your COMMUNITY HEALTH

Consumer, Carer and Community Participation Framework

Version 3 – updated October 2018

Acknowledgements

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- Dr Tere Dawson, Senior Project Officer, Consumer Participation Capacity Development, Health Issues Centre, Victoria.
- The 2014 Darebin Community Health Consumer Advisory Committee:
  - Sally Anais
  - Peter Bennett
  - Irene Brown
  - Lyn Ettridge*
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** Lyn Ettridge was involved in Your Community Health (formerly Darebin Community Health / DCH) over a long period of time as a consumer, volunteer, Consumer Advisory Committee member, and past member of the DCH Board of Directors. Sadly, Lyn passed away in July 2015. Her contribution to Your Community Health through her many roles, including her feedback and comments on drafts of this document, have been greatly valued by Your Community Health.*

Contents

1. Introduction

This document outlines the Your Community Health (formerly Darebin Community Health / DCH) Consumer, Carer, and Community Participation (CCCP) Framework. The Framework is aspirational, and guides and supports the development and practice of CCCP in Your Community Health by underpinning our CCCP Policy and informing the CCCP Plan.

Your Community Health works from the social model of health; we acknowledge the social, environmental and economic factors that affect health, as well as the biological and medical factors. [1] In doing so, we understand that working in ways which assists to address social, environmental and economic inequalities and powerlessness is important[2]. CCCP is one pivotal way we can be in touch with our community's health and wellbeing aspirations and create the conditions in which the community can become more empowered.

Your Community Health is committed to continuous quality improvement and providing high quality services for the Darebin community. Evidence shows CCCP both improves health and wellbeing outcomes and indicates quality in community health[3]. It is therefore reasonable that partnering with consumers is a foundation standard in the National Safety and Quality in Health Standards[4].

Consumer, carer and community participation is consistent with and an expression of Your Community Health's values:

Courage

- We rise to challenges and persevere in the face of obstacles

Compassion

- We are caring and empathic towards others
- We embrace and value diversity
- We work collaboratively and respectfully

Integrity

- We are ethical, accountable, honest, reliable and fair

Achievement

- We continually strive to improve
- We are adaptable
- We are creative and resourceful.

[1] Social Determinants of Health, World Health Organisation http://www.who.int/social_determinants/en/ in Department of Health, Victoria, Primary and Community Health webpage viewed 16/9/14: http://www.health.vic.gov.au/pch/commhealth/

[2] Best Advice , Social Determinants of Health, The College of Family Physicians of Canada, March 2015

[3] The evidence supporting consumer participation in health, Consumer Focus Collaboration, May 2001.

[4] Standard 2: Partnering with Consumers, National Safety and Quality Health Service Standards, September 2012 http://www.safetyandquality.gov.au/wp-content/uploads/2014/04/NSQHS-Standards-September-2012-Word.doc

2. What is consumer, carer and community participation (CCCP)?

Consumer, carer and community participation (CCCP) is the range of processes through which consumers, their carers, and community members inform and influence the organisation and its services. It is working together with our community and consumers so the organisation can hear and act on what people want and need to improve their health and wellbeing.

> … bringing the voice of the community into the organisation
>
> Your Community Health Consumer Advisory Committee 2015

CCCP occurs when consumers, carers and community members are actively involved in decision-making about health policies and planning, care and treatment, and their individual and the community's wellbeing. Working in partnership with our community and consumers involves listening to each other, building understanding and acting together to plan, design, implement and review our services so they respond to the health and wellbeing needs and aspirations of our community.

Your Community Health recognises **choice** is fundamental to CCCP:

> *"… consumers choose how and when they will engage in their healthcare. This often depends on the nature of the activity, the consumer's perception in relation to the intent to meaningfully engage, whether the activity will improve health outcomes and the consumer's life, health and social circumstances at the time."*[5]

2.1 What's in a name?

> It's about seeing people first
>
> Your Community Health Consumer Advisory Committee member 2015

The term Consumer, Carer, and Community Participation has been carefully chosen. The names ***consumers, carers, and community*** define who Your Community Health wants to listen to. It specifically lists the people we need to hear from and whose involvement in the organisation is important to us. (See Glossary for definitions of these specific terms).

> It puts the focus on the grass roots
>
> Your Community Health Consumer Advisory Committee member 2015

[5] Consumer and Community Engagement Framework, Health Consumers Queensland, Queensland Government, February 2012

Participation itself is an activity rather than an idea or arrangement. Using this word requires people to do something; people take part in a decision, a process, activity or event - take part in Your Community Health. Our responsibility, therefore, is to invite and facilitate people to take part in the organisation and its services, and to listen, **act**, and report back on outcomes of participation so people know their participation has purpose and meaning.

These terms give voice and standing to all Your Community Health users and potential users, so community health aspirations are heard then properly acted on in a spirit of collaboration.

Your Community Health Consumer Advisory Committee member 2015

Figure 1: Your Community Health's responsibilities to consumers

3. Why is CCCP important?

Consumer, carer and community participation (CCCP) is important because it benefits both Your Community Health and our consumers, carers and community and improves health and wellbeing outcomes[6]. This supports Your Community Health to work toward influencing the social determinants of health and improve the service experience for consumers, carers and the community.

Benefits of CCCP to Your Community Health include[7]:

- Providing individual and collective information to improve service planning, design, delivery and evaluation approaches that;
    - better meet the needs of consumers and the community, including people from diverse backgrounds
    - empower and support consumers as active partners in managing their healthcare, thereby facilitating more efficient and effective use of services
    - are more accessible, responsive and tailored to meet the individual and collective needs of current and potential users of the health system, including people from marginalised backgrounds such as people with a disability, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people with mental illness
    - work effectively with carers and/or family members based upon feedback and input gained through engagement
    - address unmet needs of consumers who may experience increased disadvantage and poor health outcomes due to barriers in getting effective health services.
- Improving the responsiveness and efficiency of business operations in relation to funding, quality, safety and consumer satisfaction
- Identifying health service priorities that are based on consumer, carer and community driven needs
- Increasing knowledge and understanding of key areas of success and opportunities for improvement based on feedback from consumers, carers and the community.
- Increasing our capacity to engage with our community
- Enabling us to work collaboratively towards a shared vision for healthcare.

> We help you (Your Community Health) to help us
>
> Your Community Health Consumer Advisory Committee member 2015

[6] The evidence supporting consumer participation in health, Consumer Focus Collaboration, May 2001.
[7] Consumer and Community Engagement Framework, Health Consumers Queensland, Queensland Government, February 2012

Benefits of CCCP to consumers, carers and the community include[8]:

- Entering into a partnership with health practitioners that enables an increased awareness of, and control over, their wellbeing, their health status and disease management
- Improving health literacy which leads to a better understanding of health issues and health services
- Opportunities to positively provide input into local health activities and influence the health services provided
- Receiving improved healthcare that meets individual and community needs
- A greater sense of well-being and enhanced quality of life
- Communities having a greater sense of 'ownership' over services and their own health.

[8] Consumer and Community Engagement Framework, Health Consumers Queensland, Queensland Government, February 2012

4. Background to CCCP in Your Community Health

In 1998 Northcote and East Preston Community Health Centres joined to form Darebin Community Health (DCH). Community advocacy for local health services by the people of East Preston and East Reservoir was influential in the structure and location of Your Community Health services.

Your Community Health has a Consumer, Carer and Community Participation (CCCP) Policy and in March 2013 the Your Community Health Board endorsed the first Your Community Health CCCP Strategy.

In early 2014 the CCCP Policy was reviewed and a CCCP Plan 2014- 2015 devised. The goal of the Your Community Health CCCP Plan is to enable active and meaningful participation by consumers, carers and the community in their community health service, and includes building community, organisational and staff capacity for and knowledge about CCCP.

The Consumer Advisory Committee, established in 2014, is one of a range of strategies and actions that progress the objectives of the CCCP Plan. This Committee has its own workplan and meets regularly to advance activities in that plan. Appendix 2. *The inside story on the Consumer Advisory Committee* is an article about the establishment of this committee from the perspective of its consumer members.

Examples of Consumer, Carer and Community Participation in Your Community Health:

- Consumer groups provided feedback and input into the re-design of the Your Community Health brochure template. (2015)
- Community members reviewed physical environment and information access to Your Community Health across its three sites in an 'environmental audit'. (2014, 2015)
- In partnership with Darebin City Council, Your Community Health co-facilitated the 'East Reservoir Community Conversation' meeting with the local community to discuss health and wellbeing. (2014)
- The Consumer Advisory Committee reviewed Your Community Health core information brochures such as Our Services, Advocacy, Client Feedback, and Clients' Rights and Responsibilities. (2015)
- The Consumer Advisory Committee contributed an article, and provided guidance and feedback on the Quality of Care and Annual Report.(2014, 2015)
- Individual consumers provide feedback via the Quarterly Client Satisfaction Survey and use client feedback and complaints processes. (ongoing)

5. Some key concepts we use in this CCCP Framework

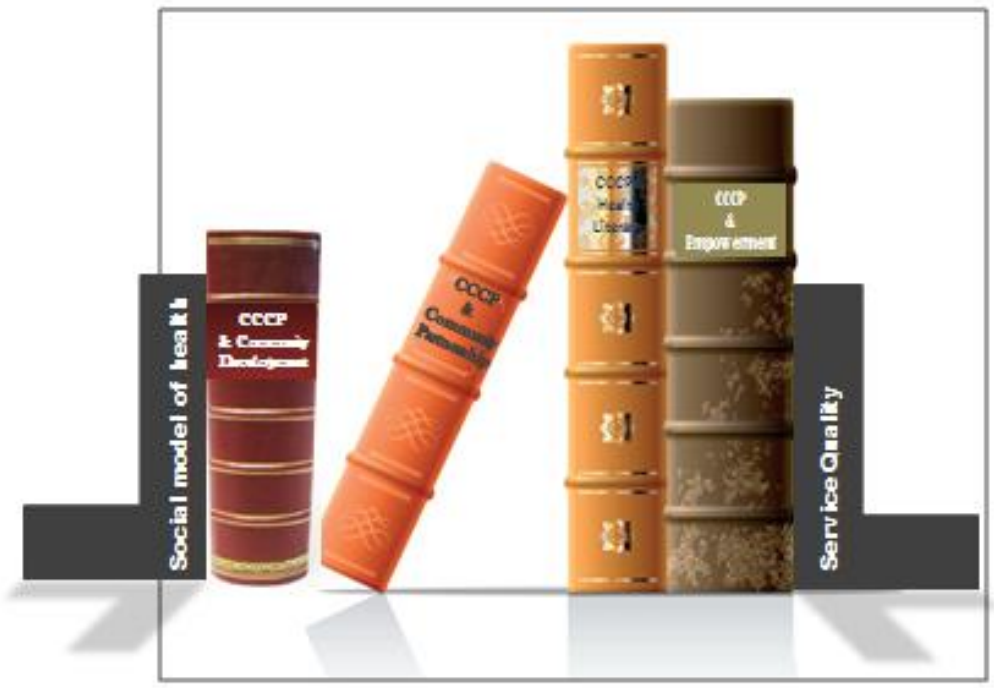
CCCP is 'book-ended' by the social model of health (SMH) and service quality. These two concepts act to support and contain key ideas in understanding CCCP i.e. community development, community partnerships, health literacy, and empowerment.

The SMH articulates determinants of health; the factors affecting health and wellbeing outcomes. A community development approach to CCCP takes into account the social determinants of health and shares principles, processes, and many activities with health literacy, in a partnership with our community i.e. together they enable community engagement.

The act of participating and the engagement between Your Community Health and consumers, carers and the community enhances health care outcomes for individuals and the community, and their input to Your Community Health improves service quality.

Engaging with our community and supporting consumers to participate is the business of all Your Community Health staff. Your Community Health is committed to supporting capacity development and resourcing staff and consumers to build engagement and include CCCP across the organisation.

The following brief discussion is arranged in this book-end fashion; SMH and Service Quality sit at either end, supporting and containing sections exploring the relationship between CCCP and community development, community partnerships, health literacy, and empowerment.



5.1 CCCP and the Social Model of Health

The Social Model of Health (SMH) recognises that all people are not equal and that this inequality affects health and wellbeing outcomes. Inequalities exist in the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life[9] i.e. the social determinants of health. There is enough evidence that acting on the social determinants of health positively affects better health outcomes that many professional health organisations, including the Canadian Medical Association (CMA), the British Medical Association (BMA), and the College of Family Physicians Canada, have strategic priorities to effect the impact of the social determinants of health.[10] In Victoria, CHSs (Community Health Services) are a platform for the delivery of comprehensive primary health care. They operate from a social model of health and *acknowledge the social, environmental and economic factors that affect health, as well as the biological and medical factors*. [11]

The SMH model challenges community health services to not only deliver services to those in need, for example Your Community Health's priority groups (see Glossary), but to do so in a way which impacts the inequalities that determine health and wellbeing outcomes:

> *The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.*[12]

Some professional organisations, such as The College of Physicians of Canada, have developed models to address the challenges associated with the social determinants of health at the patient as well as at population health levels, including patient-centred care and advocacy[13]. Similarly, community health services in Victoria act to address the social determinants of health:

> *CHSs are active participants in and contributors to their local communities. This strong community connection enables CHSs to develop flexible models of care that are responsive to their local communities and reflect actions to address the determinants of health.*[14]

To be 'contributors to their local communities', be 'responsive' and 'reflect' the community, the community health service must understand and act with its community; to engage on an individual and collective basis. Taking an active CCCP stance assists Your Community Health to engage with our whole community, including marginalised and/or disempowered members of our diverse community who are most at risk of health inequalities i.e. our priority groups. It is

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[9] Social Determinants of Health, World Health Organisation (http://www.who.int/social_determinants/en/ Retrieved 23/6/15

[10] Best Advice , Social Determinants of Health, The College of Family Physicians of Canada, March 2015

[11] Community Health, Department of Health and Human Services Victoria http://www.health.vic.gov.au/pch/commhealth/

[12] Social Determinants of Health, World Health Organisation http://www.who.int/social_determinants/en/

[13] Best Advice , Social Determinants of Health, The College of Family Physicians of Canada, March 2015

[14] Community Health, Department of Health and Human Services Victoria http://www.health.vic.gov.au/pch/commhealth/

not possible to understand and act with our community without specifically developing and nurturing those relationships. CCCP is an integral part of how that 'engaged' relationship is constructed and supported. Therefore Your Community Health supports staff throughout the organisation to implement CCCP in planning, design, service delivery, and evaluation.

The alignment of CCCP to the Social Model of Health distinguishes it from **market or marketing research**. Although some activities are similar e.g. consumer focus groups, consumer satisfaction surveys etc., CCCP has a social change aspect that market research does not. Market/ing research provides information to aid business decision making* – it serves the business interests of an organisation. Organisations' business interests may or may not be the same as the interests of the community.

That is not to say that one (CCCP or market/ing research) is better or worse than the other, or that they cannot co-exist, but rather that clarity is necessary to ensure activities and processes accord with intent.

**McQuarrie, Edward (2005), The market research toolbox: a concise guide for beginners (2nd ed.), SAGE, ISBN 978-1-4129-1319-5*

5.2 CCCP and Community Development

A community development approach underpins CCCP practice. It anchors CCCP to a social purpose, in health this is articulated as the SMH, and informs both *how* and *why* we work with our community for change. A basic premise of the SMH is that we can do something to influence the effects of the social determinants of health; '*the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems*.'[15] Community development seeks to impact these forces and systems.

Alison Gilchrist and Marilyn Taylor (2011) place achieving greater levels of social justice at the core of community development activity[16]. They 'focus … on individuals, groups and networks that want or need to cooperate in order to achieve change at a local or community level'.[17] Thus community development seeks to challenge and address the determinants of health by working alongside people who experience inequity or disadvantage. Your Community Health identifies these disadvantaged people in its priority groups (see Glossary).

[15] Social Determinants of Health, World Health Organisation (http://www.who.int/social_determinants/en/ Retrieved 23/6/15)

[16] Glichrist and Taylor in Smith, M. K. (1996, 2006, 2013). 'What is community development?' *The encyclopedia of informal education.* (http://infed.org/mobi/what-is-community-development/ (Retrieved: 18/6/15)

[17] Glichrist and Taylor in Smith, M. K. (1996, 2006, 2013). 'What is community development?' *The encyclopedia of informal education.* (http://infed.org/mobi/what-is-community-development/ (Retrieved: 18/6/15)

Gilchrist and Taylor suggest there are three vital aspects of community development:

- *informal education* – learning that takes place predominantly through direct involvement in community activities
- *collective action* – finding the power of combined voices and determination; the strength of many people acting for their mutual benefit or to champion the interests of those who cannot stand up for themselves
- *organisation development* – helping groups and bodies to evolve a form that enables the members to achieve their goals, to act legally and to be accountable to the membership and wider community.

Community development is intrinsically strength based, seeking to harness and build the community's capacity to challenge power structures that sustain inequality and disadvantaging conditions. To work in this way organisations must have an accurate understanding of a community's needs, resources, social structure, and values. Early citizen involvement builds collaborative partnerships and facilitates broader community participation.[18] CCCP is key to our understanding of our community, and people's involvement in and leadership for change.

A community development approach can be challenging for health systems[19] as true community development takes time (is not episodic), may not deliver immediate 'results', and requires a shift in control and accountability. The challenge for health workers and health organisations is to be accountable for community outcomes as distinct from service outputs. Community outcomes are best supported using a strength based community development approach:

> *Tackling health inequalities can easily take a deficit approach to people and the conditions in our lives, communities, organisations, and society which have a negative effect on our health and wellbeing. The deficit approach which focuses on problems and needs can reinforce people's exclusion and disempowerment. The principle of building on people's strengths and community assets focuses on rights, capacities, skills, knowledge, connections and potential.*[20]

This strength based approach is also known as Asset Based Community Development (ABCD). It aligns to other models of care in Community Health such as person/citizen centred planning and care, and is long term investment in building on the interests, strengths and capacity of the community.

[18] Bracht, N and Tsouros, Principles and strategies of effective community participation, Oxford University Press 1990

[19] Zakus and Lysack, Revisiting Community Participation, *Health Policy and Planning*; 13(1): 1-12, Oxford University Press 1998 (Pages 7-9)

[20] City of Darebin, Health and Wellbeing Plan 2013-2017 (Page 12)

5.3 CCCP and Community Partnership

For Your Community Health to be a *community* health service it must understand and act with our community. The relationship between the organisation and the community must be mutual, flexible, and built on trust. These relationships take time to develop and often begin informally through outreach work in the community and supporting the community to be involved in the service. Your Community Health earns trust when it is reliable, respectful, and delivers on the things important to the community. The relationship grows when both parties provide something of value to the other and learn how to work together in a mutually beneficial partnership. (See Appendix 1: Mutual Benefits of Consumer and Community Engagement).

Working in partnership with the community means Your Community Health must work at a range of levels with the community, targeting those most at risk of health inequalities;

- formal and informal
- individual, group and organisation/agency
- neighbourhood, local, regional, and issues-based networks.

Your Community Health needs community members and groups to be involved in informing the planning, design, delivery, and evaluation of our services and the organisation. For Your Community Health, these mutual relationships are developmental and encompassed in;

- Consumer, carer and community participation (CCCP)
- Community partnerships

While CCCP is an internally focussed activity and process i.e. it brings consumer and community views into the organisation's processes and decision making, Community Partnership is externally focussed i.e. Your Community Health participates in and responds to the community environment.

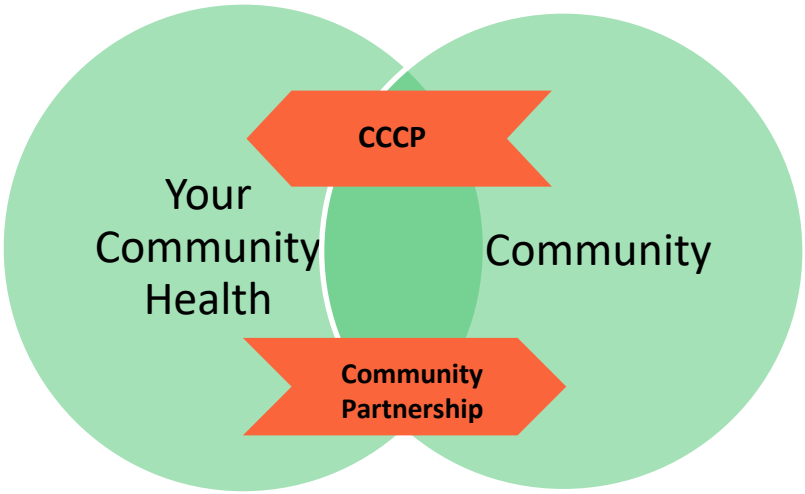

Figure 2: Relationship between CCCP and Community Partnership

For meaningful community engagement to occur the complimentary processes of both CCCP and community partnerships are required.

5.4 CCCP and Health Literacy

The Australian Commission on Safety and Quality in Health Care (ACSQHC) says that health literacy is;

> *... about how people understand information about health and health care, and how they apply information to make effective decisions about health and health care and take appropriate action.*[21]

ACSQHC further breaks down this definition into two components:

Individual health literacy; *the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action*.

Health literacy environment; *the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way in which people access, understand, appraise and apply health-related information and services.*[22]

CCCP supports the health literacy environment in particular by;

- contributing consumer insight, information, knowledge and experience to the development and review of Your Community Health policies, processes and materials
- developing and supporting the capacity of consumers and community health staff toward a more 'health literate' health service environment.

For example, established CCCP processes facilitated review of the Client Rights and Responsibilities brochure by the Consumer Advisory Committee. Their feedback on review drafts was considered and incorporated into the final document. This builds capacity of those directly involved as well as consumer capacity more generally by ensuring the accessibility of rights and responsibilities information – it enables consumers to have clearer expectations of the service and informed confidence to participate in their own health care.

Effective CCCP contributes to the development of partnerships between consumers and healthcare providers, mitigating '*barriers to engaging in true partnership, including the information, status and power imbalances that often exist in the relationship between consumers and healthcare providers'*[23].

Processes facilitating strong **CCCP, community partnership** and **health literacy** share a community development approach to engage and partner with consumers and the community to affect the impact of the social determinants of health i.e. together they facilitate community engagement.

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[21] Health Literacy: Taking action to improve safety and quality, Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, 2014 (Page 2)

[22] Health Literacy: Taking action to improve safety and quality, Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, 2014 (Page 10)

[23] Health Literacy: Taking action to improve safety and quality, Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, 2014 (Page 4)

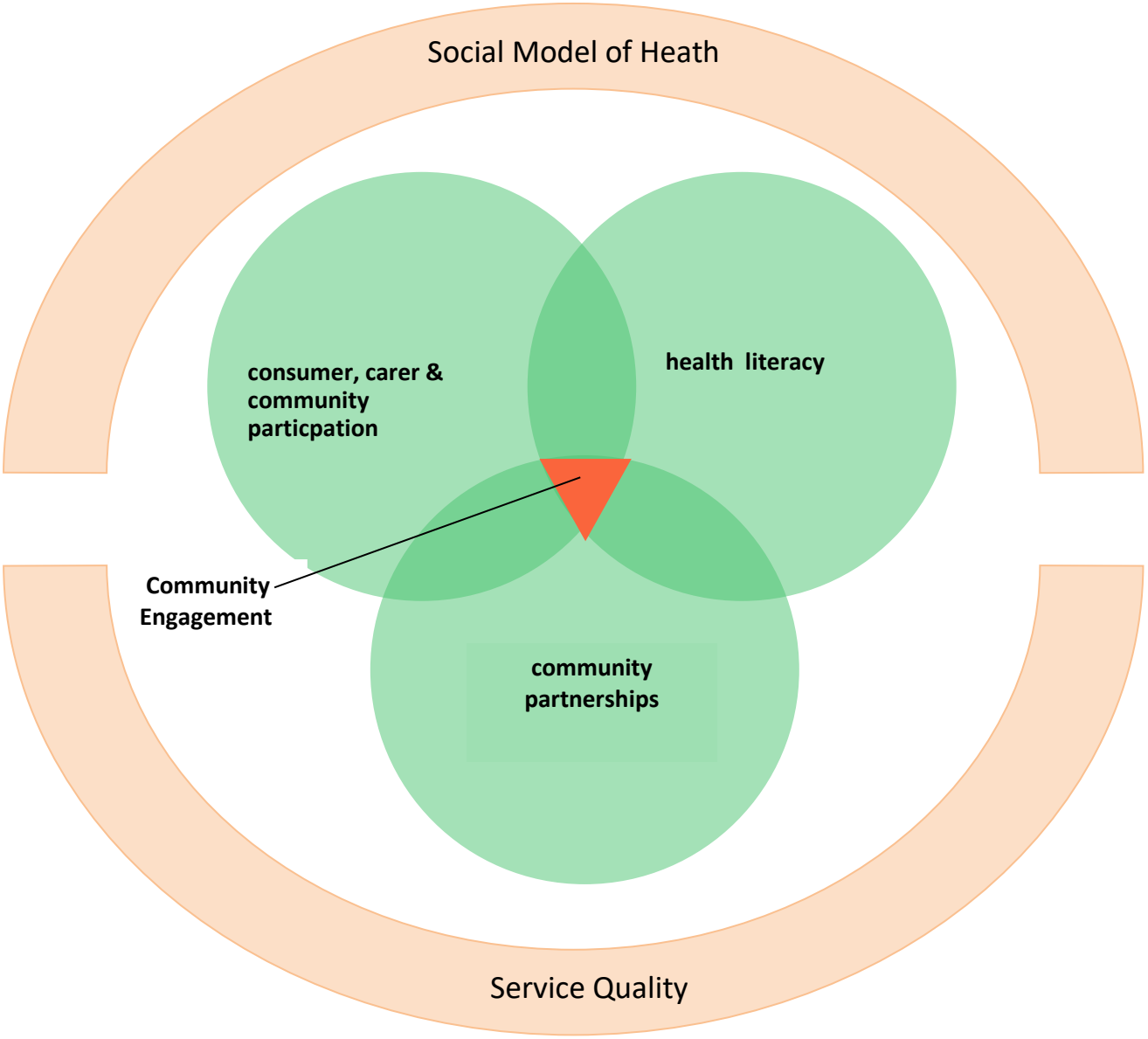


Figure 3: Facilitation of Community Engagement

5.5 CCCP and Empowerment

'Empowerment' is a term often used in connection with or is assumed to automatically be an outcome of CCCP and community engagement. In attempting to affect the social determinants of health, empowerment is a desired effect of Your Community Health's work but it is not something that Your Community Health can bestow or confer upon consumers, carers or the community.

Empowerment is not an assured outcome of CCCP, community partnerships or health literacy because "*people cannot 'be empowered' by others; they can only empower themselves by acquiring more of power's different forms*."[24] However, CCCP and community engagement can support "*the process by which people gain control over the factors and decisions that shape their lives... by increase(ing) their assets and attributes and build capacities to gain access, partners, networks and/or a voice, in order to gain control*"[25].

Community engagement does assist to build capacity, and through CCCP, community partnerships and health literacy, Your Community Health can support and make way for people to access partners and networks, and listen to people's voices:

> "*... the role of the external agent is to catalyse, facilitate or 'accompany the community in acquiring power. "*[26]

community health service aspirations are for collaboration and for consumer empowerment

Your Community Health Consumer Advisory Committee member 2015

5.6 CCCP and Service Quality

The Australian Safety and Quality Framework for Health Care (ASQFHC) "*describes a vision for safe and high quality care for all Australians*"[27]. ASQFHC specifies "*three core principles for safe and high quality care. These are that care is consumer centred, driven by information, and organised for safety*". The ASQFHS is realised through the National Safety and Quality Health Service (NSQHS) Standards which "*provide a nationally consistent and uniform set of measures of safety and quality"*[28]. These Standards aim to "*protect the public from harm and to improve the quality of health service provision*"[29].

[24] R Labonté and G Laverack, Health promotion in Action: from local to global empowerment, Palgrave Macmillan, UK, 2008

[25] Track 1: Community Empowerment, 7th Global Conference on Health Promotion, Nairobi, Kenya, WHO October 2009

[26] Track 1: Community Empowerment, 7th Global Conference on Health Promotion, Nairobi, Kenya, WHO October 2009

[27] Australian Safety and Quality Framework for Health Care, Australian Commission on Safety and Quality in Health Care, December 2010. As viewed 13/5/15 http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32296-Australian-SandQ-Framework1.pdf

[28] National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, September 2011. As viewed 13/5/15 http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

[29] National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, September 2011. As viewed 13/5/15 http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

Although all sets of Australian human service and health Standards contain indicators around consumer participation, the NSQHS Standards illustrate the centrality of CCCP to quality in health and wellbeing. NSQHS Standard *1: Governance for Safety and Quality in Health Service Organisations* and NSQHS *Standard 2: Partnering with Consumers "set the overarching requirements for effective implementation of the remaining eight Standards, which address specific clinical areas of patient care"*[30].

CCCP is an important part of the way Your Community Health assess and meets the expectations of both these foundation NSQHS Standards 1 and 2 e.g.:

- The Your Community Health governance structure includes the Consumer Advisory Committee
- The Your Community Health CCCP Plan outlines objectives, strategies and indicators for how Your Community Health partners with consumers.

The implementation of the CCCP Plan supports the development of CCCP practice across Your Community Health and builds consumer and staff capacity, whilst CCCP process provide important information for service development and improvement.

Consumer, carer and community voices, experiences and needs **foster** high quality service

Your Community Health Consumer Advisory Committee member 2015

[30]National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, September 2011. As viewed 13/5/15 http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf

6. Your Community Health Consumer, Carer and Community Participation (CCCP) Framework

The Your Community Health CCCP Framework[31] guides and supports the development and practice of effective consumer, carer and community participation (CCCP) in Your Community Health. It gives shape and integral strength to the processes and drivers of participation within Your Community Health by providing a structure and context for the many different CCCP activities in the organisation.

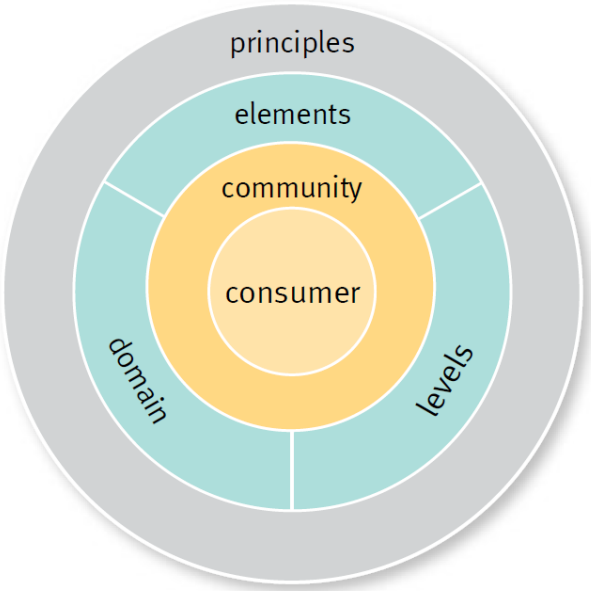
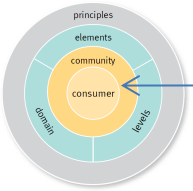


Figure 4: CCCP Framework[32]

These "rings" in the CCCP Framework are explained in the following sections. The starting point is *Consumers and Community*, reflecting our person centred stance and the core of the model, followed by the encompassing *Principles* as the reference point for *Implementation,* the practice to bridge people and principles.

6.1 Your Community Health consumers, carers and community



Consumers & community (yellow core)

People - consumers and their carers, the community - are at the core of the Framework because CCCP begins and ends with them. For this reason it is essential for Your Community Health to understand the community/ies it works with. Your Community Health provides a range of

[31] Based on the *International Association for Public Participation framework in* Health Consumers Queensland, Consumer and Community Engagement Framework, Queensland Government, 2012

[32] *Diagram from International Association for Public Participation, cited in Health Consumers Queensland, Consumer and Community Engagement Framework, Queensland Government, 2012*

health and wellbeing services to people in northern Melbourne. We operate across seven Local Government Areas:

- Darebin
- Banyule
- Moreland
- Yarra
- Hume
- Nillumbik
- Whittlesea

Population data, as well as getting to know community members, helps us to have a better understanding of these communities and to build relationships that allow us to listen and work with the community.

Northern Melbourne is a proudly diverse part of Melbourne and Victoria:

- ✓ Darebin, Whittlesea, Hume, Moreland and Yarra all have higher levels of people born overseas than the percentage for Victoria
- ✓ Darebin, Whittlesea, Hume, and Moreland have higher numbers of new settler[33] levels than the state percentage
- ✓ While the state percentage of Humanitarian arrivals[34] was 7.2%, in Hume 29% of people who are newly settled are Humanitarian arrivals
- ✓ Darebin, Whittlesea, Hume, Moreland, and Yarra all have higher percentages of people born in non-English speaking countries than the state percentage
- ✓ Large numbers of people in northern Melbourne speak a language other than English at home; Whittlesea (44.5%), Hume (43%), Moreland (41.7%), Darebin (41.0%), Yarra (25.2%).
- ✓ Within the North Division of Melbourne, Darebin (1.0%) has a higher rate of people who identify as Aboriginal and Torres Strait Islander (Aboriginal) than the state (0.8%), whilst Whittlesea and Hume have rates equal to the state. [35]

[33] The number of arrivals from overseas per 100,000 population under the permanent resident visa category during the 2014–15 financial year.
[34] The percentage of new settler arrivals in the humanitarian permanent resident visa category
[35] http://www.communityindicators.net.au/ (viewed 2/10/18)

Alongside this diversity, people living in Melbourne's north also experience disadvantages which place them at risk of poorer health outcomes. People at heightened risk are our priority groups (se Glossary). The determinants of health include socio-economic conditions which are reflected in the Socio Economic Index For Areas (SEIFA) ratings:

Table 1: 10 Most Disadvantaged suburbs in the North Division of Melbourne[36]

LGA - Suburb	SEIFA rating (Victoria = 1009.6)
1. City of Hume - Dallas	770.2
2. City of Hume - Broadmeadows	771.8
3. City of Darebin- Northland Activity Centre	803.8
4. City of Hume - Coolaroo	804.6
5. City of Banyule - Heidelberg West – Bellfield	830
6. City of Whittlesea - Thomastown	877.8
7. City of Whittlesea - Lalor	879.7
8. City of Yarra - Collingwood	894.4
9. City of Darebin- Reservoir – Oakhill	895.5
10. City of Moreland - Fawkner	901.7

Care should be taken to recognise local neighbourhoods within suburbs vary considerably. For example City of Darebin - Reservoir – Oakhill SEIFA rating 895.5 includes Small Areas with SEIFA ratings ranging from 712 to 1076.

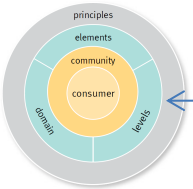
Additionally, data from the Community Indicators website[37] shows that the Northern and Western Metro Region had a higher rate (5.6%) of food insecurity than the Victorian State average (4.6%). The City of Yarra (15.5%) has the highest amount of social housing per LGA in Victoria[38] while in Darebin (6.4%) "the number of social housing dwellings is among the highest in the state"[39], followed in the north by Banyule (5.1%).

Despite and because of this diversity and disadvantage, local people working together in neighbourhood and community groups have made substantial contributions and gains in, community wellbeing through initiatives supported by Your Community Health and other local agencies. Examples include the Social Food Project in East Reservoir (with support from Darebin City Council), East Reservoir Neighbours For Change (in partnership with Reservoir Neighbourhood House and Darebin City Council), and Keeping Connected program at Your Community Health.

Your Community Health maps its engagement with priority groups, and reviews this annually to ensure we maintain and build relationships with the people in our communities, and especially our priority groups.

[36] http://www.communityindicators.net.au/ (viewed 2/10/18)
[37] http://www.communityindicators.net.au/ (viewed 2/10/18)
[38] https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Yarra%20C (viewed at 1/10/18)
[39] https://www2.health.vic.gov.au/Api/downloadmedia/%7B7D268541-FA1D-4B79-87EC-026FB446DBC8%7D (viewed at 1/10/18)

6.2 Principles underpinning CCCP



Principles (grey ring)

Your Community Health is committed to the participation of consumers, carers and community members in all aspects of its operation. CCCP in Your Community Health is guided by nine principles of participation which are consistent with Your Community Health values. These principles are:

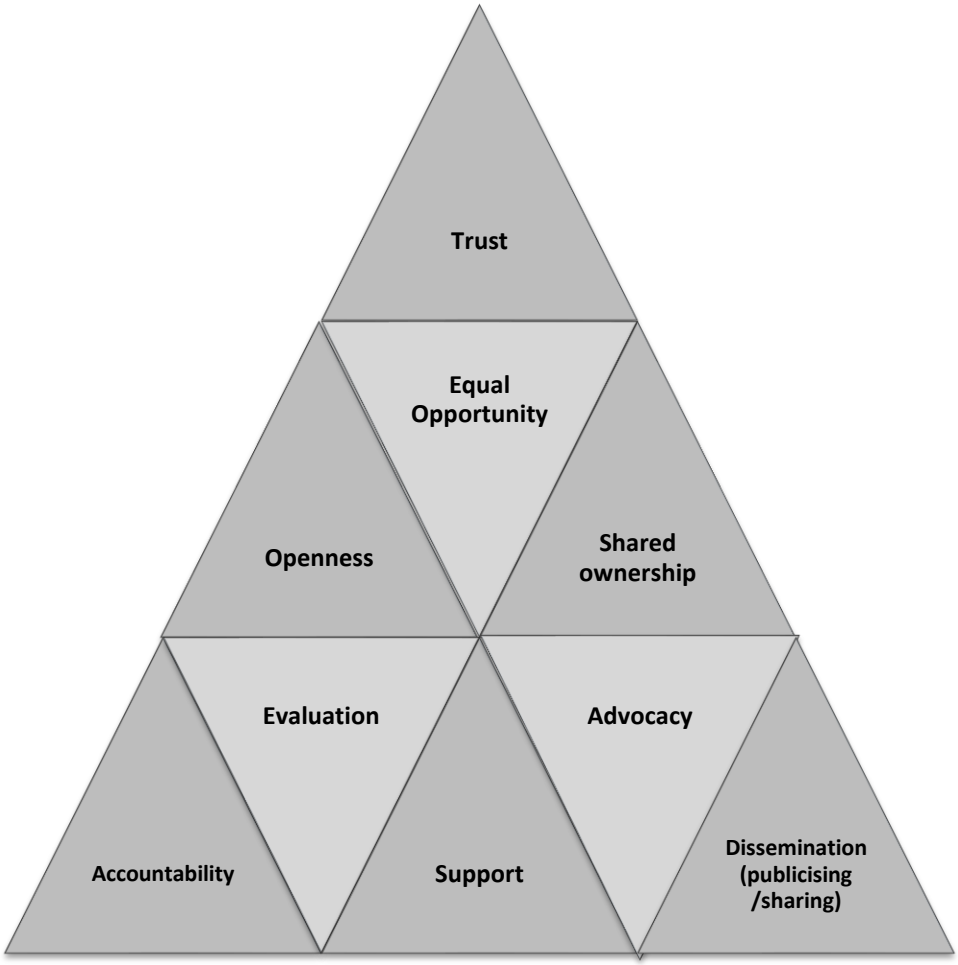


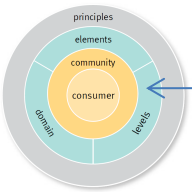
Figure 5: Principles of CCCP [40]

These principles are underpinned by a set of beliefs about CCCP:

- Participation is an ethical and democratic right
- Participation improves service quality and safety
- Participation is an aid to improve health outcomes
- Participation enables services to be more responsive to the needs of consumers
- Participation is an important mechanism to ensure accountability of services.[41]

[40] Doing It With Us Not For Us, Strategic Direction 2010-13, Department of Health, Victoria
[41] Your Community Health Consumer, Carer and Community Participation Policy (C41), April 2014

6.3 CCCP implementation matrix:



Implementation matrix (blue ring)

How we make CCCP 'live' is the practice bridging people and principles. The Framework acknowledges and supports the dynamic and developmental nature of CCCP and allows for a number of consumer participation activities and processes to occur concurrently. These processes and activities are a collective organisational responsibility and require all staff to contribute to the implementation and development of CCCP in order for community engagement to occur.

Consumer participation is organised as a matrix, not a linear process.

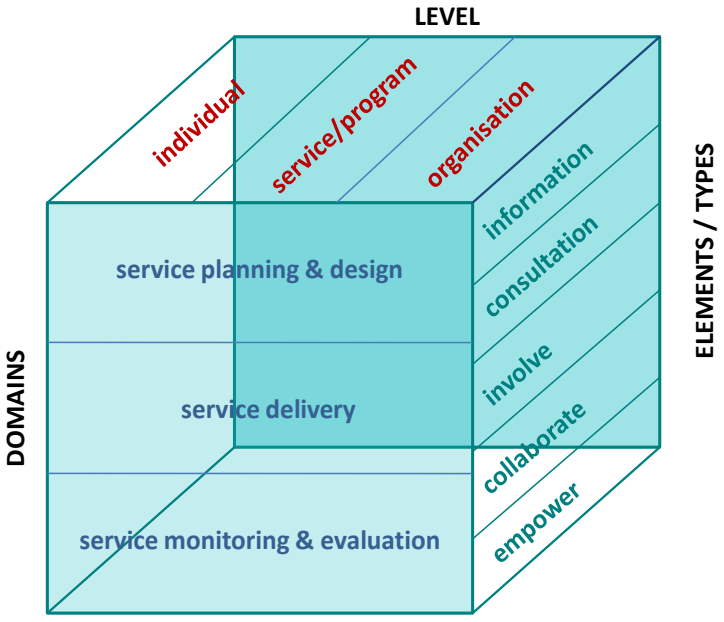


Figure 6: CCCP Implementation Matrix[42]

Each of these axis' in this matrix is described below:

[42] Adapted from *International Association for Public Participation in Health Consumers Queensland, Consumer and Community Engagement Framework, Queensland Government, 2012*

6.3.1 Levels of Participation

The levels refer to the organisational context of participation; the service points where it takes place. It is likely that, at any particular time, there is more than one level of participation and many occurrences of participation at different levels across Your Community Health.

Figure 7: Levels of Participation

Examples include:

- **Individual:** Dieticians engage consumers in their healthcare plan by using visual aids to discuss food portions, enabling the consumers to participation in their treatment decisions i.e. person centred planning and care.
- **Service/Program:** Your Community Health podiatry and physiotherapy consumers using those services delivered at Reservoir Leisure Centre (RLC) provided feedback through consultation conversations and interviews (Oct. 2015 – Jan 2016) to inform the evaluation and review of partnered services delivered by Your Community Health and RLC at the Leisure Centre.
- **Organisation:** The Consumer Advisory Committee reviewed Your Community Health core documents such as the Our Services brochure as well as key plans and documents such as the CCCP Plan and the Quality of Care and Annual Report.

6.3.2 Domains of Participation

Consumer, carer and community participation occurs within the three key functional domains of health service operation:

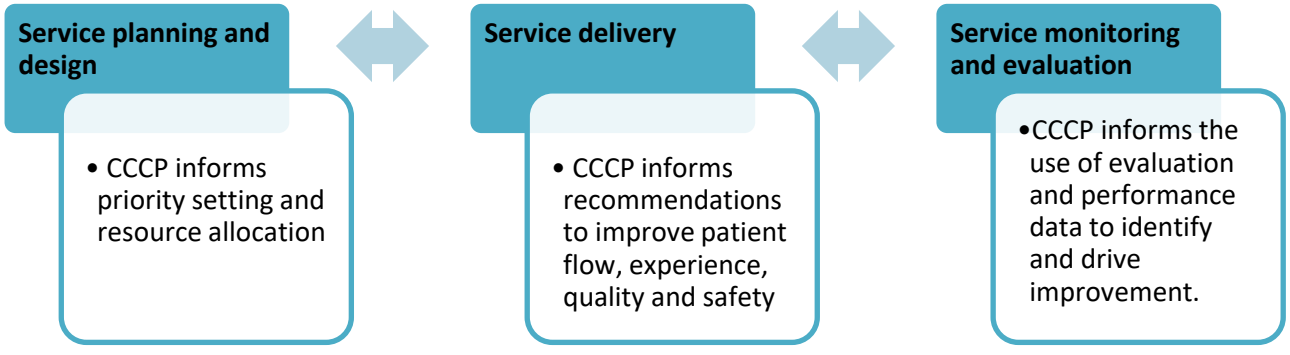


Figure 8: Domains of Participation

Examples include:

- **Planning and Design:** planning sessions held every 6-8 weeks with PAG clients determine the group's activities and PAG resources are aligned to the group's plan.
- **Delivery:** feedback from parents about long waiting periods to access individual speech pathology resulted in a new group program, PepTalk, which maintains contact and builds skills and confidence via group sessions until individual services become available.
- **Evaluation and Monitoring:** CCCP feedback gained from the environmental audit conducted by staff and consumers resulted in new, more recognisable feedback boxes installed in the foyers at each Your Community Health site.

These three domains of service operation also align to the NSQHS Standards, in particular Standard 2: Partnering with Consumers which establishes criteria across the three key areas of service planning, designing care, and service measurement and evaluation[43].

6.3.3 Elements or Types of Participation

The Framework's developmental approach recognises that many CCCP activities occur concurrently. These elements or types make up a spectrum of participation that should each be addressed at various times, for different purposes, and through various activities.

Figure 9: Elements of Participation

The CCCP Plan focuses on how each element or type of participation is addressed through a range of specific and measurable strategies. (See following page for examples)

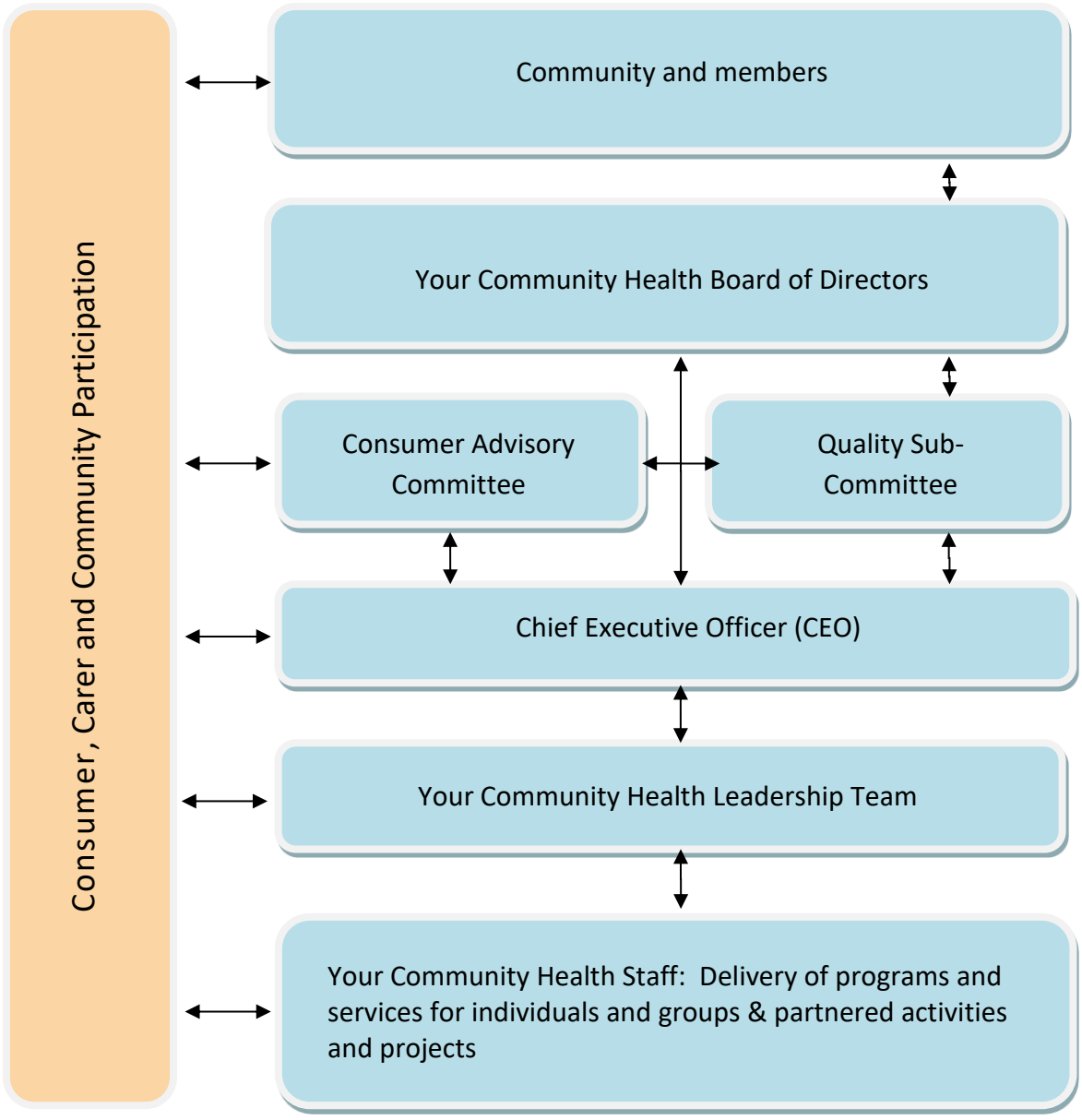
[43] Australian Commission on Safety and Quality in Health Care (ACSQHC) September 2011, National Safety and Quality Health Service Standards, ACSQHC, Sydney.

Examples include:

- **Information:** Accessible information about Your Community Health services, health and wellbeing, and consumer participation is provided to the community via Your Community Health newsletters, website; information is in plain English (see Your Community Health Design Guide) and selected resources in community languages.
- **Consultation:** Discussing and consulting with community members about health and wellbeing in community forums such as the East Reservoir Community Conversation (August 2014); Consultation with consumers in brochure and publication development is a requirement of the Your Community Health Design Guide (2014).
- **Involve:** Working with partner organisations and consumers in projects such as the National Youth Week *Postcards from Darebin* project and Refugee Nutrition Project and events such as the Reservoir Neighbourhood House Men's and Women's Health Days.
- **Collaborate:** Working alongside consumers to undertake significant pieces of work such as the Consumer Advisory Committee developing and implementing their Workplan.
- **Empower:** Encouraging and enabling the establishment and growth of Your Community Health Self-Support Groups such as the Living Longer, Growing Stronger exercise group; supporting men in the Men's Shed to initiate and undertake their projects.

7. CCCP and Your Community Health Governance

Understanding what consumer participation is and how it can be achieved is not enough to make it happen. The organisation must have lines of communication and accountability in place to actualise CCCP policies and plans:



* Links (⟷) indicate two-way communication

Figure 10: Your Community Health CCCP and Governance Structure

Your Community Health Community and Members

The Your Community Health community is described in 5.1 *Your Community Health Consumers, Carers and Community*. Membership of Your Community Health is free and anyone over 18 years old with links to northern Melbourne can apply to become a member. Applications are reviewed by the Board of Directors and all appointments are at their discretion. Membership of Your Community Health entitles members to vote in Board elections and attend AGMs as a voting member.

Board of Directors (BoD)

Your Community Health is a company limited by guarantee with an elected Board of Directors who have expertise in the areas of health, community services, finance and governance.

The Board governs and directs the business of the company and is responsible for overall governance and sets the strategic direction for Your Community Health. The Your Community Health Board is bound to act in accordance with the Your Community Health Constitution. The Your Community Health Constitution states that *The company* (Your Community Health) must strive to evidence a **social model of health** (Constitution: 2.3.2), deliver high **quality services** (Constitution 2.3.3), deliver services which are **culturally appropriate, effective and empowering** (Constitution 2.3.4), maximise **service accessibility** for clients (Constitution 2.3.5), and **work in partnership with the community** and other local agencies to improve their health and wellbeing (Constitution 2.3.6). CCCP is relevant to and supports all these Constitutional requirements.

Quality Committee

Your Community Health is committed to continuous quality improvement and to providing high quality services to people in northern Melbourne. The purpose of the Your Community Health Board of Governance Quality sub-committee is to:

- Assist the Board in its oversight of the quality and safety of services as part of its governance role.
- Provide a forum for communication between the Quality Committee, the Board and Management.
- Ensure that effective and accountable systems are in place to monitor and improve the quality and effectiveness of service delivery provided by Your Community Health
- The function of the Quality Committee is one of oversight and the specific responsibilities set out in the Terms of Reference should be considered in that context.

Your Community Health Consumer Advisory Committee

The Consumer Advisory Committee reports to the Your Community Health Quality sub-Committee of the Board. The Consumer Advisory Committee has a Terms of Reference which sets out its scope and purpose. The aim of the Consumer Advisory Committee is to provide Your Community Health feedback and advice to strengthen and inform the planning of our services. Consumers and community members are appointed to the Committee through an open selection process.

Consumer Advisory Committee members have 3 core roles:

1. Bring the voice and experience of consumers, carers and the community into Your Community Health governance.
2. Provide community advice that is consistent with Your Community Health values.
3. Support and foster consumer participation in Your Community Health.

Chief Executive Officer (CEO)

The CEO is accountable to the Board of Directors (BoD) and responsible for the implementation of the BoD's strategic directions and operational policies essential for the effective management of the organisation

Your Community Health Leadership Team (management)

The Your Community Health Leadership Team is led by the Chief Executive Officer and made up of the managers of Community and Service Development, Quality and Service Integration, Complex and Continuing Care, Clinical Programs Service Access and Health Information, and Corporate Services. Managers are responsible for the operations of the organisation.

Organisational Polices and Plans

The policies of an organisation are statements of intent which guide practice. In effect, they are the organisations' set of rules for itself. The CCCP Framework underpins the CCCP Policy.

Plans are formed to realise these policies. Your Community Health has a Consumer Carer and Community Participation (CCCP) Policy and a CCCP Plan. This plan identifies objectives, aligned to the elements or types of participation, and includes strategies for how these will be achieved. The CCCP Plan links with other Your Community Health operational plans (see 8. Relevant Your Community Health documents).

Your Community Health services:

Our primary relationship with the community is through the delivery of health and wellbeing services and support by staff. This is most often how people in the community experience Your Community Health i.e. as consumers and carers. Services are provided by a range of medical, dental, allied health, and community professionals and each engagement is an opportunity for participation at some level.

Services also include groups and project work, providing scope for individual, service, and organisational consumer participation, as well as community engagement via partnerships and collaboration with volunteers and other organisations.

8. Relevant Your Community Health documents:

Consumer Carer and Community Participation:

- Consumer Carer and Community Participation (CCCP) Policy
- Consumer Carer and Community Participation (CCCP) Plan
- Consumer Advisory Committee Terms of Reference
- Consumer Advisory Committee – Committee Members' Roles and Responsibilities 2015
- Consumer Advisory Committee Workplan 2014 – 2015
- Project Planning and Reporting Template 2014

Related organisational documents:

- Your Community Health Strategic Plan 2013-2017
- Quality Workplan 2012-2015
- Diversity Plan;
  - Culturally and Linguistically Diverse (CALD) Action Plan 2013-2017
  - Aboriginal Health and Wellbeing Plan2012-2015
- Integrated Health Promotion Plan 2013-2017
- Health Literacy Plan 2013-2017

9. Some further information

HealthWest Stories of Participation: Partnering With the Community to Improve Health and Wellbeing http://healthwest.org.au/community-corner/stories-of-participation/

Health Issues Centre, Victoria http://www.healthissuescentre.org.au/

- Community Health Consumer Participation Network
- Consumers Step Up (consumer network)

Doing It With Us Not For Us, Strategic Direction 2019-2013, Department of Health, Victoria
http://docs.health.vic.gov.au/docs/doc/A6FECA5B2FFB4503CA2578B500229CD0/$FILE/1104007_DIWUNFU_StratDirection_FA3_web.pdf

Darebin Community Engagement Framework 2012 – 2017, Darebin City Council
http://www.darebin.vic.gov.au/~/media/cityofdarebin/Files/YourCouncil/HowCouncilWorks/MeetingAgendasMinutes/CouncilMeetings/2012/20Aug/Item-92-Appendix-A--Darebin-Council-Community-Engagement-Framework-20122017.ashx?la=en

Darebin Health and Wellbeing Plan 2013 – 2017, Darebin City Council
https://www.google.com.au/url?url=https://www.darebin.vic.gov.au/~/media/cityofdarebin/Files/Darebin-Living/CommunitySupport/HealthandWellbeing/health-and-wellbeing/Darebin-Health-and-Wellbeing-Plan2013_2017.ashx%3Fla%3Den&rct=j&frm=1&q=&esrc=s&sa=U&ei=7itZVdahGcjHmwXSr4CYDA&ved=0CB4QjBAwAQ&usg=AFQjCNGcP9X8hfm34trrCA_NYtIGsbrhfA

The evidence supporting consumer participation in health, Consumer Focus Collaboration, May 2001 http://www.healthissuescentre.org.au/documents/items/2008/08/226174-upload-00001.pdf

What Is Asset Based Community Development, ABCD Institute
http://www.abcdinstitute.org/docs/What%20isAssetBasedCommunityDevelopment(1).pdf

From clients to citizens: Asset-based Community Development as a strategy for community-driven development, Development in Practice Volume 13, Issue 5, 2003

See also references included in footnotes.

10. Glossary

Carers: family and friends providing unpaid care to consumers. Carers may often be receiving a government benefit or allowance.

Community: groups who have an interest in the development of an accessible, effective and efficient health service that best meets their needs. Communities include;

- geographic communities; people who live, work, study, and play in northern Melbourne
- communities of interest; people who share connections and networks in northern Melbourne e.g. particular refugee and asylum seeker communities.

Consumers: people who are current or potential users of Your Community Health services and programs including: children, women and men, people living with a disability, people with diverse cultural and religious beliefs, socioeconomic status and social circumstances, gender and sexual orientation, and health conditions. The term 'consumer' includes *clients, service users, and patients.*

Community engagement: the active, mutual relationship between the community and the service organisation i.e. community members participate in and partner with the service organisation, and the service organisation participates in and partners the community.*

Consumer participation: the range of activities and processes through which community members bring the voice of the community into the organisation[44].

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

Priority Groups (Your Community Health):

- Aboriginal and Torres Strait Islander people
- Newly arrived refugees and asylum seekers
- Children under 12 years old (with support from their parents or carers)
- People living with a disability
- People with chronic and complex conditions
- People who live in unsafe or insecure environments
- People who are socioeconomically disadvantaged[45]

[44] Your Community Health Consumer Advisory Committee, 2015.

* Definition informed by *Consumer and Community Engagement Framework,* Health Consumers Queensland, Queensland Government, February 2012

[45] Your Community Health Strategic Directions 2017- 2021

11. List of Appendices

Appendix 1: Mutual Benefits of Consumer and Community Engagement

Appendix 2: The inside story on the Consumer Advisory Committee

Appendix 1: Mutual Benefits of Consumer and Community Engagement

Consumer and Community Engagement Framework, Health Consumers Queensland, Queensland Government, February 2012

Engagement: Value adding for health service organisations	**Engagement: Value adding for consumers and communities**
Engagement value adds to the work of health service organisations by enabling them to establish and develop partnerships with consumers and the community to work collaboratively towards a shared vision for healthcare and more efficient, effective healthcare delivery. It enables health service organisations to directly tap into consumers and organisations and use the information gained at the individual and collective level to improve service planning, design, delivery and evaluation approaches that: • meet the needs of consumers and the community, including people from diverse backgrounds • empower and support consumers as active partners in managing their healthcare, thereby facilitating more efficient and effective use of services • are more accessible, responsive and tailored to meet the individual and collective needs of current and potential users of the health system, including people from marginalised backgrounds such as people with a disability, people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people with mental illness • work effectively with carers and/or family members based upon feedback and input gained through engagement	In engaging with consumers and communities, it is important to recognise that consumers choose how and when they will engage in their healthcare. This often depends on the nature of the activity, the consumer's perception in relation to the intent to meaningfully engage, whether the activity will improve health outcomes and the consumer's life, health and social circumstances at the time. It is therefore important that health service organisations provide meaningful opportunities for consumers and communities to engage that facilitate access, recognise barriers to engagement and demonstrate how it will contribute to better health outcomes for individuals, their families/carers and the broader community. Consumers and communities benefit from being engaged through: • entering into a partnership with health practitioners that enables an increased awareness of, and control over, their wellbeing, their health status and disease management • improved health literacy which leads to a better understanding of health issues and health services • opportunities to positively provide input into local health activities and influence the health services provided

• address unmet needs of consumers who may experience increased disadvantage and poor health outcomes due to barriers in getting effective health services • improve integration to deliver better healthcare experiences for consumers, families and carers across the health and community services sector including public and private, primary, sub-acute and acute health services and key government organisations • improve the responsiveness and efficiency of business operations in relation to funding, quality, safety and patient satisfaction • identify health service priorities that are based on consumer and community driven needs • improve knowledge and understanding of key areas of success and opportunities for improvement based on feedback from people who use the service.	• receiving improved healthcare that meets individual and community needs • a greater sense of well-being and enhanced quality of life • communities having a greater sense of 'ownership' over services and their own health.

Appendix 2: The inside story on the Consumer Advisory Committee

David Jamieson and Irene Brown, Your Community Health (formerly DCH) Consumer Advisory Committee, DCH Quality of Care and Annual Report 2013- 2014.

Our committee has been meeting for a fairly short time so far, each month since March. We're still getting our heads around all the services DCH provides, how they are measured, and the language of a health service. What we are really interested in is being truly attentive to the needs of consumers. DCH is about community health – it's for the people and, living in Darebin and having diverse and sometimes vulnerable friends, we want to have input so DCH can reach out to these people.

The advertisements around Darebin about the Consumer Advisory Committee attracted us because we wanted to be a consumer voice and contribute to DCH as community members. We, as committee members, live our lives here and use Darebin facilities and services like the shops and markets, schools, kinders, health and leisure services, and attend community events. We are connected to many individuals and groups through our lives; people of different ages and backgrounds and people who have different support needs. For us, serving on this Committee is a way of giving back because we recognise that for many people DCH is vital as a first port of call for accessing health support. We understand that asking for help is not always easy; it seems to fly in the face of being 'independent', so if we can help connect community health with people that's a good thing.

We hope the Consumer Advisory Committee is a link between the many stories in the community and our health service. We want to strategically help DCH by being a connection to the knowledge gained from living here, people's real life experiences. Consumer participation is new for us, as much as it is for DCH, so this joint exploration is a good example of working *with* community rather than *for.* We're interested in the Committee keeping DCH consumer friendly and accessible by really pulling apart what consumer participation means for consumers and the community.

We think the future of health is not just a case of giving people medicine or treatment (although this is important), but also treating people with dignity and respect and providing health information to people in a way that is usable for them. We believe wellbeing is managing yourself with those around you so you feel and grow healthy and don't fall into ill health. This requires a conversation with the health care system because we think there needs to be shift for this to actually happen. We need to be able to question treatment and services and be involved in coming up with solutions that work for each individual and the community. This necessitates trust and communication and we hope the Committee is part of this shift to well lives and lives lived well. The fact that DCH has set up the Consumer Advisory Committee shows their commitment to consumer participation and is a step in the right direction.

Although we are all connected to DCH through our own needs, we are brought together by wanting DCH health support to get better for the whole community. DCH is for the people and we want that to be a human connection so we can be clearer about community wellness and all that implies.