

How to develop a community participation plan

Participation in your health service system: Victorian consumers, carers, and the community working together with their health services and the Department of Human Services



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Foreword

It gives me great pleasure to present the guide on *How to develop a community participation plan* to our public health services, their boards and community advisory committees. Community participation in the planning and development of health care in Victoria is a key strategy to improve health care and target services to the needs of our diverse communities. The guide provides a practical, step-by-step approach to developing a plan. The many tips and resources will also greatly assist you.

A community participation plan should be closely aligned to the health service's strategic plan, and to the principles of participation as outlined in the participation policy 'Doing it with us not for us'. Your plan should provide clear direction on consumer, carer and community participation across the health service.

When developing your plan, remember that an important enabler of participation is demonstrating leadership from the top of the organisation. Your community participation plan and its promotion, implementation and monitoring are the opportunity for such leadership.

A handwritten signature in black ink, reading 'Bronwyn Pike'. The signature is written in a cursive, flowing style.

Hon Bronwyn Pike MP
Minister for Health

Acknowledgements

The Department of Human Services would like to thank the reference committee of the ‘Participation in your health service system: Victorian consumers, carers and the community working together with their health service and the Department of Human Services’ policy for advising on the development of the guide. The reference committee and the Department of Human Services would like to acknowledge the valuable input and advice provided by the following health services, particularly their community advisory committee members and resource officers:

Austin Health	Northern Health
Ballarat Health Services	Peninsula Health
Barwon Health	Peter MacCallum Cancer Centre
Bayside Health	St Vincent’s Health
Bendigo Health Care Group	Southern Health
Dental Health Services Victoria	The Royal Children’s Hospital
Eastern Health	The Royal Victorian Eye and Ear Hospital
Goulburn Valley Health	The Royal Women’s Hospital
LaTrobe Regional Hospital	Western Health
Melbourne Health	

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Introduction

A community participation plan is the key way that a community advisory committee provides strategic advice to their board. It shows how consumer, carer and community views will be integrated into the health service's operations, planning and policy development. The plan is a partnership between your health service and the community. It is steered by your community advisory committee and approved by your board. Your plan is your blueprint for participation.

The plan needs to be based on three key actions:

1. building your capacity for participation
2. listening to your community and finding out what they need
3. working together to make it happen.

Using these three actions, this guide explains what should be included in your plan, when reporting to the Department of Human Services. You can also include other areas within your plan, but the sections outlined below should form the basis. This guide expands on the information provided in the *Community advisory committee guidelines: non-statutory guidelines for metropolitan health services* (Department of Human Services 2000). It also gives you tips and indicates where to find resources to help you develop your plan.

Your plan should be owned by the whole health service. It should be built on the principles of participation, and set in a quality and safety improvement framework. It is an expression of the health service's commitment to consumer, carer and community participation, and will outline to the community:

- what participation means to the health service
- how the plan will be achieved
- who has responsibility for implementing activities within the plan
- how the outcomes of the plan will be reported.

This guide has been developed to assist Victorian public health services achieve the above aims.

Who needs a community participation plan?

Only services listed as ‘public health services’ under the *Health Services Act 1988* (the Act) Section 239 are required to have a community advisory committee (Parliament of Victoria 1988) and need to have a community participation plan. Table 1 below lists these services as currently itemised in Schedule 5 of the Act.

Table 1 Victorian public health services under the *Health Services Act 1988**

Austin Health	Melbourne Hospital
Ballarat Health Services	Northern Health
Barwon Health	Peninsula Health
Bayside Health	Peter MacCallum Cancer Institute
Bendigo Health Care Group	Southern Health
Dental Health Services Victoria	The Royal Children’s Hospital
Eastern Health	The Royal Victorian Eye and Ear Hospital
Goulburn Valley Health	The Royal Women’s Hospital
LaTrobe Regional Hospital	Western Health

* Effective date and version of the Act: 22 December 2005, Version 101.

Other health services may also like to use the guidelines to assist them in working with their community.

How to use the guide

The guide is designed to help health services and their community advisory committees develop a community participation plan. The development of the plan should be steered by the community advisory committee. The five sections of the guide are:

1. Getting started
2. Building capacity
3. Listening
4. Working together
5. Reporting.

An overview of what these cover is provided below.

1 Getting started

The guide is aimed at groups that have not written a plan before. It includes initial steps on developing an understanding of where your plan sits within the service's planning and development processes. It also outlines who should be involved in developing the plan.

2 Building capacity

This section assists you to identify what participation means for your group. The next step is to assess what participation currently occurs at your service, so that you have a base on which to build participation. It is then recommended that you review the evidence on participation and learn from others' experiences.

3 Listening

After building your capacity in participation, listen to the views of your community about their participation needs. The community advisory committee, whose role it is to give advice on participation, should be the lead contributor. However, there may be key groups in your community not on your community advisory committee whose opinions you would like to hear.

4 Working together

This section includes the Department of Human Services' requirements on what should be included in a plan. These are outlined under the suggested sections of a plan. By working through the sections you can write your plan using the information you gathered in Section 2 'Building capacity' and Section 3 'Listening'. The guide includes checklists and examples of how to write your objectives in a plan format.

5 Reporting

This section outlines how the Department of Human Services expects you to report on your achievements towards the plan. It also identifies what reports contain regular updates to the guide and reporting requirements.

Section 6 - 8

After working through the first five sections you can use Section 6 to store a copy of your health service's community participation plan. Section 7 contains useful information to help you develop your plan and Section 8 contains a list of the references used to develop this guide and to support you in developing your plan.

✓ Tips and resources

- When working through the guide and following up on the tips and resources you might like to store your findings and responses in each section.
- Review your findings and responses when you monitor your plan and write your next plan.

Getting started

1 Getting started

1.1 Knowing the context

Before you develop your plan you need to understand where your plan fits within the health service's overall planning and development work. You will need to talk with:

- your chief executive officer
- your board members
- key executive staff.

✓ Tips and resources

- Ask how they see the community participation plan fitting in with the service's strategic plan.
- Ask how participation links into the service's priorities.
- Find out what the key issues are for each executive, and where they believe participation can help.
- Read the current strategic plan.
- Read the current statement of priorities.

1.2 Quality and safety framework

Participation is a key organisational element of how quality and safety is achieved (Victorian Quality Council 2003). Before you develop your plan, consult your service's quality and safety framework to help you understand how the plan might be implemented by the health service.

✓ Tips and resources

- Read your health service's quality and safety plan.
- Look at the Victorian Quality Council's safety and quality improvement framework.
- Visit the Victorian Quality Council's website at: <http://www.health.vic.gov.au/qualitycouncil/>
- Visit the Australian Commission on Safety and Quality in Health Care's website at: <http://www.safetyandquality.org/>

1.3 Who should be involved?

The following groups of people are your key stakeholders and should be involved in developing your plan. You may involve them using a wide range of strategies, as outlined below in the ‘Listening’ section.

Consumers, carers and the community

- Consider and involve consumers, carers, community members and organisations.
- Invite representatives of these groups and/or individuals to help develop the plan.

Community advisory committee members are the core of this group of stakeholders. They are central to developing your plan because they were chosen to provide strategic advice on participation to your board. The community advisory committee non-statutory guidelines outline the types of people that should be on your community advisory committee and their role (Department of Human Services 2000). The community advisory committee should steer the development of the plan.

Consumers are current or potential users of health services, and include children, women and men, people living with a disability, people from diverse cultural and religious experiences, socioeconomic status and social circumstances, sexual orientations, health and illness conditions and young people (Consumer Focus Collaboration 2000; Department of Human Services 2001).

Carers are families and friends who provide unpaid care to consumers (Department of Human Services 2001).

Communities are groups who have interests in developing an accessible, effective and efficient health and aged care service that best meets their needs (Department of Human Services 2001).

A representative is a consumer, carer or community member who is nominated by, and accountable to, an organisation of consumers, carers or community members. The term ‘representative’ is linked to living in a democracy. They represent the formal views of, and report back to, a particular group (Consumer’s Health Forum of Australia 1990).

Nominee describes someone who has links with particular groups. They are not accountable in the way that a ‘representative’ is, but participate because of their links with groups.

Health service staff

You need to involve the staff of your health service and consider:

- the roles of staff
- who has responsibility for quality and safety, because the plan should be set within a quality and safety framework
- who is best placed to see the plan is implemented
- what barriers to participation exist in different areas
- what enablers of participation can be easily used.

Board members

You need to have representatives from your board involved in developing the plan. This should include, but not be limited to, the board members who sit on your community advisory committee. Health service boards are responsible for:

- the development and implementation of the service's strategic and financial plans
- monitoring compliance to these plans and performance
- clinical governance
- ensuring that strong systems are in place to monitor, evaluate and continuously improve health care safety and quality (Parliament of Victoria 1988; Victorian Quality Council 2003).

✓ **Tips and resources**

- For more information on the role of your community advisory committee refer to the *Community Advisory Committee Guidelines: Non-statutory guidelines for Metropolitan Health Services*, at: <http://www.health.vic.gov.au/consumer/cacg.pdf>
- The Victorian Quality Council has developed *Finding consumers and carers*, a helpful guide to sourcing consumers, carers and community groups, at: <http://www.health.vic.gov.au/qualitycouncil/>
- The Department of Human Services funds the Health Issues Centre to run the Consumer Nominee Program, which provides training to consumers, carers and community members, and helps to match these people to work with health services. They can be contacted on (03) 9479 5827, 1800 625 619 or via their website at: http://www.healthissuescentre.org.au/consumer_nominee_program/index.asp
- The role of a health service's board is outlined in Division 9B–Public Health Services of the Health Services Act 1988, at: http://www.dms.dpc.vic.gov.au/Domino/Web_Notes/LDMS/PubLawToday.nsf

Building capacity

2 Building capacity

2.1 Why capacity is important

You need to build your participation capacity before undertaking the activities in Section 3 ‘Listening’ and Section 4 ‘Working together’. Your participation capacity is your ability to do and understand what participation can achieve. This will enable you to make the decisions in your plan about how participation can be used strategically to improve the quality and safety of health care. You can build your capacity by:

- developing an understanding of what participation means (Section 2.2)
- finding out what participation occurs in your health service (Section 2.3)
- learning about the evidence on participation (Section 2.4).

This will allow you to focus your listening and how you work together to develop your plan. It will also give you a strong understanding of what your service’s strengths, weaknesses and opportunities are in making the different types of participation work. You can use what you learn about the benefits of participation and your understanding of what happens at your health service to focus your plan’s actions.

✓ Tips and resources

- A good example of building capacity is demonstrated by the Upper Murray Health and Community Service (Evans, Hoodless et al. 2002), in their work in undertaking a community evidence-based needs assessment, at: <http://www.participateinhealth.org.au/ClearingHouse/Docs/cappsuppermurray.pdf>
- The *Education and training for consumer participation in health care: resource guide* (Global Learning Services Pty Ltd 2000) is at: <http://www.participateinhealth.org.au/ClearingHouse/Docs/cfedandtrainreport.pdf>
- The Department of Human Services funds the Health Issues Centre to resource and support community advisory committees, and they can be contacted on (03) 9479 5827, or on 1800 625 619, or via their website at: <http://www.healthissuescentre.org.au/>
- Building participation capacity is part of how you can develop your plan. You could also consider how you can build participation capacity across your health service to implement your plan.

2.2 What is participation?

To decide what participation means for your health service and community you may like to distribute to your stakeholders the Department of Human Service's definition of participation. This can be a starting point for you to develop your own understanding of what participation means.

Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your views, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

✓ Tips and resources

- Plan a brainstorm on what participation means for your community advisory committee, staff and board members.
- Collect information on what participation means and distribute to the stakeholders prior to the brainstorm.
- You may like to use the definition, principles and types of participation provided by the Department of Human Services to start your thinking.
- After reading the information on participation, brainstorm what participation means for your health service.
- Determine what are your health service's participation strengths and weaknesses.
- Write down what participation means for your health service.
- Ask for an assessment of participation in your health service to be done.

Principles of participation

In developing your understanding of participation, you may like to reflect on the nine principles of participation, which are outlined in Table 2, below.

Table 2 Principles of participation

Principle	Operation
1. Trust	<ul style="list-style-type: none"> Participation works best where there is mutual agreement of the processes and assessment of the issues under consideration, as developed through productive working relationships.
2. Respect	<ul style="list-style-type: none"> All participants need to show consideration for and value each other as equal contributors to the participation process.
3. Openness	<ul style="list-style-type: none"> Participation must be built from the ground up, and this can only be ensured if all participants are open to considering the ideas of consumers, carers and the community, and are willing to accept change.
4. Equal opportunity	<ul style="list-style-type: none"> At the earliest possible time, involve all those who will be affected by the decisions, inform them of the decision making process and ensure they have access to the information and the means to participate.
5. Advocacy and support	<ul style="list-style-type: none"> Participation must be supported from the top, and resourced so that participation is meaningful for the consumer, carer and community member.
6. Responsiveness	<ul style="list-style-type: none"> The capacity to undertake participation requires skilled organisations and benefits from multiple strategies and resources.
7. Shared ownership and accountability	<ul style="list-style-type: none"> All involved share ownership of the process and decisions, and are responsible for monitoring and evaluating the impact and outcomes. How the responsibility is distributed should be defined as part of the participation arrangement.
8. Dissemination	<ul style="list-style-type: none"> The decisions made, and how consumers, carers or community members' participation influenced those decisions, should be communicated to all those involved and affected by the decisions.
9. Evaluation	<ul style="list-style-type: none"> Lessons learned from the participation process should be identified and communicated as widely as possible.

✓ **Tips and resources**

- Can your health service put into operation each principle of participation?
- What are your strengths?
- What are your weaknesses?
- Where are the opportunities?

Types of participation

In further developing your understanding of what participation is, you might like to talk about how your health service uses different types of participation. The types of participation are outlined on the following page in Table 3.

✓ **Tips and resources**

- Where in the health service do you use the different types of participation?
- Are staff trained to use the different types?
- What are your strengths?
- What are your weaknesses?
- Where can you see opportunities to use the different types of participation?
- Are you happy with the resources you give to the different types of participation?

Table 3 Participation types in a health care system*

Participation type	Objective	Key tools	Make sure
Information (needed for participation)	<ul style="list-style-type: none"> • To support participation. • To convey facts. • To educate. 	<ul style="list-style-type: none"> • Public information campaigns. • Health consultation (pre-admission, hospital admission, discharge, outpatient clinic or at community health centre and rehabilitation setting). 	<ul style="list-style-type: none"> • You have a distribution strategy researched with your target consumers, carers or community. • Try to use common words and pictures for medical and technical words. • Train and educate staff in patient-centred communication.
Consultation	<ul style="list-style-type: none"> • To gauge reaction to a proposal/care plan/treatment plan and invite feedback. • Consultation is only participation when the information gathered can influence subsequent policy, care and treatment choices. 	<ul style="list-style-type: none"> • Key contacts. • Surveys. • Interest group meetings, focus groups. • Public meetings. • Discussion papers. • Public hearings. • Consumer (patient) and carer (family) meetings. • Health consultation. 	<ul style="list-style-type: none"> • Let all stakeholders know how their input will be used and the outcomes of their participation. • If input has not been used, let stakeholders know why. • When clinical decisions have to be made quickly, explain why and how as soon as possible. • Educate staff in patient-centred communication skills.
Partnership	<ul style="list-style-type: none"> • To involve consumers, carers and representatives in aspects of government or health service organisational decision making. • To involve consumers, carers and representatives in health care or treatment decision making. 	<ul style="list-style-type: none"> • Advisory boards. • Community advisory committees. • Policy community forum. • Shared decision making. • Community development. • Patient-centred care. 	<ul style="list-style-type: none"> • Talk with the stakeholders and decide if you should have members, representatives or nominees. • Consider having a balance between community organisations and individuals. • Can you use a variety of partnership opportunities to achieve your aim? • Alternate meetings to suit the range of stakeholder needs. • Educate and train staff in shared decision making and patient-centred care.
Delegation	<ul style="list-style-type: none"> • To hand control to a board of community representatives within a specified framework. • To ensure policy options are formulated at arm's length from partisan politics. 	<ul style="list-style-type: none"> • Public enquiries. • Impact assessment studies. • Health service boards. • Ethics committee. 	<ul style="list-style-type: none"> • Hold briefing sessions for new members to meet and learn the systems. • For people from a diverse range of backgrounds to feel confident to participate, have a long-term training and mentor program in place.
Control	<ul style="list-style-type: none"> • To hand control of an issue to the electorate. • To hand control to the consumer of health care. 	<ul style="list-style-type: none"> • Referenda. • Community-elected board of management. • Advance care planning. 	<ul style="list-style-type: none"> • Develop your budget with, and leave time for planning by your stakeholders. • Provide a wide range of information on the issue to the public. • Regularly advertise the processes to check for advance care plans and for staff to respect consumer choices.

* Based on the work of Bishop and Davis (2002) and Shand and Arnberg (1996) (as outlined in Bishop and Davis 2002). Inclusion of patient-centred care and shared decision making informed by the work of Wensing, Elwyn et al. (2002) and Bauman, Fardy et al. (2003).

2.3 What participation happens at your service?

To find out what participation happens at your service you will need to do an assessment across the service. You can use some of the resources suggested below, or you may already have your own way of collecting this information.

✓ Tips and resources

- To assess participation in your health service:
 - review the accreditation standards the service achieved on participation
 - look at the information that you report in your annual quality of care report on participation
 - if you report on indicators of participation, include this information
 - if this is not your first plan, look at how well you achieved the objectives of previous plans.
- Make a record of the information you have collected so you can:
 - use this to help you monitor and report on your plan
 - use this information to report on trends in participation in future years.¹

¹ Trends show if there has been change over time. For example, whether participation of people from culturally and linguistically diverse communities increased or decreased in decision making about their care.

2.4 Using evidence and experience

What you know about participation will inform how you ask your stakeholders what their participation needs are and how they would like to participate. Your questions will be informed by what you have learned about participation occurring at your health service and your experiences, and also by the written evidence on participation. It is important that the people asking the questions are given the chance to learn about the evidence on participation.

Sharing best practice

Learning what is happening in other health services will help you build your capacity in participation. Having an understanding of what works for other services will inform the questions you ask. Learning about the evidence on participation will also increase your knowledge on the benefits of participation.

Use this evidence when thinking about the opportunities for participation at your service, and to inform how you ask your stakeholders what their needs are.

✓ Tips and resources

- Not everyone at your service or on your community advisory committee will have the time to learn from the evidence, so you need to ask key people if they would like to do this.
- A source that reviews some of the evidence on participation is the *Consultation paper—Participation in your health service system: Victorian consumers, carers, and the community working together with their health service and the Department of Human Services* (Department of Human Services 2005), at: <http://www.health.vic.gov.au/consumer/participate.pdf>
- Along with many other reports on participation, a review of the evidence on participation by the Consumer Focus Collaboration can be found on the Health Issues Centre website, at: <http://www.participateinhealth.org.au/clearinghouse/>
- The Cochrane Consumers and Communication Review Group coordinates the preparation and production of systematic reviews of interventions that affect consumers' interactions with health care professionals, services and researchers. It also gives free access to the Cochrane Library in Australia, at: <http://www.latrobe.edu.au/cochrane>
- You might like to see what participation is achieving in areas other than health, to learn from their experiences. You can find information about this at Our Community, at: <http://www.ourcommunity.com.au/index.jsp>

Enablers and barriers

To work together you need to learn how to build your service's capacity for participation. You can learn from the evidence what enables and poses a barrier to participation. This information will also assist you later in developing strategies and activities to achieve participation at your health service.

✓ Tips and resources

- A list of common enablers can be found in Appendix 1.
- The enablers will assist you in overcoming corresponding barriers.
- The 'Managing challenges' section in the *Improving health services through consumer participation: a resource guide for organisations* (Consumer Focus Collaboration 2000) can help you work through some of the challenges. The guide can be downloaded from:
<http://www.participateinhealth.org.au/clearinghouse/>

Listening

3 Listening

3.1 What are your community's participation needs?

Based on what you now know about participation and what happens at your service, you can now compare this to what your community's participation needs are. This information will help you set the objectives in your plan.

You will need to:

- decide who you will listen to in your community
- choose how you will find out their needs
- decide who will collect this information
- listen to what people tell you
- make a list of priorities.

Whose needs?

You will need to know who are the people who use or may need to use your health service in the future. The members of your community advisory committee are your key source of information regarding need. They will also be able to help identify if you should talk to other people in the community. Based on what you have learned about participation in your health service you may make listening to some groups a priority.

✓ **Tips and resources**

- Your community advisory committee is the key source of information for identifying need.
- Listen to people from diverse groups within your community, including:
 - people living with a disability
 - people from culturally and linguistically diverse backgrounds
 - gay, lesbian, bisexual and transgender people
 - your Aboriginal and Torres Strait Islander community
 - socially disadvantaged groups
 - young people.
- Read your annual quality of care report to find out who is in your community, what has been achieved and what is still needed.
- Contact local government offices to access community demographic data.
- Speak to consumers and carers who have used your service for the first time, and to groups who use your service often.

How to collect the information

Decide who will collect the information. Check that the skills of the people collecting the information match the method chosen because they may need training. Think about the time and resources available when considering collection methods. You may need to increase resources and/or time to collect information. Importantly, you may need to spend time with some groups in your community before asking them what their participation needs are, in order for them to:

- come to trust you
- find out what is the best way of getting their involvement
- understand what you mean by participation
- have confidence that you will use their information.

✓ Tips and resources

- Give examples of participation to help people understand.
- Talk about the ways that people can participate in the different areas and programs of the health service.
- Train members of your community advisory committee to ask other people in your community what they think are participation needs.
- Trained staff in the health service may be able to assist with collecting information.
- The tools catalogue in the *Improving health services through consumer participation: a resource guide for organisations* (Consumer Focus Collaboration 2000) can help you select your collection methods, at:
<http://www.participateinhealth.org.au/clearinghouse/>

Prioritising the participation needs

Sort through the collected information on participation needs and compare this to what you know currently happens at your service. Make a list of possible priorities based on what people have said is needed and where participation is currently low within your service. Your community advisory committee members, together with trained staff, the people who collected the information (if not part of the previous two groups), or a mix of these people, can help.

Once you have a list go back and prioritise what you want to include in your plan. These priorities will become the objectives of your plan. Look through Section 4.2 'Key areas' before you prioritise. This will give you an idea of the broad issues your objectives should address, and will help you prioritise.

The resources you will need to achieve each priority may also help you prioritise your participation needs. Similarly, consider whether the participation need can be met within the timelines of your plan. Some priorities might need to be divided across two or more plans, depending on your timeframe and the need to build resources.

The people who built up their capacity in participation will be able to provide useful advice on how you might achieve priorities. They can also indicate if there is evidence to support making an identified need a priority. Evidence on the effectiveness of different participation strategies or actions is an important consideration in making a priority into an objective in your plan.

✓ **Tips and resources**

- Look through Section 4.2 of this guide before you start prioritising.
- Appendix 2 contains a checklist for prioritising your objectives.
- Listen to what your stakeholders said were their participation priorities.
- Do you need to build on your existing participation capacity to meet your priorities?
- You may need to hold over some priorities for your next plan if you do not have the capacity to achieve them in this plan.
- Let the people who provided the information know how you have used it to develop your plan.

Working together

4 Working together

4.1 Writing the plan

Now you need to work together to bring the information you have gathered into a plan. You will need the support of a key person within the health service to assist in writing. Use the information gathered when working through Section 2 ‘Building capacity’ and Section 3 ‘Listening’, and place this within the context of the service’s strategic plan and priorities. Remember that the plan is for the whole health service and its community (your stakeholders), so you should present the plan in easily accessible formats for your stakeholders.

✓ Tips and resources

- Many useful tools, links and resources are located at: <http://www.wats.ca/resources/>
- The Communicating with Consumers: Good Practice Guide to Providing Information* (Department of Human Services 2000), at: <http://www.health.vic.gov.au/consumer/dhs972.pdf>, has a checklist on writing information for consumers. This information is based on a project that assessed the quality of written consumer information in six health conditions using input from consumers, clinicians and publishers.

4.2 Key areas

You may like to use the headings below, under which the key areas to be addressed in your plan have been listed. Appendix 3 provides a template to use or adapt to write up your plan using the suggested headings.

Background and need

This section briefly sets out the background and summarises the participation needs that your plan is based on. If you have followed this guide you can use the material that you developed and gathered in working through the previous sections.

1. Provide a brief description of your service and the community that your health service serves. Responses to Section 3.1 will assist in developing this profile.
2. Indicate where your plan sits within your service's strategic plan and quality and safety framework. Use the information you collected in Section 1 of this guide.
3. Write a clear statement outlining the meaning of participation for your service. This should be informed by the definition and the underlying principles of participation provided in this guide. You may like to use the statement that you developed during your brainstorm on participation to Section 2.2.
4. Summarise the participation needs that your stakeholders identified. This information should be in your responses to Section 3.
5. Briefly discuss any enablers and barriers to participation in relation to the identified needs. If you followed this guide you will find this information from the work you did in Section 2.4.
6. Indicate who participated in developing the plan. For example, it may have been developed through consultations and partnership discussions with the board, community advisory committee members, executive members of the service, staff, consumers, carers and community members and representatives. Create an appendix to detail the names and details of individual people, if they are happy to be recorded.
7. Clearly say why it is important to have a community participation plan for your health service.

Aim

The aim should be a clear statement of what the service wishes to achieve through participation. The contents of the plan should reflect the aim, so that it is implemented throughout the service.

Information and material that you gathered and generated in Section 2 will help you write the aim.

Objectives

The aim of the plan can then be advanced through objectives. These indicate what you intend to do to achieve your aim. Under each objective outline how you will achieve it. This can be done by providing a list of:

- actions
- tasks
- identifying who is responsible for implementing the tasks
- specifying resources and timelines
- setting targets or performance indicators that will show whether you have achieved your objective.

Identify the primary target group for each objective or action, so that each is tailored to meet their particular needs.

The objectives of your plan should address the following key areas:

1. How the service has identified and assessed its strengths and limitations in consumer, carer and community participation, and how it plans to address the limitations.
2. How the service will provide education and training to facilitate staff support of participation.
3. How participation will be used to improve service planning and development to meet the needs of the service's community.
4. How service delivery to communities identified as being hard to engage will be enhanced through participation.
5. Where enhancement of care can be facilitated through involving people in decision making about their own care and treatment.
6. How participation will be used to improve the safety and quality of treatment and care provided by your health service.

Appendix 3 contains a useful template for setting out your objectives and how you will achieve them.

Promotion

The community participation plan should be promoted within your service, to your service's consumers, carers and community. It is important to identify leaders of participation within your service and its community to help promote the plan.

In promoting the plan you may wish to highlight particular components of the plan to different sections of the community and staff. Different promotional material may be developed to enhance your messages. For example, presentation formats of the plan tailored to specific stakeholders (culturally and linguistically diverse communities, managers, providers, non-government community organisational representatives, Aboriginal and Torres Strait Islander communities, people with a particular disability, young people and so on).

Once you implement your plan, then monitor or evaluate activities in it, it is also important to promote your achievements and what you have learned in undertaking the plan's activities. Often there are unexpected achievements and lessons, and these should also be shared within your health service, throughout your community and the broader health system.

The promotion of your plan and achievements in implementing it should include:

1. How you involve consumers, carers and community members in the promotion of the plan and its achievements.
2. Allocation of resources to the promotion of your plan and its achievements.
3. Identification of your target audience for specific promotional activities.
4. Identification of ways of promotion that meet the preferred communication needs of your target audiences. For example, visual and sound needs, electronic versus paper, culturally and linguistically appropriate materials.
5. Plans for evaluation and obtaining feedback on your promotion strategy to improve for your next planning cycle.

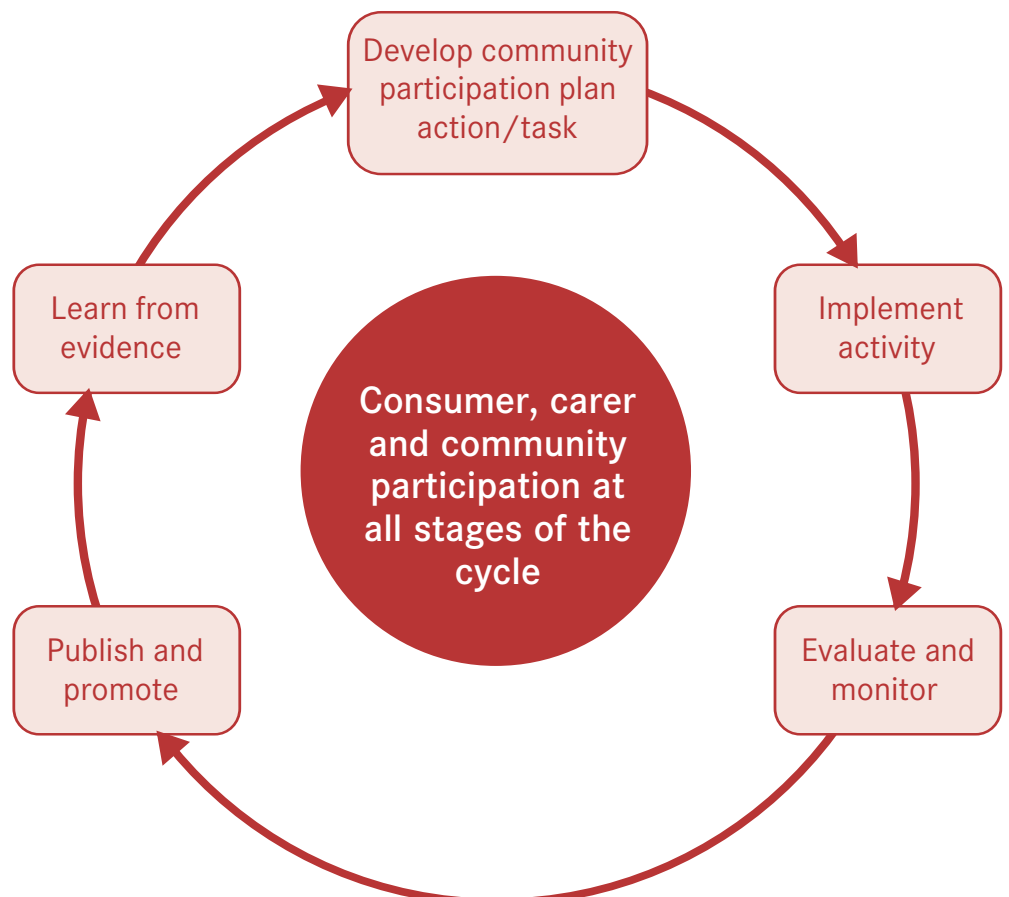
Monitoring and evaluation

Targets or performance measures need to be established for each objective and your promotional strategy. A clear evaluation process may also need to be established that outlines who is responsible for ensuring that the target is achieved. Evaluation tools should be accessible to the responsible persons. For example, tools might include training satisfaction surveys and a checklist for translating information and production of information meeting your service's community readability guidelines.

Your targets should incorporate relevant statewide performance indicators as identified in Appendix 4, Table 5. They should also be guided by the participation evaluation cycle (below) and the evaluation activities outlined in Appendix 4, Table 6.

Involve consumers, carers and community members in the planning and implementation of your evaluation.

Figure 1 Participation evaluation and monitoring cycle



Reporting

5 Reporting

5.1 Reporting to the Department of Human Services

The plan should be reported on and provided to the Department of Human Services in accordance with the guidelines set out in the department's *Victoria–Public Hospitals and Mental Health Policy and Funding Guidelines*, which are produced annually. This document sets out the:

- period the plan is to cover, for example, a two-year period
- reporting period, for example, annual reporting on a two-year plan
- any changes to the guidelines for community participation plans.

✓ Tips and resources

- The policy and funding guidelines can be found at <http://www.health.vic.gov.au>
- Report against the objectives and targets of your plan.
- If you have not achieved your objectives and promotion strategy, provide an explanation.
- Note where you have achieved activities that were not identified in your plan, but work towards meeting your plan's aim.
- Identify where you will continue or build on your performance in relation to specific objectives.

Community Participation Plan

6 Community Participation Plan

This section is where you can file a copy of your health service's community participation plan.

Appendices

Appendix 1 Enablers of participation

Table 4 Enablers of participation

Organisational staff members	Consumers, carers and community members
<ul style="list-style-type: none"> • Communicate to all staff that there is support for participation from the top of the organisation, and that the organisation has a willingness to accept change. • Promote to staff the organisational policies and structures that facilitate participation. • Provide staff with training and information on how to facilitate participation. • Work with each other to create trust and mutual understanding. • Decide on lines of accountability and terms of reference. • At the earliest possible time, inform all staff who will be affected by the decisions, and provide access to information. • Consider and provide resources for a range of strategies to facilitate the particular participation aim. • From the beginning, identify organisational mechanisms to incorporate the lessons learned into daily practice or future planning and policy development. • Ensure staff are skilled in evaluating participation activities and can publish results. 	<ul style="list-style-type: none"> • Consumers, carers and community members should be involved from the earliest possible time and be given adequate notice. • Provide accessible training on how to participate across the health service system. • Involve them in developing the processes and issues under consideration. • Ensure they understand the language and systems that the organisation uses. • Check that the information is accessible to diverse community needs. • Ensure they are not isolated. Use open and inclusive processes and identify key staff that can provide individual support. • Reimburse costs of participation and provide resources to allow participation. • Do not overburden people. Remember that there are other important components of their lives. • Inform people of the outcomes of their participation.

Appendix 2 Objectives checklist

Use this checklist to prioritise the participation needs that you have collected from your stakeholders. Once you have prioritised them choose which ones you will use as objectives in your community participation plan.

Please tick the box if you can meet the checklist statement.*

- Does your priority fit your understanding of participation?
- Does your priority fall under one of the 'key areas'?
- Do you have the capacity to achieve the priority in this plan?
- Is there evidence to support this priority becoming an objective?
- Are there people in your service who can implement this objective?

* If you cannot meet the checklist, but believe as a group that meeting the participation need should become an objective in your plan, you may need to:

- all agree on the resources needed to build extra capacity to meet the objective
- have the support of key staff who can oversee the implementation of the objective
- closely evaluate and monitor the implementation and outcome of meeting the objective to build a body of evidence.

Appendix 3 Community participation plan template

You may like to use or adapt the following template to set out your plan.

Background and need

<insert your text here>

Aim

<insert your text here>

Objectives

List your objectives here.

Identify the primary target group for each objective. Alternatively, do this for each action in the next section of the template.

<insert your text here>

Objective 1 <insert your information here>

(For example: to provide training to staff so that they can work with consumers, carers and community members on quality and safety initiatives.)

The information provided as the objective and how it is achieved is an example only.

Action	Tasks	Responsible	Resources	Timelines*	Targets
1. Conduct a needs assessment with staff on their capacity to use participation. (Primary target group: nursing staff for year 1 and allied health staff for year 2.)	Use Table 3 'Participation types in a health care system' in this guide to identify staff capacity.	Quality managers and human resource staff.	Tool also accessible from: http://www.health.vic.gov.au/consumer/index.htm	September 2006	60% of target staff groups surveyed.
2. Provide training to staff in relation to identified needs on participation within the context of improving quality and safety. (Primary target groups based on those identified with low participation activity from the needs assessment.)	Work with the Health Issues Centre to tailor training to identified needs. Use evidence from the Cochrane Consumers and Communication Review Group to support training.	Director of quality and general managers. Quality managers and human resource manager.	Health Issues Centre training materials. Cochrane reviews.	February 2007 training completed. June 2008	60% of identified staff attend training. 70% satisfied with training content. Staff surveyed to identify who used participation training and how
3. Resource quality and safety committee to have a consumer, carer, or community member as an active member of the committee. (Primary target group: executive, board and other members of the quality and safety committee.)	Review the participation policy on hospital committees, review and act on evidence and experience of participation on similar decision making groups.	Director of quality and community development officer.	Community advisory committee, Health Issues Centre publications, Victorian Quality Council <i>Consumer and Carer Guide.</i>	March 2007 to June 2008.	Policy approved and community advisory committee member actively participating on committee.

* Timelines based on a two-year plan from July 2006 to June 2008.

Appendix A: The people who helped develop our plan

Alternatively, you may like to include this information in an acknowledgements page at the front of your plan. Make sure that these people give their permission to list their name or the organisation's name.

<insert your text here>

Appendix 4

Table 5 Minimum participation indicator set: Victorian acute and subacute services

Recommended standard	Indicator	Target or achievement
1. Governance		
1.1 The governing body is committed to consumer, carer and community participation.	1.1.1 The health service meets the accreditation standards in the <i>Evaluation and Quality Program</i> (Australian Council on Health Care Standards 2002); 'The governing body is committed to consumer participation' (currently Standard 2.4) or its equivalent, to the level of 'MA' (moderate achievement).	The service reports its accreditation outcome and associated comments and recommendations to the Department of Human Services against this standard. If the standard is not met, a summary of proposed action and progress is to be reported annually to the Department of Human Services.
1.2 There is participation in higher-level decision making.	1.2.1 There are consumers, carers or community members on key governance and clinical governance structures. 1.2.2 A community advisory committee has been established in accordance with the Health Services Act 1988 Section 239.* 1.2.3 A community advisory committee has been established in accordance with the non-statutory guidelines.*	There are consumers, carers or community members on the service's human research and ethics committee and the quality committee. There is ongoing support and networking of consumers involved in these committees. Yes/No Yes/No
2. Accountability		
2.1 The service reports openly to its communities on quality and safety, and the participation in its processes.	2.1.1 The quality of care report outlines quality and safety performance and systems in the key care areas that address the health care needs of the service's communities, consumers and carer populations. 2.1.2 A community participation plan has been developed and is being reported against annually to the Department of Human Services.*	The report documents how it has met the 'minimum reporting requirements'.** The report indicates at least process and impact evaluation findings in meeting 'minimum reporting requirements' on participation activities.** Yes/No
3. Health care and treatment		
3.1 There is consumer and, where appropriate, carer participation in clinical care.	3.1.1 Consumer participation in decision making about their care and treatment is assessed on the Victorian Patient Satisfaction Monitor's Consumer Participation Sub-Index.*** 3.1.2 Appropriate information is available to enable all consumers and carers, where appropriate, to choose to share in decision making about their care.	The Victorian Patient Satisfaction Monitor Consumer Participation Sub-Index, and the Information Sub-Index improve over time. Health services can demonstrate that their processes for developing consumer and carer information for treatment and care options meet the <i>Well-written health information: a guide</i> , checklist (Currie et al. 2000).

* Only services required under the Health Services Act 1988 to have community advisory committees need to meet these indicators.

** 'Minimum reporting requirements' refers to requirements outlined in the Quality of care reports-guidelines and reporting requirements, at: <http://www.health.vic.gov.au/consumer/>

*** As part of the Department of Human Service's development of the participation policy, an investigation into a reliable, valid and logical sub-index of consumer participation from existing experience-based questions on the Victorian Patient Satisfaction Monitor was investigated. The outcome being the identification of such an index that can be made available to health services.

Table 6 Evaluation of participation activities*

Health System level	Process	Impact	Outcome
Individual level	<ul style="list-style-type: none"> Evaluate feedback strategies and information development and distribution processes. 	<ul style="list-style-type: none"> Evaluate if feedback strategies and information distribution objectives have been achieved. Evaluate the impact of consumer and carer participation in decision making about care and treatment at pre-admission, during admission and post-admission. 	<ul style="list-style-type: none"> Evaluate the effect of participation in decision making on readmission rates and primary care use. Evaluate the effect of participation on indicators of chronic disease management.
Program or department level	<ul style="list-style-type: none"> Evaluate the efficacy, accessibility or efficiency of participation processes in projects. Evaluate the processes of participation in clinical guideline development. Evaluate the processes of participation in research development and implementation. 	<ul style="list-style-type: none"> Evaluate the immediate effectiveness or efficiency of participation within a project or research. Evaluate staff participation skills, as part of staff development, in decision making about care and treatment. Evaluate the accessibility of your program or department. 	<ul style="list-style-type: none"> Evaluate the long-term participation goal or aim of projects and research to identify the effectiveness or efficiency of participation.
Health service organisational level	<ul style="list-style-type: none"> Evaluate if the Victorian Quality Council checklists for participation have been achieved (Victorian Quality Council 2003; Victorian Quality Council 2004). Evaluate if processes of participation in programs, policies and governance requirements have been met. 	<ul style="list-style-type: none"> Evaluate if the immediate outcomes of participation have been achieved for programs, policies and governance requirements. 	<ul style="list-style-type: none"> Evaluate if the long-term goal of participation for a specific program or policy has been achieved.
Department of Human Services level (health divisions)	<ul style="list-style-type: none"> Evaluate if the <i>Cabinet Handbook</i> guidelines on appointments to committees have been met (Department of Premier and Cabinet 2004). Evaluate if the advisory committee guidelines and individual terms of reference on participation have been met (Department of Human Services Victoria 2004). Evaluate if the <i>Partnership in practice: partnership agreement</i> guidelines have been met (Department of Human Services 2002). 	<ul style="list-style-type: none"> Evaluate if the immediate outcomes of participation have been achieved for a policy, program or planning strategy. 	<ul style="list-style-type: none"> Evaluate how effective participation has been in achieving its role as an enabler of the Department of Human Services' planning, policy and programs.

* As set out in Figure 1 'Participation evaluation and monitoring cycle', consumers, carers and community members should be involved in the evaluation itself.

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