

Setting Goals and Evaluating Engagement

When setting goals and subsequently evaluating your practice against those goals you may find it helpful to consider a range of evaluation tools.

This set of criteria describes what good-quality engagement with service users and carers should look like, and how to judge whether it has been done properly. This allows your organisation to assess whether involvement is genuine, fair, meaningful, and influential, rather than tokenistic. It also provides a mechanism to allow you to visualise what you hope to achieve.

You should consider this criteria with service users and carers when setting your goals and subsequently, also involve them in evaluations

It is important to be realistic about how much you can achieve in the time available, and this should be proportionate in the time spent on evaluation compared to the benefits that evaluation will deliver.

Evaluation criteria for engagement events and meetings

Planning

This must be genuine and service users and carers should be involved from the start of the process. As part of this process, you should ensure that:-

- Events or project plans are co-produced with service users and carers from its inception
- Adequate time is provided to plan engagement and there is a budget for staff time required for the whole engagement process
- Plans reflect service user and carer priorities
- Plans are presented in a clear and feedback/ outcomes of the event will be used in decision making
- Plans include how shared goals will be achieved
- The plan ensures adequate time is given to engagement activities

Fairness

To ensure everyone has an equal chance to contribute, with a range of participation options being available, you should ensure that:-

- Appropriate support is provided to those who need it.
- All opinions are recorded accurately, and any notes/ summaries produced reflect the range of views of everyone including service users and carers.
- Minority views are not ignored or edited, including those of service users and carers because of small numbers of representatives.
- All service user and carer views are recorded and reported separately to the views of other stakeholders
- The influence of power imbalances between service users and organisations is recognised.
- Rewards or incentives are offered to service users and carers to recognise their contribution

Feeling heard and respected

- Everyone's views are included in reports and outcomes including service users and carers
- Reports and presentations of views expressed are used to inform decision-making
- Service user contributions are not inhibited due to experience of censure, lack of safety or lack of respect
- A safe and comfortable environment is provided
- An accepting and tolerant culture is promoted

Issues addressed/agenda action/goals

- are co-produced with service users and carers and decisions have not already been made
- are clear, understandable, realistic and achievable
- are relevant to service user and carer priorities
- the time allocated to discuss items on the agenda is influenced by service users and carers

Running effective events/ meetings

Practical Arrangements and Accessibility

- Service users and carers should have at least 4 weeks' notice of the event
- Where possible events should be scheduled at accessible times and if feasible not before 10:30am.
- The venue should be accessible by public transport at the beginning and end of the event
- The venue should be disability friendly, and have adequate parking
- Teas/coffees should be provided, along with a meal or meal allowance if activity runs over a mealtime.
- Out of pocket expenses are reimbursed to service users and carers including travel, subsistence, childcare, alternative carer, and overnight accommodation if required

Communication & Preparation

- Information (such as papers) is easy to read and provided at least 10 days before the event, in the format most accessible to the individual (such as electronic or hard copy).
- A clear timed agenda is provided
- Meetings and events should be co-designed, co-produced and co-delivered
- Service users and carers are told how their input will be used

Meetings/ events management and follow ups

- Minutes are audio recorded or written and distributed shortly after the meeting
- Action points are recorded with owners' actions and time scales.
- Meetings and events are well paced, inclusive, start and finish on time and run smoothly
- Appropriate administrative/secretariat support is provided

Facilitator/chair

- Has a neutral/ balanced approach avoiding bias toward majorities, authorities, or

particular viewpoints.

- Ensures equal participation by managing and encouraging contributions in order and enabling all voices to be heard and not shut down
- Treats people respectfully, mediates disputes impartially and successfully prevents polarisation and formation of opposing groups
- Keeps discussions focused and on time.

Information

- Is clear, easy to read, includes all necessary information and avoids jargon, (unless clearly explained)
- Process expectations rules and roles are clearly described and co-produced with service users and carers
- Is adequate to prepare readers to participate effectively
- Is available in a range of media according to individual preference and need

Quality of discussions

People at the event: -

- Are respectful of everyone's opinion and are open, honest and understandable
- Have a good awareness of what is happening, and are patient with those who have difficulty communicating
- Who disagree express their views constructively, with participants adopting a "critical friend" approach that builds discussion rather than diminishes others' views.
- Discuss a wide range of views on the topic and stimulate genuine debate about topics in meetings, acknowledging when they agree with the viewpoints of other contributors

Quality of decision-making

- Service users and carers are involved at all stages and levels of decision-making, from early development through to final decisions and cover both operational and strategic contexts

- Meetings are an effective use of time where service users are free to speak openly and have independence over their decision-making.
- Decisions are made, with actions being logged and delegated to the relevant person and assurance provided that these actions will be completed. All progress is reported and actions closed when the committee or group agree.
- The decision-making process is evaluated with a clear process in place for changing decisions or dealing with complaints.
- Service users and carers have direct, unmediated access to members of committees and groups for work between meetings

Quality of support

- Support workers should be available to those who need them; however, they should be impartial and not express their own opinions. But be there to assist the person they are supporting to express theirs.
- Support workers should help to prepare for the event, debrief afterwards and provide emotional support if a participant becomes distressed.

Quality of attendance

- The event should be well attended, with a diverse range of people and opinions present, including those most affected.
- Key decision-makers are present in committees
- Service user and carer presence should not be tokenistic
- While attendance of service user and carer representatives on committees and groups should be consistent, recognition should be given to the fact that illness or carer responsibilities may lead to a requirement to take time off

Quality of networking

- Programme should involve activities to help people to get to know each other along with adequate time for networking.

Quality of communication

- A communications plan for communicating with service users and carers is in place and co-produced with service users and carers, ensuring expertise is sought to maximise the legibility of external communications and documents.

- The quality of communication, including legibility of documents, is evaluated, with individual service users and carers asked about their preferred method of communication.
- A wide range of media and a wide variety of locations are used for communication, and marketing of events, which reaches a significant majority of the service user and carer community.
- A calendar of opportunities for engagement is made available with shared goals, and its anticipated value for the organisation are communicated

Ending of activities

- Engagement activities are delivered within budget
- Engagement contributions are recorded and their influence on decision-making, subsequent actions and performance in terms of outcomes and impacts are tracked.
- At the conclusion of short-term activities, events, conferences or meetings a structured evaluation is undertaken. This should include feedback forms and debrief review, to identify what worked well and what could be improved.
- Engagement activity is open to external evaluation, and the evaluation of the impact of the activity also takes place 3 to 6 months after it.
- All those involved in delivering the event log, what they have learned and what they will do differently next time. Debriefing is available to service users and carers who need it
- Service users and carers who were present are thanked for their attendance and informed of the difference they have made.
- When a service user or carer on a committee or other long term group leave, they have an exit interview to find out why and to assess the quality of their experience in the group

Quality of activities used for engagement

- The activity was fun
- It was interesting
- It held people's attention
- It was accessible

- Inclusive
- Productive
- Relevant

Outcomes/ Impact

Satisfaction with engagement process

- Satisfaction measures are co-developed and informed by what matters most to the service users and carers most affected.
- The activity achieves its intended goals and aligns with participants' individual hopes and expectations.
- Service users and carers feel safe, heard, and understood, and believe they have meaningful influence within the process.
- Participants are satisfied with the decisions made and with how outcomes and decisions are communicated.

Communications

- Service users and carers are informed of decisions and outcomes, along with clear explanations of the rationale behind them.
- Organisational reports and documentation are openly available and easily accessible.

Fairness of outcomes

- Nobody is disadvantaged by the outcomes
- The maximum number of people benefit
- Otherwise, unserved, or underserved groups are brought up to an equivalent level to other service users

Decisions were made co-productively

- Reports are produced to support decision-making, monitor progress, and communicate outcomes to service users and carers.
- Decisions are transparent, open to scrutiny, and capable of being revised in response to feedback.

- Assurance is provided that agreed actions are implemented and completed

Relationships

- Participants attitudes showed a positive shift in line with a co-produced list of helpful and unhelpful behaviours and there was a reduction in these negative behaviours.
- Relationships among committee and group members are strengthened and more collaborative.

Meeting quality is improved

- Evidence of learning is logged across all participants including staff, management, service user and carer and policy makers.
- The quality of meetings shows measurable improvement over time.

Service quality is improved

- Access to services is improved, with greater choice, availability of specialist provision, and pathways that better reflect individual need.
- Service delivery is more efficient and sustainable, with improved cost-effectiveness, better alignment between demand and capacity, and smoother progression through services.
- Services demonstrate measurable improvement, including ongoing evaluation, collection of evidence, reduced complaints, increased safety, and positive feedback from service users and carers.

Progress was made on agreed action plans

Impact on staff

- Staff experience positive impacts, including improved morale, wellbeing, job satisfaction, practice, knowledge and skills, shifts in attitudes (including towards engagement), and an increased sense of ownership over change.
- Organisational development occurs where needed, including role redesign, recruitment, and additional training.
- Potential negative or unintended impacts are recognised, such as increased time required for decision-making, evaluation and reporting, and greater awareness of previously unrecognised negative effects of services on service users and carers.

- Agreed action plans are progressed and implemented.
- Impact on service users and carers involved
- Self-efficacy, self-confidence, morale, wellbeing, knowledge, skills, and practice as a service user or carer participant are improved.
- Attitudes and opinions are improved compared to a co-produced list of helpful and unhelpful attitudes, and a sense of ownership of the process is created, resulting in service user and carer participants being more effective at making a difference.
- Potential negative impacts are recognised, including service user and carer exhaustion, distress, or not being heard.

Impact on service users and carers receiving services

- Swifter recovery and improved service user outcomes.
- Fewer conflicts and complaints, and improved service user and carer experience and satisfaction.
- Service users and carers report better relationships with staff.

Impact on organisation

- Additional connections with other groups or partnerships, increased diversity of funding sources, and improved funding and resource availability.
- Increased visibility of the organisation and strengthened accountability to its service users and carers.

Unforeseen consequences are tracked

- Civic action and change in attitudes towards people with mental health issues.
- More time taken for decision-making and more resources spent on evaluation.

Strategy, policy and other decisions are different as a result of service user and carer involvement

- Service user and carer influence is tracked and identifiable, with engagement activity informing policymakers and other decision-makers through reports and presentations that fairly reflect the full range of views, and decisions reflecting the information presented.
- Organisational and system change occurs, including changes to formal (unwritten)

and informal decision-making processes, increased public reporting, and reduced discrimination within the system.

- The engagement programme grows in scale and sustainability, contributing to wider organisational impact, including employment of more local people.

Service user and carer participants in engagement activities attend other similar events

- They valued the experience and it was a successful format.
- They are building their skills, experience, and networks with other service users and carers so they can be more representative and demonstrate their commitment to improving services.

Outcomes represent broader community interests

- Change in service use increases services available to other health groups

Collaboration leads to

- Collaboration with other community groups, along with funders, government departments and the wider public

Engagement within the organisation improves

- Engagement evaluation processes are developed, refined over time to reflect changing goals, and applied consistently.
- Progress on engagement quality is reported, with clear evidence of year-on-year improvement.

Context

- There is leadership of the organisation or system
- Organisation leaders use/incorporate input from service users and carers in identifiable ways
- There is a service user and carer engagement strategy signed off at board level which guides engagement activities
- Board expects engagement information to be provided in all papers as a formal statement of support for service user and carer engagement and use this to influence decision-making.

- Strategy includes an explicit strategy for recruitment of participants or representatives for engagement activities.
- There is a service user and carer engagement plan included in the Integrated Medium Term Plan (IMTP)
- A commitment to service user and carer engagement values and principles is found in key documents, e.g. mission, vision, strategy, annual reports etc
- Reports summarizing the contributions of service users and carers are shared with service users and carers and with other key stakeholders
- Reports are co-produced with service users and carers
- Progress in engagement is visible year on year
- There is a communications plan for communication with service users and carers which demonstrates the value the organisation places on engagement
- There is an identified budget and resources for engagement

Organisational Support

- A named contact person within the organisation for service users and carers who wish to participate
- Adequate resources to support engagement
- Staff support for service user and carer involvement
- Support to disseminate results of engagement
- Feedback from service user and carer complaints

Financial and Practical Support

- Service users and carers are provided with out-of-pocket expenses and practical resources, including:
 - Travel costs and transportation
 - Parking
 - Overnight accommodation where meetings/conferences are too far to travel without accommodation
 - Childcare and other care costs

- Meals and refreshments
- Computer hardware/tablet/software
- Printing facilities/costs

Accessible and Inclusive Engagement Arrangements

- Translation support
- Meeting facilitator
- Meeting place tailored to service users and carers
- Meeting time tailored to service users and carers
- Support from other service users and carers
- Support from service user and carer campaign groups and organisations

Information and Decision-Making Support

- Use of a broad service user and carer needs and strengths assessment to support decision-making
- Unbiased, jargon-free information on which to make decisions

Training is available to service users and carers for their decision-making role

- Training is co-produced, high quality, and guided by a competence framework chosen by or co-produced with service users and carers.
- Training is independent of the organisation or system

Training in co-production and engagement skills for staff is available and is co-produced and co-delivered with service users and carers

- An existing competence framework for engagement work for staff is chosen or a new one developed/co-produced with service users and carers
- The quality of training is high

A Participatory culture

Clear and open decision making

- The decision-making process is transparent

- The organisation or system strives to make itself understandable to help service users and carers to have influence
- There are different ways people can get involved (e.g. being informed, consultation, engagement, co-production, leadership)

Commitment to Engagement

- Commitment to service user and carer engagement is demonstrated by the appointment of dedicated paid service user and carer engagement leadership position(s). This person/these people have/have used services.
- The organisation collaborates formally with other organisations with a participatory culture.

Staff roles and recognition

- Job descriptions of staff who lead and support engagement activities clearly describe engagement responsibilities.
- The organisation/system rewards staff for getting involved in service user and carer engagement.
- All frontline and management staff have formal job responsibilities related to engagement.

Training

- Comprehensive service user and carer led training, and materials are available to staff who support engagement activities.

Attitudes towards engagement

Staff/managers

- Consistently let their colleagues know that they value the insights of service users and carers.
- Believe in the importance of service user and carer participation in planning and decision-making at programme and policy level.
- Believe that service users and carers bring a perspective to a project that no-one else can give.
- Believe that service users and carers can look beyond their own experiences and issues.

- Believe that the perspectives of service users and carers and providers are equally valid in planning and decision-making at programme and policy levels.

Working with service users and carers as representatives or as members of improvement or other teams

- Staff are aware of what service users and carers require and expect from staff.
- Staff are aware of what is required and expected of service users and carers in these roles is negotiated/co-produced with them.
- Staff feel comfortable delegating responsibility to service users and carers in various roles.
- Staff understand that illness or caring responsibilities may require service users and carers to have time off.

All parties

- Treat each other with respect
- No one is intimidated

Participant profile

- Experience is valued
- Inexperience is welcomed
- Participant commitment - as indicated by number of events attended – is valued
- **Representativeness and accountability**
- Service user or carer giving the service user or carer perspective
- Service user or carer representative accountable to service users and carers who use the organisations or system's services
- Service user or carer appointed on merit, with significant networks with other service users and carers, giving the service user or carer perspective
- Service user or carer representative elected by other service users and carers
- Minority service user or carer giving the perspective of minority, vulnerable or marginalised groups

Number of participants involved

- Participant numbers are sufficient to reflect local geography and demographic characteristics, provide breadth of view, and make the event meaningful.
- On committees and mixed groups, numbers are adequate (e.g., at least two service users and two carers) to ensure influence within group dynamics and majority decision-making models, and to maintain a voice despite absence due to illness or caring commitments.
- Participation is sufficient to avoid tokenism, but not so large that individuals feel inhibited to speak.

The 'right' people are present

- People with skills and capacity to make a difference and are not scared to speak out and are able to participate with support if necessary
- People with a critical friend attitude and have wide service user and carer networks to strengthen representation and influence.

Power of service users and carers

- Service users and carers have financial independence, formal positions within the organisational hierarchy, and a statement of formal self-governance.
- Service user and carer voices are not mediated or filtered through other organisations or staff, and they are protected from organisational retaliation.
- Service users and carers have veto power in decision-making and can initiate engagement.