

2021

ENGAGEMENT FRAME WORK

Niagara Ontario Health Team - Équipe Santé Ontario Niagara

This framework aims to assist members of the NOHT-ESON to ensure that we are deliberate in a consistent and planned approach to engagement.

Effective engagement for the purposes of health, community and social service planning is about trust, relationship building, transparency, and collaboration.

For a full list of interested and affected parties please see the end of this document.



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OUR ENGAGEMENT VALUES AND OPERATING PRINCIPLES

ENGAGEMENT VALUES

- Accountable
- Authentic
- Honest
- Inclusive
- Non Judgmental
- Quality
- Respectful
- Responsive
- Safe
- Transparent / Open

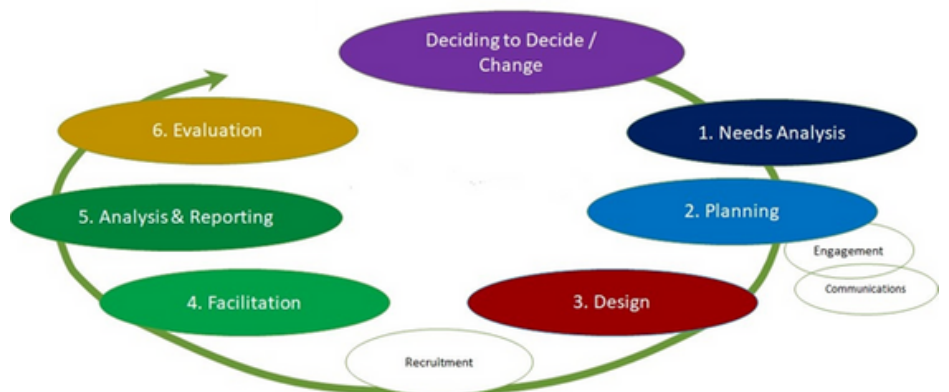
OPERATING PRINCIPLES

- Based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
- Includes the promise that those who are interested and affected parties will influence the decisions.
- Promotes sustainable decisions by recognizing and communicating the needs and interests of all interested and affected parties, including decision makers.
- Seeks out and facilitates the involvements of those potentially affected by or interested in a decision.
- When engaging, seeks input from those we will engage with in designing how they participate.
- Provides participants of our engagement activities with the information they need to participate in a meaningful way.
- Communicates to participants of our engagement activities how their input affected the decision.
- Recognizes and addresses barriers to equitable participation in engagement opportunities.

OUR ENGAGEMENT VISION

The NOHT-ESON will inform, include, and partner with our interested and affected parties in health and community social service planning and decision-making for a healthier Niagara.

ENGAGEMENT CYCLE




*Provided by Richard Delaney, President, Principal Collaborative Decision Making, Delaney the engagement People

NOHT-ESON CONTINUUM OF ENGAGEMENT

We recognize that not all initiatives require the same level of engagement, and not all populations need to be engaged in the same way. The Engagement Continuum includes sharing information (which is the foundation for an engaged community), to collaborating/co-development regarding decisions.

The table below provides information on the various levels of engagement, which are based on the International Association of Public Participation. For each engagement process we undertake, we commit to adopting an appropriate level of engagement based on what input we are looking for from our interested and affected parties. The categories are not considered in isolation as projects can include many phases. All levels of engagement are important. The continuum is not a linear process, rather it outlines different categories of engagement and is used to help define the opportunities.

IAP2 SPECTRUM OF PUBLIC PARTICIPATION

	INCREASING LEVEL OF PUBLIC IMPACT 				
	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities, and/or solutions.	To obtain public feedback on analysis, alternatives, and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
EXAMPLE TECHNIQUES	Fact sheets Websites Open houses	Public comment Focus groups Surveys Public meetings	Workshops Deliberative polling	Citizen advisory committees Consensus-building Participatory decision-making	Citizen juries Ballots Delegated decision

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INFORM

This engagement strategy provides interested and affected parties with balanced and objective information that will help them to understand the problem, alternatives, opportunities and solutions. It involves a one-way flow of information from the organization to the interested and affected parties. This strategy is used when a decision has already been made and the objective is to ensure that information is transmitted clearly to those who might be affected. Examples include websites, newsletters, fact sheets and brochures, open houses, briefings and e-mail updates.



CONSULT

In this strategy, interested and affected parties are consulted on draft plans or on issues. Their feedback influences decisions. The flow of information is still primarily one way—but this time from the interested and affected parties to the organization. Consulting is used when the objective is to gather information from a variety of interested and affected parties that the organization will use in making its decision. Examples include focus groups, surveys, interviews, invited stakeholder comment via social media, interactive websites, questionnaires, Q&A, discussion groups, public meetings and open houses.



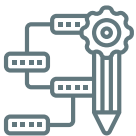
INVOLVE

This strategy involves working directly with interested and affected parties on planning and policy processes to ensure their concerns and aspirations are consistently understood and considered. This is a two-way flow of information between the organization and interested and affected parties. This strategy is used when the decision rests with the organization, but with the intent to actively involve interested and affected parties in developing solutions. Examples include workshops with clear input and dialogue built in, open-space meetings, focused conversations, short-term advisory groups and planning committees.



COLLABORATE

Collaboration involves partnering with interested and affected parties in each aspect of decision-making, including developing alternatives and identifying the preferred solution. The flow of information happens not just between the organization and the interested and affected parties, but among the interested and affected parties themselves. Collaborating is used when the organization wants to work together in a joint process with interested and affected parties throughout the engagement. Examples include advisory committees, facilitated consensus building, planning retreats and working groups with shared decision-making.



EMPOWER/CO-DESIGN

This strategy actively supports interested and affected parties in developing their own processes and structures necessary to identify issues and implement solutions. The ideal is to have no difference in status between organizations involved in the process. Empowering is used when there is a true partnership that is “owned” by the community. The organization may be in a position to support that partnership by providing skills, training or resources, but has no greater voice in decision-making than other interested and affected parties. Examples include formal partnership agreements with resource-sharing and decision-making authority, voting rights at key decision tables, co-developing a program or service and final decision-making that is shared jointly in the venture (e.g., program design).

When engaging with patients/clients/families/caregivers, Indigenous populations, francophone populations and primary care, the NOHT-ESON will strive to collaborate and co-design services.



NOHT-ESON ENGAGEMENT PLANNING

The following planning process outlines the steps the NOHT-ESON will undertake in engagement planning.

Step 1

Define the Decision Statement.

Step 2

Assessing the Need to Engage:

1. Determine Interested and Affected Parties.
2. Determine Impact of Decision.
3. Determine Need to Engage.
4. Confirm interested and affected parties and at what level on the continuum of engagement.

Step 3

Map decision and create engagement objectives.

Step 4

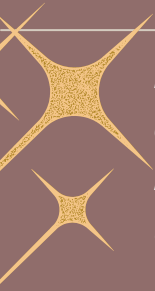
Design Engagement Process.

Step 5

Implement the Engagement Activities/Techniques.

Step 6

Evaluate Engagement Process



Engagement is not something you DO. It is embedded throughout all policies, decision-making, and in every day activities. Getting there is not always easy, but partnerships will be the cornerstones of meaningful transformation.

APPENDIX A

Acronyms/Definitions

NOHT-ESON: Niagara Ontario Health Team - Équipe Santé Ontario Niagara

OHT: Ontario Health Team

Partners: An all-inclusive term used to describe the NOHT-ESON collective of members, collaborators, and supporters.

Member – Health Service Provider/Organization/Physician (Primary Care/Specialist): Initial or new formal signatory to the 2019 OHT Full Application considered party to an agreement. Formal signatory to the 2019 NOHT-ESON Collaboration Agreement. Their role is to represent expertise in a specific sector but make decisions based on the entire health and social care system.

Member – Patient/Client/Family/Caregiver: A person who brings the perspective as a patient/client/family/caregiver at the Planning Table. Their role is to represent the lived experience for any number of patient/client/family/caregiver experiences.

Collaborative Advisors Indigenous Health Network: Formal signatory as a Collaborative Advisor. Their role is to provide experience and knowledge in priority areas to support and guide the work of the NOHT-ESON Planning Table and Working Groups.

Collaborator – Physician (primary care/specialist)/Health Service Provider/Organization: Formal signatory as collaborators to the NOHT-ESON Collaboration Agreement. Their role is to provide experience and knowledge in other areas to support and guide the work of the NOHT-ESON Planning Table and Working Groups.

Collaborator – Patient/Client/Family/Caregiver: A person who brings the perspective as a patient/client/family/caregiver at a working group. They are participants at Working Groups and provide input and contributes to the development of working group recommendations.

Interested and Affected Parties: This is a term used to describe those people who have a concern about a development, project, policy, or action and who need to be consulted during the process of decision making.

APPENDIX B

Interested and Affected Parties

For the purposes of this framework, the “interested and affected parties” that the NOHT-ESON has recognized as important groups to engage with are :

- Businesses and Business Associations
- Child Welfare System
- College and University students
- Communities and Community-based Organizations
- Community Support Groups (i.e. Lions Club, Churches)
- Corporate Boards of Directors
- Elected officials
- EMS, Police, First Responders
- Families
- Francophone community (i.e. Sovereign Nation to Nation)
- Funders (United Way, Niagara Community Foundation)
- Government of Canada
- Government of Ontario
- Indigenous community
- Landlords
- LGBTQ2S+ community Local Elected Officials (federal, provincial, regional and municipal)
- Media
- Members of the public and the diverse communities within Niagara including grassroots agencies, cultural or ethno specific groups and tenant/neighbourhood associations
- Migrant and Seasonal Workers
- Healthcare providers
- New Canadians and Immigrants to Canada School Board
- NOHT-ESON partner organizations
- Organizations support the homeless
- Patient Client Family Caregivers
- People actively receiving services and their families
- People experiencing homelessness
- People experiencing unemployment
- People living with addictions
- People living with physical disabilities
- People who are incarcerated
- Primary Care
- Regional government (public health, regional services)
- Seniors
- The General Public (i.e regional population)
- The Ministry of Health & LT Care
- Universities, Colleges and other post-secondary institutions
- Youth

*Please note, this is not intended to be an exhaustive list, and will likely change and have parties added as the work of the NOHT-ESON evolves.