

## **South Western Sydney Area Health Service**



# **Community Participation Framework**

**June 2004**

The Community Participation Framework has been  
Developed with the involvement and support of:

- SWSAHS Staff
- SWSAHS Community Representative Network
- South Western Sydney Community

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If you would like more copies of the Framework, please contact us or download a copy from our website at:

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# Foreword

Welcome to the Community Participation Framework for the South Western Sydney Area Health Service (SWSAHS).

This document along with the Strategic Direction Statement and the Clinical Strategy Plan guides the way in which SWSAHS will carry out its work in the next 5 years.

The publication of the Community Participation Framework is a significant milestone for SWSAHS. It demonstrates our commitment to community involvement in health service decision-making.

We have made a major investment in establishing processes for engaging with our community and our staff. We have already established a number of ways for members of the community to be involved in developing our services.

As an organisation, we believe that the involvement of community members will improve the decisions we make for the future delivery of health care in South Western Sydney and Wingecarribee. The philosophy of 'participation' will underpin everything we do. It means working 'with', rather than 'doing to', people. This is a very strong message for health professionals, consumers, carers and the community.

This document identifies the formal participation processes that will be supported by SWSAHS. It also provides guidance to health services in undertaking consultation and for the appointment of community representatives. It provides opportunities to see where we are going and ensure the direction we are taking meets the needs of everyone involved.

We acknowledge and thank everyone involved in SWSAHS Community Participation.

Associate Professor Deborah Picone  
Administrator  
South Western Sydney Area Health Service

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# The SWSAHS Community Participation Framework

## What is it about?

This Community Participation Framework identifies a range of commitments by SWSAHS to the development of participation partnerships between SWSAHS and its communities.

There is growing evidence to support the importance of involving consumers, carers and communities in the planning and operation of health services. Community participation is the involvement of consumers and carers in decisions about individual health care and health care services, as well as the involvement of communities in decisions about the provision of health care services. This commitment to participation will lead to health processes that are more transparent, accountable and reliable.

South Western Sydney Area Health Service (SWSAHS) continues to develop a more structured and coordinated approach to the participation of community members. This includes the involvement of consumers, carers and community members in decision-making and evaluation of services, and the formation of partnerships between consumers, carers, communities, health services and health professionals. Through their participation and by sharing their views and perspectives, community members make a valuable contribution to SWSAHS.

Community participation is a 'way of working with'. This philosophy of participation will underpin the activities of the organisation. Participation practice embraces a philosophy of working 'with', rather than 'doing to', people.

## Who is it for?

The Framework identifies the formal participation processes that will be supported by SWSAHS as an organisation. It provides guidance to all health services in undertaking community participation. It has been developed within SWSAHS as a reference for everyone involved in these activities including community representatives, consumers, carers and staff.

The Community Participation Framework applies to all the services provided by SWSAHS. While the Framework identifies a commitment to community participation from SWSAHS and provides guidance to health workers, it is also supported by community members, and recognises and is relevant to, the needs of community members.

## Background History

This Framework builds on the existence of community participation activities within SWSAHS before the development of the Framework. Prior activities include involvement in hospital auxiliaries, volunteer programs, local advisory groups and community development programs etc. Throughout its history, SWSAHS has engaged communities in a variety of ways (e.g. the *Macarthur Health Strategy Report*). The development of this Framework reflects a stronger and more structured commitment to community participation through incorporation of the Framework within our systems. This new direction is also a response to the NSW Health commitment outlined in the *Partners in Health Report*. It means engaging the active involvement of communities across the range of activities and throughout all levels of SWSAHS.

A number of actions have been taken to increase community participation activity in SWSAHS leading up to the development of the Community Participation Framework. These include:

- an audit of community participation activity;
- the establishment of the SWSAHS Community Representatives Network and Community Participation Staff Network;
- the appointment of community representatives to a number of committees within SWSAHS;
- employment of a number of staff to work in community participation;
- training programs for staff and community representatives; and
- the collection of data for evaluation purposes.

A Draft Community Participation Framework document was developed the assistance of members of the SWSAHS Community Representatives Network, members of the Community Participation Staff Network, senior staff of SWSAHS and Board members.

A detailed consultation strategy was developed, implemented and evaluated for the Draft Community Participation Framework.

## Where to from here?

The SWSAHS Community Participation Framework will be progressively introduced throughout the organisation. An implementation plan will be developed to enable community participation practice to become integrated with SWSAHS, creating a culture of inclusion and participation in how we work and provide services. This will involve capacity building through organisational development, workforce development, resource allocation, leadership and partnerships (NSW Health, 2001). Strategies and initiatives for each of these key action areas will be developed in the forthcoming implementation plan.

The Community Participation Framework is a living document. As the practice of community, consumer and carer participation in health services deepens, the framework will be adapted and detailed to reflect these developments. The Community Participation Framework will continue to guide practice and ensure that there are processes within SWSAHS to involve consumer, carer and community representatives in decision-making and evaluation.

## Aim of Community Participation in SWSAHS

The aim of Community Participation in SWSAHS is to ensure that:

- the health service involves consumers, carers and the community in planning, delivery and evaluation of services;
- local communities are well informed; and
- there is transparency and accountability in health service decision-making and evaluation.

SWSAHS is committed to involving carers, consumers and community members at all levels of the organisation through a range of processes to enable an empowered and co-ordinated voice to be included in decision-making.

SWSAHS will achieve this by:

- working in partnership;
- building the capacity of the organisation to undertake community participation;
- providing and integrating structures and processes for participation in all aspects of policy development, health service planning, and quality improvement processes across SWSAHS;
- providing resources to ensure that community participation occurs across SWSAHS;
- providing Information to our communities;
- promoting, supporting and developing the capacity of community members to participate in health service planning, delivery and evaluation;
- ensuring those involved in participation reflect the diversity of the population;
- encouraging innovative approaches to participation;
- training and supporting staff to undertake community participation; and
- creating an open and transparent organisation.

# Principles

SWSAHS supports the following principles that underpin community participation, it:

- values and recognises the diversity of the South Western Sydney and Wingecarribee population
- values, welcomes and recognises community representatives and their expertise in the health system
- is willing to negotiate on key decisions
- is committed to building the capacity of the organisation to enable effective community participation
- is committed to providing a range of methods of participation to enable effective community involvement
- ensures that consultation and participation processes are inclusive and provide equity of access for all community members
- ensures that consumers, carers and community members have information about their own health and health care services, on which to base decisions, and that this information is provided in ways that they understand
- is committed to involving communities in making decisions about how they will participate
- provides resources and support to community participation activities and staff
- works in partnership with communities
- promotes a culture of listening, involving and responding to consumers and communities
- is committed to developing services based on the needs of communities and ensuring their needs are understood
- builds trust and credibility throughout the participation process
- is committed to including community views and concerns in decision making
- works to ensure that outcomes of community participation are fed back to communities

## What is included in Participation?

Participation is the involvement of consumers, carers and members of the community within all levels of SWSAHS. For example, this may be involvement by individuals in decisions about their own health care, involvement in hospitals and community health centres, at sector or Area management level, or involvement with the SWSAHS Board.

There are a range of ways of involving the community and gaining community input and feedback, including:

- providing fact sheets, web sites and newsletters;
- holding open days;
- inviting public comment through public meetings, forums and documents for consultation;
- conducting focus groups, interviews and workshops;
- conducting surveys and ballots;
- holding citizens juries and deliberative polling;
- forming community councils, advisory and consultative committees;
- developing networks of consumers, carers and community representatives;
- involvement in community development programs;
- appointing community representatives to health committees;
- developing care plans for individual health consumers; and
- forming partnerships and memorandums of understanding.

There are some specific activities where consumer, carer and community involvement should occur including:

- priority setting;
- finance/budget planning and the allocation of funds;
- quality and accreditation processes;
- organisational changes and restructures;
- health planning;
- policy making;
- service reviews;
- project working groups;
- recruitment processes;
- review of complaints;
- clinical reviews;
- advocacy;
- advisory processes to SWSAHS Board and Clinical Council; and
- individuals' involvement in decisions about their own treatment.

## Examples of Participation

### **SWSAHS Community Representatives Network**

The Community Representatives Network is an autonomous body of community representatives that is resourced by SWSAHS. The Community Representatives Network was established to enable representatives to discuss issues and support one another in their role as representatives. The Network also provides an organised way for SWSAHS to keep in contact with its Community Representatives. The Community Representatives Network comprises a group of people in local communities who work with SWSAHS in developing its consumer and community communication and participation structures. Individuals who reside within the boundaries of SWSAHS are eligible for membership of the Network.

The Network has an executive group that is known as the SWSAHS Consumer/Community Council (CCC). The SWSAHS CCC consists of sector representatives and support staff. There are 3 sector representatives nominated by each sector network. Those representatives must be community residents. One of those representatives is an alternate delegate who attends each meeting as a non-voting member. Support Staff include the Area Manager of Community Participation, Sector Coordinators and other support staff. Support staff are non-voting members.

The Network held its first planning day in 2002. Membership of the Network continues to grow with 190 current members.

### **Emergency Department Tours & Information Sessions at Bankstown-Lidcombe Hospital**

Tours and information sessions for community members will be conducted within the Bankstown-Lidcombe Hospital Emergency Department from February 2004.

Community representatives and members of various non-government organisations will be trained with the skills required to lead the tours.

The tours will provide participants the opportunity to book into specific language group sessions including Arabic, Vietnamese and Greek languages. Aboriginal workers will also organise tours for the Aboriginal community. Tours will be conducted weekly providing there is a demand and tour leaders are available.

Information sessions will involve the showing of a 10-minute video about emergency departments, a brief talk, then a tour around the Department. Refreshments will be served at the end of each tour and a member of the Emergency Department staff will be available to answer questions.

Participants will also be asked to complete a questionnaire to help improve the sessions and identify other types of information they would like to receive.

## Examples of Participation (continued)

### **Macarthur Health Community Council (MHCC)**

Macarthur Health Community Council is an independent body made up of local people who take an active interest in the Macarthur Health Service. It first met in December 2002.

The establishment of the Community Council came out of a comprehensive 12-month consultation process involving consumers, carers and other community stakeholders. A group of interested consumers, community members and key health service staff subsequently developed a community participation model central to which is the Macarthur Health Community Council.

The Council consists of 18 community members and 7 members of the Macarthur Health Service Executive Team. It meets regularly to advise and work with Macarthur Health Service on policy, planning, service provision, safety, quality of care and accreditation. The Council has 4 main roles:

- to advocate for community involvement in Macarthur Health Service;
- to act as an advisory council to the Macarthur Health Service Executive;
- to be a strategic link between the Macarthur community and Macarthur Health Service; and
- to monitor the commitment of Macarthur Health Service to be honest, open and transparent to the Macarthur community.

The Community Council has links with, and representation on, the other primary governing bodies of Macarthur Health Service including the Clinical Advisory Council, the Finance Executive and the Quality Executive. A number of working groups and consultative committees report directly to the Community Council. Priorities for the Community Council for 2004 include:

- the development of a communication strategy between the Macarthur Health Service and its communities;
- the creation of guidelines for developing consumer-friendly resources; and
- the continued involvement of community representatives in the audit of consumer complaints management processes.

### **SISTA ACT**

SISTA ACT is a community development project working with female injecting drug users who are street-based sex workers in the Cabramatta area. The project is collaboration between Cabramatta Drug Health Service (formally known as Drug Intervention Service Cabramatta) and the Sex Workers Outreach Project (SWOP).

SISTA ACT began after a request from local sex workers for a group where they could come together to discuss relevant issues and develop skills and knowledge. Sex workers were contacted through outreach services and asked to identify their needs. Stage 1 of the project began in 2001 and involved the development of a weekly meeting group. Staff facilitated this group, which covered topics such as sexual health, drug use, personal safety, legal issues and self-defence. Four local sex workers were trained as peer educators and employed to provide education and support to other participants.

In an evaluation at the end of stage 1, participants identified a need to continue meeting. Stage 2 of the project involved outings, art activities and more sessions concerning self-care. During this stage, a peer educator was included on the SISTA ACT Advisory Committee. Staff and group participants have identified the need to extend the group to women with current or past drug issues who do not necessarily identify as sex workers. During the next twelve months the group will expand in this way, with the continuation of peer based street outreach.

The SISTA ACT project has accessed more than 89 sex workers. Its success derives from the inclusion of consumers from the outset and development of partnerships between services.

## Examples of Participation (continued)

### **Supporting Nurses to Involve Consumers in Their Health Care**

This project was commissioned by the Australian Nurses' Federation (ANF) and Royal College of Nursing Australia (RCNA). Its aim was to examine barriers to the development of nurse-consumer partnerships in the acute healthcare context. The project sought to identify strategies that support nurses to involve consumers in their healthcare at both individual and service levels. The project occurred over an 8-month period during 1999-2000 and was managed by a committee comprising members from peak nursing organisations and consumer representative organisations.

Workshops were conducted to collect data relating to nurse-consumer partnership issues. The workshops were designed to:

- raise awareness of the benefits of partnerships between nurses and consumers;
- identify issues related to the maintenance of partnerships;
- collect examples of best practice nurse-consumer partnership experiences; and
- identify strategies to support nurses to involve consumers in their health care.

Results from analysis of pre and post workshop surveys of nurse's attitudes to nurse-consumer partnerships demonstrated a strong belief in, and commitment to, the notion of partnership. Both nurses and consumers identified a large number of best practice examples. Consumers strongly identified the way in which information was conveyed between health professionals to patients as important to best practice. In many of their best practice examples, nurses referred to effective communication and establishment of nurse-client relationships based on trust and consumer empowerment as determining factors for successful partnership outcomes.

Strategies to support nurses to involve consumers in their health care were categorised under headings. Communication and specifically the transfer of information were again identified as important issues.

The project produced a report that recommended the strategies identified be made widely available to health professionals and the best practice scenarios be used as a basis for the development of best practice guidelines.

Information sourced from: Australian Nursing Federation, 2001 *Project to Support Nurses to Involve Consumers in Their Health Care*.

# Commitment of SWSAHS to Community Participation

It is the responsibility of SWSAHS to include communities in its activities through participation and consultation processes. SWSAHS has developed a set of guidelines to ensure effective consultation with communities (Appendix 4).

Departments, Divisions, Sectors and Area services have a responsibility to develop objectives for their own community participation activities and include these in their business plans.

The involvement of consumers, carers and community members in health processes, particularly health service committees, follows a formal process that is guided by the *Procedures for Recruiting, Appointing and Supporting Community Representatives on Committees and Other Health Processes* (appendix 1).

## Community Participation Structures

### Staff Structures

There is one full time dedicated senior community participation position plus a part-time Administrative Support position at the Area level as well as either a full or part time senior position in each sector.

***There is one part time (at least) Mental Health Consumer Coordinator at the Area level and one part time (at least) Mental Health Consumer Advocate position in each sector (Fairfield and Liverpool Mental Health sectors are combined).***

There is an Area Community Participation Staff Network to support all staff that work in or have an interest in community participation.

### Community Participation Structures

There are formal structures for the ongoing participation of consumers, carers and community in health service decision-making and more will develop over time. Existing structures include:

- The SWSAHS and Sector Community Representatives Networks;
- SWSAHS Consumer/ Community Council;
- Macarthur Health Community Council (MHCC);
- The SWSAHS Aboriginal Health Partnership & Sector Aboriginal Liaison Committees;
- Mental Health Consumer Network;
- Mental Health Carers Network;
- The SWSAHS Disability Reference Group and Sector Disability Reference Groups;
- SWSAHS and Sector Multicultural Advisory Committees.

**The SWSAHS Community Representatives Network** is an autonomous, independent community body, comprised of community representatives and representatives who participate in SWSAHS at either Sector or Area levels. SWSAHS provides resources for the Network including SWSAHS and Sector Coordinators, a secretariat role and meeting spaces etc. The role of the SWSAHS Community Representatives Network is to:

- advocate for consumer, carer and community participation across SWSAHS;
- enhance the understanding of health services in the community;
- make recommendations and resolutions on common issues and concerns to the SWSAHS Consumer/ Community Council ;
- facilitate the sharing of information between sector networks;
- receive and consider draft health plans from SWSAHS.

**The SWSAHS Consumer/ Community Council** is the executive of the SWSAHS Community Representatives Network. The role of the Consumer/ Community Council is to:

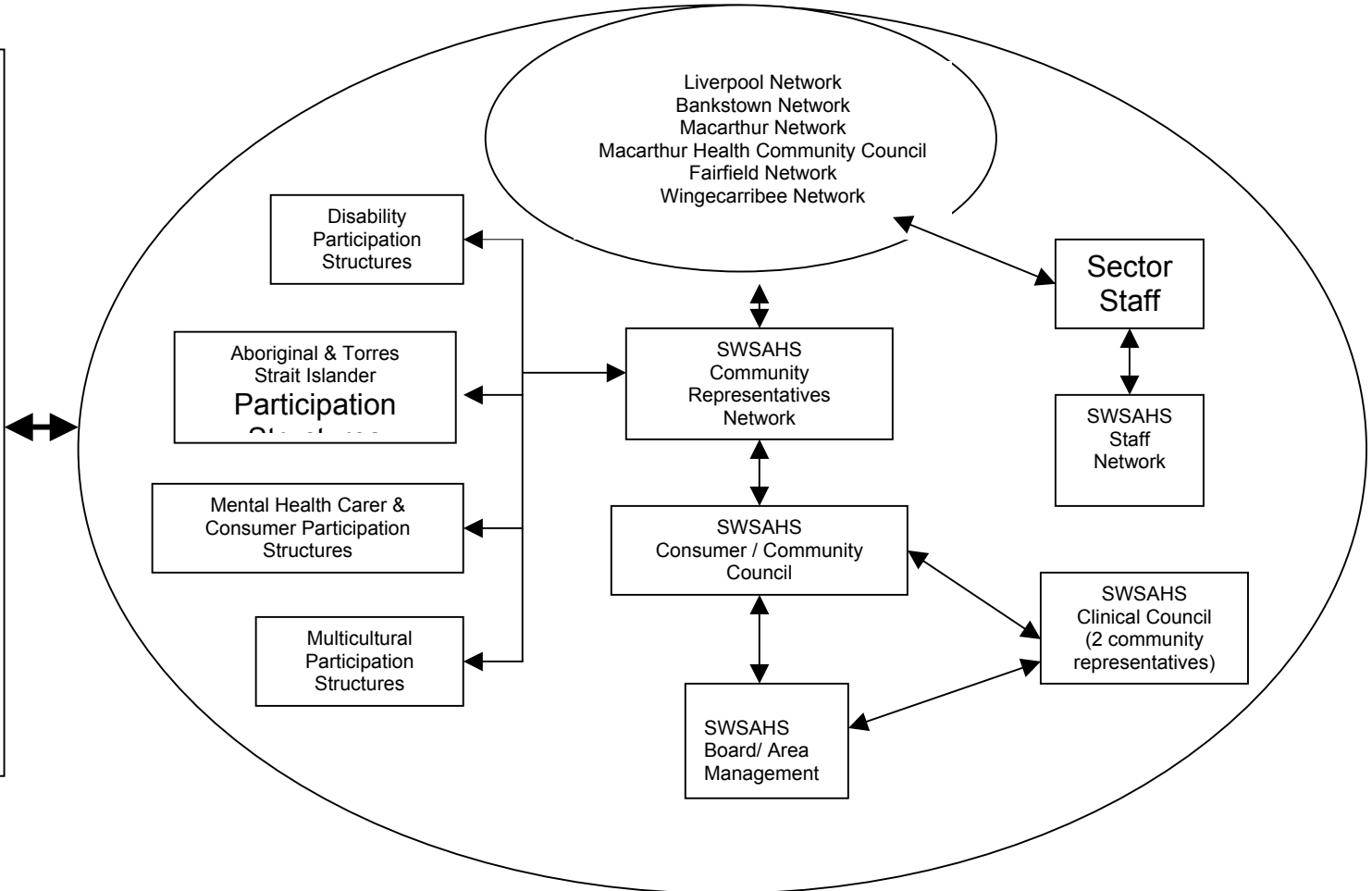
- formulate more defined purposes, objectives and strategies for the SWSAHS Community Representatives Network;
- manage the operation of the SWSAHS Consumer/ Community Council;
- advocate for consumer/community participation in SWSAHS;
- be a strategic link between SWSAHS and the South Western Sydney community;
- monitor the commitment of SWSAHS to the South Western Sydney community;
- present the views, recommendations and resolutions of the Area Community Representatives Network to SWSAHS; and
- provide feedback from SWSAHS to the Area Community Representatives Network.

The Consumer/ Community Council meets with the Board of SWSAHS at least twice a year. There is a set of guidelines for the operation of the Network and the Consumer/ Community Council (Appendix 12). The SWSAHS Community Representatives Network develops links and partnerships with each of the community representative structures.

# SWSAHS COMMUNITY PARTICIPATION STRUCTURES

## Community

- COMMUNITY PARTICIPATION IN THE FOLLOWING PROCESSES (for example):
- Memorandum of Understanding;
  - Partnerships with Agencies;
  - Planning;
  - Working Groups;
  - Advisory Committees;
  - Focus Groups;
  - Health Committees;
  - Accreditation;
  - Consultative Committees.



## Providing Resources for Community Participation

Funds for community participation activities are provided and included in budgets at Area and Sector levels. Area and sector community participation staff are appointed to co-ordinate the community participation process.

We recognise that consumers, carers and community representatives may incur expenses through their involvement in SWSAHS participation processes. Consumers, carers or community representatives involved in consultation and participation processes are entitled to claim out of pocket expenses. Arrangements will be made to reduce these expenses, such as, providing transport to meetings in a SWSAHS vehicle, access to telephone, fax and photocopying facilities. Representatives will be encouraged to keep a receipt or record of out of pocket expenses incurred (other than private vehicle use for which a separate travel log needs to be completed) and to complete a Claim for Reimbursement Form (Appendix 9). There is policy document regarding reimbursement (Appendix 8).

In circumstances where interpreter services are required to enable the involvement of community representatives in consultation and participation activities, SWSAHS will provide these.

## Training and Development

SWSAHS provides training programs to support consumer, carer and community representatives. These include an orientation program which representatives are encouraged to attend. Community representatives can attend specific Area staff training and education programs and are invited to attend seminars and forums run by SWSAHS.

SWSAHS also provides training programs on community participation and consultation for staff. Members of the SWSAHS Community Representatives Network are involved in staff training and education programs as presenters to provide consumer, carer and community experience and perspectives to SWSAHS staff.

## Communication

As a minimum, SWSAHS provides the following information to consumers, carers and communities:

- information about health services and treatment;
- how to attain and maintain good health and prevent illness; information about patient and carer rights and how to access medical records;
- how to make complaints;
- performance of health services; information about priorities, planning and proposed changes in health services;
- information on how to join the community participation program.

This information is provided in ways that are accessible to our diverse communities. For example, through translation into community languages and in simple, plain language that is easy to read and does not rely on the use of acronyms.

The communication strategy between SWSAHS and the SWSAHS Community Representatives Network identifies a number of activities that will be used. Examples of these include:

- web pages;
- a regular newsletter and mail out to members;
- the SWSAHS Consumer/ Community Council;
- the meetings of the SWSAHS Network; and
- SWSAHS Network Representatives in health processes.

Staff of SWSAHS are kept up to date with community participation via information on the intranet, through Area and sector staff newsletters and through the Area Community Participation Staff Network.

## Evaluation and Monitoring

SWSAHS regularly evaluates the progress of community participation to ensure a co-ordinated and effective approach across the sectors. Evaluation is conducted in collaboration with consumers, carers and community members and includes the evaluation of structures, processes and outcomes. SWSAHS will ensure that community identified outcomes and processes are evaluated and feedback is sought from both staff and the community.

Departments, Divisions, Sector and Area services within SWSAHS report on community participation activity through performance agreements and business plans. Community Participation activities are also reported in the SWSAHS Annual Report. A detailed evaluation plan will be established as part of the implementation phase of the Community Participation Framework.

# References

Hawe P, King L, Noort M, Jorgdens C, Lloyd B (1999) *Indicators to Help with Capacity Building in Health Promotion* Sydney: NSW Health Department

International Association for Public Participation (2000) *IAP2 Public Participation Spectrum*

<http://iap2.org/practitionertools/index.shtml>

Illawarra Area Health Service (2001) *Manual of Consumer Consultation and Participation*

Macarthur Health Strategy Report to SWSAHS (Formally received by the Board in 1997, this is the foundation document for ongoing work on the Macarthur Health Strategy).

NSW Health (1999) *Community Consultation and Participation Resource Kit*

NSW Health (2001) *A Framework for Building Capacity to Improve Health*

SWSAHS *Statement of Intent* (Formally adopted by the Board in 2001)

SWSAHS *A Model for Area Clinical Governance*

# Key Resources for Community Participation in Health.

Commonwealth Department of Health and Aged Care (2001) *The Evidence Supporting Consumer Participation in Health*  
[www.participateinhealth.org.au/Clearinghouse/Docs/evidence.pdf](http://www.participateinhealth.org.au/Clearinghouse/Docs/evidence.pdf)

Department of Public Health, Flinders University & South Australian Community Health Research Uni (2000) *Improving Health Services Through Consumer Participation: A Resource Guide for Organisations*  
[www.participateinhealth.org.au/Clearinghouse/Docs/improvingsection1.pdf](http://www.participateinhealth.org.au/Clearinghouse/Docs/improvingsection1.pdf)

National Resource Centre for Consumer Participation in Health  
[www.participateinhealth.org.au](http://www.participateinhealth.org.au)

NSW Health (1999) *Community Consultations and Participation: Resource Kit for Area Health Service Managers and Project Leaders*  
<http://www.health.nsw.gov.au/public-health/crcp/hib/publications/community.html>

Victorian Government Department of Human Services (2003) *Building Community Partnerships: Consumer, Carer and Community Participation in Primary Care Partnerships*  
[http://hnb.dhs.vic.gov.au/rrhacs/phkb/rwpgslib.nsf/Graphic+Files/pcp\\_pubs/\\$file/building\\_cp.pdf](http://hnb.dhs.vic.gov.au/rrhacs/phkb/rwpgslib.nsf/Graphic+Files/pcp_pubs/$file/building_cp.pdf)

# Definition of Terms

## **Capacity Building**

An approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over. (Hawe et al, 1999)

## **Carer**

Refers to a person who provides a caring role to someone who is affected by health issues. For example, this may be someone who has a disability, chronic illness or is frail aged.

## **Carer Representative**

A person appointed to a formal structure or other process to represent carers or carer interests. A carer representative will be a carer as defined in this Framework.

## **Citizens Juries**

A process that gathers a randomly selected and demographically representative panel of citizens for four to five days to carefully examine an issue. (IAP2, 2000)

## **Community**

All individuals who live within the boundaries of SWSAHS, including organisations that represent the diverse SWS communities and population groups (for example: people with a disability, a specific cultural group, or a particular age group).

## **Community Development**

The process of supporting communities to identify their health issues and to plan, develop and implement strategies to address inequalities or injustices for social action or social change. A result of these activities is increased self-reliance and decision-making power.

## **Community Participation**

The process of involving community members in decision making about their own health care, health service planning, policy development, setting priorities and addressing quality issues in the delivery of health services.

## **Community Representative**

A person appointed in a voluntary capacity to a formal structure or other process within the health system to present community interest.

## **Consultation**

The ways used to gain community input or feedback around a specific issue or topic. These are usually one-off or short term.

## **Consumer**

A person who uses or has used a health service.

### **Consumer Advocate**

A person or organisation appointed to speak or act on behalf of a consumer or group of consumers.

### **Consumer Representative**

A person appointed in a voluntary capacity to a formal structure or other process to represent consumers or consumer interests.

### **Deliberative Polling**

A process that brings randomly selected and demographically representative members of the public together on a particular issue. The representatives are briefed; they deliberate on the issue in small groups and frame further questions to experts. The representatives do not attempt to reach a shared view. Actual and changed opinions are measured over the polling event. (Chambers, 2000)

### **Volunteer**

A person working within SWSAHS in a voluntary capacity and not receiving salary or wages.

### **Participation**

The involvement of consumers, carers and communities in decision making about their own health care and health care services.

### **Partnerships**

Relationships where two parties work together towards a shared vision.

South Western Sydney Area Health Service (SWSAHS)

SWSAHS is one of 17 Area Health Services in NSW and is accountable to NSW Minister for Health. SWSAHS exists to meet its purpose of *Better Health, Good Health Care* for people living in the local government areas of Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee.

### **SWSAHS Board**

A group of people appointed by the Minister for Health to govern the affairs of SWSAHS. The Board includes the Chief Executive Officer and a member elected by the staff of SWSAHS.

### **SWSAHS Clinical Council**

The peak advisory body on clinical governance to SWSAHS. "Clinical Governance is the process whereby SWSAHS is responsible for continuously improving the quality of services and safeguarding high standards of care by creating an environment in which excellence in clinical care flourishes". (SWSAHS, *Model for Area Clinical Governance*)

### **SWSAHS Sectors**

SWSAHS is managed under a system of five sector health services. Each Sector has a General Manager and an Executive team. The Sectors are Bankstown, Fairfield, Liverpool, Wingecarribee and Macarthur (comprises Camden, Campbelltown and Wollondilly local government areas).



## **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

### **Procedures for Recruiting, Appointing and Supporting Community Representatives on Committees and Other Health Processes**

#### **Aim of the Community Participation**

The aim of the Community Participation is to ensure that:

- The Health service involves consumers, carers and the community in planning, delivery and evaluation of services;
- Local communities are well informed;
- There is transparency and accountability in the health service decision-making.

Community Participation will provide community members with the opportunity to:

- Have positive and effective input into health service planning, delivery and evaluation of services
- Provide input about issues and needs in the community
- Be active participants in the work of SWSAHS Committees

#### **1. The Responsibility of Community Participation Managers:**

The process for seeking expressions of interest from potential community representatives will involve:

- Placing advertisements in appropriate local newspapers
- Placing community service announcements with local radio stations
- Distributing information flyers
- Writing to local community organisations inviting them to nominate
- Writing to consumers of the service inviting them to nominate
- Placing posters on notice boards
- Calling for expressions of interest from formal community participation groups that have been established eg SWSAHS Community Representatives Network.

The information will:

- Identify the skills/experience the health service is seeking
- Indicate where application forms are available
- Provide a contact phone number for further information
- Identify the timeframe for receiving nominations
- Identify the term of appointment if necessary

A standard community representative application form, an Expression of Interest (Appendix 5), will be used for the process. A package of information about community participation and SWSAHS will be provided to all enquirers. SWSAHS will provide a period of at least two weeks for interested community representatives to submit their Expression of Interest form.

## **2. Number of Representatives on Committees**

It is recommended that at least two positions be made available on committees that are seeking community representatives. This allows community representatives to support each other or represent each other during absences.

## **3. Interview Process for Community Representatives**

An interview panel will be convened to make the decision about the suitability of intended community representatives. The interview panel will have as a minimum, an equal number of community members and staff including:

- A representative of SWSAHS
- At least one member of SWSAHS Community Representatives Network

The interview panel will follow a selection process for the community representatives based on the staff selection process which entails an application review, interview and referee check. The panel may decide to make a decision without conducting interviews, based upon how each of the applicants meets the selection criteria established. The selection of participants will be based on how well the applicant meets the criteria that have been identified for the community position.

Examples of selection criteria are:

- Lives within the South Western Sydney and Wingecarribee communities
- Is not an employee of SWSAHS
- Is able to demonstrate involvement with consumer groups/organisations
- Is able to report back to consumer groups/organisations
- Is able to effectively communicate on behalf of consumers
- Has an awareness of the needs of groups of consumers and not just the individual
- Can be reliable and responsible and willing to commit time to attending scheduled meetings
- Is able to represent other views with objectivity
- Can demonstrate an understanding of the issues involved
- Has experience as a consumer or carer in relation to the issue/subject matter

Attributes and skills in community representatives will include:

#### Attributes

- ✓ Want to improve the health system
- ✓ Willing to give some time to health issues
- ✓ Relate your own experience of health care to broader consumer

#### Issues

- ✓ Able to represent and respect the views of other people who use health care

#### Skills

- ✓ Some knowledge of the health system
- ✓ Communication skills
- ✓ Experience with working on a committee or representing other people
- ✓ Empathy
- ✓ Personal level of empowerment

#### **4. Appointing, Supporting and Reviewing Representatives**

Successful applicants will be informed verbally that they have been appointed to the SWSAHS Community Representative Network and are now eligible for involvement in a range of formal processes.

Unsuccessful applicants will be informed.

A confidential database of community representatives will be maintained by SWSAHS and permission sought from community representatives to be included in the Area-wide representatives database that is managed by the Area Manager, Community Participation. Access to the confidential database of community representatives is limited to the Area Manager of Community Participation and the Chairperson of the SWSAHS Consumer/Community Council.

Orientation training will be held for community representatives when available. This training will cover:

- The health system
- The role of a community representative
- How to be effective
- Support, advice and tactics

The training program is available through the Area Manager, Community Participation. Resource books from the Consumers' Health Forum of Australia, "Guidelines for Consumer Representatives", will be provided to each participant/representative and can be obtained from the Area Manager, Community Participation.

Community representatives will be supported by:

- Reimbursement of out of pocket expenses incurred in attending SWSAHS activities in their role as a community representative in accordance with the Policy on the Reimbursement of Consumer, Carer and Community Representatives
- Providing education and training opportunities relevant to their role as community representatives
- Providing support, information and guidance as requested or needed
- Assisting community representatives to network with each other
- Responding to issues raised by community representatives and providing feedback
- Clearly identifying a contact person or “Buddy” in the health system with whom to liaise

South Western Sydney Area Health Service will assist community representatives to provide information to the broader community. This may include reasonable assistance with producing written information, photocopying, holding community forums or preparing presentation materials, etc. Community representatives will need to report to either to they area / sector network by using the sample Report Form (Appendix 10).

## **5. Criminal Record Checks**

Criminal record checks will be carried out for community representatives who are seeking to join the SWSAHS Community Representatives Network. Permission will be sought from the community representative prior to conducting a criminal record check. The checks will be conducted in respect of sexual offences, serious offences involving threat or injury to another person and other serious offences relevant to the duties of the position. Where the criminal record check reveals a criminal conviction, the Area Human Resources Manager will discuss this with the prospective community representative and then make a recommendation to the Area Director of Business Services about the community representative’s appointment. The Area Manager and/or sector coordinator will be consulted on this recommendation. Any community representative who has been charged with having committed, or has been convicted of, any sexual offence, serious offence involving threat or injury to another person or other serious offence relevant to the duties of their position, must report this within seven (7) days to the Chief Executive Officer.

## **6. Intellectual Property/Copyright**

Any intellectual property arising out of the community representative’s involvement with SWSAHS committees or working groups will be vested in SWSAHS unless specific prior agreement has been made to vary this principle.

## **7. Conflict of Interest, Code of Conduct, Confidentiality**

Community representatives should declare any conflict of interest, or potential conflict of interest at the time they nominate to be involved. If a conflict of interest was not declared at the time of their appointment, or arises during their representation, this must be notified to the Area Manager, Community Participation.

Community representatives will be asked to sign an agreement that sets out what they can expect of SWSAHS and what SWSAHS expects of them (Appendix 6). As part of their involvement with SWSAHS committees, community representatives may have access to information that is considered confidential. SWSAHS has a common law and statutory obligation to protect the privacy and confidentiality of some information that committee members have access to (for example, under Privacy Legislation). In keeping with these obligations, it is expected that community representatives will accept and maintain the confidentiality of information so designated. It is the responsibility of the Chairpersons of Committees to clearly identify information that is confidential and to make this known to the community representatives.

Asking community representatives to observe the confidentiality of some information will not prevent participants from communicating with other community members on general principles and issues, as they need. If a participant is unsure, this can be checked with the Chairperson of the committee. If the confidential status of written information is unclear this could also be checked with the Chairperson before distribution.

## **8. Membership of Sub-committees**

Committees sometimes establish sub-committees, working parties, reference groups and other groups to do some of the committee's work, provide advice or undertake specific tasks. Wherever possible these bodies should have community participation as well. This could be an existing community representative from the main committee or additional participants from the community.

## **9. Making Public Statements**

The policy of the South Western Sydney Area Health Service states that only General Managers and Senior Executive staff are authorised to make public statements on behalf of the organisation. Community representatives must not make public statements on behalf of the South Western Sydney Area Health Service unless the General Manager or Senior Executive has given them approval or asks them to do so. Examples include, media interviews on committee work, speaking at conferences as a representative of South Western Sydney Area Health Service and writing material for journals and other publications.

However, community representatives may speak about and share information on their experience as a participant, but must be clear that they are not speaking on behalf of South Western Sydney Area Health Service.

## **10. Resignation, Removal and Replacement of Representatives**

Participants/Representatives may resign at any time and should notify the Chairperson of the Committee or contact person for the process in which they are involved. Written notification is preferable. An Exit Form should be completed (Appendix 11).

Community representatives will be informed when their term of appointment is due to expire. Retiring representatives can reapply for a further appointment.

Should problems arise which raise questions about the performance or continuing representation of a community representative, the views of the participant/representative will be sought with the aim of resolving any difficulties or problems. Initially this will be the responsibility of the Chairperson of the committee or contact person for the process. If, after an attempt to resolve the difficulties, the Chairperson feels that the community representative's appointment should be reviewed, the local Coordinator of Community Participation or the relevant General Manager or Area Service Director will be involved to conciliate on the matter. The community representative is encouraged to have a support person with them during this process. If conciliation is unsuccessful and a decision is made to discontinue their participation, the community representative will be verbally informed of the decision in the first instance with written confirmation being provided to them.

The community representative may appeal this decision to the Manager, SWSAHS Community Participation who will make a determination on the matter in consultation with the community representative, the local Coordinator/General Manager/Service Director and the Chairperson of the committee.

## **11. Grievances and Complaints**

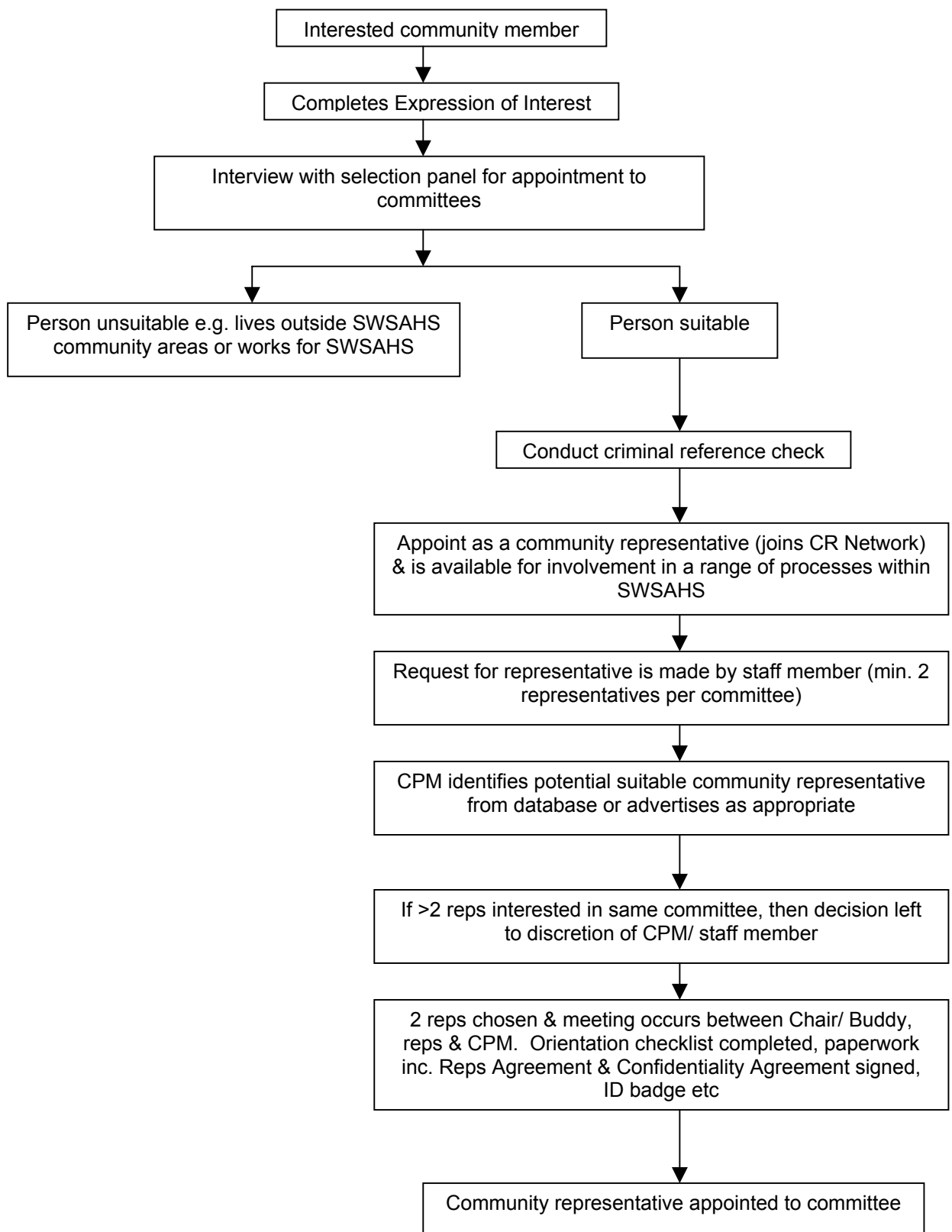
Community representatives are encouraged to inform SWSAHS if they are not receiving the advice or support they need to fulfil their role. Initially concerns need to be directed to the local Coordinator of Community Participation or the Area Manager, Community Participation.

**12. The Responsibility of SWSAHS Staff seeking to involve community representatives.**

Staff seeking to involve community representatives should consider the following points:

- Why do you want a community representative on a committee?
- What do you hope to achieve from having a community representative on a committee?
- What level of involvement do you want from the community representative?
- Do you have a “Buddy” for the community representative?
- Can you accommodate the minimum 2 community representatives required on committees?
- Does the committee understand the role of a community representative?
- Are you aware of the role and responsibility of having a community representative on a committee?

# Recruitment and Appointment Of Community Representatives



## Supporting documents

1. Health Community Representatives Network  
South Western Sydney Area Health Service  
**Expression of Interest** (Appendix 5- Community Participation Framework)
2. South Western Sydney Area Health Service  
**Community Representative Agreement** (Appendix 6- Community Participation Framework)
3. **Report Form**  
Community Representatives with South Western Sydney Area Health Service (Appendix 10- Community Participation Framework)
4. **Exit Form**  
Community Representatives with South Western Sydney Area Health Service (Appendix 11- Community Participation Framework)





# SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

## Orientation Checklist SWSAHS Community Representatives

1. Signed Community Representatives Agreement
2. Signed Confidentiality Agreement
3. Copies of Report Form
4. Re-imbusement claim forms
5. Buddy contact details
6. SWSAHS information supplied
7. Orientation visits to services planned (if appropriate)
8. Committee information
  - a. Membership of committee
  - b. Terms of Reference
  - c. Secretariat, Chairperson contact details
  - d. Location and times of meetings
  - e. Background information on issues
9. ID Badge organised
10. Needs of the community representative identified



## **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

### **Community Representatives on Committees Role of the Support Person**

The SWSAHS will identify a contact person for each committee who can act in the capacity of a support person or “buddy” for community representatives involved on that committee.

This could be a SWSAHS employee or an experienced community representative.

The role of the “buddy” is to:

- Provide a contact point for the community representatives with that committee between meetings;
- Answer any questions in relation to the focus and operation of the committee;
- Provide additional information about the work of the committee where needed; and
- Provide support to the representatives in understanding the work of the committee

It is envisaged that the reliance on the “buddy” by the community representatives will diminish over time as the representatives become accustomed to the business of the committee.



## **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

### **Consultation Guidelines**

#### **What Is Consultation?**

Consultation is defined as a range of processes where the South Western Sydney Area Health Service formally seeks the views, opinions and input of the community about health issues and its services and programs.

Consultation processes are generally one-off or short term, often organised around a specific topic or issue and designed to gain feedback and views.

#### **What To Consult On**

Any action or proposal by the South Western Sydney Area Health Service that may affect an identifiable group in the community is a suitable issue for consultation. The group may comprise those affected by a particular health issue, or it may be a community in a geographical area, or a community of a particular culture.

As a minimum, consultation will occur as part of:

- 1 The planning of health services
- 2 Assessing the community's needs for health services and identifying gaps in service provision
- 3 Identifying priorities, proposals and projects for a new service or for a change or relocation of a service, or closure of a service
- 4 Identifying issues of access to services
- 5 Gaining feedback to enable the evaluation and improvement of health services
- 6 Matters that have an impact on the community and the health service.

As better practice, consultation should occur as part of:

- 1 The development of policy for South Western Sydney Area Health Services
- 2 Identifying priorities for funding health services in South Western Sydney.

#### **Principles For Consultation**

Observance of the following principles will help ensure effective consultation.

- SWSAHS is committed to consulting the community on issues affecting the provision of health services in South Western Sydney;
- The community is a legitimate partner in decisions affecting the provision of health care;
- SWSAHS will be fair and consistent with all members of the community;
- Consultation will involve all interested people, even the organisation's critics;

- Consultation will occur as early as possible in the decision-making process;
- Consultation processes will be visible and readily accessible to the community;
- Consultation communication will be clear and simple and written in language that people can understand and information may need to be translated
- Communication will be honest and respond to and acknowledge the views of the community in a fair and respectful manner
- SWSAHS will listen to the views of the community
- SWSAHS will clearly communicate the actions it will undertake and then will undertake those actions
- SWSAHS will report back to the community following consultation processes
- Opportunities for community participation in health and for further community involvement will be identified through the consultation process
- SWSAHS will provide a range of consultation processes. These processes will be developed with the needs of the community in mind.

## When To Consult

The community will be consulted as early as possible. Consultation usually occurs once the following have been defined:

- The aim and benefits of the consultation
- Who will be affected
- Who should be involved in the consultation
- The process of undertaking the consultation

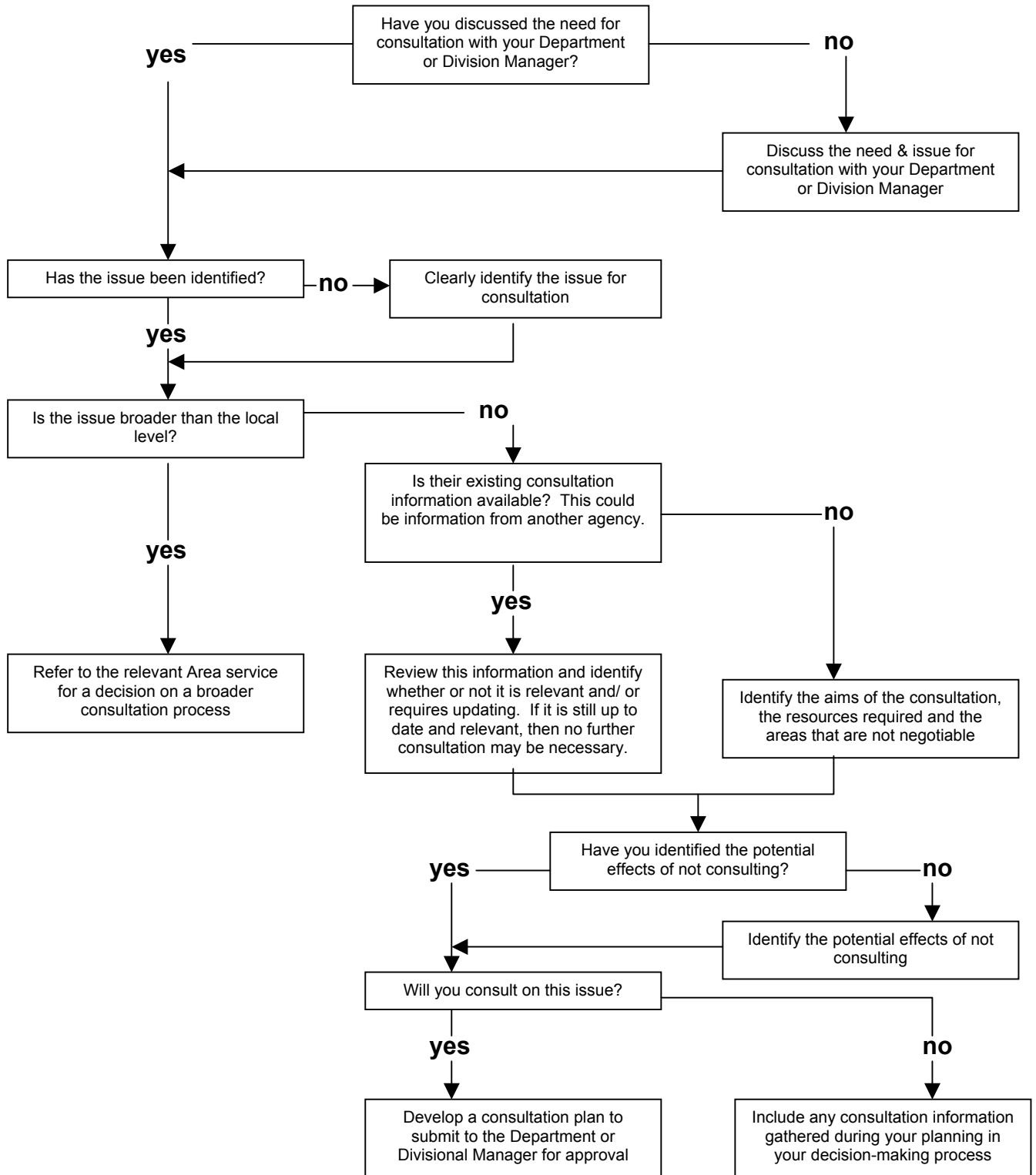
SWSAHS will work with communities to determine who will be involved in consultation and how consultation will proceed. It is important to consider the needs and preferences of affected groups in planning the consultation process.

The following questions may provide a checklist to help determine when to consult:

- Have you obtained approval from your Department or Division Manager to investigate consulting on the issue and to develop a consultation plan?
- Has the issue already been the subject of consultation in the Area or in your Sector (this could include consultations conducted by another agency)?
- Who has identified the issue?
- How politically sensitive is the issue?
- What are the aims of the consultation? What do you expect from the consultation?
- Do you have the time, resources and skills to consult effectively? If not, what are you going to do about it?
- What is the potential effect of not consulting?
- What matters are not negotiable, and how can these be justified?
- If the decision is made to consult, have you developed a consultation plan?
- Have you lodged your consultation plan with your Department/ Division Manager for approval?

The Sectors of SWSAHS need to initially decide whether or not they should consult on the issue and whether it is an issue that requires a broader consultation at an Area level. The following flowchart may provide some guidance in making these decisions.

# When To Consult Decision Flowchart – local level



## **Who Is Consulted**

It is important to identify those communities and individuals that will be affected by any proposal and/or decision. This will influence the techniques for consultation.

It should be recognised that there are individual consumers as well as communities that need to be consulted. Individuals bring their unique experience of using SWSAHS to the consultation process. Communities could include people and population groups of different languages and cultural backgrounds, different age groups, or those affected by mental illness, disability, isolation or lack of mobility.

South Western Sydney Area Health Service and its sectors should inform and involve the relevant community participation groups that have been established in consultations (for example, members of the SWSAHS Community Representatives Network and SWSAHS Disability Reference Group). These groups can offer guidance on planning the consultation and will be able to identify consumers and communities who should be consulted on the issue.

## **Approval and Endorsement of Consultation Proposals and Plans**

It is recommended that consultation plans/ proposals are sent to relevant committees for endorsement or approval. Where appropriate, consultation plans/ proposals should also be forwarded to Sector Executive teams, the Area Executive team and/ or the SWSAHS Board.

Consultation proposals should include information regarding the following:

1. What is the issue/ subject of the consultation?
2. Which consumers or communities are affected by the issue, and how?
3. Who will be consulted and what methods will be used?
4. What are the aims of the consultation?
5. What are the details of similar consultations or details of recent consultations with the same group?

## How to Consult

A consultation plan should be developed for each consultation process. The following outline could be used for developing this plan or as a checklist:

	CONSULTATION PLAN	CHECKLIST
	<i>Name of consultation:</i>	
1.	<i>Identification of issue or problem:</i>	<ul style="list-style-type: none"> <li>• What is the nature and origin of the issue or problem?</li> <li>• What matters need to be discussed and decided?</li> <li>• What are the possible options and likely contentious issues?</li> <li>• Are there any genuinely non-negotiable issues?</li> </ul>
2.	<i>Consultation participants:</i>	<ul style="list-style-type: none"> <li>• Identify who is to be consulted or involved: whether whole populations in a geographical area, or consumers concerned with specific matters of health, or an age group, or communities of a particular culture, or those affected by a physical disability or a mental illness.(for example)</li> <li>• Is there a need for interagency consultation?</li> <li>• Do you need to involve the Manager or Coordinators of Community Participation?</li> <li>• Consider how participants are to be selected: through existing South Western Sydney participation processes; as representatives of groups or communities; by inviting expressions of interest; by a public forum; through advertising in the media.</li> </ul>
3.	<i>Objectives of consultation: Objectives of the community's participation:</i>	<ul style="list-style-type: none"> <li>• What are the aims of the consultation?</li> <li>• What information is to be sought from the consultation?</li> <li>• Why is the consultation taking place at this time?</li> <li>• Determine the appropriate level of community participation for this issue or problem (using the IAP2 spectrum - attached).</li> <li>• Develop the objectives for the community participation and the promise to the participants (using the IAP2 spectrum - attached).</li> <li>• Have the objectives and limits of the consultation been clearly conveyed to participants?</li> </ul>
4.	<i>Identify the stages of the consultation process:</i>	<ul style="list-style-type: none"> <li>• Will participants be involved in: <ul style="list-style-type: none"> <li>○ Identifying the issue</li> <li>○ Gathering information</li> <li>○ Establishing how decisions will be made</li> <li>○ Developing options</li> <li>○ Evaluating options</li> <li>○ Making the decision</li> <li>○ All stages of the decision making process on the issue or problem</li> </ul> </li> <li>• Determine the appropriate level of community participation for each stage of the consultation with a participation objective and commitment (promise)** (using IAP2 spectrum).</li> </ul>

\* The IAP2 Spectrum identifies a "Promise to the Public". SWSAHS chooses to use the term "commitment" rather than "promise".

	CONSULTATION PLAN	CHECKLIST
5.	<i>Consultation techniques: Strategies for effectiveness of consultation: Strategies to maximise participation:</i>	<ul style="list-style-type: none"> <li>• Select the technique that meets the participation objective for each stage of the consultation.</li> <li>• Develop strategies to enhance consultation: <ul style="list-style-type: none"> <li>○ Has the consultation been advertised widely enough in the community?;</li> <li>○ Has the ethnic media been used?;</li> <li>○ Are consultation personnel able to facilitate the processes?;</li> <li>○ Do you need an independent facilitator?;</li> <li>○ What processes will be followed in the event of conflict?;</li> <li>○ Does the staff involved have the necessary skills and communication expertise for effective consultation?</li> </ul> </li> <li>• Identify those participants who are hard to reach for whatever reason (language, disability, isolation etc); <ul style="list-style-type: none"> <li>○ Identify where they are to be found and how they will be reached;</li> <li>○ Plan the means by which they can participate.</li> </ul> </li> <li>• Have interpreters been engaged for the consultation process?</li> <li>• Has information been translated?</li> <li>• Is childcare, elder care or are carers for people with disabilities required?</li> <li>• Are meeting times and locations suitable?</li> <li>• Are venues easily accessible by public transport and for people with mobility difficulties eg wheelchair access?</li> <li>• Can transport be arranged where required?</li> <li>• Is the lighting and seating arrangements suitable to the particular type of consultation?</li> <li>• Has adequate notice of meetings been provided?</li> <li>• Has participation been actively encouraged through personal contact?</li> <li>• Has support and advice been obtained from the Aboriginal Health Coordinator on protocols for consulting with Aboriginal and Torres Strait Islander communities?</li> <li>• Has support and advice been obtained from Multicultural health workers who have expertise in working with multicultural communities?</li> </ul>
6.	<i>Information provided to participants:</i>	<ul style="list-style-type: none"> <li>• Is the information needed by participants available and adequate and in such form that it can be understood?</li> <li>• Does an explanatory brief need to be developed?</li> <li>• How will the information reach participants in enough time so that they can absorb it and think about it?</li> <li>• What type of translations will be required?</li> </ul>
7.	<i>Timetable for consultation:</i>	<ul style="list-style-type: none"> <li>• Consider the time allowed for consultation, the number of consultations, the intervals to allow community representatives to consult.</li> <li>• Consider avoiding difficult periods in any year eg Christmas.</li> <li>• Is the timetable realistic?</li> <li>• What are the time constraints?</li> </ul>

	CONSULTATION PLAN	CHECKLIST
8.	<i>Resources required:</i>	<ul style="list-style-type: none"> <li>• Identify resources for the process and consumers' need for assistance to participate eg transport or childcare costs.</li> <li>• What resources and personnel are required?</li> <li>• Is there a need for staff training or external personnel?</li> <li>• Have funds been allocated to meet the costs of the process and the expenses of participants?</li> <li>• Have sufficient funds been allocated for visible advertising of the consultation eg quarter page adverts in newspapers?</li> </ul>
9.	<i>Outcomes and feedback:</i>	<ul style="list-style-type: none"> <li>• Are the anticipated outcomes clear?</li> <li>• How will the outcomes be documented?</li> <li>• How will the information gained be used?</li> <li>• How will decisions reached be implemented?</li> <li>• How will this information be fed back to participants and other interested parties?</li> </ul>
10.	<i>Evaluation:</i>	<ul style="list-style-type: none"> <li>• Prepare for an evaluation of the process of consultation.</li> <li>• Has it been effective; has information been adequate, understood and timely; has debate been informed and managed; have participants received feedback on the outcomes of the consultation?</li> </ul>

Following consultation it is recommended that a report addressing the following be sent to relevant committees, Executive teams or SWSAHS Board:

1. What was the feedback given at the consultations?
2. How many people were consulted?
3. What were the conclusions reached and how will these be incorporated into planning?
4. How will the results be fed back to the community?





## **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

### **Community Representatives Network**

### **Expression of Interest**

There are a number of community members, consumers and carers involved in a number of community participation processes in the South Western Sydney Area Health Service (SWSAHS). Their records are kept on a register at the Office of the Area Manager, Community Participation and with the local health sector participation co-ordinator.

The Community Participation Office brings together community members, consumers and carers with different interests, experiences and expertise, to participate in the decision-making processes in SWSAHS.

The Register of Community Representatives will be used to keep community members, consumers and carers up to date on health service activities and to invite them to participate in a range of health service processes.

If you would like to register your interest in being involved with the South Western Sydney Area Health Service, then please complete the following form and return it to:

Area Manager, Community Participation  
South Western Sydney Area Health Service  
Ingleburn Community Health Centre  
59A Cumberland Road  
INGLEBURN NSW 2565

If you have any questions or concerns about the register or the Community Representatives Network, please contact Alice Wood, Area Manager, Community Participation on 96058900 or 98285778 or email: [cpm@swsahs.nsw.gov.au](mailto:cpm@swsahs.nsw.gov.au)

<p>The information provided in this form will be kept on file at the offices of the Area Manager, Community Participation and local participation coordinator and will be kept confidential.</p>
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**1. CONTACT DETAILS**

Mr/Miss/Ms/Mrs                      Surname: \_\_\_\_\_

First Name: \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Home): \_\_\_\_\_                      Phone (Work): \_\_\_\_\_

Mobile: \_\_\_\_\_                      Email: \_\_\_\_\_

When in the best time to contact you: Day \_\_\_\_\_ Time \_\_\_\_\_

**2. SKILLS AND INTERESTS**

Do you speak any languages other than English?    Yes/No

If yes, language(s): \_\_\_\_\_

What are your skills and interests? Please note, you can tick more than one of the following:

<input type="checkbox"/>	Being a Community Representative on Health Committees
<input type="checkbox"/>	Writing or giving feedback on policies and other documents
<input type="checkbox"/>	Administration
<input type="checkbox"/>	Giving presentations and providing training
<input type="checkbox"/>	Representing the Community Representative Network at meetings, forums and conferences
<input type="checkbox"/>	Representing the Community Representative Network at community events (eg Stalls, festivals, etc)
<input type="checkbox"/>	Lobbying and activism

Other skills and interests (Please provide as many details as possible).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your areas of interest in health? (eg. Health promotion, diabetes, mental health, youth, etc).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently representing or have you represented the community in any health processes? Yes/No

If yes, please provide details (please write over the page if you need more room)

Period	Committee/process	Name of Health Service

Please list any community activities you are involved in that would support your role as a community representative:

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Please provide any other information regarding your skills, qualifications and interests that you think might be relevant.

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How do you plan to pass on information to other consumers and/or carers?

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### 3. WAYS IN WHICH YOU WISH TO BE INVOLVED

Do you wish to attend meetings of issues you are interested in on a regular basis? Yes/No

Are you willing to participate in training? Yes/No

Are you applying as an individual representative or will you be representing a special interest group? (Please specify).

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Would you be interested in being part of committees or processes that cover the entire South Western Sydney Area Health Service (Local Government areas of Bankstown, Camden, Campbelltown, Fairfield, Liverpool, Wingecarribee and Wollondilly)? Yes/No

Are you interested in being part of committees or processes in your Local Government Area? Yes/No

Are you interested in receiving information from the Network by post, such as Newsletters, information on interest groups, updates, etc? Yes/No

As a community representative, you will automatically be sent 4 newsletters per year and occasional information and updates. Please indicate if you do not want to receive this information.

No, I do not want anything sent to me.

### 4. SPECIAL NEEDS

What support will you need from the health service to be effective as a community representative? Eg. Transport; large print; wheelchair accessible venues; interpreters, other special needs, etc.

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## 5. REFERENCES

Please provide the names and addresses of two people who may be contacted about your application. If approached, these people will be asked to provide references and information about your experience and/or ability as a community representative.

Referee 1	Referee 2
Phone:	Phone:

## 6. SWSAHS REQUIREMENTS

A criminal record check is a requirement prior to appointment to a committee.

Do you agree to a criminal record check by the SWSAHS? Yes/No  
Have you already had a criminal record check by the SWSAHS in the last 12 months? Yes/No  
Have you ever been convicted of a criminal offence? Yes/No  
Have you ever been convicted of a sexual offence? Yes/No  
Have you any conviction of a violent offence involving children in the last 10 years? Yes/No

If you have answered yes to any of the above questions, please give details:

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Alternatively, if you wish to discuss this matter in private, please contact the Community Participation Office on 9605 8900.

## 6. STATEMENT/AGREEMENT

Community Representative's Statement:

I understand that this information is being provided to the Area Manager, Community Participation and will also be kept on a database at the office of the local Sector Co-ordinator, Community Participation, and with any committees I am appointed to.

I understand that as a community representative I am entitled to receive out of pocket expenses for my participation, but my involvement does not attract any salary.

I agree to a criminal record check being conducted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

### Community Representative Agreement

The role of Community Representative with the South Western Sydney Area Health Service is an important one. In undertaking this role, the South Western Sydney Area Health Service (SWSAHS) accepts a responsibility to support you, but also has some expectations of you. This agreement sets out the support you can expect from SWSAHS and its expectations of Community Representatives.

Please read this agreement and if you agree to follow the guidelines in it, sign the agreement where indicated. Completion of this agreement should be done in conjunction with a Manager from South Western Sydney Area Health Service.

South Western Sydney Area Health Service has an Area Manager of Community Participation who is available to assist you with any questions you may have about your role as a Community Representative and the processes associated with this.

*Manager Community Participation (02) 9605 8900 or 0408 969 127*

Or you may wish to contact the .....

Information you provided in your application to be a Community Representative and the position you hold will be kept on a database of Community Representatives at the office of the Area Manager, Community Participation, with the local sector Coordinator and with any committees to which you are appointed.

Some written information about your role as a Community Representative is available from the Area Manager, Community Participation.

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#### 1. Support from South Western Sydney Area Health Service

Community Representatives will be supported by:

- a. Reimbursement of out of pocket expenses incurred in attending South Western Sydney Area Health Service activities in your role as a Community Representative in accordance with the policy on the Reimbursement of Consumer, Carer and Community Representatives
- b. Providing education and training opportunities relevant to your role as a Community Representative
- c. Providing support, information and guidance as requested or needed
- d. Assisting you to network with other Community Representatives
- e. Responding to issues you raise and providing you with feedback
- f. Clearly identifying a contact person or "Buddy" in SWSAHS for you to liaise with

2. Keeping other community members informed

South Western Sydney Area Health Service will assist you to provide information to the broader community. This may include reasonable assistance with producing written information, photocopying, holding community forums or preparing presentation materials, etc. You will need to report to either the sector/area network by using the sample Report Form (Appendix 10) provided for you.

3. Term of appointment

Your term of appointment as a Community Representative for the \_\_\_\_\_ committee is \_\_\_\_\_ years.

You will be consulted about your involvement and processes for recruitment before your term expires. You can reapply.

Appointment as a Community Representative does not give you status as an employee of South Western Sydney Area Health Service nor does it constitute an employee/employer relationship.

South Western Sydney Area Health Service maintains a volunteer insurance policy that covers you while participating in the activities of SWSAHS.

4. Criminal Record Check

A criminal record check will be carried out if you are being appointed to a committee. Permission has been sought from you on your application form. Where the criminal record check reveals a criminal conviction, the South Western Sydney Area Health Service Human Resources Manager or his/her nominee will discuss this with you and make a recommendation to the Area Director of Business Services about your appointment.

5. Conflict of interest

You should declare any conflict of interest, or potential conflict of interest at the time you nominate to be a representative. If a conflict of interest was not declared, or arises during your representation, this must be notified to your "Buddy" or the Chairperson of the committee on which you serve.

6. Intellectual Property

Any intellectual property that arises out of your involvement with this Committee will be vested in SWSAHS unless specific prior agreement is made to vary this principle.

## 7. Code of Conduct and Confidentiality

You will be asked to sign this Agreement with the committee on which you serve. SWSAHS has a common law and statutory obligation to protect the privacy and confidentiality of some information that you may have access to as a committee member. It is expected that Community Representatives will accept and maintain the confidentiality of information so designated. This should be identified for you, but if you are not sure then please ask the Chairperson or your “Buddy”.

Confidentiality agreements should not prevent you from communicating with other community members on general principles and issues as you need. If you are unsure, this can be checked with your “Buddy” or the Chairperson of the committee. If the confidential status of written information is unclear this could also be checked before distribution.

## 8. Missing a meeting

South Western Sydney Area Health Service understands that there will be times when you are unable to participate in one of your committee meetings. If you are unable to attend a meeting and think that the committee will be making important decisions at that meeting, you can arrange with your “Buddy” or the committee Chairperson to provide input in another way, such as preparing a document to be tabled at the meeting.

## 9. Making public statements

The policy of the South Western Sydney Area Health Service states that only the General Managers and Senior Executive of South Western Sydney Area Health Service are authorised to make public statements on behalf of the organisation. You must not make public statements on behalf of SWSAHS unless the General Manager or Senior Executive have given you approval or ask you to do so. Examples include, media interviews on committee work, speaking at conferences on behalf of the South Western Sydney Area Health Service and writing material for journals and other publications.

However, Community Representatives may speak about and share information on their experience as a representative, but must be clear that they are not speaking on behalf of South Western Sydney Area Health Service.

## 10. Resigning

You may resign at any time and should notify the Chairperson of the Committee or your “Buddy” for the process in which you are involved. Written notification is preferable. You may be asked if you are available to brief new Representatives when they are appointed. Prior to your resignation, you must return all SWSAHS property, including library books, ID cards, boom gate keys, as well as any other items or equipment.

11. Discontinuing representation

Should problems arise which raise questions about your continuing representation, your views will be sought with the aim of resolving any difficulties or problems. Initially this will be the responsibility of the Chairperson of the committee. If, after an attempt to resolve the difficulties, the Chairperson feels that your appointment should be reviewed, the local Coordinator of Community Participation, Service Director or General Manager will be involved to conciliate on the matter. You may wish to have a support person with you during this process. If conciliation is unsuccessful and a decision is made to discontinue your representation, you will be verbally informed of the decision in the first instance with written confirmation being provided. You may appeal this decision to the Area Manager, Community Participation.

12. Grievances and complaints

You are encouraged to inform SWSAHS if you are not receiving the advice or support you need to fulfil your role. Initially this can be done through your local sector Community Participation Coordinator, or "Buddy", or the Chairperson of the committee in which you are involved. If this is unsatisfactory, concerns can be directed to the Area Manager, Community Participation.

13. Evaluation

You will be asked to participate in evaluation processes associated with involving you in SWSAHS.

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This section is for you to complete and sign with a Manager of South Western Sydney Area Health Service. If you have any questions about this agreement or would like clarification of any of its contents please discuss this with the Manager before signing.

I .....as a Community Representative on the  
..... have read through this agreement and  
agree to  
follow the guidelines in it.

Signed ..... Date .....

I ..... , .....South Western Sydney Area  
(name) (title)  
Health Service agree that we will provide ..... who is a  
community representative on the ..... with  
the advice, information and support outlined in this agreement.

Signed ..... Date .....





# SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

## Community Representative Confidentiality Agreement

I .....of .....

.....

understand that as a member of Committee/s with the South Western Sydney Area Health Service, I may be the recipient of material either in verbal or written form pertaining to the treatment of patients, the activities of staff or the operation of health services within South Western Sydney Area Health Service. In signing this agreement I agree to maintain the confidentiality of any material that may come into my possession and confine discussions of this material to meetings of the Committee, unless otherwise agreed by the Committee.

I recognise that my appointment to the Committee is to represent the community point of view, and in the event that myself or any other member of the Committee consider further or broader consultation with community groups appropriate, this proposal will be raised with the Committee for determination. If I am unsure about the confidential nature of any written or verbal information I will check this with the "Buddy" or Chairperson of the Committee before distribution. I will abide by any decision of the Committee concerning the level of appropriate consultation or discussion to occur outside Committee meetings.

Signed: .....

Date: .....

In the presence of:

Name: .....

Position: .....





## **SOUTH WESTERN SYDNEY AREA HEALTH SERVICE**

### **Policy on the Reimbursement of Consumer, Carer and Community Representatives**

It is proposed that this policy be endorsed as an interim policy and reviewed upon the development of a South Western Sydney structure for community participation.

#### **PURPOSE:**

To provide direction to health service managers on the reimbursement of community, consumer and carer representatives for out of pocket expenses.

#### **DEFINITIONS:**

A consumer, community or carer representative is a person who is not employed by SWSAHS but recognised as representing a community of interest and invited by SWSAHS to attend or be involved in participatory processes. A representative can be involved in a range of participatory processes; for example, advisory and planning processes, committee processes, workshops, forums, training and education.

#### **POLICY:**

It is recognised that consumer, community and carer representatives may incur expenses through their involvement in SWSAHS consultation and participation processes. Consumers, carers or community representatives involved in consultation and participation processes should be provided with the option of claiming there out of pocket expenses.

Arrangements can be made to reduce these expenses, such as, providing transport to meetings in a SWSAHS vehicle, access to telephone, fax and photocopying facilities.

Where representatives incur out of pocket expenses, they will be encouraged to keep a receipt or record of these expenses and complete a claim for reimbursement form (attached). The representative needs to seek approval from the appropriate manager for reimbursements prior to incurring an expense.

Out of pocket expenses may include (for example):

- Mileage reimbursement for the use of their vehicle
- Reimbursement of taxi and public transport fares
- Parking costs
- Child care costs
- Substitute carer costs
- Conference and workshop registration fees
- Travel costs to attend approved training/ conferences/ workshops

*Prior to offering reimbursements, contact needs to be made with the Manager, Community Participation to discuss the consultation or participation process.*

Completed reimbursement claims should be sent to the Manager, Community Participation for approval and processing.

## **PROCEDURE:**

The attached Consumer, Carer or Community Representative Claim for Reimbursement Form should be used to make a claim.

The appropriate space on the form for department number and approval needs to be completed by an authorised staff member.

In addition, you will need to get representatives who are completing a claim for the first time to fill out a Statement by Supplier form (form 3346) for the Australian Taxation Office. These forms relate to GST ie “Reason for not quoting an ABN to an enterprise” and thus negate the need to provide an ABN to the Area. The forms are available on the tax office web site: [www.ato.gov.au](http://www.ato.gov.au) under “Forms”.

The mileage rates for reimbursement are listed on the form. The rate is in accordance with the NSW Health Department Circular 2002/74 (6 August 2002) Section Four – Motor Vehicles.

Currently the rates of reimbursement are:

<u>Engine Capacity</u>	<u>Rate per kilometre</u>
1600cc and over	31.4 cents
Under 1600cc	26.3 cents

Once a claim form has been completed, it should be forwarded to Manager, Community Participation, along with the Statement by a Supplier form if this is a first-time claim.

Consumers, carers and community members who are regular representatives within SWSAHS can have reimbursements paid directly to their bank accounts through electronic transfer if they wish to provide these details. If the representative wishes to have this form of payment, the bank details need only be supplied on the first-time claim and future claims will be electronically paid.

Invoice/claim number:



## SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

### CONSUMER, CARER & COMMUNITY REPRESENTATIVES CLAIM FOR REIMBURSEMENT

Name: .....

Address: .....

Phone Number: .....

Consumer Group/Advisory Committee and area/sector: .....  
(if appropriate)

TRAVEL REIMBURSEMENT				
Vehicle engine size: <del>over 1600</del> / <del>under 1600</del> cc (cross out whichever not applicable)				
From	To	Purpose of Journey	Kms	Date

Details of other reimbursements (receipts required):  
.....  
.....

Participant/Representative's Signature: ..... Date: .....

OFFICE USE		
(Rate: over 1600cc – 31.4c per k; under 1600cc – 26.3c per k)		
Total Kms =	@	= Total:
Other reimbursement		= Total:
		Total Claim:
Certified correct in terms of Section 7.20 of the Accounts and Audit Determination: :		Date:
Authorised in terms of 7.22 of the Accounts and Audit Determination:		Date:
Cost Centre :	Account Code:	Amount:
Cost Centre :	Account Code:	Amount:





# SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

## Community Representatives - Report Form

You may like to use this report form to report on your work to a community organisation that you represent.

Your name: .....

Your committee or process: .....

Dates of meetings covered by this report: .....

Date of next meeting: .....

### ISSUES

What has the committee been discussing or working on?

### DECISIONS

What decisions have been made which will affect or interest community members?

### ACHIEVEMENTS

Is the committee planning any activities or events which community members might be interested in attending or obtaining information about?

Who do we contact for further information?

### CONCERNS

Do you have any concerns with the committee's work or processes? If yes, what are these?





## SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

### Community Representatives – Exit Form

It would be useful for the development of the community representatives program in South Western Sydney Area Health Service if you could take a few moments to complete this form.

Your name: ..... Term of involvement: .....

Your committee or process: .....

Health service or sector where you were a participant/ representative: .....

#### 1. REASON/S FOR LEAVING:

#### 2. REVIEW OF YOUR TIME AS A COMMUNITY REPRESENTATIVE:

Please rate the following (please circle 1 – Poor to 5 – Excellent):

Orientation to the role of community representative in health	1 2 3 4 5
Training and education to support role	1 2 3 4 5
Support provided by SWSAHS to fulfil role (other than training)	1 2 3 4 5
Acceptance of role by staff	1 2 3 4 5
Relationship between community representatives & managers	1 2 3 4 5
Relationship between community representatives & other staff	1 2 3 4 5
Information provided to fulfil your role	1 2 3 4 5

#### 3. PLEASE INDICATE WHETHER YOU HAVE RETURNED THE FOLLOWING ITEMS:

Library Books: Yes/No      Signature: \_\_\_\_\_

ID Card: Yes/No      Signature: \_\_\_\_\_

Boom Gate Key: Yes/No      Signature: \_\_\_\_\_

Any other items/equipment (please specify) \_\_\_\_\_

#### 4. COMMENTS:

If you rated some of the above as poor, it would help if you provided information as to how the service could improve. General comments are welcome.





## SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

### Community Representative Network Guidelines

#### **Guiding Principle**

The process of participation will enable people to be involved, build their capacity to do so and enable them to be empowered to improve health services in South Western Sydney.

#### **The Structure of the Network**

There will be two structures:

- a) A broad group of residents and workers to be called the Area Community Representatives Network inclusive of all 5 sectors.
- b) A group called the SWSAHS Consumer/Community Council, which comprises selected representatives from sectors within the Area Network. This will be the formal structure for communication with health services.

#### **Role/Purpose.**

The Community Representatives Network is an autonomous, independent community representative body that is resourced by South Western Sydney Area Health Service.

#### **A. Area Community Representatives Network.**

- I. To advocate for consumer, carer and community participation across the health service.
- II. To enhance the understanding of health services in the community.
- III. To make recommendations and resolutions to the Steering Committee on common issues and concerns.
- IV. To facilitate the sharing of information between sector networks.
- V. To receive and consider draft health plans from the health service.

#### **B. SWSAHS Consumer/Community Council**

- I. To formulate a more defined purpose, objectives and strategies for the Area Community Representatives Network and the operation of the Steering Committee.
- II. To advocate for consumer, carer and community participation in the health service.
- III. To be a strategic link between the South Western Sydney community and the health service.
- IV. To monitor the commitment of the health service to the South Western Sydney community.

- V. To present the views, recommendations and resolutions of the Area Community Representatives Network to the health service.
- VI. To provide feedback from the health service to the Area Community Representatives Network.

### **Membership**

- A. Those eligible for membership of the Area Community Representatives Network are **community residents** who live within the boundaries of SWSAHS (local government areas of Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly, Wingecarribee). The only exception is the current community representatives (who may not be community residents) who have been appointed to SWSAHS Area Health Priority Committees until June 2004. This exception is made as the appointment process was conducted prior to the development of the Guidelines for the Community Representatives Network. Health staff are welcome to join the Network, but will be non-voting members due to their employment status with SWSAHS. Board members are welcome to join the Network, but will be non-voting members due to their management role with SWSAHS.
- B. The SWSAHS Consumer/Community Council will consist of:
- **Sector representation:** There will be three representatives nominated by each sector's network. **These representatives must be community residents.** One of these representatives will be an alternate delegate who attends each meeting as a non-voting delegate. Health staff and Board members are ineligible to be members of the Steering Committee.
  - **Support staff:** This can include the Area Manager Community Participation, sector Coordinators and support staff. Support staff are non-voting members.
  - **Resource support:** Health service staff and Board members can be invited to share their expertise with the steering committee. These invitees will be non-voting members.

### **Processes**

1. The Area Community Representatives Network will meet at least five times per year with at least one meeting held in each sector.
2. There will be an Annual Conference of the Network.
3. The Guidelines and operation of the Area Community Representatives Network will be reviewed at the Annual Conference. The format of the review is to be determined by the Steering Committee.
4. The SWSAHS Consumer/Community Council will determine its day, time and venue for meetings, with monthly meetings to take place during the establishment phase. The SWSAHS Consumer/Community Council will determine its operational procedures.
5. Members will be appointed to the SWSAHS Consumer/Community Council for two years, with an appointment process for half the members every year.
6. Appointments to the Steering Committee are to be determined by the Sector Networks.

## **How the Network will Communicate**

1. The Area Community Representatives Network recognises the need for strategies for communication:
  - With the members of the Network
  - With health services
  - With the community
2. The following methods for the communication of information have been identified:
  - A regular newsletter and mail out to members of the Network
  - Through the SWSAHS Consumer/Community Council of the Area Community Representatives Network
  - Through the meetings of the Network
  - By Network members being representatives in health service processes
  - Development of a web page for the Network

## **Within the Area Community Representatives Network**

Types of information	Strategies	Implementation
<ul style="list-style-type: none"> <li>• Health plans</li> <li>• Requests for reps for committees</li> <li>• Issues out of other newsletters/publications</li> <li>• Network group newsletter</li> <li>• Staff newsletters (Area and sector)</li> <li>• NSW Health Participation Council</li> <li>• Any feedback on actions</li> <li>• Hearing from community reps</li> <li>• Information about community reps processes and how to contact them</li> <li>• List of people with particular links/interests</li> <li>• Information re services funded by health and non-government organisations</li> <li>• Changes to health service structures both new and removed</li> <li>• Priorities for expenditure</li> </ul>	1. Regular communication with Network members to be coordinated with regular meetings.	A newsletter to be distributed
	2. Regular newsletter as a method of communicating: <ol style="list-style-type: none"> <li>a. Feedback on actions taken by the Network</li> <li>b. Information from other publications/news letters</li> <li>c. Requests from the health service for community reps</li> <li>d. Steering committee issues</li> <li>e. NSW Health Participation Council issues</li> <li>f. Reports from representatives</li> <li>g. Information on representatives and the processes they are involved with</li> </ol>	<ul style="list-style-type: none"> <li>• A timeframe to be developed for the submission of items and this to be communicated to Network members and the health service. Possibly middle of:               <ul style="list-style-type: none"> <li>- February</li> <li>- April</li> <li>- June</li> <li>- August</li> <li>- October</li> </ul> </li> <li>• An editorial sub committee to be established of 4 members of the Network. This committee would decide on the content and distribution of the newsletter.</li> <li>• 5 newsletters per year to be published.</li> </ul>

Types of Information	Strategies	Implementation
	3. Mail outs to the Network as urgent matters arise.	<ul style="list-style-type: none"> <li>• Non-regular mail outs on the following only: <ul style="list-style-type: none"> <li>- Health plans</li> <li>- NSW Health Participation Council matters</li> <li>- Urgent and dramatic changes to services</li> </ul> </li> </ul>
	4. Items to be tabled at Network meetings.	<ul style="list-style-type: none"> <li>• Tabled items to include: <ul style="list-style-type: none"> <li>- Staff newsletters</li> <li>- Network members newsletters (of groups they are involved with)</li> <li>- Reports from representatives</li> </ul> </li> </ul>
	5. Items to be included at Network meetings as part of the business.	<ul style="list-style-type: none"> <li>• Business items to include: <ul style="list-style-type: none"> <li>- Reports from representatives</li> <li>- Steering committee issues</li> </ul> </li> </ul>
	6. Putting information on a Network website	<ul style="list-style-type: none"> <li>• Develop a website for the Network</li> </ul>

**Between the Network and the Health Service**

HEALTH SERVICE TO NETWORK	
Types of information	Strategies
<ul style="list-style-type: none"> <li>• Priorities for services</li> <li>• Health plans</li> <li>• Changes in services</li> <li>• Representatives for committees/processes</li> <li>• Requests to be involved in processes/meetings</li> <li>• How to contact the health service, who to contact and for what issue (community representatives already have some of this information)</li> <li>• Annual report</li> </ul>	<ul style="list-style-type: none"> <li>• Formally raise issues through Steering Committee</li> <li>• Requests/information coordinated through newsletter</li> <li>• Inform health service how to use newsletter</li> <li>• Through distribution of staff newsletters to Network</li> <li>• Invitation of Network members to meetings</li> </ul>

HEALTH SERVICE TO NETWORK	
Types of information	Strategies
<ul style="list-style-type: none"> <li>• Inequities</li> <li>• Funding</li> <li>• Health issues related to services/disease/illness/administration</li> <li>• Access</li> <li>• Requests to be involved in health meetings and processes</li> <li>• Social issues – advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Through a Network meeting</li> <li>• Through the SWSAHS Consumer/Community Council</li> <li>• Through an Area committee established on an issue</li> <li>• Invitation of managers to meetings of the Network</li> <li>• Through representation on health committees/processes</li> <li>• This communication could be by email, mail or phone</li> </ul>

**Between the Network and the Community**

Types of information	Strategies
<ul style="list-style-type: none"> <li>• Service directory including support groups</li> <li>• Network activities</li> <li>• Network contact people</li> <li>• What Network representatives are involved in</li> <li>• Network meetings</li> <li>• How to get information in newsletters</li> <li>• Any current issues</li> <li>• Identified spokesperson/s</li> </ul>	<ol style="list-style-type: none"> <li>1. A newsletter to be distributed to:               <ol style="list-style-type: none"> <li>a. GP Divisions</li> <li>b. Print and radio media</li> <li>c. Community groups, community centres, support groups</li> <li>d. Libraries</li> <li>e. Medical centres</li> <li>f. Service and local clubs – welfare officers</li> <li>g. Health services including community health</li> <li>h. Put on the web page</li> <li>i. Local councils – community workers</li> </ol> </li> <li>2. Investigate the most effective way of getting this information to people from different language groups.</li> <li>3. Determine whether this is a different newsletter to the Network newsletter.</li> <li>4. Develop business cards for community representatives.</li> <li>5. Development of a website for the Network.</li> </ol>



## **Aboriginal Community Participation in South Western Sydney Area Health Service**

### **Preamble**

In 1999 an evaluation was conducted of the 1993 strategic plan for Aboriginal Health in South Western Sydney. One of the goals of the 1993 strategic plan was to:

*Develop community consultation mechanisms and processes that actively encourage Aboriginal participation and control of health care*

The evaluation identified the importance of the “notion of partnership” and developing links between the health service and a range of Aboriginal organisations. The evaluation recommended, among other things, that there should be regular and ongoing consultation with Aboriginal communities.

The Aboriginal Health Partnership between SWSAHS and Tharawal Aboriginal Corporation (the Partnership) has been in place since September 1999. The role of the Partnership is to promote better health outcomes for indigenous people. In symbolic terms, the Partnership expresses the desire of the SWSAHS to listen to the views of the Aboriginal community about how they would like their health care services provided. The value of the Partnership is to produce agreed positions and collaborative activities.

### **Principles**

The Partnership agreement identified a number of principles, which could equally underpin broader Aboriginal community participation practices. The following principles are adapted from the Partnership agreement:

1. Aboriginal community participation supports the principles of the National Aboriginal Health Strategy by:
  - Aboriginal self determination – allowing Aboriginal people to determine policy and service direction for themselves
  - partnership between Aboriginal and non-Aboriginal people
  - inter-sectoral collaboration.
2. Participation should enable those involved to reach agreed positions relating to Aboriginal health policy, strategic planning and resource allocation issues.
3. Participation enables:
  - the expertise of Aboriginal communities to be brought to health care processes
  - Aboriginal communities and the health service to be equal partners
  - those involved to support and enhance each other’s actions and activities.
4. Participation provides the opportunity for health services to understand the Aboriginal culture and ways to provide services that are culturally acceptable to Aboriginal people.<sup>1</sup>

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<sup>1</sup> Adapted from Partnership Agreement between Tharawal Aboriginal Corporation and South Western Sydney Area Health Service, September 1999.

## **Aboriginal community participation processes**

There are a range of opportunities and processes for the participation of Aboriginal organisations and communities in health decision making.

### *An Aboriginal Board member:*

There is a position on the South Western Sydney Area Health Service Board for an Aboriginal representative.

### *Area Aboriginal Health Partnership between Tharawal Aboriginal Corporation and South Western Sydney Area Health Service:*

1. This is a formal partnership agreement between the Chairperson of the Area Health Service Board and its Chief Executive Officer and the Chairperson of the Board of Tharawal Aboriginal Corporation and its Chief Executive Officer.
2. The Partnership brings both parties together, provides a framework within which closer relationships are formed, and gives the parties confidence to raise issues of concern with each other. The membership of the Partnership includes:
  - Chief Executive Officer, Tharawal Aboriginal Corporation
  - Chief Executive Officer, SWSAHS
  - Treasurer, Tharawal Aboriginal Corporation
  - Area Director, Division of Population Health, SWSAHS
  - Administrative Manager, Tharawal Aboriginal Corporation
  - Area Aboriginal Health Coordinator, SWSAHS
  - General Manager, Macarthur Health Service, SWSAHS
  - Director, Division of Planning, SWSAHS
3. Communication channels are open at executive and operational levels within the leadership of both SWSAHS and Tharawal Aboriginal Corporation and their respective workforces. This contributes to a more rapid and effective problem solving collaboration, which in turn helps to build trust that is essential to moving forward.
4. The Partnership meets bi-monthly.
5. The Partnership is the peak forum for forming agreed positions for Aboriginal Health in South Western Sydney. It provides a foundation on which to build new initiatives, and a body of experience and knowledge for use as reference points. The Partnership forms agreed positions on a wide range of products and collaborative activities and provides sign-off on any Aboriginal health plans or projects that are developed in the area.
6. Aboriginal health projects, plans or resources that are developed in local sectors must first be approved by the sector Aboriginal liaison committees prior to coming to the Area Partnership.

### *Sector Aboriginal Liaison Committees:*

1. There are two Aboriginal Liaison Committees:
  - Northern liaison group covers the Bankstown, Fairfield and Liverpool health sectors
  - Macarthur local partnership meeting covers the Macarthur and Wingecarribee health sectors

2. The membership of the Liaison Committees includes:
  - Representatives of other government departments
  - Representatives of Aboriginal organisations
  - Representatives of the health service; including General Manager of Macarthur health service; Director of Community and Allied Health Liverpool
  - Aboriginal health workers
3. Proposals go to the Liaison Committees, from the Aboriginal community or organisations or other members of the Group, for consideration prior to being referred to the Area Partnership.

*Working agreements with Aboriginal organisations:*

1. A formal working agreement has been established with the Gandangarra Local Aboriginal Land Council (Liverpool).

The formal agreement and Memorandum of Understanding between the Chairperson of the Area Health Service Board, the Chief Executive Officer, the General Manager of Liverpool Health Service and the Chairperson of the Board and Chief Executive Officer of the Gandangarra Local Aboriginal Land Council was signed on 29 September 1999.

2. Informal working agreements are established with various Aboriginal organisations, including:
  - Tharawal Local Aboriginal Land Council (Campbelltown)
  - Kari – Aboriginal children’s service (Liverpool)

*Aboriginal community links:*

1. There are a range of links with members of the community through the following groups and processes:
  - Aboriginal interagency - SWS
  - Elders groups – Liverpool and Macarthur
  - Men’s groups
  - Youth groups
  - Biyani project – an Area wide project, which aims to train Aboriginal women as community educators to deliver women’s health education programs within their own communities.
  - Macarthur Home Visiting Program Steering Committee – comprises Aboriginal women from the community, representatives from SWSAHS, Tharawal, Families First and DOCS.

*Aboriginal community participation in SWSAHS community representative networks:*

Members of Aboriginal communities are involved in the local participation structures being established at health sectors, particularly in Macarthur. In addition, local SWSAHS Community Participation Coordinators are forging links with Aboriginal organisations at a sector level and involving them in the participation structures that are being developed between the community and the health service.

## **Guidelines for communicating with the Partnership about Aboriginal health projects and initiatives**

It is preferable that projects and initiatives are brought to the attention of the Partnership as early as possible in their conceptualisation and certainly before funding to ensure that appropriate cognisance of Aboriginal cultural values, local issues and priorities, governance and community input are assured.

1. Projects should be in writing and ensure that they are consistent with the SWSAHS Aboriginal Health Plan 2001-2006.
2. The project should be presented to and endorsed by the sector Aboriginal liaison committee (or equivalent group) prior to coming to the attention of the Partnership.
3. The project should come from the sector liaison committee in writing and be presented to the Partnership.
4. The Partnership meets bi-monthly and project proposals for agenda papers should be in one month prior to meeting.
5. The Aboriginal health projects that are deemed not ready for sign-off by the Partnership will be given recommendations by the Partnership concerning the most appropriate course for progression.
6. Projects that require higher approval will be forwarded on to the Area Executive Team with recommendations from the Partnership.

This process brings a concerted effort between the SWSAHS and Tharawal Aboriginal Corporation to cooperate and work together. This process also ensures that projects and proposals have community input through the involvement of the sector liaison committees.

The Partnership provides a mechanism for a unified voice. When such unity exists, the likelihood of a successful outcome is increased, whether that is additional resources or other support. This provides a basis for ongoing dialogue, and negotiation on complex issues and lends authority, depth and validity to endeavours in the Aboriginal health field in South Western Sydney.

