

Care Commission

Involving People Plan

How we will communicate with, consult and involve people to help improve the quality of care in Scotland



HAPPY TO TRANSLATE



Foreword



Who matters most when it comes to the quality of care? The people who receive it. They want to know that the service they use, or want to use in future, is good enough and that it meets Scotland's National Care Standards. People want to be asked what they think and whether anything should change. They want to know who can help if things are not going well.

So, good quality care will come from better involving the people who receive it. While our grading scheme, which we introduced last year, is taking great steps towards achieving this, our Involving People Plan explains what we will do to communicate with, consult and involve people to improve the quality of care in Scotland. Grading is already providing better information for people using or choosing care services. Our inspection reports are also becoming clearer and easier to use and will include easy read summaries. We want to be more accessible and build up good relationships with all our stakeholders for the benefit of people who use care services and their families. Everyone wants to know what good care is and what is needed to make sure care improves.

So, whatever your interest in care, I hope you find our Involving People Plan useful and informative.

A handwritten signature in blue ink that reads "Jacquie Roberts". The signature is written in a cursive, flowing style.

Jacquie Roberts
Chief Executive

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Introduction

'People are listened to
and see the difference'



This plan sets out our commitment to actively involve people in the regulation of social and independent healthcare care services in Scotland and to communicate and consult effectively with them. By making what we do more accessible, we also aim to uphold equality and human rights and build good relations for the benefit of everyone who has an interest in care.

Definitions -

Communication - is providing relevant and useful information in the right place at the right time and in a variety of formats according to the needs of those using the information.

Consultation - is sharing our intentions with those likely to be affected and using the feedback to make our plans more fit for purpose.

Involvement - is our staff working together with people from outside the Care Commission to design, develop, test, deliver and monitor what we do.

Everyone who works for the Care Commission, including our suppliers and contractors, must help uphold the principles, aims and objectives set out in this plan.

How this plan was developed

This plan replaces our three existing policies for communication, engagement and consultation. It was developed by a working group led by the Communications and Engagement Manager and including –

- three people who use services and carer representatives of our Involving People Group, supported by a participation development officer
- two Care Commission officers (inspectors)
- the Professional Adviser Equality and Engagement
- the publications and communications coordinators
- colleagues with specialist expertise in policy and knowledge management, research and analysis and information communications technology

It also reflects -

1. the results of the Stakeholder Survey undertaken by George Street Research, which gathered the views of almost 3000 people across Scotland between April and June 2008.
2. feedback from members of our Equality Consultation Panel
3. the results of focus groups conducted by Scotinform Ltd during October 2008 with people representing a cross section of equality groups including age, disability, race, gender, sexual orientation and religion or belief.

The Equality Impact Assessment for this plan is published on our website.

1.1 Who we are and what we do

Our formal title is the Scottish Commission for the Regulation of Care, but we are known as the Care Commission. We:

- were set up in 2002 to regulate and improve care services in Scotland
- are an independent, public organisation, answerable to the Scottish Government
- have over 580 staff in offices across Scotland
- have our head office in Dundee, five regional and 11 local offices
- are guided by our Board, whose 12 members include people who use care services, and carers.

Regulation involves a mix of:

- registering new services
- inspection
- complaints investigation and
- taking enforcement action

We regulate almost 15,000 services, including all day care for children, childminders, care homes and a wide range of other services from nurse agencies to independent healthcare. In April 2008, we introduced grading of all services in response to demand from people who use services and their carers for clearer information to help them make informed choices about and between services. We regulate services for the very young right through to those for the very old. In this way, our work can affect the lives of most of the people living in Scotland.

'I wouldn't actually contact the Care Commission unless I had a problem, but I know they are there if I need them.'

Our annual operating budget for regulation is about £31million. This is set against the estimated £1.7 billion value of the care sector to Scotland's economy. Currently, 39% of our income is from fees charged to care service providers.

We publish about 13,000 new inspection reports every year on our website. These reports are available to help people when using or choosing a care service.

Everything we do is about improving the quality of care for the benefit of people who use care services in Scotland.

Our Corporate Plan is published on our website. It sets out our aims and objectives in detail. Everything in this plan supports our three main aims of:

- being an effective regulator for improvement
- providing people with the right information at the right time
- contributing to and influencing social and healthcare policy

This plan will also help to deliver the objectives and actions set out in our Single Equality Scheme.

1.2 Where are we now?

We are clear about what Scotland wants from its care services regulator -

- people who use care services and their carers want safe services and information about what to expect and how to complain
- providers of care services want efficient service and reliable advice
- the government wants safe services, an effective regulator, readily available information and areas for improvement to be made clear
- the general public wants easy-to-access information, at the right time, in a wide variety of user friendly formats
- our staff want to demonstrate the value of the work they do and their strong commitment to improve the quality of care
- everyone wants services to improve when they need to

In the first six years since start-up in April 2002 considerable progress has been made. The first Stakeholder Survey was done in 2005 and repeated in 2008. The 2008 survey shows (2005 figures in brackets) -

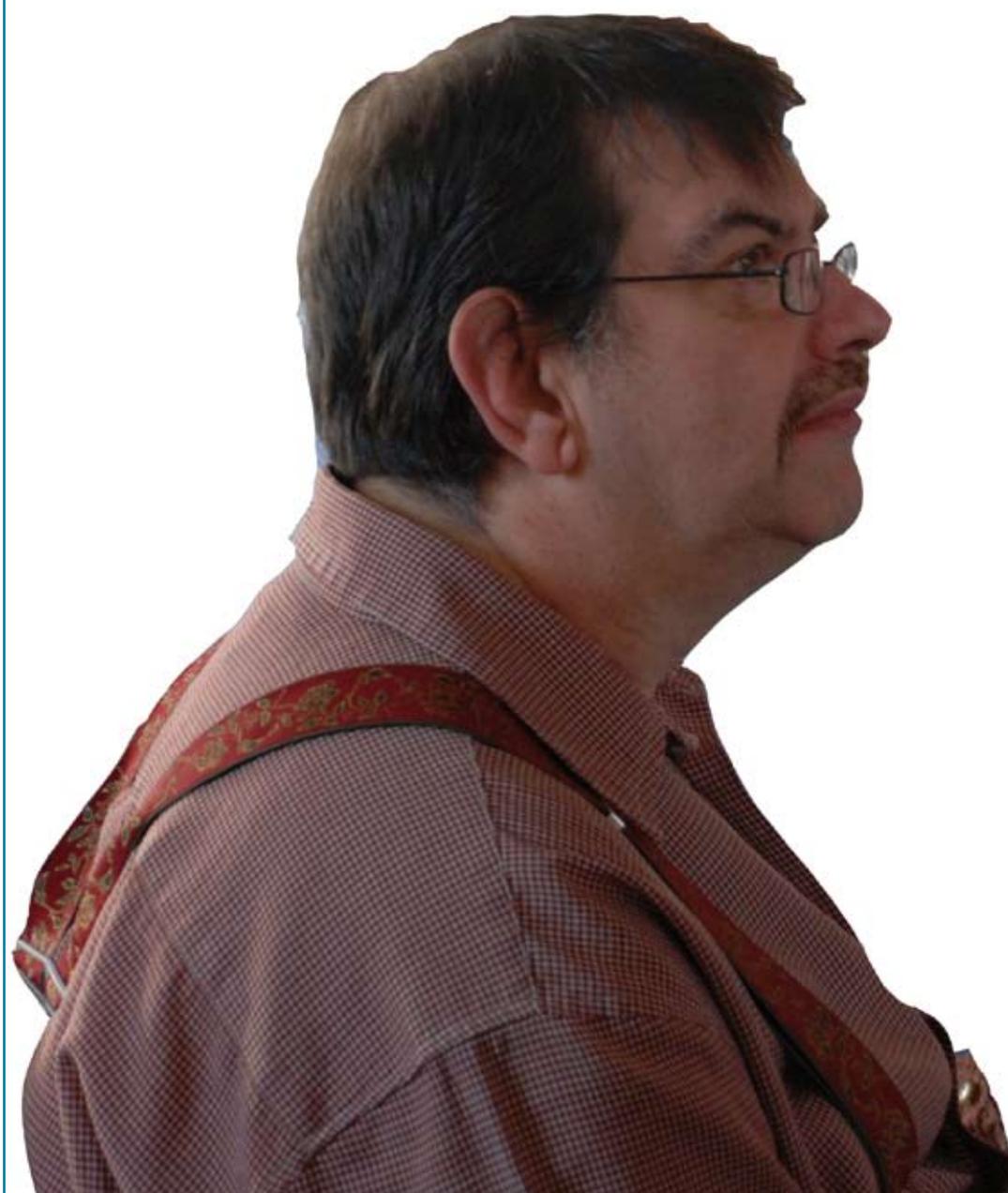
	Service providers	People who use care services	Carers	General public
Performance (excel, v good, good)	89% (85%)	87% (73%)	77% (76%)	84% (73%)
Prompted awareness	98 - 100% (unchanged)	55% (47%)	60% (47%)	39% (31%)
Spontaneous awareness	n/a	25% (20%)	28% (19%)	14% (10%)

Also -

- Our website has become a valuable source of reference for the care sector and the public in Scotland. The strong focus on promoting the website has substantially increased visitor traffic year on year – from just 255,000 visits annually in 2005/06 to a projected 1.2 million this year
- The care service list of Scotland's 15,000 care service providers on our website has been steadily expanded and improved
- The HQ telephone helpline 0845 603 0890 is successfully processing almost 15,000 enquiries each year and 90% of service providers who have used it say that it is helpful (48% said very helpful)
- Our design unit produces around 250 publications to support operations and internal and external communications every year, including the Annual Report, Corporate Plan and our series of national quality of care reports – achieving significant value for money in comparison to commercial design and production costs
- Care News, our newsletter for service providers and others interested in care, has been regularly refreshed and updated to keep it topical and informative, and continues to have high readership satisfaction and approval ratings
- Our statutory obligation to hold Care Commission Forums (consultation events) has been met or exceeded each year. Applications have substantially increased and we usually have short waiting lists for most events. The introduction of digital voting has been very well received by participants and the percentage of people who use services and their carers is steadily increasing
- A rapid response to all media enquiries has been achieved by the press office team. The volume of media coverage has substantially increased since 2004 and is largely positive and accurate

The lack of public information campaigns to promote the Care Commission (we are not funded for this) has not prevented progress. Instead, our approach of carefully targeting specific stakeholder groups using a range of suitable communication methods has enabled us to make good impact with relatively limited promotional resources. Prompted awareness levels of the Care Commission are now on a par, or exceed, that of similar and much longer established Scottish public sector organisations.

Objectives



Overall objectives

We will inform, consult with and involve people by –

- being open, accessible, accountable and responsive
- using plain, clear and straightforward language
- adjusting our methods to meet the needs of many different groups

2.1 Communication objectives

We will -

- promote the availability of inspection reports and how they can help when people are using or choosing a care service
- inform people how to make a complaint if they have a concern about a care service
- use many different ways to actively inform, consult with and involve people in regulation according to their needs
- make our communications accessible to all, including minority and traditionally hard-to-reach groups
- improve the awareness of people who may not know that our inspection reports and what we do is relevant for them, for example older people who get personal care services at home in sheltered housing settings and parents who use childcare services
- report nationally on the quality and availability of care services in Scotland
- develop awareness and understanding of the Care Commission
- be clear with everyone about what we can and can't do and the extent of our regulatory powers
- work with the Scottish Government to improve public awareness and understanding of Scotland's National Care Standards

2.2 Consultation and involvement objectives

We will -

- encourage service providers to actively involve people who use their services and their carers in helping them to improve
- signpost to resources and best practice that help people who use services and their carers to get more involved
- help people who want to have their say on the quality of care to have their voice heard
- provide support to help people become actively involved with the Care Commission

- allow sufficient time for people to respond to consultations according to complexity and impact, usually 4 to 12 weeks or longer for major change
- when introducing changes in the way we regulate, work with a cross section of people who will be affected to design, develop, test, deliver and monitor effectiveness
- do equality impact assessments in accordance with the law
- act on what people tell us when we can. When we can't do what they ask perhaps because it is beyond our powers – we will clearly explain why not.
- respect everyone's contribution
- widely report the results of consultation and involvement
- adopt the principles and guidance in Scotland's Standards for Community Engagement

Understanding our stakeholders including key messages



The people we inform, consult with and involve fall broadly into five main groups. We value our contact with and feedback from all of them. They are:

1. people who use care services, their carers and their families, including children and young people
2. social and healthcare professionals - who have an important role advising people when they are using or choosing a care service
3. providers of care services
4. opinion formers - elected representatives, policy makers, the media and a wide range of public, private and voluntary organisations that represent the public and have an interest in care, including those who commission care services on behalf of local authorities and health boards
5. the general public, particularly people with the potential to use care services in the future

Stakeholder Survey

Every three years we commission independent research to determine awareness and understanding of the Care Commission amongst our target audiences (called Stakeholder Surveys and published on our website) and to find out their communication preferences.

Key Messages

We show below what main messages will apply to each stakeholder group. This does not mean that the messages set out will be applied rigidly. While we hope it is helpful to see the messages as they apply to specific groups, in practice they will often apply to more than one group at any given time and we will weave them through our communications as appropriate.

The one short message we would like everyone internally and externally to use to explain who we are and what we do is:

‘The Care Commission is the Scottish watchdog that makes sure care services - like care homes, children’s nurseries and childminders - are of good quality and that they keep you and your loved ones safe.’

The sections below also briefly summarise what we have learned about our stakeholders.

3.1 People who use care services, their carers and their families

Profile

We know that the 15,000 care services we regulate provide services to about 320,000 people at any one time. Carers Scotland estimates there are 660,000 people in Scotland who look after a friend or relative.

What they know about the Care Commission

People who use services awareness 55% (up from 51% in 2005)
Carer awareness 60% (up from 47% in 2005)
Older people in care homes 35% (down from 42% in 2005)

**'The Care Commission
should do more inspections.'**

What they know about the National Care Standards

People who use services generally – awareness 38%
Carer awareness - 43%
Older people in care homes awareness - 7%

Although almost all care service providers say that people who use their services and their carers are informed about the National Care Standards either during induction, by posters or leaflets in the service and directly by care service workers - awareness levels among those people and their families remains low, so this information does not appear to be reaching everyone. We are further concerned that the Stakeholder Survey in 2008 showed a slight reduction in awareness of the NCS between 2005 and 2008. The Scottish Government is addressing this with a major advertising campaign aimed at older people.

Preferred ways of getting information

- Carers prefer a combination of personal contact, getting information in (or from) their care service and using the website.
- Older people want their information via a trusted friend, relative, healthcare professional or care worker.
- Young children rely almost completely on their parents or care workers and social workers for information
- Older children heavily use the internet and mobile phone texting
- Working parents are pushed for time and prefer short postal questionnaires, using the website, or pre-arranged telephone contact for longer discussions

Main messages for this group

- Reading the National Care Standard that applies to your service will help you and your family to know what standard of care you have the right to expect.
- Our inspection report for your service is available on our website. It will tell you how good the service is and what might need to improve.
- We introduced grading of care services in April 2008. Every service is graded against four quality themes at each inspection. We publish the grades in our inspection reports.
- If you are dissatisfied with a care service you can use the service's own complaints procedure or complain to the Care Commission – giving your name or anonymously
- People are at the heart of what we do and we actively seek your involvement in how we do things.
- We will value your contribution and keep you informed about what we do or change as a result of your involvement

3.2 Social and healthcare professionals

Profile

Scotland has –

- 4,721 GPs
- 162,139 NHS staff (including 67,345 nurses, of whom 11,408 are community nurses)
- 56,837 social work staff in Scotland's 32 local councils
- 158,000 staff working in the social care sector

Also, we estimate that there are several hundred officers regularly contracting care services on behalf of Scotland's local councils and health

services. This means that around 400,000 workers in social and healthcare have the potential to influence and inform people regarding care services; and should therefore know about the National Care Standards and the availability of Care Commission inspection reports.

What they know about the Care Commission

This has not been specifically tested, but we can assume that prompted awareness levels are at least as high as that of the general public i.e. 39%. We will test this in future Stakeholder Surveys.

What they know about the National Care Standards

This has not been specifically tested, but we can assume that prompted awareness levels are at least as high as that of the general public i.e. 23%. We will test this in future Stakeholder Surveys.

Preferred ways of getting information

In 2007/08, the Leith Agency, on behalf of the Scottish Government, did some focus group research with a small number of care professionals to establish how they wanted to be informed about the National Care Standards. Their preferred methods were –

- websites
- expert telephone help lines

We also think the following methods will be helpful for this group.

- information packs
- posters and leaflets in the workplace and in care services
- articles in their professional journals and specialist publications
- our newsletter Care News

Main messages for this group

- We all have a responsibility to help people make the right choices about care services - by helping them to understand the National Care Standards and encouraging them to read Care Commission inspection reports for specific services.
- We want to join forces with you to improve the quality of care and would welcome more joint working with you and your colleagues
- Improving the quality of care is a joint effort and needs commitment from government, service owners and managers, their carers and their families; and the social care workforce.

- If you are concerned about the quality of care in a service we regulate, we want to know. Don't just assume others will let us know. We are keen to hear from health and social care professionals.

3.3 Providers of care services

Profile

We regulate 14,871 care services that employ approximately 158,000 care workers. Breakdown by type of service is –

- 6014 childminders (40%)
- 4262 day care of children services (29%)
- 1649 care homes (11%)
- 2946 other services (20%)

These services provide care on a day to day basis to around 320,000 people in Scotland.

What they know about the Care Commission

- Awareness of all aspects of our work is 96-99% for managers and owners, but likely to be less so for other care workers.
- Managers and owners have the most contact with the Care Commission, primarily through contact with their named Care Commission officer (95% know the name of their CCO).
- Managers and owners express 91% satisfaction with Care Commission overall performance

What they know about the National Care Standards

Awareness is 98% for managers and owners. We know this does not mean that all staff working in care settings have high awareness of the standards.

Preferred ways of getting information

- 50% Email update or bulletin
- 49% Care News
- 47% Care Commission officer
- 40% Website
- 37% Leaflets, brochures
- 23% Local events

Main messages for this group

- We can work together to improve the quality of care.
- We value the good practice and innovation you achieve and welcome feedback on how we can help support and share best practice.
- We work to the government's principles of better regulation - always aiming to be proportionate, targeted, accountable, transparent and consistent.
- You are required by law to tell people using your service about the National Care Standards and the Care Commission's powers to investigate complaints.
- Even when the people who use your service are satisfied with the quality of service they receive - if it falls short of what is required by the Regulations and the National Care Standards - we will actively encourage them to expect more.
- You must show that people who use your service are actively involved and have their say on what needs to improve.
- Services that do not actively involve people who use their service will not get the higher grades.
- We are tough on poor practice and use enforcement action when necessary, including closing some services.

3.4 Opinion formers

Profile

A wide range of people are defined as partners or influencers of interest to the Care Commission. This includes elected representatives, senior officers in local councils and health boards, policy makers, voluntary organisations and interest groups, other agencies and government bodies and the media. In Scotland there are –

- 129 MSPs
- 1,222 local councillors
- 32 councils each with a Chief Executive and leading senior officer for social work and or community care
- about 300 voluntary and charitable organisations operating as interest groups for specific care and health related topics

Depending on the strategic priorities at any given time many of these partners and influencers will be allocated a senior level Care Commission contact manager, who is in regular touch to keep them informed of important developments. We inform the remainder via a mix of targeted mailings, newsletters and press releases.

Journalists and reporters also have easy 'around the clock' access to our press office team who will assist with urgent news matters.

What they know about the Care Commission

In-depth interviews during the 2005 and 2008 Stakeholder Surveys research show good levels of awareness and understanding of the Care Commission amongst this group.

'The work the Care Commission does is important. It really matters to people in public services.'

What they know about the National Care Standards

In-depth interviews during the 2005 and 2008 Stakeholder Surveys research show good levels of awareness and understanding of the National Care Standards amongst this group.

Preferred ways of getting information

- Face to face meetings or by telephone with a named, regular Care Commission contact
- On the website when straightforward information is needed
- In relevant short newsletters and updates
- By personal letter from the Chief Executive (or their named contact) when appropriate
- In the media – press, radio, television
- Receiving personal copies of our national quality of care reports and other publications (providing they have been properly targeted to their areas of interest)

Main messages for this group

- We have a key role set out in the law to help improve the quality of care.
- All care services in Scotland must be registered with the Care Commission before they can operate. The process of registration is rigorous and, in effect, provides a licence to operate

- Inspections provide a detailed view of a service, but cannot alone protect people. That's why we also register all new services, investigate complaints and have powers to take enforcement action.
- What we learn from investigating complaints is important in driving up the overall quality of care.
- We regularly publish national reports on the quality and availability of care in Scotland. These reports are useful sources of reference and best practice for anyone who commissions care services.
- We work well with others to improve the quality of care services in Scotland, avoiding duplication and overlap with other regulators and inspectorates.
- We value your feedback and welcome suggestions about how we can improve the quality of care and encourage more care services to innovate and develop.

3.5 The general public

Profile

Of the general public in Scotland, 75% say they have no direct or current interest in the regulation of care. This means that just over one million people (one in four adults) have a potential interest in care. We think this is a low estimate because many parents who use childminding, day care and after school services might not describe themselves formally as users or carers when responding to research.

The Stakeholder Survey findings suggest that the other 3.3 million adults in Scotland are unlikely to want to know about inspection reports or the National Care Standards until they or a family member or friend has need of care.

What they know about the Care Commission

One in ten people (13%) are aware of the Care Commission and know that we regulate care. When asked if they have heard of the Care Commission, awareness rises to 39%. This is good progress for an organisation of just six years standing and places our awareness level on a par with HMIE, which has been inspecting education in Scotland for more than fifty years.

What they know about the National Care Standards

In our Stakeholder Survey conducted in May/June 2008, prompted awareness amongst the general public was 23%. Scottish Government commissioned research shows that this had increased to 32% after their Summer 2008 television advertising campaign.

Preferred ways of getting information

- 39% website
- 27% from a healthcare professional
- 23% in public places
- 23% telephone helpline
- 15% leaflet or brochure

Main messages for this group

- If and when you need to use or choose a care service, Care Commission inspection reports provide reliable information to help you. All inspection reports are published on our website.
- Scotland's 15,000 care services are not just care homes for older people and children, but include all childminders, day care and after school care for children, care at home plus many other types of services.
- If you are a parent of a child who goes to a childminder, day or after school care, you can find out more about the quality of care your child is getting.
- If you are a relative of an older person who uses a care service, you can find out more about the quality of care your relative is getting.
- Scotland's National Care Standards set out clearly what everyone can and should expect from care services.
- The vigilance of people using services, their relatives, carers and the social care workforce is important. Everyone must be encouraged to report concerns or complaints. Poor quality care must not go unchallenged.
- We are open to influence about the way that we do things, appreciating that everyone has a valid contribution to make.

Methods for communication, consultation and involvement



We use a flexible mix of methods to provide information, consult with and involve people. We will not adopt a 'one size fits all' approach, recognising that everyone's needs are different.

For each year of this plan, we will use an appropriate mix of the following methods. For ease of understanding we have grouped them under the headings of consultation and involvement and communication - but they will be mixed and matched very flexibly as required.

4.1 Consultation and Involvement

We use the following main methods to consult with and involve people in our work.

- Care Commission Forums – public consultation events, held at least twice yearly in locations across Scotland
- Equality Consultation Panel – a virtual network of more than 250 individuals and organisations that represent the interests of equalities groups in Scotland
- Involving People Group – 50 members of the public, all people who use services or carers that get involved with the Care Commission at a national level on new projects and actively influence how they develop. Our national group is strongly recommending that each of our five regions set up groups to work together on local care matters
- Lay Assessors – 70 members of the public, all people with some experience of using care services, who participate in some of our inspections
- During inspections – talking to people who use the care service, their families and carers and then reflecting their views in our reports
- Equality Impact Assessments
- Questionnaires and surveys
- Focus groups and local consultation events
- Website 'Have Your Say' section
- Website consultation section

We explain in the opening sections of this plan why it is important to consult and involve people affected by our work. Because this philosophy is core to the way we do things and underpins all of the aims in our corporate plan, it's a commitment that involves, in some way, everyone who works for the Care Commission.

The leadership team and managers throughout the organisation spearhead this approach, whether it's discussing with a team of inspectors how well service providers are involving people, organising national or local consultation events or developing new policies and procedures.

Over time, as we further embed this approach in the culture of our organisation, we expect it to become second nature to consult and involve those likely to be affected by our work.

We must also strike the right balance between involving as many people as we can and running the organisation efficiently to achieve best value for the public sector investment in regulation of care.

'Everyone can get involved in the meetings and there are good discussions'

We think the key to doing this well, is to consult and involve where there is scope for people to shape change, and when there are public sector duties in place – for example, the requirement to involve people with disability in policy and practice development.

We have made a very good start with the introduction of the grading system for care services, which was designed after extensive consultation and involvement with almost 6000 people across Scotland.

4.2 Communication

4.2.1 Contact with our staff and building relationships

Our 360 Care Commission officers do around 13,000 inspections every year as well as registering all new care services and investigating complaints. They are out and about communicating with, getting feedback from and advising people who use or work in care services and their carers. Supporting staff with the right communications materials and techniques is a shared priority for the management, employee development and communication and engagement teams.

We also have important working relationships with a variety of partner organisations, associations, elected representatives and others with an interest in social and healthcare policy. This work is carried out by a mix of senior colleagues and the Board, adopting the principles and good practices of relationship management. They are our contact managers and provide a single point of contact within the Care Commission.

This activity is important because the value of our work, and capacity to improve care in Scotland, depends on our credibility as a reliable regulator with a skilled workforce and a strong reputation for delivery and expertise.

We will better record and learn from the external contact our staff and contact managers have with individuals and organisations by introducing new computer systems to replace our current communications database.

4.2.2 Media relations

We provide a ‘rapid, 24/7’ professional service to all enquiries from the media, acknowledging the important role it plays in reporting the news and keeping the public well informed.

We will continue to actively generate informative news stories about the work of the Care Commission, and publish features explaining and promoting our long term aim to improve the quality of care for people in Scotland, including where possible, offering interviews on ethnic minority radio stations in the languages they use.

4.2.3 Telephone helpline

We heavily promote our helpline number 0845 603 0890. It gets around 15,000 calls every year. The calls are answered by experienced colleagues, who will either resolve the enquiry or refer it to another colleague or organisation if needed.

More resources are allocated to the helpline at peak periods, for example when technical support is needed for care service providers to help them with their annual returns and other online forms.

We also have a small information team that processes all information requests we receive under the Freedom of Information and Data Protection Acts. We deal with around 300 enquiries to the information team every month.

The Stakeholder Survey confirmed that these services are well regarded and that there is very little demand for them to be available beyond the current opening hours of 9.00am – 5.00pm, Monday to Friday.

4.2.4 Website

Our website at www.carecommission.com meets the highest “triple A” accessibility standards and is an important source of information for people who are interested in the quality and delivery of care services in Scotland. It gets a million visitors a year and is a good source of information for an ever increasing number of website users.

It lists all 15,000 regulated care services in Scotland as required by the Regulation of Care (Scotland) Act 2001. Each service has its own pages, where inspection reports, details of complaints and other useful information can be accessed. We will continue to improve the website to make sure that it is:

- the reliable source of accurate information about care services in Scotland and about the Care Commission

- accessible and appealing to the full range of people with an interest in care including children, young people, people with disabilities and those whose first language is not English – we have learned that these are the main groups for whom the website could be improved
- user friendly, easy to navigate, clear, fresh and up-to-date
- interactive and innovative
- highlighting leading edge thinking and best practice in care
- featuring the A-Z of all our publications and our regular series of national reports on the quality of care

For the benefit of care service providers, we will steadily increase the availability of online forms to improve the administrative processes.

4.2.5 Printed material

Although the majority of households in the UK now have internet access, we know that large numbers of people with an interest in care, and particularly people who use care services, don't have access to computers. As such, over reliance on the internet as a way of communication at this time would be a mistake.

We will therefore continue to offer leaflets and brochures covering all of our activities. To keep costs down, most of our printed material will be designed in-house, adhering to our visual style. We will continuously review our graphic design production methods and paper specification to progressively reduce our carbon footprint for printed material.

So that everyone can easily access our information, we have committed to Scotland's Happy to Translate initiative and will continue to provide materials in a wide range of formats and languages on demand.

'People can become involved in different ways rather than coming to meetings: phone, letter, emails.'

We have so far translated various publications into Urdu, Bengali, Punjabi, Hindi, Gaelic, Arabic, Somali, Russian, Kurdish, Polish, Greek, Japanese, Cantonese, Hakka, French, Farsi, Shona, Tamil, Turkish, Spanish, Latvian, Bulgarian, Chinese Mandarin, Albanian, Lithuanian and German.

Our publications are also available on request in Braille, large print, easy read, British Sign Language (BSL) and audio tape. Interpreters are available to support participation in regulatory activity and we are also exploring the options for providing live language support for telephone contact, text-phone communication for people with hearing difficulty and type talk.

4.2.6 DVDs

We produce short DVDs when a ‘television programme’ approach will better meet the communication need. Production costs limit how many of these we can do, but we have so far developed very well received DVDs covering –

- Who we are and what we do
- An introduction to grading for service providers
- How to become a lay assessor and getting people who use care services and their carers involved

When we produce DVDs we will always consider whether they should include alternative languages, British Sign Language and sub-titles.

4.2.7 Newsletters

Our magazine, Care News is published three times yearly and issued by direct mail to 22,000 contacts on our database, which includes all care service providers in Scotland. We also do shorter online versions 4/6 times a year.

Care News keeps people who are working in social and independent healthcare informed of developments in how we regulate, highlights best practice and signposts readers to other relevant resources and contacts. Readership surveys confirm that it is well read by the target audience and there is clear demand for it to continue.

4.2.8 Direct mail

All of the care services we regulate are on our database and the list can be broken down to target specific groups as needed. Over the next three years, mainly in response to demand from people who provide care services, we will develop the capacity to do much more of this by email, whilst continuing to use hard copy direct mail for those without access to computers.

4.2.9 Events, exhibitions and public places

We will continue to organise and host Care Commission Forums and other events across Scotland to encourage participation, consultation and the sharing of good practice.

We also attend topical and relevant conferences, exhibitions and events to improve awareness of the nature and impact of our work. We will prioritise events that most closely match our corporate plan objectives or where our target audiences are likely to attend in large numbers.

We send posters and public information leaflets to libraries, doctor's surgeries, community centres and other public places. In some places this can be quite effective though there is no guarantee of getting space with good visibility because there is high turnover of materials coming from lots of other organisations. We are therefore exploring the potential for leasing cost effective display space in busy public places such as major shopping centres and train and bus stations.

4.2.10 Public speaking opportunities

We encourage and support staff and Board members to speak at relevant conferences and events throughout Scotland. Our Chief Executive and Directors all regularly participate in major events to explain how we regulate and promote the importance of improving the quality of care. We will seek more opportunities to speak with people whose first language is not English and will develop our capacity to do so in their preferred language – at the moment we can only provide speakers fluent in English and Gaelic.

4.2.11 Advertising

We make limited use of advertising, largely to promote specific events, public meetings of the Board and for recruitment.

4.2.12 Campaigns

We do not have the resources to run major public campaigns. However, we actively support the Scottish Government's National Care Standards campaign and will run small highly targeted local campaigns to improve awareness of inspection reports when our Care Commission Forums are held in different parts of Scotland.

4.2.13 Sponsorship

As a public sector body, we do not see financial sponsorship as part of our communications mix. We would rather work jointly and in partnership with relevant organisations, prioritising those initiatives that fit strongly with the objectives in our corporate plan.

Resources



Everyone working for the Care Commission helps to implement this plan in their day to day work, each having a different contribution to make depending on their role. The communications and engagement budget of £530,000 (1.7% of the annual operating budget) is split as follows, although this is reviewed annually and adjusted as required:

	£1,000s
Communications	
Print and DVDs	178
Care News	50
Media relations and press cuttings	62
Advertising	15
Exhibitions stands and events	26
Postages/direct mail	41
	<u>372</u>
Engagement	
Care Commission Forum	69
Translations and other formats	66
Equality & participation support	23
	<u>158</u>

Monitoring and review



We use a range of methods to monitor and report on progress –

- regular analysis of media coverage
- quarterly Communications Statistics Report
- repeating the Stakeholder Survey every three years
- feedback from questionnaires, topic specific surveys, key contacts and opinion formers
- regularly reporting the impact of consultation and involvement in our Annual Reports and other reports
- Care News readership surveys
- event evaluation reports
- periodic internal audits

Progress is reported regularly to the Strategy and Regulation Committee of the Board. The Board Communications Sub Group, chaired by the Convener, also meets three times every year.

The next Stakeholder Survey is due to take place in Spring 2011, when this plan will also be fully reviewed.

Conclusion

This plan is both challenging and ambitious. It makes clear our strong commitment to keep all people with an interest in care well informed and involved in our work.

It builds on the good progress made so far, and strongly reflects the objectives and priorities in the Care Commission's corporate plan.

Get involved with the Care Commission

Involving People Group

Are you using a care service or caring for someone who does?

If so and you are interested in improving the quality of care in Scotland then we would love you to get involved in the work we do at our Involving People Group. We meet about four times per year in various locations. You can also be a 'virtual' member and give us your views by post or email. We also run short life working groups on specific projects like our Involving People Plan.

Equality Consultation Panel

Do you have an interest in equality issues in Scotland?

Our Panel has been set up to give us your views on our equality work and on general equality issues in Scotland. We would like the panel to include more people who use care services and their carers. We would also like to hear from organisations who represent and support different equality groups. Members can be involved in a number of ways, for example by attending meetings, by email or written communication, whatever suits you best.

We publish a newsletter every 6/8 weeks to keep all participants informed on progress and new activities.

Lay Assessor Scheme

Do you have some experience of using a care service?

Lay Assessors take part in our inspections and give us a report on what they find. They help us to engage with service users and carers in support of inspections and give us their views. The recruitment process includes four days of compulsory induction training which covers all the knowledge and skills needed. We will aim to match personal experience with services that will be most relevant and ask you to commit to at least six inspections a year.

Care Commission Forums

We want to engage and consult with people who are interested in the quality of care.

To do this we hold our Care Commission Forums at least twice a year. These consist of local and national events which will cover topical care issues. We also work in partnership with other organisations on specific joint events. These events are a mixture of seminars, question and answer sessions and workshops.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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