Glasgow City HSCP
Health and Social Care Partnership

Consultation and Engagement Good Practice Guidelines

April 2021

NHS Greater Glasgow and Clyde

Glasgow City Council

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1. Purpose

This document provides good practice guidance to support staff undertaking consultation and engagement activity on behalf of the Glasgow City Health and Social Care Partnership (GCHSCP) and Glasgow City Integration Joint Board (IJB). It provides information on:

- background
- definitions
- benefits
- standards
- planning
- stakeholders and inclusive, supportive consultation
- methods
- communication
- publication, dissemination and feedback and
- evaluation.

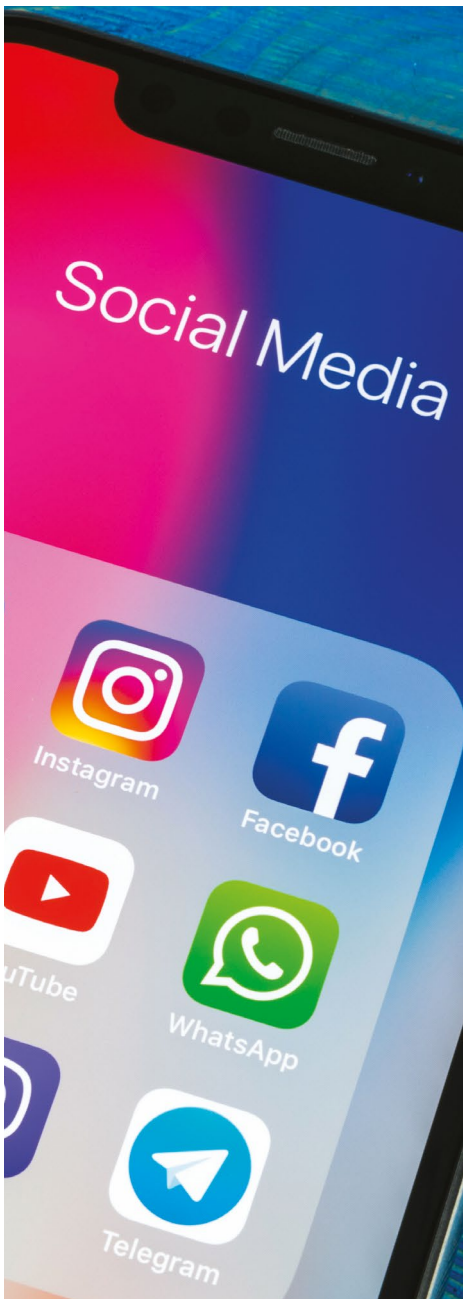
Readers should note that there is overlap between each of these areas. A '**quick guide**' version of the following guidelines has also been produced to provide a summary with key considerations.

These consultation and engagement guidelines are based on a number of good practice guidelines for involvement, participation, engagement and consultation in the public sector. They are not intended to be prescriptive and they are not exhaustive; instead they are designed to prompt staff and other stakeholders who may be involved in the planning and delivery of a consultation to consider a range of areas, issues and options when deciding how to consult. No two consultation exercises are the same, and how to consult on a particular area/issue or proposed policy/service change or development will need to take account of relevant factors set out in these guidelines. In general, any consultation needs to take a flexible approach.

Staff may find it useful to consult the following consultation good practice guidelines for further information:

- National Standards for Community Engagement (Scottish Community Development Centre 2016)
- Planning with People Community Engagement and Participation Guidance 2021
- Consultation Principles (UK Government 2016)
- Healthcare Improvement Scotland Engaging people and communities: Step by Step
- Healthcare Improvement Scotland Community Engagement: Participation Toolkit
- The Participation Toolkit: Supporting Patient Focus and Public Involvement in NHS Scotland (Scottish Health Council 2014)
- Using Social Media to Inform, Engage and Consult People in Developing Health and Community Care Services (2013)
- A Participation Standard for the NHS in Scotland: Standard Document (Scottish Health Council 2010)
- Consultation Good Practice Guidance (Scottish Government 2008) and
- Good Practice Guidance Consultation with Equalities Groups (Scottish Executive (2002).

These consultation guidelines are also consistent with the engagement principles that underpin the IJB's **Participation and Engagement Strategy (2020)**, which is committed to participation and engagement activity that is inclusive, approachable, transparent, co-ordinated, locally-focused and flexible; promotes two-way communication; promotes promotion of equalities and



2. Background

The **Public Bodies (Joint Working) (Scotland) Act 2014** requires Integration Joint Boards to produce a Participation and Engagement Strategy to ensure that there is an effective approach and set of arrangements for engagement with a range of individuals (for example, patients, service users, carers and staff), stakeholder groups, communities and partner and external organisations (including the third and independent sectors) in the planning and development of health and social care services.

Glasgow City IJB approved its Participation and Engagement Strategy and action plan in **September 2020**. The Participation and Engagement Strategy includes the different approaches and levels at which people, communities, groups and organisations can be involved in influencing decisions being made by the IJB (and its Committees) and the Partnership. Consultation is one of four levels of engagement (informing, involving and partnership being the others), and is defined as "offering an appropriate (one-off) opportunity to have a say about a service, policy or decision)."

The **Community Empowerment (Scotland) Act 2015** sets a requirement that public bodies should engage with community bodies to enable communities to achieve greater control and influence in the decisions and circumstances that affect their lives and improve outcomes.

The **NHS Reform (Scotland) Act 2004** places duties of public involvement and equal opportunities on NHS Boards to involve people in the design, development and delivery of health care services. In December 2007, the Scottish Government's **Better Health, Better Care** report set out an ambitious programme of work for the NHS in Scotland over a five-year period, which included a commitment to developing a participation standard to ensure people are able to play a full part in bringing about improvements in the quality of services. The **Scottish Health Council** was established in 2005 to ensure NHS Boards deliver their participation responsibilities, and to support them in doing so. More recently, the **Patients' Rights (Scotland) Act 2011** aims to improve patients' experiences of using health services and support people to become more involved in their health and health care.

In February 2019 the **Ministerial Strategic Group for Health and Community Care** reported on progress towards integration and highlighted the importance of meaningful and sustained engagement in ensuring that the planning and delivery of services is centred

on people and proposed that effective approaches for community engagement and participation must be put in place for integration.

More recently, in February 2021 the Scottish Government and COSLA published the **Planning with People** guidelines for community engagement and participation. These new guidelines for care services promote collaboration between NHS Boards, Integration Joint Boards and Local Authorities and set out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being planned. Planning with People acts as the wider context for engagement within which this consultation guidance sits and replaces the previous Scottish Government Health Department guidance for the NHS in Scotland on informing, engaging and consulting people in developing healthcare services **(CEL 4 (2010)**.

Also in February 2021 the Scottish Government published the report into the **Independent Review of Adult Social Care**. The report and its recommendations reiterate the importance of supporting Integration Joint Boards to ensure effective and meaningful engagement is taking place at all levels, and highlights the role for active community engagement and involvement as the basis for planning and delivering change and improvements at a local level.

3. Definitions

Broadly speaking, participation is the term used to describe the process used to enable views and opinions (e.g. of patients, service users or members of the public) to influence decision making. It is an umbrella term for the numerous words and phrases used to describe involving people in; making decisions about their own health and care; shaping and influencing service provision as communities of interest or geography and working in partnership with service providers **(The Participation Toolkit, Scottish Health Council 2014)**.

Terminology used in recent legislation and associated guidance refers to various kinds of public participation, and it is sometimes difficult to discern the intentions behind the use of each term. Words such as engagement, participation, involvement and consultation sometimes appear together and are used interchangeably, although they are different.

The Scottish Government has adopted the following definition of consultation:

> "Consultation is a time-limited exercise when we provide specific opportunities for all those who wish to express their opinions on a proposed area of our work (such as identifying issues, developing or changing policies, testing proposals or evaluating provision) to do so in ways which will inform and enhance that work" (Consultation Good Practice Guidance 2008).

The key phases to consultation include:

- planning the consultation and associated activity
- consulting with individuals, groups, communities and organisations on the proposed policy/service change or development
- publication and dissemination of consultation activity and its outcome (including feedback to those participating in the consultation) and
- evaluation of the consultation and its activity.

4. Benefits

Good, effective consultation is not an outcome in itself; it is part of a set of formal arrangements and processes for meaningful participation, with the aim of improving services and achieving better and positive sustainable outcomes for individuals, groups, communities and organisations. A number of benefits can be realised through effective consultation, including:

- the way in which health and social care services are planned, developed and delivered is informed and influenced by, and more responsive to, local community needs, experiences and insights, contributing to the Partnership and IJB meetings achieving its vision for health and social care services in Glasgow
- there is more meaningful and influential participation by individuals, groups, communities and organisations where they can make a positive contribution to health and social care outcomes and their experience of care and support, with greater public confidence in services
- understanding the wishes, needs and aspirations of individuals, groups, communities and organisations can lead to more effective and high quality health and social care services
- people who have been traditionally less represented or engaged in consultation are better enabled and supported to get involved and inform and influence the decisions that may affect their lives
- the various strengths and assets in communities and across third and independent sector organisations can be used more effectively to deal with the issues that communities face and better meet their health and social care support needs and
- existing relationships can be strengthened and new relationships developed between people, groups, communities, organisations and the Partnership, which builds trust and makes partnership working happen.

5. Standards

There are a number of standards that underpin these consultation good practice guidelines, and they are featured throughout this document. They aim to ensure a consistent approach to consultation that is good quality, supportive and effective so that individuals, groups, communities and organisations have opportunities to fully participate in an informed way. Staff should take steps to uphold these standards when undertaking consultations.

Consultations should:

- have a clear and concise plan with a purpose, including defined aims and objectives; areas/options being considered and planned arrangements, processes and timescales for consultation activity
- have focus and be targeted, where the individuals, groups, communities and/or organisations who may be affected by or have an interest in the proposed policy/service change or development being consulted on are defined and targeted if appropriate
- be needs-led, where the consultation activity (particularly its methods) is tailored to take account of the needs and circumstances of those being consulted
- take steps to be accessible and support stakeholders to participate, not create barriers
- also be inclusive, ensuring people who have been traditionally less represented or engaged in consultation are enabled to participate (for example, people with protected characteristics, people who are affected by social or economic factors or people who have the greatest need of a service but whose circumstances can have an impact on participation). Here, barriers to participation are not caused by a person's protected characteristic(s), socio-economic background or circumstances. They are in relation to the structural and institutional barriers that can sometimes be created by the way in which consultation is conceived, arranged and undertaken, with the effect of not enabling people, groups, communities and organisations to fully participate
- have integrity where there is honest intent and strong relationships built with individuals, groups, communities and organisations, demonstrating that public and stakeholder views and input are valued and taken into account in decision-making
- be informative with appropriate information made available to stakeholders so that they can more fully participate
- have clear, accessible and inclusive communications so that there is greater awareness and understanding of what is being consulted on, and likewise stakeholders are more informed to participate in full
- consider a number of methods to make it more inclusive and maximise participation, complimented by e-consultation methods and
- be transparent, where the views of individuals, groups, communities and organisations are made available with fair interpretation, and there is evidence on how they are considered in decision-making processes. This must be done in line with Data Protection and Freedom of Information legislation. Outputs and outcomes of consultation should be fed back to participants.

6. Planning

Planning consultation involves a number of key considerations crucially relating to its purpose, and sets out the arrangements and processes for which to proceed. It is also crucial to consider in advance the needs of stakeholders, consultation methods, communications, publication and dissemination of findings and evaluation. These later areas are considered in more detail later in these good practice guidelines.

Guidelines for Planning

- Ensure that there is a consultation plan with a clear purpose to the consultation, specifying:
  - its aims and objectives
  - its areas and/or options being consulted on
  - its target audience/stakeholders and their needs
  - its planned arrangements, processes, timescales, desired outcomes, outputs and indicators to measure and evaluate success
  - the decision-making arrangements and processes that the consultation will inform
  - the outputs and outcomes of the consultation that will be reported, published and disseminated and
  - how the consultation exercise will be evaluated
- Ensure that the lead officer for the consultation seeks the relevant approvals to undertake and proceed with the consultation plan. This can be via the Partnership's Executive and Senior Management Team, IJB or IJB Public Engagement Committee
- Should there be any significant or material changes to the consultation plan and its engagement activity (for example, number or nature of participants being consulted or nature or type of consultation), then the lead officer for the consultation should consider seeking approval from the above
- Ensure that the resources required for the consultation are in place, both in terms of staff time and any financial costs, and gather a team with the necessary skills to assist in supporting the consultation with clear roles and responsibilities to ensure effective co-ordination

- Seek advice from any internal and external experts at the earliest opportunity, whether on the subject matter or the consultation process
- Review any previous consultation and research activity on the topic, including checking the **Glasgow City HSCP Consultation and Engagement Log** (please note the Log can only be accessed by staff working within the HSCP)
- Ensure that there are realistic timescales set for planning and conducting the consultation. Judge the length of the consultation taking into account the nature and impact of the proposed policy/service change or development. Consulting for too long will unnecessarily delay policy development. Consulting too quickly will not give enough time for consideration by stakeholders and will reduce the quality of responses. Consultation periods should be at least 12 weeks for major policy/service changes or developments
- Generally do not launch consultation exercises during election periods
- Consider how the target audience may be involved in the consultation's design and testing. Involving external stakeholders at the earliest stage can assist in establishing the broader picture and identify any issues
- Inclusive consultation: consider how greater access by people who have been traditionally less represented or engaged in consultation will be encouraged and supported, with proactive steps taken to not create new, and to remove existing, structural barriers to participation (see Section 7)
- Plan to employ appropriate consultation method(s) based on the aims and objectives of the consultation and the needs of its target audience. Consider using a range of them (see Section 8)
- Plan to make relevant information available to those participating in the consultation (see Section 9)
- Plan to consider alternative formats and languages that may be required for consultation activities and materials (see Sections 8 and 9)
- Both the Council and Health Board have a duty to ensure that public funds are properly used and protected for everyone's benefit, and that patient and service user health and safety and welfare are maintained. There is a commitment to preventing staff committing fraud and becoming involved in corruption and bribery, as well as preventing the harm, malpractice or ill treatment of patients and service users. There is also a commitment to making sure the right controls are in place to preventing these acts among other ones from happening at all. If during consultation there is either detection or suspicion that a staff member is involved in such activity, then the respective Whistleblowing Policy should be consulted. They are available on **Glasgow City Council's** and **NHS Greater Glasgow and Clyde's** public websites, and they include examples of activities that are covered by their respective policy
- If during consultation a member of the public wishes to make a complaint about **Glasgow City Council**, **NHS Greater Glasgow and Clyde** or the **IJB**, then they should be directed to their websites

7. Stakeholders and Inclusive, Supportive Consultation

Consultation should be focused and targeted. Consideration needs to be given to which individuals, groups, communities and organisations may be affected by or have an interest in the proposed policy/service change or development, and whether any representative or specific groups should be targeted (usually referred to as the 'target audience' or 'stakeholders').

Consultation should be tailored to the needs and preferences of particular groups so that it is accessible and inclusive and they are better supported to fully participate in it in. This can include people with protected characteristics, people who are affected by social or economic factors or people who have the greatest need of a service but whose circumstances have an impact on their participation, for example: older people, younger people, people with disabilities, people from different racial and ethnic backgrounds and people living within deprived areas. They may require additional support, and they may better engage in ways other than more traditional consultation methods (for example, written consultations). As per Section 5, a person's protected characteristic, socio-economic background or circumstances are not a barrier or the causes of barriers to participation in consultation. Rather, the ways in which consultation is conceived, arranged and undertaken can sometimes inadvertently create structural and institutional barriers that preclude full participation from stakeholders. Steps should be taken to not create barriers, and remove them where they already exist (see Section 7).

It is against the law to discriminate against anyone on the basis of a protected characteristic (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation).

Although organisations may intend to be inclusive in consultation activity, exclusion of individuals and groups can unintentionally happen. The most common reason is that the organisation undertaking the consultation does not take account of the circumstances and needs of potential participants in its design and delivery, which can then create barriers and exclusion to participation. It is therefore important to plan and act for consultation activity to be inclusive. Barriers created can include, for example:

- methods used (for example, by relying on methods that only use IT or written communication)
- physical (for example, the inaccessibility of venues)
- attitudinal (the ways in which staff approach or respond to groups and individuals and the assumptions they make)
- financial (there may not be resources in place where there is a need in order to support individuals to participate in consultation activity) and
- cultural (for example, using inappropriate facilities or language).

Guidelines for Stakeholders and Inclusive, Supportive Consultation

- Make an assessment of the individuals, groups, communities and organisations who may be affected by or have an interest in the proposed policy/service change or development, and plan to involve them in the consultation
- Carry out a needs assessment of the consultation's target audience in order to better understand the support that they may require to participate in it, particularly people with protected characteristics, people who are affected by social or economic factors and people who receive support but whose circumstances need to be taken into account
- Avoid contacting the same people for every consultation
- Take proactive steps to include individuals, groups, communities and organisations who have been traditionally less represented or engaged in consultation processes, including those with protected characteristics. One of the best ways of identifying how to inclusively increase their participation is to involve them in the planning process. Not only can they directly participate, but they can also be asked to help identify and invite additional people and groups to participate – known as 'snowballing.' They might also provide advice about other appropriate ways to reach relevant people and groups

- Ensure the consultation method/s chosen is/are the most appropriate for the group involved. In some cases written methods may be more suitable, in others face-to-face methods or a mix of methods may be better
- Take steps to not create new, and to remove existing, barriers to participating in consultation. This can include: support around suitable transport; caring for dependants; personal assistance; suitable and accessible venues; access to interpreters; communication aids; meetings and events organised at appropriate times; access to social media, video conferencing and online resources where appropriate and out-of-pocket expenses
- Consider using a range of methods and channels to publicise the consultation (see Section 9). As with the overall choice of method, the key to reaching individuals, groups, communities and organisations who have been traditionally less represented or engaged in consultation processes is to publicise the consultation through a variety of routes. When identifying appropriate publicity for the consultation, consider:
    - where the group/community/organisation gets information from
    - where they are likely to see/hear/receive information
    - what forms of publicity are likely to be available to/used by them
    - what specialist media there may be for them and
    - whether they are likely to have access to the publicity provided or whether there are other media that can be used
- Allow some flexibility in how people can respond to a consultation, for example by accepting telephone comments
- Ensure all information relating to the consultation is easily understood and allows the widest access to it, and that there are plans in place to be able to provide them in different formats or languages. Consideration should also be given to how information is presented and disseminated (see Section 9)
- Ensure staff are aware of and understand equalities issues before supporting consultation. Staff attitudes and behaviours to groups and individuals can create barriers to participation in consultation. Both Glasgow City Council and NHS Greater Glasgow and Clyde make available equality awareness training to staff, and if a staff member involved in supporting consultation does not have an understanding or experience of equalities issues then they should access available training

8. Methods

There are many potential methods of consultation, and they fall into three broad categories:

- written methods, involving giving some form of written comments
- face-to-face/participative methods, involving direct contact between those seeking and those giving views and
- e-consultation methods, involving innovative and creative methodologies and technologies to engage with people, groups, communities and organisations.

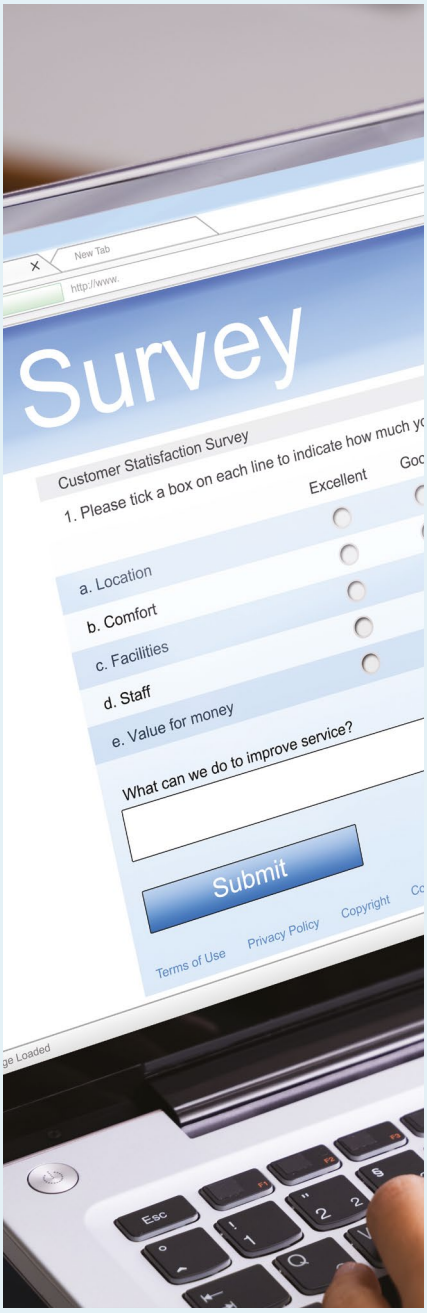
Written consultation can involve the following, and can be combined with face-to-face/participative and e-consultation methods (for example, carrying out a written exercise at a meeting or using social media):

- disseminating papers or other written material like a consultation questionnaire
- research techniques like a postal questionnaire
- comments and complaints cards
- ballots and
- the press and other written media.

Face-to-face/Participative consultation may be through:

- conferences/events
- local presentations/public meetings
- public/targeted drop-in sessions
- focus groups
- other formal groups
- one-to-one interviews and
- telephone interviews.

Increasingly organisations are also using innovative and creative methodologies and technologies to be more inclusive and engage more widely with the population. Some of them include online forums and message boards, online surveys and polls, e-petitions, online focus groups, online videos, webcasting and social media and networking. Social media in particular has the potential to reach out to working people, people who are unable to leave their home and young people.



Social media describes a range of web-based tools that allow users to easily create and share content, including text, images and videos, and connect directly with other users to build communities and communicate with each other. The broad categories of social media include:

- social networking sites (such as Twitter, Facebook and LinkedIn)
- content communities (such as YouTube and Flickr)
- blogs and microblogs (such as WordPress)
- collaborative projects (such as Wikipedia) and
- internet forums and online discussion boards (access to these by staff will depend on NHS Greater Glasgow and Clyde and Glasgow City Council permissions).

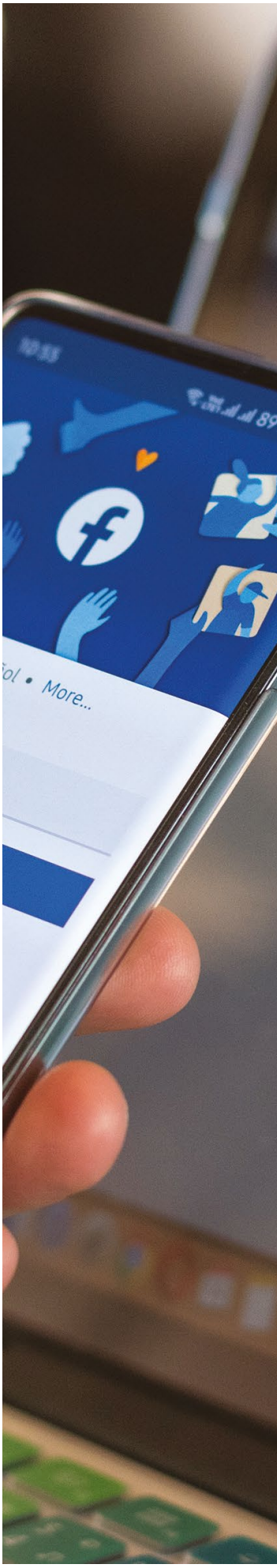
There are no prescriptive rules about the choice of consultation method. A number of factors will guide the choice of method (see below). In general, there needs to be a flexible and inclusive approach to consultation so that relevant stakeholders are supported to participate. This will more likely be achieved by using a range of methods.

Guidelines for Methods of Consultation

- Ensure the methods used are appropriate for the purpose of the consultation and are accessible to the needs of participants. Consider how the method used will affect the participation of individuals and groups who are planned to be involved. Three key questions to consider:
  - Who are the people most likely to respond using this method?
  - Are there any ways in which the method might be inappropriate for any groups? and
  - what additional methods might be appropriate to gather the views of those who are excluded by the method?
- Consider using a variety of methods to be more inclusive and widen access to participation in the consultation, including stakeholders with protected characteristics. Maintain a balance between qualitative methods/techniques (for example, focus groups and events) and quantitative ones (for example, surveys). The decision on consultation methods is about the overall choice of methods, not the ways of ensuring that each individual part of the consultation process is fully inclusive
- Make use of e-consultation methods such as social media to encourage maximum

and effective dialogue. They should not be a replacement for more traditional methods of consultation and used on their own (for example, written consultations). They should complement them. Consider using the Partnership's website or Twitter profile or Glasgow City Council's and NHS Greater Glasgow and Clyde's website, Twitter profile or Facebook profile

- If using social media, consider that:
  - social media is public. Information and comments can and will be widely shared. Nothing can be taken to be private or 'off-the-record,' so careful consideration should be given before anything is published or posted. Do not include information in posts that can identify individuals, and remember that removing names is not simply enough to protect the identity of patients, service users, carers, members of the public and other individuals. Adhere to legislation, policies and guidelines around Data Protection and relevant codes of conduct
  - conversations should be taken offline, by providing an email address or telephone number, if greater detail is required or to comply with policies (for example, complaints, media enquiries and Freedom of Information requests)
  - barriers may be created, and steps should be taken to overcome them where required, for example, access to technology and computer and online literacy
  - most people who engage with social media do so in a helpful manner, even when they are raising an objection or making a complaint. Take part in conversations (offline) by responding to all feedback (both positive and negative) about the proposed policy/service change or development to acknowledge feedback received. It may not be feasible to respond to every individual comment on social media, but it is good practice to acknowledge comments in general terms and
  - the anonymity afforded by the online environment can encourage some people to be deliberately provocative, offensive or argumentative (known as 'trolling'). Plan in advance how to deal with trolling incidents. In general, getting into arguments or debates in a public forum should be avoided
- Ensure to comply with Council and Health Board policies and guidelines on the acceptable and responsible use of social media in a professional capacity. While social media presents further opportunities to communicate and engage with stakeholders, it does come with risks. The misuse of social media can carry significant reputational, technical and legal risks to the Partnership, Council and Health Board. Staff within the Partnership must ensure that they adhere to policies and guidelines at all times. They are available at the Council's Connect and the Health Board's Staffnet intranet websites.



9. Communication

Communication makes a vital contribution to the success (or otherwise) of effective consultation with individuals, groups, communities and organisations, so that they are aware of, understand and engaged in the consultation.

Good communication is not simply achieved by making relevant information available to stakeholders. How information is communicated is just as crucial. The guiding principle is that information needs to be clear, accessible and inclusive and tailored to the needs of the target audience so that the consultation is more easily understood and supports and promotes the widest access to participate in it. This can include making decisions about formats and language, as well as how information is presented and disseminated.

Guidelines for Communication

- Consult the Partnership's **Communications Strategy**, which sets out the framework including standards, governance and channels by which the Partnership communicates. Ensure to also comply with the Partnership's Joint Media Protocol for handling media enquiries, as a consultation may attract media interest. The Joint Media Protocol is outlined within the Partnership's Communications Strategy
- Ensure the consultation is informative, and that the individuals, groups, communities and organisations who may be affected by or have an interest in the proposed policy/service change or development are provided with relevant information. Make available enough information to ensure that those consulted understand the issues and are supported to play a full part in the consultation process. This can include information about the:
    - care and support, clinical, financial or organisational reasons why policy/service change or development is needed and that may enable or limit possible options, including reference to any relevant legislation or policies

- benefits that are expected to be realised from the proposed change/development and
- processes that will be put in place to assess the impact of the change/development

- Ensure information is also developed and provided on the consultation process and timescales, and what the decision-making arrangements and processes will be for what is being consulted on
- Ensure there is a point of contact for consultation queries and submissions. It is good practice to include a telephone number, email address and postal address so that the consultation is more accessible for participants to make contact and get involved
- Information should be in plain language, which is jargon-free and straightforward and easy to read and understand. Acronyms should be avoided; where they are used they must be clearly defined at least once. Idioms, slang and colloquialisms should also be avoided. The **Plain English Campaign website** provides further guidance
- It is important that the way in which communication material is designed, written and presented reflects a clear commitment to equality and inclusivity. Materials should never imply that discrimination or exclusion are acceptable or inevitable, and it is unacceptable to use any terms or references that may be offensive to particular cultures, religions or other groups. This applies to all parts of material –the text of documents, images and graphics incorporated and examples used. Images and graphics should never stereotype or caricature groups. Their use in documents or presentations should reflect the diversity of the consultation and who is being engaged in it
- Ensure there are plans to be able to provide consultation material in a range of languages and formats if required (for example, audio, Braille, Moon, large print, easy-read and use of pictures, symbols and graphics rather than text). It should be made clear to participants that different languages and formats can be made available if required, and how they can access them. Where it is known in advance that a particular format or language will be required for stakeholders to participate in the consultation, this should be readily available from the start

- In general, ensure that written materials are in an accessible format:
  - use a minimum of 12-point type size for fonts (14 where possible and 16 minimum for large print)
  - use clear fonts such as Arial (san serif fonts are recommended by the Plain English Campaign)
  - use medium or bold type
  - avoid using italicised fonts
  - even type spacing, with text aligned to the left (avoid justification)
  - avoid hyphenation and
  - use appropriate colours to allow contrast
- If developing and using a template for written consultation, consider including the following information where appropriate: summary of the consultation; relevant background information; outline of the options; timescales for the consultation and decision making; statement regarding availability of consultation paper in alternative formats; how responses will be used and consent for publication (see Section 10)
- Consider a range of different methods/channels to communicate and disseminate information for the consultation to increase awareness and widen access, including media and newspapers, newsletters, leaflets, community radio, websites, social media and in offices, libraries and community centres (for example, GP offices, health and care centres and social work offices). The Partnership's website or Twitter profile can be used, as can Glasgow City Council's and NHS Greater Glasgow and Clyde's websites and Twitter and Facebook profiles. Also consider using known existing groups and networks to further raise awareness and disseminate information
- Make clear how the information gathered through consultation will be used, and gain consent to publish and make responses publicly available, complying with Data Protection and Freedom of Information legislation and policies and guidelines (see Section 10)

10. Publication, Dissemination and Feedback

One of the final stages of a consultation exercise is to make available the output of the consultation and inform participants and stakeholders of its outcome. This includes updating the **Glasgow City HSCP Consultation and Engagement Log** (staff only).

This is the practical application of the over-riding requirement of transparency in consultation, and it is intended to ensure that everyone who takes part in the consultation can see what has happened as a result of their participation. This is of vital importance in maintaining confidence and trust in the integrity of the consultation process and public services in general. It is not enough just to publish; the method chosen must be such that those with a significant interest can easily access the relevant information.

Guidelines for Publication, Dissemination and Feedback

- Analyse and interpret the raw output data from consultation (whether from written consultation, focus groups or surveys for example) and summarise within a report. Ensure fair and objective interpretation and analysis of the data. Also include the outcomes of the consultation process, and the final agreed policy/service change or development. As part of this, it is good practice to provide a full and open explanation of how views were taken into account in arriving at the final decision and the reasons for not accepting any widely expressed views
- Ensure to tailor the consultation report to the needs of the audience. This can include formats, languages and how information is presented (see Section 9)
- Publish and disseminate the consultation report. It should usually be published as part of the report where a decision is being sought for the policy/service change or development. Also consider using a number of different dissemination methods and channels to increase its accessibility (see Section 9). The Partnership's website has dedicated pages for consultation, and consultation reports can be published here. The key to widening access to reporting the consultation outcome is to publish and disseminate through a variety of ways and routes (see Section 7)
- Likewise to increase accessibility, consider additional formats and methods to report on the outcome of the consultation, which may better meet the needs of particular groups who participated in the consultation or are affected by it. For example, consider making available a summary report, which may include not just text but also pictures, symbols and graphics or provide face-to-face feedback with a presentation at an event or local presentations to stakeholder groups and communities
- It is also good practice to make written consultation responses individually publicly-available. Summaries can be made for views shared through other consultation methods where it is more appropriate (for example, questionnaires, focus groups and events). Responses can be made available at a central location or by providing copies upon request. They can be published alongside consultation reports that are informing the decision being made (for example, on the Partnership's website). It is important, however, that this is made clear to respondents at the start, and their

consent (or otherwise) must be sought for either:

- publishing their response with their name (excluding contact details)
- publishing their response only (anonymised) or
- not publishing their response

- Where a response or views are published and ascribed to a named person, group or organisation, exclude their contact details. Where an anonymised response is published, ensure to redact any content within the body of their response which may inadvertently disclose the individual, group or organisation submitting the response – permission from the respondent should be sought before doing this. All Data Protection and Freedom of Information legislation and policies and guidelines must be adhered to.

11. Evaluation

Following consultation, it is good practice to assess how the consultation activities undertaken worked; the impact that they had on the policy/service change or development and the lessons learned for future consultation activity.

The process should be a positive and constructive one, designed to highlight both good practice and what worked well, and areas where improvements can be made. Evaluation need not be lengthy or time-consuming, and any findings (for example, reports) should be made available to interested stakeholders.

Evaluation Guidelines

- Determine how to evaluate the effectiveness of the consultation exercise during the planning stage
- Explore the impact of the overall consultation including how it informed decision making and any service improvements
- Time and resources spent on the evaluation should be commensurate with the scale of the consultation
- Carry out evaluation following each stage of the consultation or at the end of the exercise
- Ensure the evaluation reviews the consultation process, and where possible, discuss it with external stakeholders who participated in it. It is good practice to ask those participating in a consultation to provide feedback on the process and ways it can be improved in the future. This should be inclusive
- Consider reviewing who participated in the consultation, to see whether there were any patterns or obvious gaps. This may identify any groups who were not reached by the consultation methods used. It may also be useful to look at the impact of the methods on the outcomes. For example, if a particular consultation method provided a set of views that significantly varied from others, then consider whether this was due to differences in the method or actual differences in the views of the participants
- Share the findings and lessons learned, through a report and/or meeting. It is good practice to publish an evaluation report, particularly if external stakeholders have been involved. This can form part of the consultation report if timescales allow. Dissemination of the evaluation should be considered in the same way as the dissemination of consultation findings (see Section 10).