



**Insight report – What good involvement looks like  
from the perspective of Children & Young People,  
LGBTQ communities and people with Learning  
Disabilities**

**A report produced by Voluntary Action Calderdale  
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## **1. Introduction**

Since April 2017 Voluntary Action Calderdale (VAC) has been commissioned by Greater Huddersfield CCG to deliver Community Voices (CV) across Greater Huddersfield. This work and focus on engagement of local people has seen over 150 people coming through this initiative with 68 active community voices active across Greater Huddersfield at the present time.

Community Voices is free training which enables local people to represent their organisations on behalf of members and service users in order to feedback views, concerns and experiences in relation to NHS services and NHS service developments. The aim of this initiative and important programme of work is to effect real and responsive service improvements in our local area which in turn positively impact on the people using health services.

Due to the successful and sustained approach to the engagement of local people since 2017, during 2018/19 VAC have been requested to implement a pilot project to consider the approach and learning with three priority yet hard to engage groups/communities across Greater Huddersfield. The groups targeted were identified as Children and Young People, the LGBTQ community and people with Learning Disabilities.

The pilot project was aimed at reviewing engagement methods and understanding what good involvement looks like from the perspective of Children & Young People, LGBTQ communities and people with Learning Disabilities.

Through insight and lessons learned through the process the content below describes how the NHS can effectively engage people from hard to reach groups and fundamentally consider co-producing effective ways of creating engagement opportunities to inform and influence the shape and delivery of local services.

## **2. Objectives of the pilot project**

- To engage with Children & Young People, LGBTQ community and people with learning disabilities and seek insight on how the NHS can engage with them better about health services including how approaches could be adapted to include these priority groups.
- Evaluate feedback from the sessions, share key findings and develop an outline approach for a sustainable model of engagement
- Develop a proposal for a potential way forward including resources to enable sustained routes to engaging the groups identified

### **3. Methodology**

VAC has a track record for engaging a wide variety of communities and in the planning and preparation for this pilot VAC have reviewed elements of good practice nationally to ensure that this opportunity will offer the best outcomes and insight for the CCG and also give an opportunity for recipients to share their perspectives on how they can also become more engaged in shaping local services.

#### ***Engage with local support groups/providers***

To ensure that we accessed a good cross section of these communities and achieve insights successfully we engaged with local support groups/providers with strong links into the 3 target community groups. It was essential for local knowledge on groups as many of these are very discreet and could easily be missed or to scope local groups at the outset. VAC's engagement officer has worked across Greater Huddersfield for a number of years and this was a positive start to this project as engagement with providers has been critical to the success of this pilot.

#### ***Set the scene***

The Engagement Officer invested time and energy in hosting a scene setting event to enable providers to engage with the pilot and also undertook one to one briefings for providers who could not or chose not to attend the event. It was an important step in the process of engagement particularly for the LGBTQ and LD groups as without the providers our attempts at engagement for these groups would not have been successful.

The briefings were standard using a consistent agenda which included:

1. Introduction to VAC and our work in Greater Huddersfield supporting by the CCG
2. Providing information on engagement opportunities and wider routes into and opportunities for engagement
3. The reasons behind the pilot project and objectives

Through investing this time the providers feedback has been exceptionally positive which strongly acknowledged that the NHS wanted to engage with these groups and the fact that this was essential if services were to meet the need of hard to engage groups and communities – essentially this enabled the level of engagement which we otherwise would not have had.

#### ***Engagement sessions***

The Engagement Officer organised a number of sessions with the groups working with the support/provider organisations to ensure engagement within this project was successful and meaningful. The providers were fully briefed and also given the questions that would be asked to ensure they could brief individuals in advance of sessions.

The providers each committed to briefing their groups in advance of sessions to ensure that there was clarity in terms of the reasons for participating and the groups felt safe and supported through this process to ensure maximum outcomes as part of the engagement process.

Due to a delay in implementing the pilot project (September 2018 to March 2019) it was felt that 2 sessions per group would provide the level of insight required. The sessions would focus on presenting and facilitating responses on the following:

- Clarify the focus and aim of good engagement
- Obtain thoughts on the current model of involvement
- Obtain insight on how the groups would want to get involved in engagement opportunities
- Obtain insight into what needs to be changed or adapted to encourage better engagement from each group
- How the NHS can also communicate and engage better with these groups

The sessions remained consistent covering the following 3 questions in line the above objectives.

1. What do you think about the current engagement model?
2. How would you change/ adapt the current engagement model to encourage involvement?
3. How can the NHS engage and communicate better with you around your health and health services?

**SESSION 1** focused on – Setting scene and background plus Question 1 and Question 2 (as above) – 1 hour and 30mins

**SESSION 2** focused on – Question 3 only – 1 hour

The providers were clear that if sessions were too long the young people in particular as well as the LD group would become disinterested and disengaged.

Although the format of sessions remained consistent it also became clear through working with the provider organisations that the LD group in particular would require a more fluid approach to engagement. More time was spent in briefings with only 1 formal session organised to get the insight on participation.

We have learnt through this process that although we used a standard approach it was with a level of flexibility to ensure we achieved the required level of engagement, openness and insight to inform this work. Our approach through engaging with providers also allowed the Engagement Officer to sense check how we worked with these groups ensuring an inclusive and participatory approach.

## ***The participants***

It is important to note that the Engagement Officer met with each group separately having jointly agreed and arranged the time, place and approach with the provider/support organisation. All sessions took place in provider/ young people's spaces. This was critical to building a level of trust and also reassurance to ensure the sessions encouraged open participation and provided a level of valuable insight and individual perspectives.

<b>Group</b>	<b>No Participants Session 1</b>	<b>No Participants Session 2</b>	<b>Method of interaction</b>	<b>Comments</b>
Children and Young People – 3 groups	30	28	Use of post its and conversation	The 28 CYP in attendance in session 2 also attended Session 1
Children and Young people indentifying as LGBTQ – 1 group	9	15	Use of post its and conversation	Original 9 LGBTQ CYP were in attendance in session 2 For those not in session 1 the initial provider led briefings ensured YP were fully aware of the aims of the pilot and the Engagement Officer also briefed new young people in session 2 prior to it starting
Adults identifying themselves as LGBTQ – 1 group	One longer session only covering all questions and elements of delivery – 3 participants		Conversation based focus groups	Needed a safe enclosed space to enable individuals to feel they could openly participate
Adults diagnosed with learning disabilities – 3 groups	One session but with 3 groups: Group 1 - 12 participants Group 2 – 4 participants Group 2 – 3 participants		Conversation based focus groups	Joint session heavily supported by providers was essential to outcomes and insight

## 4. Insight perspective

### *Engagement with Children and Young People inc LGBTQ+*



*“I think it’s good to give young people a voice and listen to our opinion.”*

For children and young people including young people identifying as LGBTQ the following came out as strong themes regards the current model and what good involvement looks like:

- The current model would have to change to get young people interested as could not relate to approach or material – too much information, training too long, needs to be different in terms of delivery as felt like a classroom session.
- There was a clear preference on young people requiring more interactive approaches using technology to become part of a range of engagement opportunities.
- Young people needed clearer language for their age group and for the information to be easy to read and understandable i.e. Short paragraphs, no big words.
- Feedback as you go – There was a preference on sense checking throughout dialogue and interacting with young people to ensure they understood the reason for engagement, felt it was relevant and was interesting to them.
- Encouragingly young people felt schools needed to be involved to promote greater engagement of young people across the board – as they felt it was important to get their voices heard – they wanted to see work experience opportunities where they could be trained in and deliver engagement across their peer groups - school council representatives could pilot the approach.
- Young people also suggested the delivery of workshops around health in schools – they were keen to co-produce sessions and felt they could energise the process of engagement and participation across the board.

- The young people engaged felt the need for opportunities and space to be created to give their opinions – They are happy to offer their thoughts and perspectives and did not feel a question and answer session should be the only way. They were keen to help shape and develop creative ways of engaging young people including those identifying as LGBTQ having discreet ways of offering their voices and opinions on matters affecting them.
- It was generally felt there was a need for greater engagement in terms of mental health among young people and engagement campaigns.
- In general young people want their voices heard but seldom feel they have the vehicle to communicate and when they do they feel their voices are not heard or are not being listened to – they were keen on co-producing the vehicles and opportunities and felt they could add much to promoting engagement and increase participation through this way of working together with young people creating the ideas for engagement.

### ***Engagement with adults identifying as LGBTQ+***



*"If you want the LGBTQ+ community to start engaging you need to start looking at your publicity and promotional material."*

- The current model would have to change to get the LGBTQ community interested in participating in engagement opportunities as the individuals felt that the material would need to relate to the group/ community.
- This group in particular did not feel that the materials were inclusive or related to their community which will not support engagement and suggested how the community could be involved with the design of the materials to ensure they remain relevant and appropriate for individuals identifying as LGBTQ.
- Participants felt the need for more awareness raising with professionals in terms of LGBTQ communities as there are barriers regarding perceptions which leads many people from the LGBTQ community not getting involved in local opportunities for engagement or accessing services.

- Although the participants were keen to ensure equal approach and access for all there was a feeling of the community not being fully recognised or accommodated across services and discussions may lead to sensitivities or individuals from the LGBTQ community feeling uncomfortable and not fully participating or engaging in sessions.
- Due to the stigma associated with the community the participants noted that initially bespoke training and engagement may be required with a view to integration gradually with wider communities. All participants strongly felt the need to engage but that an approach would need to be tackled differently due to the challenges experienced by these communities and the need to build trust with professionals and wider communities.
- LGBTQ adults felt it essential that there was a safe and discreet environment to discuss their views openly at this time. Their preference was in an environment familiar to them with a peer to peer engagement approach.
- There is a lot of mental health issues among the LGBTQ community and participants felt that there was a need for greater engagement in terms of mental health and campaigns to raise awareness of provision across different communities with creative ways of engaging groups which are not as accessible.
- They would be interested in co-producing a range of solutions to promote greater engagement and participation of the community.

### ***Engagement with people with learning disabilities***



*"[Engagement] Sessions need to be interactive and more creative with fun elements."*

- This group strongly felt that the content of any engagement needed to be created in a bespoke way which is shorter and uses a range of easy read fonts and format, pictures to communicate messages, more colour, symbols, etc to ensure that individuals with LD can engage across the spectrum.
- Participants gave examples of live chat and health applications designed for people with LD as a good way to engage with some assistance as required.

- In practical terms the participants suggested that any engagement training or sessions for engaging people should be no more than 2 hour sessions spread over 2 to 4 weeks (programme approach) as participants would not be able to take in too much information at one time.
- They also suggested very small groups with similar diagnoses or one to one training based on need. Participants should be able to explore their preference in approach prior to participating. This would ensure the greatest outcomes for all involved.
- There was a general view that partnering with LD support organisations would be critical in making engagement and participation successful.
- Similar to the LGBTQ there was a strong theme regards wanting to engage and participate in local programmes but that it would need to be tackled differently due to the challenges experienced by these communities and the need to build awareness with professionals delivering training or arranging engagement sessions.
- A safe and engaging space/ environment was also deemed essential in promoting greater engagement and outcomes from participation.
- Participants were keen to co-produce ideas for greater participation and engagement working with and through their provider organisations to ensure their views were heard in service development and design.

## **5. Key Findings – Next Steps**

The feedback from all 3 priority groups strongly indicates that if the CCG want to engage these groups, they will need to develop more flexible, creative and co-productive approaches to ensure successful engagement and participation.

As next steps, the findings from this project will be presented to Greater Huddersfield CCG to enable them to consider the feedback and explore options for how the CCG might approach engagement and increase participation from these groups in the future.



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