

Community Participation Strategy

Upper Hume Primary Care Partnership

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A. What our strategy is about

What is our community participation strategy?

This is a set of ideas on how to help people become more involved in the decisions that affect their own health and well being and that of their community.

Our strategy is for local governments and health and community services in the City of Wodonga, the Shires of Towong and Indigo and the Kiewa Valley.

Our community participation strategy is founded on a shared commitment, agreed processes and shared outcomes.

What do we mean by community?

In this strategy community means individual people, their families, their carers, groups of people and other organisations within Upper Hume.

Which agencies have supported this strategy?

This strategy is an initiative of Upper Hume Primary Care Partnership (UHPCP). Member organisations have supported the development of this strategy.

What do we want to achieve?

The strategy will help us change the way we work with members of the community who may use our services from “doing for” to “doing with”.

We want to:

1. Increase the involvement of individuals in determining their own health and well being
2. Increase the involvement of the community in the planning, design, delivery and evaluation of services that affect health and well being
3. Increase the involvement of the community in improving the service system that supports health and well being

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Why do we want to achieve these things?

Our health and well being are affected by our overall environment, by who we are, where we live, our life opportunities and our relationships. The complexities involved in health and well being are best addressed when providers, people who use the services and the community work together to plan, design, coordinate and evaluate services. This results in more effective services that respond to locally identified needs.

We want to increase people's involvement because we believe that participation in the decision-making processes has mutual benefit.

For the community those benefits are:

- ✓ People achieve an increased level of control over their own health;
- ✓ People are better informed and are able to share the responsibility for identifying issues, setting priorities and determining health outcomes;
- ✓ Services are more likely to be responsive to locally expressed issues; and
- ✓ There is an increased accountability of publicly funded services.

For service providers those benefits are:

- ✓ Advice and feedback from the community can help improve the design of services;
- ✓ Providers are given a different perspective on their services;
- ✓ Assists providers better understand where to direct their resources; and
- ✓ Community participation results in more appropriate use of services.

B. Frameworks

Levels of community participation

Participation of the community occurs at three levels: a) The individual level; b) The organisational level; and c) The systems level.

In each level there are varying degrees of participation. These span from low grades of involvement, where people may simply be given information about health and well being, through to high grades of involvement, where people have control over identifying and addressing health and well being issues. The varying degrees of participation are summarised in Table 1 on the page 5.

Traditionally, community involvement at the individual, organisational or systems level has been limited to low and medium degrees (information or consultation), with communities provided with information or consulted about specific issues. Providers have been in the role of expert and decision maker.

Democratic participation requires that people are involved at the medium to high degrees (collaboration and ownership). This does not mean that lower degrees of participation are not useful for meeting certain goals, but rather that communities must become involved across all degrees for the full range of benefits to be realised.

Achieving greater levels of participation is developmental. It takes effort and time. It is best to start at a level that is achievable and, over time, put in strategies to increase involvement.

The levels of participation are not static, nor mutually exclusive. At any one time we could be involving our communities in a range of levels depending on the issues, the resources, or the target community.

The key point is that communities, at the individual, organisational and systems levels, have an important role at least equal to organisations in determining processes and goals, and the degree of participation necessary to meet them.

Communities are aware of their local issues and through involvement can draw upon their particular skills to help develop local solutions. This helps to better target resources.

Service providers in the Upper Hume PCP agree to actively promote individuals being genuinely involved in decision-making about their health and well being.

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Individual service provision:

Individuals having more control over their health and well being is a critical aspect of our Community Participation Strategy.

Individuals can better influence their own health and well being if they are actively involved in decision-making. People have the right to be actively involved in decision making.

At the individual participation level the service provider supports individuals to make decisions about their own health and well being.

When individuals participate it helps services to be more effective.

It is also critical because people who have more control over their own health and well being are more likely to be involved in the decisions that affect the health and well being of the community as a whole.

Having more control at this individual level is about the relationship between service provider and the individual becoming more democratic, more equal in terms of control over decisions.

Organisational level:

Participation at the organisational level is about how an organisation works with people who use its services, and the broader general community to plan, design, deliver and evaluate services.

Knowing the views and needs of people who use, are likely to use or who have an interest in a service helps organisations design and deliver better services. It is likely to lead to services that are more accessible and appropriate. It can help influence organisational policies and procedures.

Upper Hume PCP encourages community participation at all levels of our organisations. We encourage community involvement in:

- Governance of our organisation;
- Planning;
- Design and development of services;
- Implementation of services; and
- Review and evaluation of our organisation and our services.

Systems level:

Participation at this level is about the community having input to the way services work together and to help plan for the community overall.

Community participation in the development and implementation of strategies at the service system level can lead to better systems and services, and in turn, better social health outcomes for the community.

Upper Hume PCP promotes education for community members and people who use services to help them develop the skills and knowledge required to actively participate at this level.

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Table 1: The ladder of community participation

Degree	Participants' role	Illustrative mode	
		Individual level	Organisational and systems level
High	Have control	The provider works with the individual to: <ul style="list-style-type: none"> – Identify his or her health and well being goals; – Identify the solution; – Source needed information; and – Understand and interpret needed information. The individual is able to seek alternative opinions and service options. The person makes the decisions in relation to services that he or she receives, based on all the information and on his/her own goals. The provider supports the person.	Organisation asks community to identify the issues and the solutions and to make all the key decisions on goals and means. Organisations are willing to work with the community at each step to accomplish goals.
	Delegation	The provider identifies and presents the problem to the person, ensures the person has complete and relevant information and asks the person to make a series of decisions within identified and agreed limits.	Organisation identifies and presents a problem to the community, defines the limits and asks the community to make a series of decisions, which can be embodied in a plan it can accept.
	Plan jointly	The provider is willing to develop an individual response in consultation with the individual. The quality and level of individual participation may depend on how informed and comfortable the individual is with the process, the degree of participation the individual chooses, and how the individual is feeling at the time the service is provided.	Organisation presents tentative plan and is open to change from those affected. Expects to work through the plan with the community to get a workable solution. Some changes to the plan are expected as a result of working together.
	Advise	The provider decides on the best course of action, informs the individual and invites questions. The course of action might be modified if absolutely necessary.	Organisation presents a plan and invites questions. Prepared to modify plan only if absolutely necessary.
Low	Are consulted	The provider decides on the best course of action and seeks to gain the individual's cooperation and acceptance.	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so administrative compliance can be expected.
	Receive information	The provider makes the decisions about the service and gives the individual information about it.	Organisation makes a plan and announces it. Community is convened for informational purposes. Compliance is expected.
	None	The provider makes the decisions and sees no need to give the individual information.	Community not involved.

Adapted from:

1. Brager and Specht, 1973; and
2. Wohlers, Margaret (Nov 2000), *Ladder of Participation in individual health care: based on the model developed by the Community Participation Group of the United Kingdom for All Network*, National Resource Centre for Consumer Participation in Health

C. The Way We Work

Principles underlying our strategy

Four principles underpin our strategy:

Essential

Community participation in decision-making is fundamental to quality services.

Access

Involvement in decision-making can only occur where people can easily and readily participate

Respect

The role in decision-making played by the community is valued and drawn upon.

Efficient resourcing

Participation activities will be more effective where they are coordinated to reduce duplication.

The community participating in our PCP activities

The Healthy Communities Plan is the framework used by Upper Hume PCP to improve the health and well being of our communities. Our communities are an integral part of that framework.

The active participation of our communities is central to:

- ✓ The development of our shared vision and shared outcomes that direct the work of organisations serving our community;
- ✓ Identifying the health and well being needs of our communities;
- ✓ Setting priorities;
- ✓ Setting goals and strategies that show how we intend to achieve our outcomes; and
- ✓ Monitoring and evaluation of services and the service system for continual improvements

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To help our Healthy Communities Planning process we use four main platforms.

The platforms are:

- Young Children and Families
- Young People
- Middle Years
- Older People

Upper Hume PCP member agencies have each nominated the platform(s) to which they belong. Each platform is supported by two Platform Leaders whose role is to bring together all the agencies whose core business is found within the particular platform to enable planning and service delivery activities to be coordinated.

It is through these platforms that needs are identified, priorities determined, views are sought and the Healthy Communities Plan is developed, implemented and evaluated.

Our communities participate in these platforms through our member organisations. Each of our member organisations has a variety of ways to involve their relevant communities. Our community participation strategy builds upon these. By using these recognised paths of involvement we believe that people will more readily and easily participate.

Coordinating our efforts

Our communities will be able to participate more easily if our member organisations coordinate their participation strategies. Our Platform Leaders play an important role in this. Each year they bring together all platform agencies to identify, agree upon and coordinate the strategies to involve the various communities in all phases of our Healthy Communities Plan. This includes reviewing the ways in which communities participate.

We recognise that during the initial development and implementation phase of our planning framework there will be a need to support Platform Leaders in their role. During this time, Upper Hume PCP will set aside a small annual budget to help Platform Leaders develop the role and assist them to involve the community in the Healthy Communities Plan process.

D. Steps for success

Whilst most of our agencies have undertaken some form of consumer or community consultation, we have not had a coordinated approach to ensuring community participation to guide our activities.

The following steps will guide us as we proceed.

1. Knowing what we want

Each agency should determine why it wants to have community participation. Our reasons and motives will influence the process and outcomes.

A good set of questions to ask at this stage can be found in NRCCPH, Fact Sheet 4, which can be accessed at www.latrobe.edu.au/nrccph. An adapted version of these questions is provided as Appendix 1.

2. Involving the community

Involve the community as early in the process as possible. This will help build a mutual trust and respect. It will also ensure future participation strategies are targeted to the needs of the community.

Our communities are made up of many different groups, with different interests and needs. Identify the various groups and how best to involve them.

To assist us in determining how consumers and community members should participate we can ask them. We might do this in a number of ways, including:

- ✓ Community forums;
- ✓ Focus groups;
- ✓ Telephone surveys;

- ✓ One-on-one interviews;
- ✓ Workshops.

Involve the community in determining their roles, rights and responsibilities. To help us build a consistent approach we have developed a Charter of Rights and Responsibilities that can be used by member organisations or act as a guide if members wish to develop their own charter. This charter can be found in Appendix 2.

People may need to be supported to participate. Involve the community to identify the types of support they might require to help them participate successfully.

3. Gaining commitment

Involve all stakeholders in an open and equal process to ensure they understand the mutual benefits of participation. Allow the opportunity to work through any concerns and to find common ground. An open and inclusive process is more likely to result in all parties feeling valued and being open about what they want.

Make participation an organisational priority. Build it into the corporate and operational plans. Make it a legitimate part of the business we do. Develop clear policies, communication processes and lines of accountability.

4. Knowing if we are ready

Each agency should assess its readiness for increased community participation. A useful tool for this purpose is the “Primary Care Self-Assessment Tool For Community And Consumer Participation”, developed by the National Resource Centre for Consumer Participation and Health.

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This audit tool will assist agencies to determine their readiness and give an indication of areas for improvement. It is also a useful tool to repeat at regular intervals to gauge progress and to support ongoing quality improvement. A copy of the tool has been provided as Appendix 3.

5. Knowing at what level we will encourage participation

Table 1 (page 5) shows different levels of participation. These range from the lowest level where the organisation informs consumers and the community of its priorities and plans, through to the highest level where consumers and the community play a lead role in decision-making, including decisions about resource allocation.

We need to determine what level of participation we will support initially and what mix of levels we want to achieve over time. A simple tool for this purpose has been included as Appendix 4.

6. Resourcing participation

Community participation will require resources. If all levels of our organisation understands and embraces the concept of participation we are more likely to value it and resource it.

We can learn from others. Case studies and research can be used to show how other organisations have dealt with the resource issue. Several of the resources in Appendix 8 have useful ideas. Two in particular are:

- i) *Consumer Focus Collaboration (2000a). "Improving health services through consumer participation: A resource guide for organisations." Department of Public Health, Flinders University and the South Australian Community Health Research Unit.*

Section 3 of this document provides a comprehensive range of participation tools and strategies and checklists them against the *Level of participation ladder*.

- ii) *Consumer Focus Collaboration (2000b). "Education and training for consumer participation in health care: Resource Guide." Department of Public Health, Flinders University and the South Australian Community Health Research Unit.*

Part 3 of this document provides several case studies in how organisations have helped community members develop the skills needed to successfully participate.

7. Develop an action plan

When we have conducted an audit and determined the level of participation we need to develop a Participation Action Plan. We should move at a pace that is realistic and which takes account of available resources. Identify potential issues, prepare contingencies and set short, medium and long-term goals, and plan for the resources needed to achieve them. If we have a well-planned approach we will cope better with unpredicted events. Plan collaboratively, agreeing upon goals and strategies.

A Participation Action Plan might include:

- ✓ The issue to be addressed;
- ✓ What we want to achieve;
- ✓ Who we want to participate, and how we decide who;
- ✓ How we will support participation;
- ✓ Timelines;
- ✓ Resources; and
- ✓ Evaluation plan.

A sample Participation Action Plan is included as Appendix 5.

E. Enabling participation

Supporting participants

Involvement in decision-making can only occur where people can easily and readily participate. We must work in ways that promote, support and enable people to have an active role in the decisions that affect their health and well being, and that of their community.

To help people become more involved we need to:

1. Be clear about the purpose of any participation activity.
2. Involve communities from the outset so that the processes reflect their involvement and their needs. Involve participants in determining their roles, rights and responsibilities.
3. Provide participants with the information, education, training and financial supports necessary to participate.
4. Provide participants with clear policies, communication processes and lines of accountability.
5. Provide information that is in plain language and is able to be used by people with a disability, from different cultures, and those whose first language is not English.
6. Value and respond to participants' ideas.

Financial support

Where Upper Hume PCP chooses to involve people to act as community representatives in Healthy Communities Plan activities

we have agreed these representatives should be reimbursed for their costs. We have developed a "Reimbursement of costs policy", which is provided as Appendix 6.

Member agencies could choose to use this to assist people who are invited by the organisation to represent the community.

Being inclusive

Participation should seek to increase the role of all service users and the community in general, but critically those people who are often excluded from decision-making processes.

The literature tells us that participation in health and well being is not equally shared within the community. Government bodies and 'health' professionals have a relative monopoly of power. When participation does occur it is traditionally dominated by peak bodies and well educated, middle class individuals.

Those with multiple social disadvantage have the most need for participation but are likely to be the most difficult to recruit. Considerable barriers can exist for many individuals and groups. We need to use ways of engaging people that are tailored to their particular needs.

We have developed a checklist to help us increase the involvement of individuals and groups we have traditionally found difficult to involve. This checklist is provided as Appendix 7.

F. Evaluation

It is important to evaluate our participation strategy to gauge whether we are achieving our objectives and to identify ways to improve how we support participation.

We should ask:

- ✓ Did we achieve what we set out to do?
- ✓ Were community members happy with their level of involvement?
- ✓ Have we reported back to people on the outcomes?
- ✓ Are responsibilities clear for the next steps?
- ✓ What should we do differently next time?

Among the evaluation tools we can use are:

- ✓ The Participation Action Plan (Appendix 5);
- ✓ The Primary Care Self Assessment Tool For Community And Consumer Participation (Appendix 3); and
- ✓ Feedback from community members – through surveys, interviews, focus groups.

Involving the community in the evaluation is an important participation strategy. Helping skill community members to conduct the evaluation can add valuable dimensions to our evaluation as well as develop community skills and capacity.

If we make evaluation a regular activity we can use it as an active learning tool. We can use the findings of our evaluation to adapt and refine what we are doing. In this way our Participation Action Plan will remain a dynamic tool.

Some useful evaluation resources are:

Wadsworth, (1991), *Everyday Evaluation on the Run*, Melbourne, Australia: Action Research Issues Association Inc.

Health Canada, (1996), *Guide to Project Evaluation: A Participatory Approach* - available on:
www.hc-sc.gc.ca/hppb/familyviolence/html/1project.htm

Appendices

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Appendix 1: Questions to ask before encouraging greater participation

The following questions have been adapted from NRCCPH Fact Sheet 4. The questions are divided into three groups:

1. Questions to ask before you start trying to identify your community;
2. Questions to ask when you are ready to begin involving community members; and
3. Evaluation questions.

1. Questions to ask before you start trying to identify your community	
<i>What is the management commitment and staff commitment to community participation? And what is the commitment of the organisation to change?</i>	Without this commitment you may end up in a position where you have sought input from the community, but do not have the resources, plans or structures to use this information to develop your services. Without this commitment you may be setting yourselves up to fail and you may end up with staff who are caught between community and an inflexible system.
<i>Can we develop ways to ensure that community members who participate will be listened to and their input valued?</i>	This is important because people may provide input to organisations and then see no change as a result. This can create cynicism about the reasons health services seek participation.
<i>What aspects of the organisation's history may impact on community participation? Are there bridges that need to be built to foster collaboration?</i>	Understanding how the organisation is perceived by the community is important. For example, if the organisation has consulted with people previously and nothing has happened as a result of this consultation, people may not be willing to participate. It may be necessary to build bridges and resolve existing conflicts as part developing participatory processes.

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2. Questions to ask when you are ready to begin involving community members	
<i>Do we know who our community is? Do we know how community members would like to participate in our organisation?</i>	Understanding the diversity of people in your community will highlight the different groups you need to make links with. You may also need to develop a range of strategies to engage appropriately with people from a range of backgrounds. Without this understanding you may only hear from those people who are the most articulate.
<i>Are there different levels that community members can participate within the organisation? What kinds of skills will be required by community members and staff to do this work and how can the organisation support community members and staff to work together.</i>	Community members can be involved at many different levels within organisations, including: <ul style="list-style-type: none"> • Developing visions and mission statements • Governance • Strategic planning • Policy development • Service and facilities planning • Developing care processes • Individual care • Service delivery • Education • Evaluation and monitoring
<i>How will you support those community members who provide their time and expertise to your organisation?</i>	Community members can contribute a lot of time and energy working with you to improve services. Often community members have to cover a lot of out of pocket expenses to participate, including phone calls, travel, child care and lost wages. Community members may also need to develop significant skills to be effective participants. Your organisation will need to determine how it can assist with training and support of consumers, and/or with reimbursement of costs or payment for their expertise. [The <i>reimbursement of costs policy</i> will help here].
<i>Can you more actively involve your community by training them to undertake community consultation?</i>	Training members of the community to undertake some of the consultation builds important community skills and strengths. It can also result in more honest feedback.

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3. Evaluation questions

Ideally, evaluation questions should be asked along the way so that you are identifying and addressing issues as you go.

How can we tell if the processes used are working?

If you are clear about the purpose for seeking community participation and who you are trying to involve, then evaluation questions become much clearer. You may like to ask staff and community members to work together on developing goals and evaluation questions. You can start to ask questions like:

- How have community members become involved?
- What do community members say about their experience of being involved?
- Has the involvement been truly representative of the community?
- What have you learnt so far and what needs to be changed to improve your participation processes?
- What changes have been implemented as a result of community members participation and community member-staff collaboration?
- Have the changes community members would like to see been implemented?

Changing the questions you ask, or changing the way you ask questions is part of the process of changing the culture of your organisation.

NRCCPH Fact Sheet 4 can be accessed at www.latrobe.edu.au/nrccph

Appendix 2: Charter of rights and responsibilities

Our Charter

This Charter outlines our commitment to promoting the health and well being of the Upper Hume communities. The Charter is based on our underlying values.

Aim

To ensure providers, and individuals who use services, are aware of their rights and responsibilities so that each is able to input to the planning and delivery of quality services and the improvement of the service system.

Information

Service providers and consumers will share relevant information so consumers are able to make informed decisions about their health and well being.

Respect

The decisions, choices, expectations and concerns of consumers and service providers will be heard, and responded to, in a respectful, meaningful and timely way.

Access

Within budget parameters, and in collaboration with the community, services will be planned, developed and provided in ways that make it easier for people to use and benefit from them.

Privacy

Service providers are the custodians of personal information provided by consumers. Availability and use of this information will be limited to those authorised by the consumer.

Participation

Community members will be actively encouraged and provided with opportunities to make responsible decisions about matters that affect their own health and well being, and that of the community in general.

Choice

Consumers will be encouraged and supported to choose the type and manner of health service that best meets their circumstances.

Support

Service providers and consumers will be proactive in ensuring people have the necessary supports to engage in and make meaningful decisions about their health and well being.

Quality

Service providers and the community will work together to ensure local services are those in which consumers have absolute confidence and pride.

Appendix 3: NRCCPH Primary Care Self Assessment Tool For Community And Consumer Participation

Accessed at www.latrobe.edu.au/nrccph where there is also a version based on the structure used by the Quality Improvement Council.

VERSION 2 – Primary Care Self Assessment Tool

This self-rating scale is based on the EQUiP format.

- LA: Little Achievement
- SA: Some achievement
- MA: Moderate achievement
- EA: Extensive achievement
- OA: Outstanding achievement
- N/A: Not applicable

1. VALUES, PHILOSOPHY AND POLICIES						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
1.1	Has your organisation identified who its community and consumers are?					
1.3	Does your organisation's business/strategic plan recognise and promote community and consumer participation?					

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1. VALUES, PHILOSOPHY AND POLICIES						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
1.4	<p>Does your organisation have policies on:</p> <ul style="list-style-type: none"> • Community and consumer participation? • Community and consumer access to information? • Consumer rights and responsibilities? • Making a complaint? • Addressing barriers to access? 					

2. PROCESSES AND STRATEGIES						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
2.2	<p>Does your organisation have strategies to target marginalised groups? (For example, people from culturally and linguistically diverse backgrounds.)</p>					

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2. PROCESSES AND STRATEGIES						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
2.3	Does your organisation have systems in place to seek and act on community and consumer feedback? (For example, through community consultations, surveys and workshops.)					
2.4	Are there examples where your organisation has developed partnerships with community and consumer groups?					

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2. PROCESSES AND STRATEGIES						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
2.5	<p>Does your organisation have a process to recognise the contribution of community members and consumers? (For example, recognition in the Annual Report, an afternoon tea, etc.)</p>					
2.6	<p>Does your organisation have processes for community groups and consumers to find out about ways to participate in your organisation?</p>					

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3. ORIENTATION, EDUCATION AND TRAINING						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
3.1	Does your organisation provide an orientation program, education and training to community representatives and consumers to support its community and consumer participation activities?					
3.2	Does your organisation provide an orientation program, education and training to staff to support its community and consumer participation activities?					

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3. ORIENTATION, EDUCATION AND TRAINING						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/Who's responsible?
3.3	Are community and consumer participation principles reflected in staff position descriptions? Are these principles a part of staff's performance appraisal?					
3.4	Are there staff identified as champions or leaders delegated with the task of promoting community and consumer participation?					

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4. EVALUATION						
	Questions	Self-rating	Level of participation	Evidence of achievement	Action required and expected outcomes	By when/who's responsible?
4.1	Does your organisation have a process to evaluate the effectiveness of its community and consumer participation activities?					
4.2	Does your organisation have a process to report on its community and consumer participation activities and achievements?					

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Appendix 4: Tool to determine current and targeted levels of participation

This tool will assist us in developing a Participation Action Plan

Level	Purpose	Sample strategies	What do we do now?	Future strategies	When?
Low	Providing information	Pamphlets, handouts Verbal information to individuals or groups Health promotion campaigns Meetings to inform consumers of plans Education sessions around specific issues Media releases			
	Seeking information	Written surveys, consumer interviews, focus groups, phone-ins			
	Seeking advice	Suggestion box, complaints handling, feed-back on discussion papers, workshops, search conferences, input to needs analyses			
	Joint planning	Individual and worker together determine appropriate course of action Planning workshops, community forums – organisation and community both contribute to solutions Structured cyclic planning in which community has specified role in shared decision-making. Shared responsibility for processes and outcomes.			
	Decision-making	Workshops, forums – community develops solutions to issues identified by organisation Individual makes decisions on treatment options, prevention strategies based on information from worker			
High	Have control	Individual identifies own health needs and decides prevention or intervention strategies. Community organises forums, workshops to identify issues, goals and processes for organisation to follow			

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Appendix 5: Participation Action Plan

Issue	What do we want to achieve?	Who should participate?	How will we support participation?	Timelines	Resources including staff, budget	Indicators of success

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Appendix 6: Reimbursement of costs policy

Policy intention

Community members will be assisted financially to enable them to participate in approved PCP activities

Definitions

For this policy a **community member**:

1. Must live, work or study within the Upper Hume PCP catchment;
2. Cannot be a paid staff member of any PCP member organisation; and
3. Must be recognised as a member of an Upper Hume PCP committee or working group

For this policy an **approved Upper Hume PCP activity**:

1. Refers to all activities convened, or approved, by the General Committee; and which
2. Require a recognised community member of an Upper Hume PCP committee or working group to represent a particular community

What will be reimbursed?

	Activity	Level of reimbursement
1.	The costs of care for a dependent family member, for example a child, an elderly parent, or other family member for whom the community member provides daily care.	Actual cost
2.	The costs of personal assistance to the community member, for example, the cost of a personal carer or an interpreter.	Actual cost
3.	Travel costs	0-25 km: \$5 20-50 km: \$30 50+ km: \$50
4.	A sitting fee	\$25 per hour to a maximum of \$150 per day

Guidelines

1. Application for reimbursement is to be made on the *Reimbursement of costs by community member* form [provided on page 28]
2. The application form is to be countersigned by the delegated Upper Hume PCP representative responsible for arranging the activity to confirm the community member's attendance at the activity
3. Where the costs of care of a dependent or costs of personal assistance are sought, an official receipt showing the actual costs should be attached to the application form
4. The sitting fee applies only to the time spent in the activity and does not include the time taken to travel to the activity

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REIMBURSEMENT OF COSTS BY COMMUNITY MEMBER

Details of reimbursement

Details of person claiming reimbursement

Name: _____

Address: _____

Postcode _____

Telephone: () _____

Activity	Are you claiming for this activity? Yes or No	Level of reimbursement	
Care of dependent		Actual cost – attach receipt	\$
Personal assistance		Actual cost – attach receipt	\$
Travel		0-25 km: \$5; 20-50 km: \$30; 50+ km: \$50	\$
Sitting fees		\$25 per hour to a max. of \$150 per day	\$
Total amount to be reimbursed			\$

Signed by participant: _____

Details of Upper Hume PCP activity

Activity: _____

Date: _____

Time: FROM _____ TO _____

Location of Upper Hume PCP activity: _____

Upper Hume PCP Activity leader's name: _____

Confirmation of attendance _____

[Signature of Upper Hume PCP activity leader]

For office use only:

Application processed by:

Name: _____

Date: _____

Detail when and how payment made to community member:

Signature: _____

Appendix 7: Checklist to help increase involvement

The following checklist can help to increase the involvement of individuals and groups we have traditionally found difficult to involve.

<p>1. Increase accessibility:</p> <ul style="list-style-type: none"><input type="checkbox"/> Are we trying to involve them in a place and in a way that is comfortable for them?<input type="checkbox"/> Is the venue or location we are choosing one that they would ordinarily use? Could we actively involve them in choosing the venue?<input type="checkbox"/> Does the location have disabled access?<input type="checkbox"/> Is it suitable for people with vision or hearing impairment?<input type="checkbox"/> Do we have appropriate seating? Is it comfortable? Is it of correct size, shape and type for the people who will be seated?<input type="checkbox"/> Is the venue convenient?<input type="checkbox"/> Can people get there easily?<input type="checkbox"/> Are we holding participation activities at times that suit the person or groups?<input type="checkbox"/> Do we need to hold activities in more than one venue and/or in more than one town?<input type="checkbox"/> Will participants require child care?<input type="checkbox"/> Should we provide refreshments?<input type="checkbox"/> Do people require out-of-pocket expenses?<input type="checkbox"/> Have we made sure we have enough facilitators while not outnumbering the participants?	<p>2. Cultural relevancy:</p> <ul style="list-style-type: none"><input type="checkbox"/> Do we need information in different languages?<input type="checkbox"/> Do we need to recruit interpreters?<input type="checkbox"/> Where we wish to involve Aboriginal people, have we spent time building relationships and developing trust? <p>3. Special needs:</p> <ul style="list-style-type: none"><input type="checkbox"/> Do the participants require advocates?<input type="checkbox"/> Do the participants require personal carers?<input type="checkbox"/> Do we need to provide resources for communication and language? <p>4. Age relevancy:</p> <ul style="list-style-type: none"><input type="checkbox"/> Have we designed our activities and approaches to suit the age of the person or groups? <p>5. Ongoing effort:</p> <ul style="list-style-type: none"><input type="checkbox"/> Have we made personal contact with participants?<input type="checkbox"/> Have we consulted with support groups, peak bodies, community leaders about the best way to involve particular people and groups? <p>6. Training and support</p> <ul style="list-style-type: none"><input type="checkbox"/> Have we provided appropriate information?<input type="checkbox"/> Do the participants require training?<input type="checkbox"/> Do they require financial assistance?
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Appendix 8: Useful Resources

The following resources include a number of texts and websites containing valuable information on a range of issues related to community participation. These resources expand on the issues covered in this document.

National Resource Centre for Consumer Participation in Health
www.latrobe.edu.au/nrccph/

This website is home to the national clearing-house for information on community participation. It contains a vast array of information, documents, evaluation tools (such as the 'Primary Care Self Assessment Tool for Community and Consumer Participation') and links. Many of the texts discussed in this document can be downloaded or ordered from the site.

Many of these texts are from organisations who have implemented their own community participation strategies, and include valuable and practical 'how to do it' information, pro's and con's, budgets etc (eg; Arthritis Victoria's 'Building Consumers In: A resource manual in consumer participation for the not-for-profit sector'). These reports are particularly valuable resources for organisations planning their own participation strategy.

Consumer Focus Collaboration (2000a). "Improving health services through consumer participation: A resource guide for organisations." Department of Public Health, Flinders University and the South Australian Community Health Research Unit.

A detailed, informative and user-friendly guide to community participation. Includes a range of audit tools, check lists, case examples, and resource links. Also includes a detailed discussion of a range of participation tools and strategies.

Consumers' Health Forum of Australia. (1999). "Guidelines for consumer representatives: Suggestions for consumer or community representatives working on committees." 4th ed. Consumers' Health Forum of Australia Inc: Canberra.

A user-friendly guide designed specifically for community members interested in participation. Discusses expectations, rights, responsibilities and how to be effective.

Department of Human Services (2000a). "Preparing a consumer's and carer's charter: A draft guide for discussion." Aged, Community and Mental Health Division: Melbourne.

Includes information on developing a charter of community rights as part of a community participation strategy, and a number of case examples.

Department of Human Services (1999). "A guide to participation by older Victorians." Aged, Community and Mental Health Division: Melbourne.

A guide specifically designed for encouraging participation by older people, but with relevant information for a range of community groups. Based on research with, and partly compiled by, older persons themselves.

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Consumer Focus Collaboration (2000b). “*Education and training for consumer participation in health care: Resource Guide.*” Department of Public Health, Flinders University and the South Australian Community Health Research Unit.

A valuable and detailed resource covering many aspects relevant to the education and training procedures required to facilitate community participation. Includes numerous case studies and links to further resources

Consumer Focus Collaboration (2001). “*The evidence supporting consumer participation in health.*” Department of Public Health, Flinders University and the South Australian Community Health Research Unit.

An overview and summary of current evidence supporting the advantages of increased community participation. The document itself is quite brief, though it does direct readers to more detailed research.

Warringah Council (2000). “*Community consultation toolkit*”.
http://www.warringah.nsw.gov.au/pdf/community_consultation_toolkit.pdf

An easy to follow and practical guide detailing a number of useful strategies and tools for encouraging participation. Includes case examples.

National Aboriginal Community Controlled Health Organisation:

www.naccho.org.au

Website contains a large amount of information and publications on improving participation for Indigenous groups. Of particular relevance is the paper:

‘Consumer and Provider Partnerships In Health Project: “Improving Consumer participation in the health system in Central Australia” Final Report 2001’

Consumers Health Forum of Australia:

www.chf.org.au

Contains a wide range of information on community and consumer issues in regards to health, and participation in health.

National Health Priorities and Quality:

www.health.gov.au/pg/consumer/index.htm

Federal Government site with a page dedicated to community participation.

Consumer Focus Collaboration (June 2000). “*Review of existing models of reporting to consumers on health service quality: Summary report and guidelines.*”

Includes a section on ‘implementation guidelines’ which is a useful summary of many of the steps necessary to develop an organisation-wide participation strategy. (see pp38-43).