Snapshot of Community Participation in Upper Hume

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Acknowledgments

Firstly, thank you to all the platform leaders who helped to distribute the survey to their member agencies through the emails.

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Finally, a special thank you to the member agencies that participated, because without you we could not have completed this study.

Summary

This report provides the basis of a study, whose rationale evolved, from the Upper Hume Community Participation Strategy 2002. The Community Participation Strategy acted as a baseline of information on levels and degrees of participation, giving the study some substance and credibility.

The study harvests a snapshot of community participation among the respondents of the member agencies of the Upper Hume Primary Care Partnership.

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INTRODUCTION

Community engagement and participation integral to the Upper Hume Primary Care Partnership across the shires of Indigo and Towong, the City of Wodonga and the Kiewa Valley of the Alpine Shire. This study was undertaken to provide a current snapshot of participation and engagement of people in health planning and decision-making in our catchment.

The intention of this study is to provide a baseline from which the Upper Hume Primary Care Partnership (UHPCP) can plan the further development the capacity of the member organisations to imbed in practice the core tenets of community engagement and participation. The Community Participation Strategy 2002 was developed to support agencies in planning and evaluating their levels of active community involvement in planning and service delivery.

The Upper Hume Healthy Communities Plan 2004-2006 includes many references to the importance of including community participation in health planning and decision-making. This is reflected in the vision, mission, values, and planning frameworks of the plan. Specifically the plan looks at supporting and encouraging integration and collaboration between and across agencies and community. In the 2004-2006 plan there has been the inclusion of a new Working Party on Community Engagement and Participation and an addition goal and strategies that look at building the capacity of community to participate.

A third year social work student on a 70 day student work placement undertook the research and work of this study and liaised with the Upper Hume PCP project officer and a number of key PCP groups to deliver the project outcomes.

This report provides a snapshot view of the methods of engagement and participation that agencies have used and attempts to identify the enablers, barriers, gaps and successful engagement and participatory methods. Details are provided of the rationale of the setting, sample group, and the methods for collecting data.

Additionally the findings include key information supplied by respondents, a brief analysis that assesses the significance of the findings, and any implications or limitations that these finding have identified. Finally, a list of key recommendations at the end of the report provide a way forward and further action by the Upper Hume PCP and the member agencies.

Overview of the Upper Hume Community Participation Strategy 2002

The Upper Hume PCP Community Participation Strategy is a set of ideas to build the understanding and capacity of member agencies to support people/clients/consumers to become more involved in the decisions that affect their health and well being and that of their community.

1. Principles

Four principles underpin this strategy:

- **Essential**
  This ascertains that community participation is needed in health planning.
- **Participation access,**
  People need to be able to participate readily and easily.
- **Respect**
  The communities' decision making is valuable.
- **Efficient resourcing.**
  Efficiency in participation comes through coordinated participation activities, to reduce duplicity (p.6).

By applying these principles 'we change the way we work with members of the community who may use our services, from doing for, to doing with' (UH-PCP Community Participation Strategy 2002, p.1).

The Upper Hume PCP Community Participation Strategy 2002 describes the different levels of community involvement, and includes a tool that can be used by agencies to gauge and measure their degree of community engagement. The Ladder of Participation (appendix 1) provides the graphical view of how the degree and levels intersect in detail.

2. Ladder of Participation

Participation can be given context and depth.

- Context identifies participation at three levels of organisational involvement.
- Depth recognises the degree of involvement of community/people from low to high degrees of involvement

Levels of Engagement

Briefly the three levels of engagement are:

- **Individual**
  The service provider supports the individual to influence their own health and well being through active involvement in decision making.
- **Organisational**
  The community and wider groups of people are involved in the organisational planning, design and development implementation of service review.
- **Systems.**

This involves a wider involvement of the community inclusive of the agencies and organisations developing and implementing strategies at the service system level.

Degree of participation

The degree of community participation is measured from high to low as on the Ladder of Participation (appendix 1).

It is this stage of depth or degree that measures the engagement. There varying degrees range from low level where people are given information about health and well being, through to high levels where people are informed, and then choose to have control over their health needs and well being.

For a community to be fully realised and acting in a capacity that is not only informed and consulted, but is involved in decision making and partnerships, the need for more medium to high degree of engagement and participation is required.

This study focuses on community participation at an individual and organisational level of engagement whilst rating the degree of involvement.

3. Charter of Rights and Responsibilities

(Upper Hume PCP Healthy Communities Plan 2004-2006, p. 36)

Our Charter

This charter outlines our commitment to promoting the health and well being of the Upper Hume communities and can be used a guide to the consumer and agency. The Charter is based on our underlying values, including information, respect, access, privacy, participation, choice, support, and quality.

Aim

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

Outline and Rationale

The purpose of the study was to work with the Upper Hume PCP to evaluate the degree of community engagement and participation in planning and delivery of health services in the Upper Hume Region. The Community Participation Strategy provided the theoretical framework for this study.

This report provides a snapshot view of the methods of engagement and participation that agencies have used and attempted to identify the enablers, barriers, gaps and successful engagement and participatory methods.

Research Design

The following resources were used to provide a background and rationale for the method and design that was used in this project.

- UH- PCP Community Participation Strategy 2002
- Consumer and Community Participation (Government Action Plan Implementations Group Report)
- Education and Training for Consumer Participation in Health Care
- Consumer and Community Participation Guidelines (Hunter Health Improving Health
- the Community)
- National Resource Centre of Consumer Participation in Health

1. Approach

The sample groups targeted were the Upper Hume PCP platforms and were chosen to represent the 'whole of life' participation, also offering a rigorous and externally valid sample group reflecting a perspective across the whole of community on participation and engagement.

The PCP platforms are based on age cohorts and service delivery across the whole of community – namely

- Young children and families
- Young People
- Older persons
- Across the Years

The platform groups meet monthly and have a lead agency manage and lead the group to inform and achieve agreed outcomes in the Healthy Communities Plan.

Along-side the sample group, adaptation of an inquiry evaluation approach was used to explore, investigate and gather some insight into the current and past methods of engaging the community within the platforms and then the sectors.

The survey tool was modified from existing documents from the Upper Hume PCP Community Participation Strategy 2002 and endeavoured to gather information by

exploring the degree of community participation. This attempted to identify the key methods of participation and demonstrate and measure the degree of involvement of people in decision making for health outcomes.

2. Method of collecting the information

Active community participation is an integrated and holistic part of planning and service delivery. The survey attempted to gather some ideas around the methods that the platforms were using to engage community participation, jointly some interest into where this participation was occurring gave further insight though the identifying the sectors.

Additionally, it was important to discover how many times these methods were being used with details of their achievements and outcomes. This could then provide a way forward in allocating resources to address barriers to participation, to help identify if agencies are working with people in ways that help them to become knowledgeable and support decision making that includes high levels of control to the community.

Survey Tool

The survey tool included the following areas for analysis

Sectors : To clarify the professional sector of the respondent

Platform : To identify the age cohort

Frequency : How often was the method of engagement used

Methods of Engagement : Generalised participation methods

Details of Achievements : Opportunity to provide qualitative comments and details of engagement under each method.

Outcomes : Opportunity to provide qualitative comments to explore the impact of the methods of engagement under the headings of

Enablers – things that supported the delivery method

Barriers – things that were an obstruction or blockages

The Survey was tested and then modified prior to distribution.

Furthermore, simple observation methods where used in an unobtrusive way to gain insight into the activities and engagement of community participation. These occurred at meetings, forums, workshops and a local conference.

3. Distribution of the survey

Prior to distributing the survey the researcher used opportunities to discuss the study through presentations at platform meetings. This provided the opportunity to give an overview of the research and ask for participation in completing the survey and to answer questions and clarify any ambiguity. The survey (Appendix 2) was sent via

email to the platform leaders within the Upper Hume PCP for distribution to their members.

The survey was distributed to approximately 140 members across the platform groups.

- 24 member agencies responded to the survey.
- Resulting in a 17% response

4. Collecting and analysing the survey responses

The survey (refer appendix 2) results were returned through the email system, fax or in person. Respondents identified which sector and platform their work covered, with details describing the community participation activities or events. Also reported were barriers and enablers that may have resulted from these engagements.

The coding for collating the survey was based heavily on the degree of community participation, high to low (appendix 1) in the Ladder of Participation. This resulted in the responses being dispersed according to the varying degree of community participation which was factored into the methods of engagement of the survey.

5. Ethical Considerations

Proper and professional ethical considerations were adhered to in this study. Individuals were never identified and no personal details were collected. Neither has there been included any specific reference to an agency or individual. A disclaimer was used stating that anonymity and confidentiality would be adhered to.

6. Limitations

The limitations of the study are outlined below.

- The researcher was on a three-month work placement as part of the 3rd year level Bachelor of Social Work Field Education. This provided a very short time to build rapport and knowledge of the agencies and potential participants of the study.
- Distribution of the survey by email may have limited the response rate, which resulted in only 17% of the potential recipients. A recent study Health Promotion Audit 2004 completed by Upper Murray Health and Community Services states that "face to face interviews with participants may result in better response rates".
- This study limited the target audience for the distribution of the survey to the platform groups of the Upper Hume Primary Care Partnership and depended on their rate of response.

Report Findings

The information from the survey used to collect information about the level of community participation has been collated and analysed to provide the following information. The small response of a total of 24 surveys has provided a snapshot for analysis however without true representation across the UH-PCP.

The findings for this report concentrate on the degree of community participation and are reported here in sections that reflect the layout of the survey.

The first section provides a summary of the statistical significance across the sectors that responded to the survey.

Response by Sectors

The survey (appendix 2) asked respondents to identify their sector of work. The following table is a collation of their responses.

Table 1: Sectors across the Platforms

SECTORS	PLATFORMS					
	Young Children & Families	Young Children/ Young People	Young People	Older Persons	Across the Years	*Totals by sector*
Allied Health				1	2	*3*
Community Health				1	5	*6*
Child Care Centres	1					*1*
Education		2				*2*
Health Promotion			3	2	2	*7*
Local Government				1	1	*2*
Mental Health		1				*1*
Support Services				1		*1*
Victorian Police					1	*1*

Findings/ Discussion

- Community Health and Health Promotion was indicated by 12 of the 24 respondents as their sector of work. They reported their work spanned the young people, older person and across the years.
- Clarification about the role of health promotion as distinct to community or other work made it difficult to determine if these two are actually the same for the respondents. For the purpose of this report, they have been separated and indicated as they have been identified by the workers.

Recommendations

Further professional development in health promotion and understanding of everyday practice of health promotion across agency and in each workers role.

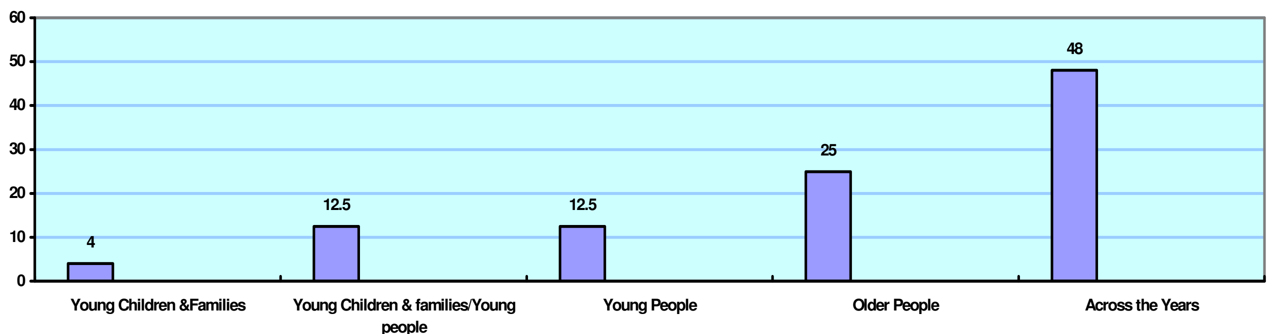
Responses by Platforms

By using quantitative data analysis, a frequency table and a graph, offers a summary of the responses that identified themselves within the platforms.

Table 3.1 Frequency of Responses across the Platforms

Platforms	Number	per cent
Young Children and Families	1	4
Young Children and Families/ Young People	3	12.50
Young People	3	12.50
Older People	6	25
Across the Years	11	46

Table 3.2 Percentile of Responses across the Platforms



Findings/discussion

- The young children and families showed a 4% response rate, combined with a response that indicated a 12.50% response that identified with the Young Children and Families and Young People platform. This shows that work sometimes coves both platforms and a broader age cohort.
- 12.50% of responses indicated Young People as a specific age cohort of work.
- 46% of those that responded, identified themselves with working 'across the years', indicating, that many saw their role as working with the entire life stages in some capacity or other.

The significance of this finding is that community participation can be seen as being integrated across the years possibly involving different age groups with various methods.

- Responses indicate that 25% work with Older People.

Recommendations

- There needs to be greater sharing of knowledge of the actual work that is occurring across age cohorts in engaging people to participate.

Findings: Methods of participation

The first section provides an overview of the findings from the responses. The actual findings against the Methods are reported here individually and include respondent's comments in sections on 'what was reported', 'outcomes' 'barriers' and 'enablers'.

Overview of responses

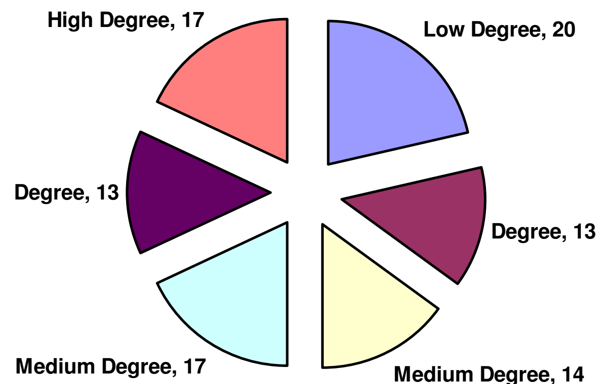
Table 4 Methods of Participation

The various methods of community engagement are rated according to the degree of participation (Ladder of Participation-appendix 1). This table refers to the degree of control of an individual in decision making for health outcomes. Included in the table is a column that reports the responses from the surveys. These are represented numerically by an average score of those that utilised the methods.

Degree rating	Purpose	Definition	Participation Methods	Average # Responses
Low	Providing Information	• Informing- advising community and consumers of a situation or proposal. • Providing advice on an issue • No response is required, although people are able to seek further levels of interaction	Health Promotion Pamphlets Education	**2**
	Seeking Information Consultation	• The provider decides on the best course of action and seeks to gain to gain the individual cooperation and acceptance. • Organisations try to promote a plan and facilitates acceptance • Compliance is normally expected. • Seeking feedback on a service/delivery • Limited opportunity for dialogue, • Requiring a response.	Focus Programs Consumer interviews Telephone Survey	**13**
	Seeking advise	• The provider decides on the best course of action, informs the individual and invites questions. • Organisation presents a plan and invites questions • Seeking comments on proposal, action or issue.	Satisfaction Survey Suggestion Box	**14**
	Joint Planning	• Individuals and workers together determine appropriate course of action • Shared responsibility fro process and outcomes • Involving at different times in planning	Volunteer involvement	**17**
	Decision-making	• Involving the community and in discussion • Adopting a more personal approach • An individual response to consultation	Forums Workshops	**13**
High	Have control	• Partnership • Establishing a structure for involvement in decision making, • Ongoing involvement and keeping informed • Allocating responsibility • Identify solutions/seek alternatives	Advisory Committees Community Representatives Network & Partnerships	**17**

Chart 4.2 Pie Chart of average degrees of engagement

The pie chart below provides a visual summary of the participation methods according to the average degrees reported. The chart is dissected with low degree through to high degree of engagement and is shown as an average score.



Findings/Discussion

- The chart shows that the responses to the methods of participation were relatively equally distributed.
- The overall average of responses in the low through to medium degree of engagement was 47, with the Medium to High degree also being 47. This finding indicates that various methods of engagement are being used.

The method of engagement is a strategy for participation and assists to identify the degree of engaging community. The diverse range of methods makes it possible to engage and utilise a number of methods that cover a number of 'degrees of control' in decision-making (UH-PCP Community Participation Strategy 2002).

By identifying the methods on the survey, we are able to obtain a snapshot view as to the methods used across the various 'degree of control' in decision-making. The snapshot chart (above) shows that engagement is occurring in significant instances at a collaborative and ownership degree, which is required for democratic participation.

Recommendations

- To form an accurate analysis of the degree of participation a higher response rate would be required.
- An interview process with each sector or member agency individually could contribute to a higher response rate and more depth in the findings.
- Increase an appreciation and awareness of community engagement and participation and the key skills and outcomes of each method.

Details of Findings for Each Participation Method.

This section of the report categorises each method of engagement according to their degree of participation. This provides a summary of actual responses offered by the respondents and includes an insight on the frequency that these methods are used and reported outcomes, barriers and enablers that correspond with each method.

The findings and discussion have been kept brief and include key recommendations for the method.

1. Providing Information

Degree of Community Participation- Low *(see page 14)*

Health promotion- Displays/campaigns	16 out of 24 responded to providing displays/campaigns.
Pamphlet	24 out of 24 responded to providing pamphlets
Education	19 out of 24 responded to involving community in educating

- The providing information category showed to be the most used grouped methods of engagement. (See Table 4.1 on page14).
- Each level of degrees of engagement has a place in meeting the needs of the community. In many instances providing information is all that is required of an agency. Agencies will have different purposes to engage community and use various methods (VicHealth, 2003).

Health Promotion- Displays/Campaigns

16 out of 24 responded to providing displays/campaigns.

Findings/Discussion

- The Responses indicated that 11 out of 16 had used this method of participation and implemented it over 3 times on those occasions.
- *Health promotion displays and campaigns were used as a method of raising awareness.*
- *Additionally, this method of participation can be seen as providing people with easier access to information and services.*

What was reported

Key themes

- *Providing health stands at Community Centres, static displays at services and various venues.*
- *Involvement with major campaigns such as the Commonwealth National Week.*

Including: the Drug Action Week, Safety Months, Mental Health Week, Youth conferences and other health weeks, fairs and festivals.

Outcomes

- *This was achieved by providing information to accessible locations and a good supply of information such as brochures and kits with a combined distribution to in excess of 475.*
- *Steady enrolments for physical activities*

Barriers

- *Brochures only being utilised if a person was in need of the information.*
- *Campaigns needing to have a "fun" element to it, needing to bring in some creative ideas*
- *Weather also influenced the success of any campaigns.*

- *Reluctance to read information or talk for fear of stigmatisation*

Enablers

- *Empowering; giving people the information to achieve better physical health and wellbeing*
- *Having highly qualified people for distribution and delivery of information for better* outcomes

Recommendations

- *Recognition of the importance of these levels of participation*
- *Service planning to link initiatives to respond to national, state, regional campaign*
  in a coordinated need

PAMPHLETS

24 out of 24 responded to providing pamphlets

13 out of the 24 that used pamphlets to engage community used it more than three times. 2 responded to using it on a weekly basis, with 2 indicating they used it as an ongoing method of participation. The remainder used it between one to three times.

Findings/Discussion

- The most common method of participation is pamphlets. The response rate showed that all 24 respondents used this method.
- Pamphlets are opportunities to raise awareness and allow for easy distribution where normally information may be inaccessible. This allows people the opportunity to use the information when the need arises.
- 11 out of the 24 respondents indicated that they were from 'Across the Years' platforms and also used the pamphlet method of participation. The remainder were disbursed among the other platforms.

What was reported

Key Themes

- *Pamphlets distributed on health, safety, treatments, diagnosis, parenting and nutrition*
- *Stickers and posters distributed*
- *Health information sent directly to clients*
- *Educational material distributed, for instance awareness raising on theft*
- *Newsletters distributed, informing health and well being*
- *Pamphlets on therapy and treatment*
- *Information distributed with contacts and service provider details*
- *Letter box drops within local community*

Outcomes

- *Information "out there"*
- *Raising awareness of services*
- *Raising awareness of the benefits of physical activity*
- *Increased numbers attending events*

Barriers

- *Difficult to gauge the effectiveness of the pamphlets*
- *Those with direct interest tend to read brochures*
- *Difficulty engaging community with the brochures*
- *Promotional tool only*
- *Consumer friendly pamphlets required*
- *Cost and time in ordering additional pamphlets*

Enabler

- *Provides feedback/ evaluation*
- *Raising awareness through newsletter inserts*
- *Target audience reached*

Recommendations

- *The brochures need to be practical and useful, community participation in service planning and evaluation could be implemented at the level of brochure development to identify the appropriateness and continual usefulness of such products and information.*

EDUCATION

19 out of 24 responded to involving community in education sessions.

10 out of the 19 responses reported to using educational sessions that raise awareness more than three times. 3 responded to using this method at least once, with approximately 4 using this as required, ongoing and quarterly

Findings/ Discussion

- A common method of participation is educational sessions. These educational sessions involved adolescents, parents, elderly, community groups and professional/worker education/information.
- The results showed that educational sessions were delivered at various locations and venues. The venues varied from school facilities through to community centres and telephone services.

What was reported

Key Themes

- *Talks to health professionals, training days,*
- *Small groups/ community groups/aged groups*
- *Skills development; parenting*
- *Prevention/early intervention*
- *Safety*
- *Awareness raising*
- *Guest speakers*
- *Telephone services/ accessibility*
  Topics included issues on: drugs, health, falls prevention, parenting, Hepatitis C needle and syringe programs, and a range of issue for youth.

Outcomes

- *Raising awareness on:*
  Healthy eating, increased knowledge about health well being, falls issues and prevention and raised awareness of mental health and pathways to care. Some respondents indicated that these programs were aimed at parents, women and students

Barriers

- *Difficult to engage parents*
- *Keeping clients engaged for a longer period of time*
- *Limited funding*
- *Stigmatisation of mental health often negative not positive*
- *Increased support for projects*
- *Finding a work/home/family balance*

Enablers

- *Groups given opportunities to specify topics*
- *Guest speakers*

Recommendations

- *Increase capacity and expertise in delivering education sessions to the community*

2. SEEKING INFORMATION, CONSULTATION

Degree of community participation – Low (refer to page 14)

Focus Groups	11 out of 24 indicated they had used focus programs
Consumer Interviews	14 out of 24 responded to using consumer interviews
Telephone Surveys	11 out of 24 indicated they had conducted telephone surveys

- The seeking information and consulting level of participation showed to have an average usage of 13 out of the 24 respondents.

FOCUS PROGRAM

7 out of the 11 responded to using focus groups more than three times. 2 respondents indicated to have this approach of participation factored in as monthly and as required.

Findings/Discussion

- The focus groups utilised and undertaken by the respondents involved promoting a plan and facilitating ownership of an outcome.
- Focus groups provide an opportunity for community to be involved in raising awareness and more importantly informs practice and develops relationships.

What was reported

Key themes

- *Focus groups have been used "to increase participation and knowledge in relation to significant issues being experienced in this community."* *This included transport, bulk billing, and communication, accommodation, and safety issues.*
- *Focus groups have acted as support groups to parents, youth, children and rural groups*
  This has included: Grooves & Rappers MetalHubb, parents associated with mental illness, drug and alcohol issues
- *Evaluate projects needs and assessment*
- *Focus groups have been used as formal and informal meetings with agencies*

Outcomes

- *Empowered to identify their issues*
- *Increased knowledge*
- *Building relationships*
- *Obtained information concerning young peoples views*

Barriers

- *Focus groups appear to be a limited method to those that are passionate*
- *Finding participants is difficult*
- *Limited funding and resources to continue focus groups*
- *Service providers outnumber community participants to focus groups*
- *Service providers appear to have their agenda and talk over the community participants*

Enablers

- *Focus groups provide connectedness when used as support groups*
- *Community building*

Recommendations

- Stakeholder representation needs to be monitored when establishing a focus group.
- Findings from focus groups/discussions need to be 'weighted' to include analysis for true representation of the information gathered.
- Workforce development in research/evaluation methods and interpretation of data/information.

CONSUMER INTERVIEWS

14 out of 24 responded to using consumer interviews

7 out of the 14 responded to using this method of engagement more than three times. The remainder of the respondents fluctuated from using it 'once', 'twice' through to 'as required and ongoing'.

Findings/discussion

- Consumer interviews included a wide range of age cohorts, with a focus on evaluation and feedback on service provision. Responses at this degree of involvement have limited dialogue opportunities.

What was reported

Key Themes

- *Consumer interviews used for projects needs, assessments and process evaluations, and follow up on complaints*
- *Participant evaluations on physical activities*
- *Consumer and carer groups interviewed*
- *Interviews on local safety issues, the development of draft brochures, evaluation and feedback on healthy service outcomes*
- *Feedback from young people, older persons, men's and youth.*
- *Key local people included in interviews for the purpose of future direction and opinion*

Outcomes

- *Inform future development and planning for service delivery*
- *Increased awareness of local barriers*

Barriers

- *'Middle years don't have time'*
- *Time consuming*
- *Winter not conducive for consumer interviews*

Enablers

- *"Group enjoy individual time with co-ordinator, feedback is very positive"*

Recommendations

- Increase the utilisation of consultation and interviews to inform service planning.
- Support workforce development in best practice of these methods of engagement.

TELEPHONE SURVEYS

11 out of 24 indicated they had conducted telephone surveys

5 out of the 11 respondents indicated that they used the telephone surveys more than 3 times. The remainder indicated that they used it as required.

Findings/Discussion

- Many indicated that they would like to do telephone surveys or were planning to use this method soon. Telephone surveys tended to be viewed less favourably as compared to a face to face interview. Many indicated that telephone interviews were time consuming, they lacked resources and skills.

What was reported

Key Themes

- *Feedback/Review on service satisfaction*
- *Information gathering for assessment and health issues*
- *Participants included committee members for feedback, individuals and groups.*
- *Used on a small scale for action research*

Outcomes

- *Successful outcomes, very few declined telephone surveys*
- *More information gathered than in a written format*

Barriers

- *There was an emphasis on the time and resources required for telephone interviews*
- *Time and skills required for interpretation of information*

Enablers

- *Clients happy to discuss health issues over the phone and remain in their homes'*
- *Elderly are happy to discuss issues over the telephone.*

Recommendations

- Recognise that this is a specific skill and if utilised as a method of engagement, needs appropriate time resources and specific workforce development.

3. SEEKING ADVICE

Degree of Community Participation- Medium

Satisfaction Survey : 20 out of 24 have used satisfaction surveys

Suggestion Box : 8 out of 24 responded to using suggestion boxes

- This level of engagement involves an exchange of information. The engagement between agency and community is to invite questions and seeking comments on issues.
- As an agency works towards the higher degrees of engagement, the structural supports need to have resources and skills embedded within their capacity to utilise and interpret the information being supplied to them.
- Within the seeking advice degree of community participation, responses indicated that the satisfaction survey was the most preferred use of engaging community.
- Responses indicated that the suggestion box in general was a method of gathering complaints rather than comments to better service provision.

SATISFACTION SURVEY

20 out of 24 have used satisfaction surveys

10 out of the 20 indicated that they have used this method of participation more than three times. Another 4 indicated that they have used this method at lease twice, with other responses ranging from 3 to an ongoing method.

Findings/ Discussion

Respondents indicated a preference for using the satisfaction survey. The satisfaction survey appeared to be primarily used for evaluating services.

What was reported

Key Themes

- *Satisfaction surveys distributed to older people, rural men and women, acute patients, training evaluations, clients receiving services, facilitator surveys, and conference participants*
- *Surveys embedded as part of the quality control*
- *Surveys are sometimes delivered as pre/post questionnaire to assessments*
- *Requirement for funding and service agreement*

Outcomes

- *Awareness raising on falls issues*
- *Most clients are happy with service provisions*
- *Mostly indicated a 'high level of return and satisfaction'.*
- *Responses also indicated 'very low rate of return even when reply paid envelop provided'*

Barriers

- *Forms too long for clients to complete*
- *Set format and questionnaire*
- *Set evaluations required for funding bodies*

Enablers

- *Having a person interviewing and talking to participant generated a greater return*

Recommendations

- Satisfaction survey could be viewed and embedded in policy as a continual quality assurance to inform service delivery and quality
- Consideration needs to be given in collecting and including feedback from culturally and linguistically diverse (CALD) people in our community. Increase the use of interpreter services to ensure engagement, participation and feedback of CALD people.

SUGGESTION BOX

8 out of 24 responded to using suggestion boxes

4 out of the 8 indicated as using this method of participation more than three times. The remainder varied between twice and as required.

Findings/Discussion

- Suggestion boxes were viewed as a complaint box; therefore they were used less favourably.

What was reported

Key Themes

- *Clients asked about suggestions during a survey process*
- *Suggestions box seen as a complaints mechanism*
- *Suggestion box is used at events*

Outcomes

- *Other methods of participation preferred*

Barriers

- *Recognised as a complaints procedure*

Enablers

- *'Feedback allows us to make improvements to the service or reinforces what we are doing well'*

Recommendations

- Suggestion boxes could be used strategically in targeted locations and venues other than at reception area, to encourage suggestions that will improve service delivery
- Educate the community about the value and importance of suggestion boxes and how to provide information in this way.

4. PLAN JOINTLY

Degree of Community Participation- Medium

VOLUNTEER INVOLVEMENT

17 out of 24 indicated they used volunteers

6 out of the 17 responses indicated that they have used volunteers on more than three occasions. The remainder responded with various frequencies ranging from 'as required', 'ongoing', 'monthly' and 'weekly'.

Findings/discussion

- This degree of engagement indicates that the agency utilises volunteers in service delivery, which provides the opportunity to learn and exchange information to inform service delivery and planning.
- Local government regularly involves volunteers for numbers of activities. Volunteers contribute much of their valuable time, efforts and skills An indication that to deliver good quality service volunteers.
- There is a large aging population; there are issues in engaging younger people on a volunteer basis and trying to find a life/work balance.

What was reported

Key Themes

- *Increasing approach*
  Various involvement has included: Operation Flinders, PowerPal training, a wilderness therapy for children in South Australia
- *Critical and highly valued resource*
  Involvement includes: administrative work, delivery of service, educational delivery, assisting with launches, fund raising, service co- ordination, distribution of resource participation support, service planning, and community transport.

Outcomes

- *Information distributed quicker through volunteers*
- *Increased participation in social activities*

Barriers

- *Supervision and training volunteers can be time consuming*
- *Resources to support volunteers is inadequate*
- *Organisational structure need to be more systematic and formal and provide more educational opportunities*

Enablers

- *Regular training helps to encourage and support volunteers which also retains volunteers*

Recommendations

- Identify methods of communication and training opportunities that include and support volunteers in service planning and delivery.

- Work with agencies to increase capacity and systems for engaging and utilising volunteers.

5. Decision making

Degree of Community Participation- High

Forums: 14 out of 24 responded to using forums

Workshop: 13 out of 24 indicated using workshops

- This degree of engagement represents the methods that include community in the decision making process. The forums and workshops are means of communication and provide an opportunity for valuing opinion and providing a sense of being heard. This is about identifying and presenting the problem, receiving feedback and includes opportunities for consumers/community to inform and make decisions.

- The two methods of participation were used almost equally.

Forums

14 out of 24 responded to using forums

4 out of the 14 indicated that they have used forums as engaging community more than three times, the remainder fluctuated between only having used it once to forums being used as an ongoing method of participation.

Findings/Discussion

- Forums were used to receive information concerning the youth and aged people. Small groups were consulted regarding mental health, service and planning.

- The forums reported on helped to identify strategies for planning and specific issues.

What was reported

Key Themes

- *Falls prevention and safety, diet and nutrition, planning for projects, specific issues, corporate service and operational planning*
- *They were to small groups, parents, young people, older people, rural communities*
  Events included: Speak Out, Mental Health Weeks, Community expo, Rural health Week, and mental health/illness

Outcomes

- *Increase in partnerships*
- *Awareness raising and educational opportunities about mental health/illness*
- *Solutions and issues identified*
- *Specific needs targeted*

Barriers

- *Difficult to engage interest for consumer groups*

- *Difficult to engage young families due to the time slot of most forums*
- *Attendance difficult for fear of stigmatisation*

Enablers

- *More appropriate referrals.*

Recommendations

- Recommend professional development and training around planning and delivering forums which maximise the opportunity to collect information, build capacity and collect data with minimal time consumption.

- Strategically choose locations and venues that will be conducive to the target group and ensure equal opportunity to participate with high representation. Remuneration for participation may be negotiated.

- Include professional understanding of community development as a framework for planning and work with the community.

WORKSHOPS

13 out of 24 indicated using workshops

Findings/Discussion

- Responses indicated that 7 out of the 13 used workshops more than three times. 2 out of 13 indicated that they used this method twice with both times being well attended. 2 out of 13 indicated that they used this method as ongoing and on a quarterly basis for staff development and training.

- The workshops engaged staff to promote further professional development and care. According to the Charter of rights and responsibilities this method of engagement offers support to the staff

What was reported

Key Themes

- *Workshops used to enhance learning among service providers*
- *Staff development (For instance: first aid, back care).*
- *Strategic and service planning among service providers and neighbourhood groups*
- *Training for clinical staff, other agencies and youth workers.*

  For instance: treatment plans for schools, child protection, and youth refuges.
- *Workshops focused on falls prevention*

Outcomes

- *"Community ownership of events"*
- *Collaborative work*
- *"Better outcomes for clients"*

Barriers

- *Time consuming*

Enablers

- *Local networks give greater participation*

Recommendations

- Workshops can be used to identify strengths and resources to better equip groups and communities, providing opportunities to improve service delivery.
- Strategically engage the main constituents, community and services to better inform direction and planning. Balance the community and service representatives to the workshops.

6. Have control

High Degree of Community Participation

Advisory Committee:	14 out of 24 indicated they used advisory committees
Community Representative:	19 out of 24 responded to using community representatives
Network and Partnership:	18 out of 24 responded to involving networks and partnerships

- This 'degree' of participation involves collaborative action that requires people/ agencies to work together for a common purpose.
- The responses indicated significant usage of the higher degrees of community participation. Responses indicated that they used more community representatives, networking and partnerships rather than the advisory committee.

Advisory Committees

14 out of 24 indicated they used advisory committees

7 out of 14 reported engaging community participation within an advisory committee capacity more than 3 times. The remaining respondents indicated that they tried it at least once or twice with a 3 indicting that they have used this as ongoing, whenever it was required or on a monthly basis.

Findings/Discussion

- Advisory Committees are an ongoing method of engagement, offering the opportunity for community to be involved in the decision making, and establishing ongoing involvement in service delivery and activities. The longer timeframe of this engagement builds sustainable skills and knowledge as a further investment for participation and outcomes.

What was reported

Key Themes

- *Management attend advisory committees on various issues.*
- *Advisory committees consist of agencies, community and consumer groups, platforms, support groups, young children and adolescents*

- *Committees are formed to inform future projects such as local falls prevention, disability access, safety issues, innovative transport and mental health issues.*
- *The purpose for the committees has been to gather some direction for services and projects, share information, consultation, and steering community groups.*

Outcomes

- *Broad range of views identified*
- *Informed programs, brochures and surveys*
- *Feedback on school attendance, nutrition and obesity*

Barriers

- *Better marketing and support required*
- *Inconsistent attendance*
- *Difficult to get people together*

Enablers

- *Meetings are informative*
- *Opportunities to network and develop collaborative relationships*

Recommendations

- Achieving a balance between the appropriate constituents will bring sustainable change and outcomes into a community.
- Build communication pathways and transparency of information with community leaders and the broader community.

COMMUNITY REPRESENTATIVE

19 out of 24 responded to using community representatives

7 out of 19 respondents reported that they have involved community representatives in their method of engagement. 3 indicated that they have used this method at least once, with the remainder of the respondents indicating that they use it as required, on a monthly basis or as ongoing.

Findings/Discussion

- Community Representation offers knowledge and acts on behalf of the broader community. They are the voice for those that are silent, and unable to represent themselves and an integral part of engagement for various groups and agencies.

What they reported

Key Themes

- *Community representatives are involved in numerous groups, they include:*
  Steering committees, local action groups, boards of governance, committees of management, neighbourhood watch, and school focused youth services.
- *Community representatives have been involved in projects, local planning networks, consumer carer groups, men's and women's issues.*

- *Input has been from a broad age cohort, including older persons, and young children and families.*

Outcomes

- *More information obtained*
- *Assisted in identifying community issues*
- *Works well*
- *'Networking provides better link ups to different services for families'*

Barriers

- *Jargon and terms need to be minimised to allow community representatives access to information*
- *Volunteers not bound by a professional code of conduct*

Enablers

- *'Service comments appreciated and valued'*

Recommendations

- Providing a generic training to volunteers or community representatives in order to familiarise them with procedures and group conduct.
- Develop communication strategies and make information accessible to community participants.

NETWORK & PARTNERSHIPS

18 out of 24 responded to involving networks and partnerships

8 out of the 18 respondents indicated they had used some form of networking and partnership approaches more than three times, the remainder indicated using it at least once and twice with 2 indicating they used it as an ongoing method of engagement.

Findings/Discussion

- This higher degree of engagement produced relatively high indications of networking and partnership occurring within the sectors. Many of the respondents indicating that they were involved in the networking and partnership development with some indicating that they engaged others in the networking. These are core activities of health promotion which 7 respondents indicated as their key sector of work.
- To lineate this higher degree of participation to the Charter of rights and responsibilities, networking can be seen to be a quality of service that seeks to work together and with the local services and community.

What they reported

Key Themes

- *Staff involved in networking and partnerships*
  Partnerships include involvement with PCP networks such as the WDIT, Universities, health services, local agencies, and service providers

- *Projects that involved networking and partnerships included: obesity, working with parents and schools, service delivery, safety issues, BIG, AWCDAAT, Speak Out*

Outcomes

- *Good working relationships*
- *Integrated approach to primary care*
- *Improved networks*
- *Better outcomes for the community*
- *'increased knowledge of agency activities"*

Barriers

- *Requires, time, commitment, resources, issues around ownership*
- *Education system*

Enablers

- *'Valuable for maximising resources'*
- *Barriers overcome because of networking and partnerships*

Recommendations

- Broaden the engagement and partnerships between the informal and formal community sector networks with the funded service and community service providers in planning and delivery of primary care.

BEST PRACTICE AND LOCAL EXAMPLES

The following *Kidz Kount* and *Speak Out* are two recent examples of best practice in community engagement and participation in Upper Hume.

KIDZ KOUNT

Some creative community participation is occurring within the Upper Hume region. Specific recognition of one of these activities highlights that to produce appropriate material with a young children's age cohort in mind, it is useful to have young children inform the services about the issues, namely mental health and how that affects them.

An initiative of the Wodonga District Interagency Team (WDIT and PCP Youth platform), the Kidz Kount brochure involved 50 students in total, 20 being from Wodonga 5/6 primary schools and 30 from Baranduda 5/6 Primary schools to collaboratively design a brochure. The kids from these schools were involved in a joint planning and development capacity to design a brochure that was relevant and applicable to this age group.

The brochure was developed to outline positive things about school, where you could get help and support, why being connected to school and friends is so critical to mental well being.

As a degree of participation, this brochure is measured as being low, however, it is important to recognise that the processes in the development of this brochure engaged community in much higher degrees of participation. These processes were designed to educate children, raise awareness, and improve the service system that supports mental health and well being.

SPEAK OUT

Another recognised and well-known local community participation event is the *Speak Out* conference that is regularly held in Wodonga and involves young people, service providers and community representatives. The event provides opportunity for these groups to gather, share, workshop and discuss current issues for young people in the community.

The report written from this event is used to inform the sector across the region and beyond for action and to plan change in the delivery of services and meeting the needs of young people in our communities.

Conclusion & Recommendations of this Study

This study has provided a snapshot of current activity in community engagement and participation for a small number of respondents from the Upper Hume Primary Care Partnership. The findings demonstrate engagement across the various degrees of participation and highlight a number of areas, particularly for further workforce development in the use and capacity to deliver a number of higher level methods of engagement.

In an era of rationalisation and evidence based approaches it has become imperative to fully utilise existing resources and assets of individuals and communities. Community engagement and participation in decision making often brings results that are creative, unique and relevant to the community and the individual.

Overall Recommendations

Following are key recommendations of this study.

- In further research it is recommended to use an interview process as part of the research methodology to gain higher levels of response and more depth in data collection.
- Increase an appreciation and awareness of community engagement and participation in our agencies. Further develop the capacity of agency's key skills, processes and outcomes to plan the methods of engagement and use of community participation.
- Develop agency indicators of stakeholder representation in planning to monitor efficacy of policy, processes and practices of engagement and participation across the spectrum of levels in the Ladder of Participation. (share learning's, increase higher degrees of participation, develop whole of system evaluations across continuum of care)
- Wherever possible involve community in the development of marketing and information materials to ensure appropriateness, usefulness, identified need and develop higher ownership in service development to meet community needs.
- Increase the use of interpreter services and methods of collecting and including feedback from culturally and linguistically diverse (CALD) people in our community.
- Work with agencies to increase capacity and systems for engaging and utilising volunteers in service planning. Identify methods of communication, involvement and training opportunities. Remuneration for participation a consideration or an option.
- Undertake continuing capacity building and workforce development. Specifically in
  - research/evaluation methods and interpretation of data/information.
  - capacity and expertise in delivering education sessions, workshops, forums, face to face interviews and telephone interviews.
  - understanding of community development as a framework for planning and work with the community. Recognise that this is a specific skill-set,
  - equity lens across engagement and participation by community.(CALD as example)
- Plan for investment in time and resources to support community and consumer engagement and participation.
- Broaden engagement and partnerships between informal and formal community sector networks/groups with funded service providers in planning and delivery of primary care.

APPENDICES

Appendix 1 – The Ladder of Community Participation

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

APPENDIX 2 COMMUNITY PARTICIPATION SURVEY

PLEASE RETURN by : 29TH OCTOBER, 2004

EMAIL; student@uhchs.vic.gov.au (Subject: EMI) FAX; 02 6022 8813

Which Job Sector do you represent? ________________________________

Circle *or highlight which* ***platform*** *your work covers?*

Young children and Families Young People Across all Years Older People

Please complete the details in the following table:

- **Have you engaged in any of the participation methods and how often has this occurred –***please use the following scale*

  0. *Never* **1.***Once* **2.***twice* **3.***three times* **4.** *More than three times*

- **Briefly describe how you did this**
- **Briefly describe the outcomes/impact/barriers/enablers of the participation method**

PARTICIPATION METHOD	HOW OFTEN	ACHIEVEMENT	OUTCOMES/ IMPACT/ BARRIERS/ ENABLERS
Health Promotional Displays/Campaigns *(displays campaigns)*	*Eg 1*	▪ *eg. Provided an information stand for health and well being at the Shopping Centre* ▪	▪ *eg. Barrier may include that the display occurred during school holiday', hence people not very interested.* ▪
Pamphlets *(handouts given to clients, quit smoking pamphlets: information - group support)*		▪	▪
Educational Sessions *(awareness raising around issues on domestic violence, safety, drugs,)*		▪	▪
Focus Groups *(used to gauge communities opinion)*		▪	▪
Consumer Interviews *(Feedback interviews, conducted in person. Either individually or in a group)*		▪	▪
Telephone surveys *(may be another form of one on one interviewing)*		▪	▪

PARTICIPATION METHOD	HOW OFTEN	ACHIEVEMENT	OUTCOMES/ IMPACT/ BARRIERS/ ENABLERS
Advisory committees *(committees set up to advise organisations about issues, youth and drugs in the local area)*		▪	▪
Satisfaction Survey *(evaluation surveys given to clients)*		▪ *eg. Mail out to all clients about the delivery of meals on wheels* ▪	▪ *eg Surveys indicated that food was very enjoyable/ indication that the food was cold.* ▪
Suggestion Box *(complaints, feedback, and needs identification)*		▪	▪
Community Representative *(Includes community members in planning and discussing service delivery)*		▪	▪
Volunteer involvement *(seeks to include volunteers in the delivery of services, ie. Meals on wheels)*		▪	▪
Forums *(issues identified by organisations that includes the community involvement)*		▪	▪
Workshops *(Where participants work in small groups on pre-determined issue decided by agency or individual makes decisions on treatment options)*		▪	▪
Network & partnerships (includes Governance Groups Working groups)		▪	▪

Thank you for your contribution - Emi Barrow

Appendix 3- Charter of Rights and Responsibilities

Our Charter

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

Aim

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

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

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

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

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

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

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

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

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