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Ways of Engaging the Public in Health and Social Care in Kent and Medway

Prepared for LINKs by Researchers in the Centre for Research and
Development, School of Health and Social Care, University of
Greenwich.

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Summary

This document is a response to the call by Kent and Medway LINKs for joint work concerned with quality standards in health and social care services. The Centre for Research and Development in the School of Health and Social Care at the University of Greenwich would welcome the opportunity to work with LINKs to develop systems to capture local people's perceptions and experiences of health and social care services. We have developed a menu of options for the consideration of LINKs. These options have been carefully designed to capture the experiences of LINK participants; LINK participant organisations; the wider community; and also 'seldom heard' groups.

There are a number of other themes that run through the menu of options offered including:

- Collaborative working between the Research Centre and LINKs. Researchers would work together with LINKs in each of the suggested methods of capturing the public voice. The work of LINKs would be therefore be a constant and should ensure consistency. Working collaboratively would also build LINKs' capacity to undertake similar work in the future.
- A short questionnaire/feedback form (with mainly open-ended questions) would be designed and used across all the options. In some cases (eg. World Café) this would be an additional means of gathering data; in other cases (eg. SOS Bus site visits) it would be the main instrument. Because it would be used in all the selected options it would reach the wider community and seldom heard groups. We would also request that LINK participants complete the questionnaire.
- The Research Centre would assist LINKs with the analysis of all the data.
- The options are designed to be drawn upon flexibly. Each option could be developed, amended, or even discontinued as the work progresses, depending on how well the methods are working, and in order to respond to emerging issues.
- Continual monitoring of the evidence that is being gathered would be undertaken. In particular, a watching brief would be kept on who is participating (demographic characteristics etc); and which services are being commented upon. Any gaps will be identified, and discussion can take place on why this might be the case, and how any gaps might be addressed.
- A Research Fellow would be designated to co-ordinate, and monitor, the progress of the work.

The options are summarised below and further details are given in appendices. It is important to emphasise that these are preliminary ideas only, and the Centre for Research and Development welcomes further discussion on these, and alternative, options.

1. Training and supporting Community Researchers

The Centre for Research and Development in the School of Health and Social Care would work collaboratively with Kent and Medway LINKs to develop LINKs own capacity to conduct the necessary research. Community Researchers could assist LINKs with the systematic collection of qualitative data that can be utilised in the commentary on the next Care Quality Commission's Annual Check. We propose that the Centre trains, and works alongside, community researchers, as well as LINKs' development workers and

project worker. The community researchers would be volunteers and could be drawn from LINK participants and/or LINK participant organisations. See Appendix A for a fuller explanation.

2. Feedback via phone, text and email

Different people use different ways of communicating. Some people prefer to speak on the phone, some text, and some write emails. A telephone helpline could be managed by one member of staff who would also answer texts and emails. Between answering calls they could be responsible for collating and analysing the communications that have been sent by members of the public. The service could be advertised widely, e.g. on buses, in local papers and by placing posters and leaflets in NHS and social care organisations. This would be a low cost intervention with the main expenses being the costs of a full-time person to staff the service and training and support from the University of Greenwich. See Appendix B for further details.

3. Open Space

This is a dynamic way of organising a large meeting so that participants set the agenda and interact with people who have similar concerns. The Open Space approach has been used in many different settings, including community development and service review. It is well known as a way of coming up with new and innovative solutions to problems. We could accommodate a large group at Medway or Avery Hill Campuses and would employ a consultant to run the group. This intervention does require an initial investment but it is a cost-effective way of involving many people at one time. It allows people to discuss issues in a constructive way and the dynamics of the group can add value to the contributions of individuals. See Appendix C for further details.

4. World Café

A room is set up as a café with round tables, refreshments and music. The tables are covered with paper cloths and there are pens and pencils of different colours. Each table has question on it. Groups meet for short period and discuss the questions or issues and their solutions to problems. They make notes on the tablecloths. A bell will ring after 10 to 20 minutes and all but one of the members move to different tables. After a few rounds, the whole group gets together to share insights. This approach encourages people to think creatively and may spark lively debate. The writing on the tablecloths is a record of some of the issues and deliberations that have occurred. We used this approach at one of our Partners in Practice Days here at Avery Hill. Some of the ideas that emerged were very innovative but perhaps the main achievement was the sense that the participants gained of working together towards a common goal. The World Café format appeals to many different people. It is a relatively inexpensive method and could be implemented by a researcher from the University of Greenwich working with LINKs.

5. SOS Bus site visits

The SOS bus is used by the Public Health Department in Medway and is available for hire on a daily and part daily rate. The bus is increasingly becoming a familiar sight in all areas of Medway and as such provides a positive and user friendly resource. The idea behind using the bus is for it to act as an additional forum for feedback. A questionnaire will be developed by staff at the Centre for Research at the University and people will be invited into the bus to complete the questionnaire. The questionnaire will ask generic questions about individual or family contact with health and social care services across the region and will encourage participants to place values on the type and nature of the service they have received. Differentiation will be made between participants who have experienced a one-off service and those who have experience of longer term health or care services. The questionnaires will be provided in paper form or through computer internet '2ask' data collection system. The collected data can be used for analysis by the person appointed in 2, the phone line, or by the community researchers. It is envisaged that the Bus will be an innovative route for engaging people who do not traditionally give their views, those who cannot drive or who have mobility problems or who are in more difficult to access parts of Medway or who may be at work. The bus could be parked at Hempstead Valley Shopping Centre; the Black Lion and Splashes swimming pools, the Gillingham Business Park; local mosques, outside the train stations – as many people in Medway work outside the local area. See Appendix D for more information about how the bus could be used.

The Focus and Reach of the Options

Option	LINKs Participants	Wider Community	Targeted (eg. seldom heard)
Community Researchers	X	X	X
Helpline		X	
Open Space	X		
SOS Bus site visits		X	X
World Café	X	X	
Overarching questionnaire	X	X	X

Indicative Budget for the Different Options

Option	Staff	Other	Cost
Community Researchers	Research Trainer	Community researchers	£10,000
Helpline			
Open Space	Facilitator	Participants costs University costs	£3000 per meeting
SOS Bus site visits			£600 per day plus costs of laptops
World Café	Facilitator	University costs	£1000 per meeting
Overarching: research fellow (.5 for			£10870

6months)

Appendix A

Training and Supporting Community Researchers.

The Centre for Research would train community researchers, and LINKs staff, to conduct focus groups and/or one-to-one qualitative interviews. We envisage that LINKs' own staff will take responsibility for helping the community researchers organise the various research activities, but they could also conduct some research themselves. It is important for them to attend the training, whether or not they are to undertake research. It would be valuable for community researchers and LINKs staff to work together at each stage of the research process.

Our previous experience suggests that community researcher training is most effective if it also forms an integral part of the research process. This means, for example, that community researchers will be trained how to construct an interview topic guide through the process of constructing a topic guide for the piece of research they are planning to conduct. We propose the following schedule of training sessions. At this stage only broad areas of training are specified, as we would anticipate collaborating with LINKs on the design of this training.

Day 1: What is qualitative research? How to design a qualitative research study? What are the advantages/disadvantages of one to one interviews versus focus groups?

Practical sessions:

1. Designing a study: who should be interviewed and how? How can we be systematic about selecting people to be interviewed? Can any other research methods be used?
2. Developing interview questions: What do we want to learn? How to formulate questions and develop a topic guide?

Day 2: Conducting qualitative research. Research Ethics. Tips and techniques for interviews and/or focus groups.

Practical sessions:

1. Small group work practising interviews – role play.
2. Finalising topic guides.
3. Design Research Ethics systems.

Community Researchers conduct a round of interviews

Day 3: De-brief and researcher support day. Discussion of conduct and progress of research to date, and suggestions for future activity. The day would focus on assessing how

systematic, and robust, the research process has been to date; and consider whether additional, or alternative methods, might be adopted.

Practical sessions:

1. Identification of research gaps (eg. are we reaching all the communities we are aiming for?). How to fill gaps.
2. Practicing interviews – using role play when researchers reproduce situations they may have found challenging.
3. Critically analyse the topic guides, and revise in the light of emerging issues.
4. Review research ethics.

Optional Training Day: Repeats Day 3

Community Researchers finish conducting research

Day 4: Preliminary discussion of emerging research findings, and starting the analysis. Interactive discussion and workshops would take place throughout the day. The data would be analysed thematically with the help of qualitative data analysis software such as NVivo or Framework.

Practical sessions:

1. Identification of themes in the data.
2. Coding the interview transcripts

Day 5: Final discussion of research findings; issues to be covered in the LINKs' commentaries; possible recommendations.

Interactive discussion and workshops would take place throughout the day.

Practical sessions:

1. Ordering the different themes.
2. Identifying recommendations for LINKs' commentaries.

The training would thus be organised around the studies that Medway and Kent LINKs would like to pursue in order to ensure patient and public involvement in the development of their commentaries. Our assumption is that the studies would start with giving a voice to individual LINK participants and LINK participant organisations; and then move onto giving a voice to the wider community, including 'seldom heard' groups. It is likely that the optional training day will be needed to plan the movement from accessing LINK participants, to working with the wider community. Four principles will guide this entire process:

- **Collaborative** working whereby the Centre for Research and Development guides and support studies being undertaken by Kent and Medway LINKs.
- An **iterative** and **flexible** process, whereby the results of one stage of the studies are drawn upon in order to inform subsequent stages (all discussed and developed at training days).

- **Community** involvement in each stage of the process.
- **Capacity Building** so that LINKs can conduct similar studies in the future.

Budget

Research Centre staff time required:

Lesley Hoggart: preparation and conduct of training days (£6000)

Research Fellow: should be covered in overall time dedicated to this project

Community Researchers to be thanked for the time devoted on the project with the use of high street vouchers. Assume 10 researchers spending 4 days each conducting research (£100 per day): £4000.

Staff

Dr Lesley Hoggart would co-ordinate this work, and undertake the training with the support of the Research Fellow. Lesley is an experienced qualitative research trainer who has recently trained and supported community researchers on three projects: *Investigating the health and sexual health needs of Unaccompanied Minors in Enfield and Haringey*; *Health for Haringey, an evaluation of healthy living centres*; and *An investigation into community childcare needs in the London Borough of Camden*.

The Research Fellow (to be appointed) would also support the community researchers on an ongoing basis, and co-ordinate the administration of the research with LINKs staff.

Appendix B

Feedback by telephone, text and email

Patients and the public would be invited to give comments about their care by calling a LINKs feedback line, texting the line or emailing. Invitations to 'have your voice heard' could be through posters in NHS settings or public places, newspaper advertising or local radio broadcasts. The breadth of advertising could be adjusted to fit the available budget or particular current interests of LINKs. The person or people responding to the feedback could also be directly involved in recording the feedback, analysing it and putting it into a format that will enable the public to contribute to the CQC commentaries.

ADVANTAGES

- **Inclusivity.**
 - People who do not have the time to attend discussion groups or public meetings, or to write a letter, would have a relatively quick and easy way of giving feedback
 - The methods are likely to be attractive to people who are not confident to speak in public or who have mobility or communication difficulties.
 - People who are not confident about their written English might be encouraged to call and, with appropriate facilities in place, those who cannot speak English could give their comments through an interpreter. (For example the LINKs line could have an agreement with a telephone interpreter service, which would allow a three-way conversation between the LINK member of staff, the patient and the interpreter.)
 - If desired, people could call anonymously. (Further discussion is needed on whether anonymity should be automatic or whether it might be desirable.)
- **Clarity.** During the interactions, LINK would have the opportunity to question the participant, to check which service had been used, and check other relevant details. This would maximise the usefulness of feedback when it is passed on to the service provider. When possible the standard questionnaire would be used.
- **Speed.** LINKs could give quick feedback to services on what is working well or badly for their users. This would increase the impact of feedback
- **Ongoing communication.** In contrast to one-off research projects or annual surveys, this would provide a continuous route for people to feed back their concerns as and when they arise.
- **Flexibility.**
 - LINKs would be able to adjust the focus of their feedback by targeting different services at different times. For example, if they wanted to focus on people's

recent sexual health experiences, they could put up posters or leave leaflets in sexual health clinics.

- If LINKs are inundated with calls, we could remove some publicity material until calls are at a lower level.
- If people responding to the telephone calls, texts and emails are also involved in analysis and feeding back information to service providers, they will use their time efficiently and they will be able to offer first hand insights from their telephone calls when feeding back to service providers.
- **Encouraging positive feedback.** It should be a feature of the line that it encourages the reporting of positive feedback, as well as negative. This will help to ensure that services that are already good are rewarded and sustained, and it will strengthen LINKs' relationships with service providers so that they are more willing to listen and respond to negative feedback by improving services.

DISADVANTAGES

Potential confusion with other services. It will be important to ensure that the purpose of the feedback line is not confused with services provided elsewhere. Patients might call with concerns about their health that would be more appropriately addressed to their own GPs, NHS direct, or another direct service provider. Or they might want to make a formal complaint or give feedback about a service not covered under LINKs' remit.

Potential for over-use of the line. The ease with which service users could contact the LINKs line might encourage too many people to call with unfocussed or minor concerns. It will be important for advertisements to be carefully worded to try to avoid this. Training for people who respond to calls will need to cover ways of ensuring that callers are as concise as possible in giving their comments, while remaining sensitive to their concerns.

Ensuring feedback is appropriately used. One of the important early lessons of this project will be to find out how best to channel feedback to service providers and ensure that it is properly listened to and responded to. It will be necessary to develop a method of tracking each caller's feedback, monitoring service providers' responses to it and ensuring that callers are updated on the effects (if any) of their feedback. This could be time-consuming and could be costly and will need a degree of organisational efficiency to ensure the best use of resources.

Unrealistic expectations. It will be important to ensure that participants are given realistic messages about the speed with which their feedback is likely to lead to changes in service provision. However, if callers are very keen that service providers pay particular or immediate attention to the issue they raise, LINKs staff will be able to direct them to other channels, such as PALS or the NHS complaints system.

Expertise offered by the University of Greenwich

- Support LINKs in setting up the telephone line and publicising it (in consultation with the Marketing Department)
- Develop efficient systems for recording feedback and adding to the database
- Train staff to respond sensitively and appropriately to calls (conducted by qualitative researchers)

- Train staff in qualitative and quantitative research methods to analyse the feedback, ensuring that the level of attention given to issues is proportionate to levels of concerns expressed by service users.
- Support staff to link information gathered to the CQC commentaries.
- Offer support and advice on managing particular concerns that might arise from feedback calls, including data protection.

We estimate that the cost of setting up and running the Feedback Line for 6 months would be around 30K comprised mainly of the costs of a full-time research associate at around £20K, with training and on-going support from UoG costing £10K.

OPEN SPACE

Introduction and overview

'Open space' is a particular approach to conference design, which works when all other more conventional approaches have been considered and found wanting in the circumstances. It works at its best and is most effective when there are multiple and overlapping concerns and agendas being brought to the conference by participants, and particularly where people really care about the topic or topics that the conference has been called to address: where passions run high.

The 'Open Space' approach creates a range of opportunities for participants to work on issues that really concern them, rather than being told what is most important to talk about or having to sit through presentations and discussions that may be of importance to others, but are not of interest to themselves.

The man who first coined the phrase 'open space' had much experience of designing and running complex conferences: he noticed that the best conversations, however well planned the conference, were to be had in the coffee breaks when participants could roam, meet with whom they wanted to and discuss the things that were important to them.

What happens in an open space meeting?

Participants are invited in the opening session, once introductions have been completed, to convene meetings in one of a range of meeting rooms available through the course of the day. They are encouraged to indicate on the main meetings board where and when they will be meeting and the topic, so that others have the opportunity to join them if they so chose. Those who convene meetings are given a simple pro-forma to help them record the main points of their discussion, and any conclusions reached or actions recommended, for the benefit of those who were not at their meeting. These meetings records form the basis of the usually rich and varied conference report.

So what makes it so different?

- The agenda for the conference is created by participants in the opening session. It entrusts the day to the participants' concerns, responsibilities and judgement.
- Anyone can convene a meeting, on any topic related to the overall purpose of the day.
- The law of two feet: This is one of the ways that 'open space' breaks with the usual convention of meetings and it states that 'if you find yourself in a meeting that you are not

contributing to and / or you are not finding useful, then move on, find somewhere where you can contribute, or take a break'.

- Every participant is free to roam, to manage their time as they see fit, unless at a particular time they have agreed to convene a meeting, in which case the principle is 'take as long as you need to address your topic and stop when you have finished: don't feel obliged to fill the time'.

- The conference reports build through the day as meetings are held: and are posted on a notice board for all to read as the conference day progresses.

What does 'open space' do?

- Gets to the heart of participants' concerns very quickly
- Allows multiple meetings to happen in parallel
- Gets people networking and working with those with similar interests and concerns
- Often decisions get made in the conference, because the right people are there to decide and act
- Often proposals surface, which need further work or ratification or need to be fed into formal bodies for follow through
- Participants learn, are surprised, are energised
- It provides a great opportunity to listen, to try out ideas, discover new possibilities
- You cannot predict what an 'Open Space' conference will produce!

Who needs to be there?

As much of a cross section of all the parts of the system that the conference is set to address. We could for example, organise an Open Space Day about a specific problem in the NHS to which we would invite patients, public, LINKs participants as well as doctors, nurses, and managers in local hospitals. We might start with a very general question such as "how can we improve care in our local hospital", then individuals might call specific meetings about topics that they are concerned about, for example, how can we decrease hospital acquired infections, or how can we involve patients and the public in important decisions about hospital care, or how can we ensure that standards of care do not decline as a result of the impending budget cuts?

This approach is ideal for service review, planning and development. Open Spaces could be created to review and plan service priorities across health and social care and the voluntary sector in Kent and Medway. Open Spaces promote user involvement and partnership development between carers, health and social care and voluntary organisations. They are a way of resolving issues, dealing with conflict, and building relationships. They build useful networks of relationships that can be described as a form of social capital that enriches the community. The estimated cost of an Open Space meeting would be around 3K with 1.5K

for the consultant, £500 for transport and subsistence for participants, some consumables and £1K for the steering group meetings and research support from the University

OPEN SPACERS PLEASE NOTE

To help your Conversations go well

≈ ≈ **Welcome strangers!!** ≈ ≈

Make it easy for people to join in:

Put a sign on the door (or near your circle of chairs) indicating the topic of the session, leave the door open, draw in chairs as required.

Create setting for productive conversations!!

Make sure everyone gets an opportunity to contribute:

Move the chairs around as you need to so you and others can see each other and be included in the conversation. Summarise and build on the conversation as you go.

≈ ≈ **Expect new ideas to emerge!!** ≈ ≈

Make the most of the opportunity to get ideas shared, developed and acted upon:

Remember, someone needs to record the main points of your conversation. If it helps, keep a note as the conversation develops on the Session Report form or a flip chart.

≈ ≈ **Expect to make a difference!!** ≈ ≈

Get practical in turning ideas into action:

Where might these ideas best be progressed? What's already happening? What might be the next steps? Who needs to what by when? Record your summary and 'recommendations for action' on page one of the report.

≈ ≈ ≈ **Tips for note takers** ≈ ≈ ≈

- Write clearly, so others can easily read the report, and that it can be typed up accurately and easily.
- Make sure that your report will be fully understood by people who weren't in your conversation (e.g. write sentences rather than points). Post the Open Space Session Report on to the transcribing desk as soon as possible.

Appendix D

The World Café

World Café Conversations are an intentional way to create a living network of conversation around questions that matter. A Café Conversation is a creative process for leading collaborative dialogue, sharing knowledge and creating possibilities for action in groups of all sizes.

The challenges of life in the 21st Century require us to find new ways to access the wisdom and intelligence inherent in groups both small and large. The need for collaboration, insight and coordinated action has never been greater. Café Conversations are one way that communities, businesses, governments, and people from all walks of life are using to create a common purpose, share knowledge, make more intelligent decisions, and call forth life-affirming action together.

The methodology of the World Café is simple: The environment is set up like a café, with tables for four, tablecloths covered by paper tablecloths, flowers, some coloured pens and, if possible, candles, quiet music and refreshments. People sit four to a table and have a series of conversational rounds lasting from 20 to 45 minutes about one or more questions which are personally meaningful to them. At the end of each round, one person remains at each table as the host, while each of the other three travel to separate tables. Table hosts welcome newcomers to their tables and share the essence of that table's conversation so far. The newcomers relate any conversational threads which they are carrying -- and then the conversation continues, deepening as the round progresses. At the end of the second round, participants return to their original table -- or move on to other tables for one or more additional rounds -- depending on the design of the Café. In subsequent rounds they may explore a new question or go deeper into the original one. After three or more rounds, the whole group gathers to share and explore emerging themes, insights, and learning, which are captured on flipcharts or other means for making the collective intelligence of the whole group visible to everyone so they can reflect on what is emerging in the room. At this point the Café may end or it may begin further rounds of conversational exploration and inquiry.

In World Café, the formulation of powerful questions is a fundamental art and skill. Questions like "What's important to you about this situation, and why do you care?" and "What are we not seeing (or talking about) that is vital to our progress?" can open up new possibilities and energy. If you (as planner or host) don't know what question(s) are right for a particular Café, you can ask as a first round question "What question, if answered, could make the greatest difference to the future of the situation we're exploring here?"

The seven design principles of World Café are:

1. Clarify the context. Before we start we might ask:
 - What is the topic or issue we want to address or explore?
 - Who needs to be invited to participate in this conversation?
 - Who represents both the conventional and the unconventional wisdom?
 - How long do we have for the inquiry?

- What line(s) of inquiry do we want to pursue? What themes are most likely to be meaningful and stimulate creativity?
 - What is the best outcome we can envision? How might we design a path toward that outcome?
2. Create hospitable space—it needs to be comfortable, warm inviting
 3. Explore questions that matter
 4. Encourage everyone's contribution
 5. Cross-pollinate and connect diverse perspectives
 6. Listen together for patterns, insights, and deeper questions
 7. Harvest and share collective discoveries

For further information about the World Cafe see <http://theworldcafe.com>

A World Cafe event can be relatively inexpensive to run at around £1K. Planning is essential and would be an important component of the costs, and time needs to be allowed for the analysis of the data gathered in the course of the day as well as the written comments on the table cloths. Although the idea of the World Cafe may seem rather odd in the beginning we all have personal experience of how useful the process can be and the positive and constructive feelings that it engenders in participants.

Questionnaire design and SOS bus

Part of the package for obtaining feedback from a variety of users could be through the use of Online surveys like 2ask.net. With input from the University and LINKs this facility can:

- - Create questionnaires quickly and easily
- - Conduct online surveys at a low price
- - Analyze survey results already during the survey
- - Direct data exchange with Excel and SPSS

With 2ask you can create online questionnaires easily and conduct surveys. The questionnaire generator from 2ask generates your HTML. All you have to do is create the questions for your online survey. No installation of software is required. Your questions are designed in your web browser according to the WYSIWYG principle (what you see is what you get). You may test your questionnaire by using the preview and test mode.

You may view the online evaluation of your survey at 2ask directly after creating and activating it. The questionnaire can be evaluated in graphic and tabular form. Furthermore, diverse statistic methods are provided by the evaluation software from 2ask to analyze the questionnaires. The results of your online questionnaires can be formatted for Excel and SPSS.

On 2ask several templates for questionnaires are available for free usage as examples and models of employee surveys, customer surveys, market research, quality management, and website surveys for your Intranet and Internet surveys. You can use the model questionnaires in their entirety or in part for developing and designing your questionnaires

Consequently, the design and analysis of the questionnaire could be an additional part of the community researchers training (Appendix A) for example adding one extra day onto the training. The researchers could also have training on how to analyse questionnaire data through SPSS.

Costing: 2Ask licence: £500

Training for community researchers on questionnaire design and SPSS analysis:

10x researchers £100 per day for 1 day = £1000

Trainer: £1000

Total:£2500

SOS Bus

In order to facilitate reaching as many people in Medway as possible with the questionnaire the SOS bus could be used to target hard to reach or hard to hear individuals and communities who may not ordinarily participate in feedback of services. NHS Medway uses the SOS Bus, which came into commission on May 1 2009, as a multi-purpose vehicle, capable of delivering health and well-being services to disadvantaged populations or isolated communities in such settings as schools, shopping centres, pubs/clubs and other leisure venues and business parks. In its first year, it has provided a different range of services over 10 daytime sessions (during which it will be used for public health/health promotion activities) and 2 night-time sessions (during which, in conjunction with the police, it will provide a 'safe haven' in a night-time hotspot in Medway).

The use of unconventional approaches to provide mobile outreach services for vulnerable people in large cities – such as homeless people, drug users and sex workers - was part of the intensive health education programme undertaken to limit the spread of HIV infection in the later 1980s. Much more recently, similar outreach initiatives have been reported on some local authority web-sites, describing 'SOS bus' initiatives in a number of towns and cities, including Belfast, Southend, Colchester and Torbay. These services have been established in response to a range of different, locally-identified health and social needs, but they share some common features: partnership working between different statutory and third sector providers; services provided by a mixture of volunteers and trained staff; targeting busy areas at weekends and other peak times; and dealing with vulnerable client groups, particularly young adults and (occasionally) young teenagers.

As such, it is envisaged that the bus can be hired for all or part of a day and be located in targeted areas in Medway to access a range of different social groups. The bus will need to be furnished with laptops which have internet access and be staffed by a facilitator who can give brief instructions on how to access the questionnaire - or provide paper copies.

Costings:

Hire of bus 10 days x £500 = £5000

Cost of facilitator for 10 days – 10x £100 = £1000

5x laptops with internet access - £400 x 5 = £2000

Total: £8000

