedback on the outcome of the engagement.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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**Evaluation and learning**

* 1. The organisation routinely assesses the impact of engagement to ensure that the right people and communities are being involved.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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**1.15** The organisation has evaluated the effectiveness of its ongoing engagement with people and communities to improve their experience of engagement and shared this learning across the organisation to inform future practice.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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* 1. The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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**Summary Statement- Domain 1- Ongoing engagement and involvement of people**

The following key questions should guide your responses to the summary statements below:

* How are you doing in respect of this domain?
* How do you know this?
* What do you need to do better or differently? (For example, what are the key next steps or areas for improvement the organisation needs to take forward to improve engagement?)

**Please provide details from your perspective of where the organisation is performing well in relation to this domain. Please provide details of sources of evidence that supports these views.**

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**Please provide further details on how the organisation can improve its approach to involving people and communities.**

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| **Domain 2: Involvement of people in service planning, strategy and design**   1. **The involvement of people and communities has had a positive impact on service change and strategy development and has been planned as part of the organisation’s wider engagement strategy.** 2. **People representing communities have been involved throughout the development, planning and decision-making process for service change and strategy development.** |

*Please note the change of scale when answering the statements below.*

**Fulfilment of statutory duties and adherence to national guidelines**

* 1. Community representatives have been meaningfully involved in planning and designing the engagement process to ensure that it is inclusive and timely.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The organisation has meaningfully involved people and communities throughout the development, planning and decision-making process for service change and strategic planning ([in line with current guidance and statutory duties to involve people in the design and delivery of care services).](https://www.gov.scot/publications/planning-people/pages/2/)

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| **Always** | **Often** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The people and communities who may be affected by a proposed service development, change or plan have been involved in developing, and appraising options that are robust, evidence-based and person-centred.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. How confident are you that the organisation, and Board members, and senior leaders can demonstrate how they taken into account of the views of people and communities when making decisions on policy and service design and fully explained when the reasons for not accepting any widely expressed views?

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| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** |  |
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**Co-production and design**

* 1. The organisation has worked in collaboration with partner organisations to share expertise and structures to support community engagement.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The organisation has taken a co-designed approach to the preparation, publication and review of plans to redesign services, involving people and communities from the start of any process through to decision-making.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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* 1. The organisation has supported capacity building in communities to ensure people are able to participate to inform the decision-making process that affects their lives and their communities ([in line with the Health and Social Care Standards](https://www.gov.scot/publications/health-social-care-standards-support-life/pages/7/)).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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**Support/Equalities**

* 1. How confident are you that the organisation’s engagement processes are accessible, inclusive and reflects the diversity of communities, and is informed by Equality Impact Assessment which is undertaken before engagement activity begins, and updated throughout the engagement process?

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| --- | --- | --- | --- | --- | --- |
| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** |  |
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* 1. The people and communities who may be affected by the proposed service development, change or policy have been provided with relevant and accessible information, using appropriate communication aids that meet their identified support needs.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The organisation has undertaken impact assessments of how policy or service design proposals may affect different communities, taking into consideration equality, human rights, and used this to inform the engagement process.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The organisation has pro-actively sought participation from seldom reached, under-represented people and communities, and supported people and communities to participate in service redesign and strategy development (for example, meeting the new duties under [UNCRC](https://www.unicef.org.uk/what-we-do/un-convention-child-rights/) incorporation to involve children in decision making).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** |  |
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**Evaluation and learning**

* 1. Evaluation arrangements are part of the initial plan for engagement and ongoing evaluation has been undertaken and has acted on, and addressed feedback, during the engagement process.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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* 1. The organisation has evaluated the effectiveness of its engagement in service redesign and strategic planning and shared the learning across the organisation to inform future practice.

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| **Always** | **Almost always** | **Sometimes** | **Never** | **Not Applicable** |  |
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**Summary statement- Domain 2- Involvement of people in service planning, strategy and design**

The following key questions should guide your responses to the summary statements below:

* How are you doing in respect of this domain?
* How do you know this?
* What do you need to do better or differently? (For example, what are the key next steps or areas for improvement the organisation needs to take forward to improve engagement?)

**Please provide details from your perspective of where the organisation is performing well in relation to domain 2- Please provide details of sources of evidence that supports these views.**

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**Please provide further details on how the organisation can improve its approach to involving people.**

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| **Domain 3: Governance and leadership- supporting community engagement and participation.**   1. **Robust corporate governance arrangements are followed for involving people, founded on mutuality, transparency, equality, diversity and human rights principles.** 2. **To engage effectively and inform decision making, the organisation supports and improves the participation of people by dedicating by dedicating resources (both in people, time and budgets).** |

***Please note the change of scale when answering the statements.***

**Fulfilment of statutory duties and adherence to national guidelines**

* 1. How confident are you that Board members and senior leadership have demonstrated a commitment to meaningful engagement by taking action to embed it within their organisations by setting clear objectives and priorities, encouraging ideas and innovation, community leadership and support to communities?

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| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** | **Don’t know** |  |
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* 1. Board members and senior leadership have committed the necessary resources (people, time and money for delivering engagement initiatives).

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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* 1. Staff and non-executive board members feel they have the knowledge, skills and know where to seek advice, to deliver meaningful engagement and involvement activities on behalf of the organisation.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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* 1. Leaders have demonstrated role modelling of meaningful engagement when planning and delivering health and social care services.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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**Feedback and decision making**

* 1. How confident are you that the decision-making process is transparent and clearly demonstrates how the views of communities have been taken into account, with the rationale for decisions explained?

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| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** | **Don’t know** |  |
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**Support/Equalities**

* 1. Board members and senior leaders have taken account of the Fairer Scotland Duty (to reduce the inequalities of outcome) in any major strategic decision they make.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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* 1. Where applicable, board members and senior leaders have taken account of the duties of the Islands (Scotland) Act when introducing a new or revised policy, strategy or service.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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**Culture**

* 1. Board members and senior leaders have actively influenced and driven policy and strategy to encourage effective, meaningful engagement.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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* 1. The organisation has actively promoted meaningful engagement practices among its staff as members of the community.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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* 1. The organisation has encouraged both ‘top-down’ (formal, planned) and ‘bottom-up’ (emergent) approaches to engagement.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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* 1. Staff and organisational leaders have actively sought out good practice and learning on community engagement from both within and outside the organisation, and shared it.

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| **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not Applicable** | **Don’t know** |  |
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**Assurance**

* 1. How confident are you that the appropriate forums/committees are in place to support the assurance and improvement of the organisation’s engagement work.

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| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** | **Don’t know** |  |
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* 1. How confident are you that all decision-making forums/committees seek assurance from staff on how people and communities have been involved in service development and planning via agreed covering reports and templates.

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|  |  |  |  |  |  |  |
| **Very confident** | **Fairly confident** | **Not very confident** | **Not at all confident** | **Not Applicable** | **Don’t know** |  |
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**Summary statement- Domain 3- Governance and leadership- supporting community engagement and participation.**

The following key questions should guide your responses to the summary statements below:

* How are you doing in respect of this domain?
* How do you know this?
* What do you need to do better or differently? (For example, what are the key next steps or areas for improvement the organisation needs to take forward to improve engagement?)

**Please provide details from your perspective of where the organisation is performing well in relation to domain 3. Please provide details of sources of evidence that supports these views.**

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**Please provide further details on how you feel the organisation can improve its approach to involving people and communities.**

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**Annex 1**

**Related policy and guidance**

* Planning with People- Community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are planning and commissioning care services in Scotland, Scottish Government and COSLA (March 2021)- [www.gov.scot/publications/planning-people/pages/1/](http://www.gov.scot/publications/planning-people/pages/1/)
* Health and Social Care Standards: my support, my life, Scottish Government (2017) - [www.gov.scot/publications/health-social-care-standards-support-life/](http://www.gov.scot/publications/health-social-care-standards-support-life/)
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2. Seldom heard people and communities as defined by, but not limited to, Age, Socio-economic/deprivation, Disability, Ethnicity, Sexuality

   Communication impairments, Mental health problems, Homelessness, Geographical isolation [↑](#footnote-ref-3)