

**Involving people who use care services and
their families, friends and supporters**

Guidance for care service providers

Guidance for care service providers

We have produced this guidance to help care service providers actively involve people who use their services, and their carers. It aims to signpost you to resources and best practice that help people who use your services and their carers to get more involved. You should read this guidance along with our Inspection Guidance for care service providers.

In April 2008 the Care Commission introduced grading to better inform people about the quality of individual care services. We consulted heavily on the scheme, and people who use care services, and their carers asked for it. Better information and clear grades is helping people make more informed choices about the care services they want to use.

A central element of grading is involving people who use care services. For care service providers this means that:

- In your self assessment you must show that you have involved people who use your service. Care Commission officers will look for evidence that people have had opportunities to have their say about the quality of their care and how this results in the service improving. You should show us that you involve people who use services and carers not only in their own care arrangements but also in assessing and improving all aspects of the service.
- During your inspection, Care Commission officers will consider direct feedback from people who use the service and carers when judging your service's performance. Your Care Commission officer may wish to be involved in any events you organise for people using the service and carers.

In order to achieve higher grades in involvement, we expect that:

- People have opportunities to be actively involved.
- You evidence the opportunities that you have provided.
- You provide evidence that you have taken account of the views of people who use your service, and their carers.

How we've structured this guidance

- Section 1** sets out what we expect from care service providers.
- Section 2** outlines some issues for you to think about to help you involve people.
- Section 3** includes some good practice examples of ways to involve people.
- Section 4** includes examples of the kinds of things that services are doing that have resulted in higher grades for involving people.
- Section 5** lists web links and references we think you may find helpful.

Section 1 – Grading scale guidance on service user and carer involvement

6 Excellent

There is robust, comprehensive evidence of regular service user/carer involvement using a range of methods. Service users and carers have opportunities (supported where necessary) to give views and influence service development. The service is proactive in developing service user/carer participation. The service has separate service user and carer groups with independent facilitation, questionnaires, representation on committees, advocacy support, and so on. Service users and carers are encouraged and supported to attend, for example using key/case working. Communication and practical support is provided, for example papers in alternative formats. There is evidence that action is taken regularly to improve the service in response to service user/carer views with feedback to service users/carers about changes.

5 Very good

Service users and carers are routinely involved in service development and evaluation, with a variety of methods used to facilitate their involvement. There is evidence that the provider has responded positively to service user and carer views and this has resulted in an improvement to the quality of care. Ways of involving service users and carers are likely to include those mentioned in the 'Excellent' section above, with efforts to include both service users and carers. However, there will be less evidence of making practical support available to help people participate.

4 Good

Service users and carers have opportunities to become involved in evaluating and developing service provision. There is some evidence to show that the service is likely to respond to views expressed by service users and carers. Ways used to involve service users and carers are more limited than those used by services graded 'Very good', for example facilitation is not independent. However, it is likely that service users and carers will be asked for their views separately as staff will recognise that they will have differing views (as is the case with services graded 'Very good').

3 Adequate

There is some evidence of service user/carer involvement. Opportunities to participate are likely to be more limited (for example only to those who are more able, or participation activities don't happen often). There may not be opportunities for service users and carers to participate separately.

Please note the service user/carer engagement criteria for this grade: A service will meet the 'Adequate' level of performance on the service user and carer engagement Quality Statements if it involves service users and carers in the planning, delivery and review of their day to day care in ways which are appropriate for that care service.



2 Weak

A 'Weak' grade is awarded if the service is failing to meet the service user/carer engagement criteria for the 'Adequate' grade above and concerns are at a level described in the general criteria for this grade.

Staff members gauge the views of service users and/or their carers during their work but this is not evidenced and the service delivery appears to occur without being directly influenced by the views of service users and/or carers.

1 Unsatisfactory

An 'Unsatisfactory' grade is awarded if the service is failing to meet the service user/carer engagement criteria for the 'Adequate' grade above and concerns are at a level described in the general criteria for this grade.

There is no service user and/or carer involvement and staff members are unaware of the views of service users and their carers. Service users and carers may feel as though their views and input are not valued or welcomed. Service users and carers may not be aware of their right to comment on their service.

Section 2 – Good practice in the involvement of people who use care services and their carers

This section contains essential elements of good practice that you should follow to involve people who use care services, and their carers. Please note that ‘carers’ in this instance refers to family members, friends or advocates, for example.

- **Participation or Involvement Strategy and Participation Action Plan**

You should have a Participation or Involvement Strategy. It should include:

- Your service’s approach to involvement. This should acknowledge the rights of service users and carers to be involved.
- Your involvement objectives.
- A plan to demonstrate how people who use the service, and their carers, will be given opportunities to be involved in each of the Quality Themes.
- The plan should identify inputs, outputs and outcomes.
- The plan should establish clearly who is accountable for outcomes and when and how this will be monitored and reviewed.

Services that involve services users and carers in developing the Participation or Involvement Strategy generally score higher grades.

- **Evidence of involvement**

It is essential that you can provide evidence to show us how you involve people who use your service and their carers. The evidence that you provide will depend on the way that people are encouraged and supported to be involved and in what.

You can find examples in section 4.

- **Ongoing involvement**

You should try to involve people who use care services and their carers when you prepare for your inspection. However, involvement should be an ongoing process which is embedded within the service’s philosophy and you should be able to evidence this. Services that graded highly within involvement were able to show us that they used a range of quality assurance and involvement methods, consistently and proactively.

- **Methods of involvement**

There are many ways that you can help people who use care services and their carers participate in their own care and the way the service is run.

We expect care services to show us that they have used a range of involvement methods, appropriate to the needs of the people that use the service.



This checklist may help you to think about the best ways to get people involved.

- Why are you involving people?
- What do you want to achieve?
- What is the focus of involvement? What you are trying to involve people in?
- Who are you involving? Do some people have specific needs?
- What resources will you need? Resources may include time, money, knowledge and skills. What resources will you need to try and find?
- What, from asking people who use your service, do they say they have enjoyed or has worked well before?
- What barriers might there be for people to get involved?

Some useful involvement methods are included in Section 3.

- **Independent support**

Independent facilitation of meetings is important. This helps to reduce the risk of the meeting being led by the needs of the care service. Good practice guides to involvement indicate that people who use care services may feel less confident about giving their views if meetings, for example, are chaired by people who work in the care service. Examples of independent support include advocacy organisations and community workers.

- **Supporting peoples' involvement**

Good practice guides to involvement acknowledge that there are barriers to people being and staying involved. It is important to consider what barriers there may be for the people who use your care service.

Examples of some barriers to think about

Do people who use your service want to get involved?

- Do they know that they have the right to be involved?
- What will they or their carers get out of being involved? Is this clear to them?
- Is it going to be fun for them to be involved?
- Will service users and carers be able to say what they feel freely?
- Do they see that things could change as a result? Will you tell people what things have changed?
- Will you provide incentives, for example, hospitality? Can you build your involvement activity into something else, for example, key work, social or fun activities?
- Have people been asked to get involved at an early enough stage to help you decide together what and how you can do?

Are people who use your service able to get involved?

- What time commitment do you need?
- Is it difficult for people to get involved because they find it hard to read your information or get to meeting places?
- What knowledge or skills do they need? Will you help them to learn or try out new things as a result of their involvement?

Are the people who work in your service supportive of involvement?

- Are the people who work in the care service aware of the ways that people can be involved?
- Are they supportive of the involvement of people who use your care service?
- Do they have the necessary knowledge and skills? Will there be opportunities for them to learn and try out new things and will you support this?

Services that were graded highly in terms of involvement had considered some of the things that may make involvement difficult and had tried to put things in place to make it easier.

- **Involving the carers of people who use care services**

Where possible, the carers of people who use your care service should also be able to give their views on the quality of the service. By carers we mean family members, friends and supporters which may include advocates. It is important that you consider having different structures to involve people who use care services and their carers as their needs and views may well be different.

- **Involvement in the Care Commission inspection process**

Services that graded highly within involvement were able to demonstrate that people who used their care service were able to contribute to the Care Commission inspection process.

These examples of ways that people can be involved should help you to plan involvement, with the people who use your care service.

Knowledge of the Care Commission

- Do the people who use your care service and their carers know about the Care Commission?
- Do they know about the National Care Standards for their service?
- Have you tried to tell people about the National Care Standards?
- Do people know how to get a copy of the National Care Standards?
- Do people know how to contact the Care Commission for example, to make a complaint if they are unhappy with something about the service and how you have responded to their concerns?

Self assessment and grading

- Are the people who use your care service and their carers aware of the self assessment and grading?
- Do they know that they can be involved in this?
- Have you tried to involve them in this?
- Have they seen a copy of your self assessment?
- Is self assessment involvement activity built into your involvement strategy?

Care Commission inspections

- Have people who use your care service or their carers seen the inspection report for your service?
- Do they know that they can speak to Care Commission officers or lay assessors to give their views about your service during inspection?
- Have you considered inviting Care Commission officers or lay assessors to resident meetings or other involvement activity?
- Are people who use the care service and their carers involved in developing your action plan after the inspection?

Services that achieved higher grades in involvement had comprehensive evidence of involving people who use their service and their carers in the inspection and in promoting their knowledge of the Care Commission.

- **Monitoring and evaluation**

In your involvement strategy, you should set out how you will record your attempts to involve people who use care services and their carers. Monitoring and evaluation should be an ongoing process. Outcomes are the things that should happen as a result, for example, what needs to change. Services that graded higher were able to demonstrate that they involved people who use their service and their carers by asking them what worked well, feeding back on outcomes and changing methods and processes where required. They were able to demonstrate that involvement activity was valued by the people that use their services. Most significantly, they could show that there had been improvements to the quality of the service that was delivered, as a direct result of involving the people using the care service and their carers.

Section 3 – Involvement methods

This section lists a number of methods of helping people to get involved. However, there are many ways to do this and you can find links in Section 5 to good practice guides which will provide you with more information. This will help you to decide which involvement methods to use and how. Section 4 provides examples of how care service providers have used some of these involvement methods.

1. Service user or carer meetings

You can invite people who use your service to get involved in regular meetings to discuss how well they feel that their needs are met and how well the service is run. It is better to have somebody who is independent of the organisation to help run meetings if the meetings would benefit from facilitation.

People who use care services should be able to contribute to or set the agenda for the meetings. This helps to focus on the main issues. Meetings should be regular enough for changes in peoples' experiences to be fed back. Records of meetings should be kept. Ideally meeting records should be produced in a way that allows people at the meeting to agree that they are accurate. They should be made available to people who use the care service and their carers.

Care Commission officers or lay assessors can attend meetings to hear what people who use the care service think and to see that they are run in the best way possible to encourage involvement.

Care services which graded higher were able to make use of some meeting based tools to enable meetings or groups to work well as a method of involvement, for example, World Café.

2. Running a focus group

Focus groups are normally made up of 5-12 people whom you invite to discuss an issue or series of issues. You can identify four or five questions for the group to consider and it will often last for about an hour.

You will need somebody to facilitate the focus group, preferably somebody independent of the organisation. It is usually helpful to record the focus group on a large piece of paper, for example flip chart paper. This helps people in the group to be involved in checking that what is being recorded is accurate. Focus group discussions work well in spaces which are comfortable and with minimal interruptions. They can be helpful for people who are less confident about written methods of involvement and it can be a good opportunity for people who use your service to share their experiences with each other.

Discussions from focus groups should be carefully written up, making sure that all contributions where possible are recorded.

4. One to one discussions

People who use care services can be asked their views about how the service meets their needs and how it is run through one to one discussions. These can be through key work or care planning or through interviews which can be done face to face or over the telephone.

Services that graded higher for involvement were able to demonstrate that they listened to what people using care services said about their experiences in key work or care planning meetings. This constant feedback was a fundamental feature of how they worked with individuals and they could show that they used this information to make changes to the service.

Discussions can be structured or semi-structured. This variation would depend on how prescriptive you are in what you ask people to give their views about. People who are doing formally structured discussions will need to feel confident about how flexible the structure is and in recording what people have said.

5. Questionnaires

Questionnaires are usually in a written format, although symbols or pictures can be used to help prompt responses.

Questionnaires should be short, and easy to complete. Written questionnaires can be more difficult for some people unless support is offered to help them fill them in.

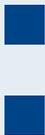
Questionnaires can be useful in obtaining quantitative information; this is usually the amount or number of something. Depending on how you produce and distribute questionnaires they can be useful in gathering the views of a large number of people who use your care service. Ideally, questionnaires should just be one of a number of methods that you use.

6. Information for consultation

Care service providers give people who use care services and their carers a lot of information, for example welcome or introduction packs and brochures. Services that graded higher in involvement were able to demonstrate that the information they gave people was clearly written, that people using the service knew what it was and how to ask for it, that they asked them what they thought of the information and that they changed it if people using the service or carers asked them to. Higher graded services often involved people using the service to produce information, for example, newsletters.

7. Feedback tools

Suggestion boxes are a common tool for collecting feedback. They are relatively cheap although you should think about how attractive they look and where they should best be placed.



Graffiti walls are another example of a way of getting feedback from people. This involves creating space for people to write or draw things that are important to them.

8. Involvement in committees

Some care services involve the people who use the service in Management Committees or Boards of Directors. They are involved in all major decisions about how the service is run. Other examples include people who use the care service attending Annual General Meetings and being supported to participate in management decisions including budgeting and staffing.

9. Involvement in staff recruitment, supervision, appraisal and training

Care services who graded higher were able to provide evidence that people who use the care service and their carers were involved in the recruitment, supervision, appraisal and training of staff. Examples of this are provided in Section 4. Care service users or their carers may be new to recruitment processes and will need support to be involved in for example, training.

10. Other creative methods of involvement

Here are some creative ways to get views from people who use care services and their carers.

- Photography and 'Vox pop' or video diaries – people can be given disposable or video cameras and asked to record their views of the service they receive by taking photographs of the things that matter to them. Vox popping usually involves a static camera which can be placed in a private room for people to use.
- People can give their views through poetry, creative writing, art work and drama. These methods can be resource intensive but they can also be used for therapeutic support. Care services have accessed local colleges to help with this kind of involvement.

11. Participatory Appraisal tools and techniques

Participatory Appraisal (or PA) is a generic term to describe a range of visual tools which can be used to get peoples' views and involve them in decision making.

Examples of PA tools include

- Mapping exercises – this can be used with a group of people, for example, to ask them to draw what their ideal service would look like?
- Consultation tools to creatively record peoples' views on a range of things. Tools can be simple to use and people who use care services can be involved in producing them.
- Action planning tools – PA tools can help you to work with people who use care services to develop visual plans

More information about Participatory Appraisal can be found from a range of web resources highlighted in Section 5.

Section 4 - Engagement and involvement - higher graded services

This grid summarises the range of innovative participatory practices care services for adults are using. This information has been collated from various Inspections where grades 5 - Very Good and 6 - Excellent have been awarded. The blue text indicates the additional activities services graded 6 are doing when compared to those graded 5.

Regulating For Improvement - Performance Indicators/sampled evidence Services for Adults (Care Homes, Respite/Short Breaks, Housing Support, Support Services and Care at Home)		
QT 1 – Quality of Care and Support	QT 3 – Quality of Staffing	QT 4 – Quality of Management
<p>6</p> <p>Participation strategy</p> <ul style="list-style-type: none"> • Sets out how people who use the service, and where appropriate their carers, will be given opportunities to participate in all aspects of their own support planning arrangements. <p>Information about the service</p> <ul style="list-style-type: none"> • Comprehensive, high quality introductory materials about service enabling people choosing a care service to have all relevant information in advance. • People who use the service have been involved in producing the brochure/information about the service. • Newsletter edited and prepared by people who use the service. 	<p>Participation strategy</p> <ul style="list-style-type: none"> • Sets out how people who use the service, and where appropriate their carers, will be given opportunities to participate in assessing and improvement of the quality of staffing. <p>Staff knowledge of participation</p> <ul style="list-style-type: none"> • Staff have contributed to the development of the participation strategy and demonstrate through their work knowledge and commitment to service user participation. • Staff have received training and are equipped with skills and knowledge required to promote full citizenship and realisation of aspirations of people they support. 	<p>Participation strategy</p> <ul style="list-style-type: none"> • Sets out how people use the service, and where appropriate their carers, will be given opportunities to participate in assessing and improving the quality of management and leadership service. • Management have developed a participation strategy in conjunction with people who use the service and other relevant stakeholders. • Management recognise the value of participation and make every effort to include people who use the service and where appropriate their carers/ representatives in all relevant management processes and decisions.

Influencing own care and support planning

- Initial feedback questionnaire (first six weeks) seeking views of those new to the service re the quality
- Comprehensive service agreement and support plan, setting out what service is to be provided to individual.
- Support plans highly individualised/person centred and not standardised/corporate
- Personal plans reflect the uniqueness of individuals and include life stories, aspirations and other creative tools.
- People who use service work with key workers develop own support plan.
- Support plans are signed by people who use the service to evidence accuracy/agreement.
- People who receive the service are provided with copies of their support plan.

Opportunities to influence/quality of staff

- People who use the service are given the opportunity to be involved in **all** aspects and in various ways in the staff recruitment process, in keeping with their own confidence, capacity, skills and training.
- Service users participate in developing the person specification for post.
- Service users on the interview panel have received equal opportunities training.
- Service users are asked for feedback on new staff as part of probationary period.
- Various opportunities are made available for service users/carers to comment on the quality of staff:
 - service reviews/support reviews
 - stakeholder events
 - questionnaires/surveys
 - monthly chat with manager/senior

Opportunities to influence governance/strategic decisions

- People who use the service have the opportunity/are on the management board/board of directors.
- People who use the service are members of the organisation and are supported to attend the organisations AGM and have full voting rights.
- People who use the service have opportunities to participate in organisations consultation events.

QA/opportunities to influence management - express views

- Various established and regular opportunities, appropriate to individuals needs, are in place for people who use the service to contribute to the management of that service
 - consultation events/meetings
 - questionnaires/surveys

<p>Choice, control and autonomy</p> <ul style="list-style-type: none"> • Service users choose key worker/ staff who support them. • People who use the service can influence the timing of the support provided by staff. • Support is flexible and times can be adjusted to meet the needs of people who use the service. • Individualised support experienced by people who use the service - activities, frequent social activities, shopping, support with personal interests. • Excellent examples of choices/decision making - meals at tables not in advance of written menu (older people with dementia), people influence menu, choice of activities and times. • No unreasonable restrictions - when people who use the service go to bed/get up, eat in bedrooms, consume alcohol with meals (care homes). 	<p>- manager seeks feedback from people who use the service about staff performance and this informs staff supervisions and appraisals.</p> <p>Participation staff training</p> <ul style="list-style-type: none"> • Service users/carers participate in staff training sessions. • Service users participate in staff SVQ assessments. 	<ul style="list-style-type: none"> • Independent facilitation is feature of QA system (agency supports service users complete questionnaires rather than staff group, evaluation events, facilitated by independent consultant, feedback collated and report written by independent person). • People who use the service receive feedback, through newsletters, correspondence - on the results of QA systems and action plan.
<p>Care Commission inspection</p> <ul style="list-style-type: none"> • Service users and where appropriate, their carers, and informed by the provider about the Care Commission, and are given the opportunity to participate in most aspects of the inspection. For example, contributing to the completion of the self assessment/grading, participate in the inspection. • Service users and where appropriate, their carers, are informed by the provider about the Care Commission, and are given the opportunity to participate in all aspects of the inspection. 		



	<p>Reviews of support</p> <ul style="list-style-type: none">• People who use the service are given the opportunity to influence/ arrange the review, select date, send invitations, lead/ chair the review.		<ul style="list-style-type: none">• People who use the service and where appropriate their carers, are able to contribute to the completion of the self assessment/grading, participate in the inspection, are provided with the report and contribute to the action plans development (where relevant).
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Section 5 – Where to look for more information

This section details sources of information about getting people involved in care services. It includes guides, guidance, toolkits, reports, case studies and standards, covering a range of issues.

Accessibility

Using interpreters and accessing translations

Scottish Accessible Information Forum (SAIF)

SAIF works to make information more accessible to everyone who needs it. The Forum has produced good practice guidelines which, with other publications and reports, are available through its website:

www.saifscotland.org.uk

‘Organising accessible events’

Under the Disability Discrimination Act (DDA) 1995, disabled people have equal rights to attend, take part in and enjoy events. The guide is based on the experience of organisations of creating accessible events, conferences and exhibitions.

You can get a copy through:

www.equalityhumanrights.com

At the time of writing the following direct link was active:

www.equalityhumanrights.com/en/publicationsandresources/Pages/Organisingaccessibleevents.aspx

Communication aids and technology

The CALL Centre (Communication Aids for Language and Learning) and the Scottish Sensory Centre are located together at the University of Edinburgh. Both offer lots of resources, including information, guidance, books, activities and presentations, for people working with children and their families. Their respective websites are:

www.callcentre.education.ed.ac.uk

www.ssc.education.ed.ac.uk

Dementia Services Development Centre

The centre provides information and training on practice issues relating to people with dementia. Based at Stirling University, the centre’s web address is:

www.dementia.stir.ac.uk

Advocacy

Scottish Independent Advocacy Alliance (SIAA)

The alliance promotes independent advocacy in Scotland. It was set up as a result of work by its predecessor, Advocacy 2000. Its web address is: www.siaa.org.uk

Directory of Advocacy Organisations in Scotland

This lists over 100 advocacy organisations across Scotland. You can use it to find out:

- what types of advocacy services are available
- which advocacy services target particular groups

- which advocacy services use particular types of advocacy
- which advocacy services are available in which Scottish regions.

You can access the directory:

www.siaa.org.uk/documents/DirectoryFundingupdated280207.pdf

Best practice

National standards for community engagement

These are a set of 10 measurable standards designed to be used by everyone working towards giving people a greater say in how services are provided. You can use them to shape and measure your own work with carers and people who use care services. At the time of writing the following link was active:

www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs_010771.hcsp

Use the site's A-Z menu and click on 'Community Engagement'. The site also has links to:

- a user's guide
- 'Illustrations from the Pilots', which contains case studies
- a reference manual
- a toolkit.

Voice is a practical tool that will help you implement the above community engagement standards. At the time of writing the following link was active:

www.scdc.org.uk/voice/?sess_scdc=6fe17d780103db1cead0bc96b1af05dd

ARC Charter for Involvement

Charter for Involvement has been produced by the National Involvement Network, which is supported by ARC Scotland. The network is made up of around 60 people who use services from 19 different learning disability service provider organisations. The National Involvement Network produced the Charter because they felt that everyone is not:

- asked their views
- involved
- getting the support they need to be involved.

The Network wants the Charter to make a real and lasting difference and has worked hard for over two years to develop it. They want organisations to listen to what they have to say and sign up. The Charter sets out:

- the rights that people who use services want from involvement
- what people want to get out of being involved
- the kinds of things people want to get involved in
- what people need in order to be involved.

You can view the charter at:

<http://www.arcuk.org.uk/scotland/1000391/en/charter+for+involvement.html>

Arnstein's ladder of participation

This involvement theory is a useful reference to help you understand what levels of involvement a service user may want and or expect. At the time of writing the following link was active:

www.bemnetwork.org.uk/resourcedetail.php?LinkID=5704

'Asking the experts'

This is a guide to involving people – in various community care services – in shaping health and social care services. It's available from the Community Care Needs Assessment Project (CCNAP) website:

www.ccnap.org.uk

Click 'Reports' and the guide should be among the publications listed.

'Guide to consulting the community'

This comprehensive reference document was produced by Fife Council and Community Learning Scotland, now part of Communities Scotland. It covers many methods of consultation and is available from the Fife Council website:

www.fife.gov.uk

The following link was active at the time of writing:

www.fife.gov.uk/atoz/index.cfm?fuseaction=advicetopic.display&objectid=5C9B3540-F085-4EE5-AB0959F2183D3938

'Involving older people'

This research report is about involving older people in planning, providing, monitoring and evaluating public services and in community planning. It is available at:

www.scotland.gov.uk/Publications

At the time of writing, the direct link was:

www.scotland.gov.uk/Publications/2004/02/18989/33753

'Setting the direction'

This toolkit was developed through the 'Speaking up for our age' programme. It shows how local authorities can benefit from getting older people involved in developing strategic plans. You can find copies at:

www.helptheaged.org.uk

At the time of writing, the direct link was:

www.helptheaged.org.uk/NR/rdonlyres/E6F3E859-9BB6-463B-8477-D7769EB5397B/0/setting_the_direction.pdf

'Guide to successful tenant participation'

This has advice for tenants, staff and elected members and includes examples drawn from across Scotland. It is available at:

www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs_011384.pdf

Guidance on enhancing public participation



This was produced for UK local authority officers and elected members. It doesn't tell you what to do, but is designed to help you make choices. You can get a copy through the following website:

www.communities.gov.uk

At the time of writing, the following direct link was active:

www.communities.gov.uk/localgovernment/360902/constitutionsandethics/constitutionalarrangements/guidanceenhancing/guidanceenhancing/

Involve Participation Resource Library

This library has a range of resources, including for download. Methods of involvement are comprehensively outlined within the search facility of the library.

www.peopleandparticipation.net/display/Participationlibrary/Home

Scottish Community Development Centre

This offers consultancy and training services to agencies, local projects and communities. You can access publications and conference reports through the centre's website:

www.scdc.org.uk

Other useful sources of information include:

'Eight principles for involving service users and carers'

www.csci.org.uk

At the time of writing it was available at:

www.csci.org.uk/professional/PDF/Principles_participation_leaflet.pdf

Scottish Parliament Participation Handbook

www.scottish.parliament.uk

At the time of writing the direct link to the document was:

www.scottish.parliament.uk/vli/participationHandbook/Participation_Handbook_6th_August_2004.pdf

Children's resources

'Children and participation'

This is a practical guide about how to consult children and young people on policy-related issues. It can be accessed through:

www.savethechildren.org.uk

At the time of writing the following direct link was active:

www.savethechildren.org.uk/en/docs/children_and_partipation.pdf

Learning to listen

This handbook focuses on how to listen to children and young people so that their views bring about change. It is available through:

www.everychildmatters.gov.uk

At the time of writing the following direct link was active:

www.everychildmatters.gov.uk/participation/buildingaculture

Scotland's Commissioner for Children and Young People (SCCYP)

The SCCYP website includes an area dedicated to participation. It aims to keep people who work with children and young people up-to-date with information, such as case studies and events. It is available through:

www.sccyp.org.uk

At the time of writing, the direct link was:

www.sccyp.org.uk/participation/index.php

'Making consultation work'

This guide is for agencies that consult with people with learning disabilities, parents and carers. You can get a copy through:

www.enable.org.uk

At the time of writing, the following direct link was active:

www.enable.org.uk/docs/Making_Consultation_Work_-_Report.pdf

Equality and diversity

'Good practice consultation with equalities groups'

This booklet provides basic guidance about how to ensure that public consultation exercises take account of views from as many groups of people as possible. The document can be accessed at:

www.scotland.gov.uk/library5/social/gpgc-02.asp

Community engagement with minority ethnic communities

This guide has practical advice on working with minority ethnic communities.

At the time of writing the following direct link was active:

www.ce.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/scrCS_017847.hcsp?PrintView=1

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This publication is available in other formats and other languages on request.