

# Consumer and Community Participation Framework

2017-2018



Health  
Sydney  
Local Health District

## Acknowledgements

We would like to acknowledge the invaluable contribution of members of the Sydney Local Health District Consumer and Community Advisory Council, community representatives, health consumers, patients, families, carers and health service staff.

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# CONSUMER AND COMMUNITY PARTICIPATION FRAMEWORK

# Sydney Local Health District Community Partnership Agreement

Sydney Local Health District has a long and proud history of partnering with consumers and community representatives. We are fortunate to have many wonderful, enthusiastic and generous members of our community who join us at the table – in making decisions about our services, planning for the future, redesigning services, evaluating and providing ideas and feedback on how we do things and making sure that all of our decisions are made with patients, carers and their families in mind.

We are grateful to all of our consumers, community representatives, Non-Government Organisation partners, patients and their families for their valuable input to our District. We are also thankful to our staff who support these networks and structures.

We understand the importance of partnering with consumers and communities and this is evident in our well established consumer networks and the work our staff undertake in involving patients and their families in their care.

This Consumer and Community Participation Framework provides a vehicle for ensuring a strong and vital relationship between the District, its consumers and communities. It is one of the key enabling documents that have been developed to inform the overall strategy of Sydney Local Health District. Its purpose is to articulate and strengthen the bonds and consultation processes between consumers, communities and Sydney Local Health District. This refreshed framework is built on the strong foundation set by the previous *Consumer and Community Participation Framework (2012-2015)* and the foundation established under the previous administration of Sydney South West Area Health Service.

This refreshed framework provides an interim framework on which to continue our work in this area. A full review of this framework will be undertaken in line with the review of our Strategic Plan in 2017, which will enable us to harness the widespread consultation used for our strategic planning. It will also provide us with a stronger connection between the Strategic Plan and the Consumer and Community Participation Framework with shared reporting time frames.

Sydney Local Health District is a busy place. It is committed to providing excellence in healthcare for all and is one of the best performing health districts in NSW. Sydney Local Health District provides care to about 600,000 people living locally across six local government areas. It also provides services to a large number of people outside of the District who require tertiary and quaternary healthcare including burns, transplantation surgery and intensive care services.

Sydney Local Health District is home to Royal Prince Alfred Hospital, Concord Repatriation General Hospital, Balmain Hospital, Canterbury Hospital and Sydney Dental Hospital. It also houses community health centres and early childhood centres. Sydney Local Health District also has around 100 community based services provided by 900 staff.

In the last financial year, approximately 152,000 people attended our emergency departments, 6,700 babies were delivered and 29,000 operations were performed. With over 11,000 staff, we are one of the biggest employers in our community, employing 1450 doctors, 5300 nurses, 1000 allied health staff, 450 scientists, 300 oral health staff, 680 cleaners and 1700 administrative staff.

It is imperative that we build structures and processes capable of capturing the views, concerns, issues and ideas of our diverse community. This will ensure that our healthcare dollar is spent in ways that positively impact on the health and wellbeing and more importantly, that our health services meet the needs of those they are designed to assist.

This Framework is an important guiding document for the District. Our Board and Executive would like to thank all of those who have contributed to the development of this Framework, particularly the many consumers and community members.

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Chairperson  
Consumer and Community Council  
Sydney Local Health District

Dr Teresa Anderson  
Chief Executive and Co-chair  
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# Introduction

The Consumer and Community Participation Framework provides a blueprint for the way Sydney Local Health District will do its business in partnership with our consumers and communities. The Framework provides an integrated approach to investing in and developing our relationships with our communities.

Sydney Local Health District through its Strategic Plan 2012-2017 clearly states its commitment to consumer and community participation. The Plan outlines a set of goals and activities developed following a series of community consultations in 2011. These include partnerships with relevant community organisations and the use of a wide variety of tools to engage and communicate with consumers and local communities. The commitment to a Community Participation Framework is highlighted.

Consumer and Community Participation is the process of involving consumers and community members in decision making about their own health care, health service planning, policy development, setting priorities and addressing quality issues in the delivery of the health services. This can be achieved via a variety of means including participation in forums, committees, projects, working groups or peak state and national health agencies.

The term 'community' within this Framework is a term that refers to consumers of health services, such as patients or clients, families, friends, carers and the broader community at large. The community is made up of many smaller communities or groups of individuals with shared qualities, ideas, characteristics and interests which bring groups and individuals together such as culture, language, religion, beliefs, geographic location, gender, profession and certain interests etc. Individuals may associate with a number of groups or communities and may represent a variety of interests.



The term 'consumer' within this Framework is a term that refers to any actual or potential recipient of health care, such as a patient in a hospital, a client who visits a community health centre, or a person who goes to their doctor for treatment. This may include a person's family, friends or carers who are also regarded as consumers.

Being a consumer can span across all aspects of your healthcare experience – from the bedside to the boardroom. The term patient and family centred care is integral in understanding the role of consumers across all aspects of health services, as it acknowledges that patients and their families are at the centre of care.

Sydney Local Health District sets out to put patients and their families at the centre of every decision made – whether that is asking patients and families about their care preferences and helping them to decide which treatment option is best for them, sharing safety and quality performance and involving them in committees and steering groups at hospitals and at a District level. The District encourages people to be involved in their health service to the level that they choose and values all contributions.



# Background

The idea of community participation in health first appeared in the early 1970s and has continued to evolve and develop. The timeline below highlights the key milestones in community participation to date.

<b>1970s</b>	Self-help and consumer groups formed, self-management and participation concepts established.
<b>1978</b>	Alma-Ata Conference launched programs to promote wellness and disease prevention through public empowerment.
<b>1980s</b>	Physician centred care identified as being insufficient in achieving good health. Community participation integrated in to international health policy and strategy.
<b>1990s</b>	Consumer and community participation seen as a means to address health problems through policy, legislation and planning.  Different engagement strategies identified for engaging people in health services including research, focus groups, forums and community projects.
<b>2000s</b>	Australia and other countries (such as Canada, US and UK), assisted by the World Health Organisation and the Organisation for Economic Cooperation and Development, create various forms of community participation.  At national and state levels, as well as locally, a variety of models for community participation are developed in Australia such as engaging consumers on committees, formal public partnerships and citizen juries.  Community participation adopted by Australian health related organisations such as the Australian Commission on Safety and Quality in Health Care, Consumers Health Forum of Australia, Agency for Clinical Innovation, Clinical Excellence Commission and Health Consumer NSW.  Community participation adopted by Sydney South West Area Health Service, (now known as Sydney Local Health District and South Western Local Health District). Consumer and community networks established at facilities.
<b>2008</b>	Australian Commission on Safety and Quality in Health Care created The Charter of Healthcare Rights following extensive consumer consultation.
<b>2011</b>	Australian Commission on Safety and Quality in Health Care created <i>Standard 2: Partnering with Consumers</i> as a National Standard which health facilities are required to meet during an accreditation process. Consumers are also weaved through the additional 14 standards.
<b>2012</b>	Sydney Local Health District released the <i>Consumer and Community Participation Framework 2012-2015</i> which was built on the strong foundation established under the previous Sydney South West Area Health Service.
<b>2014</b>	Sydney Local Health District formed the Consumer and Community Advisory Council which is the peak consumer body for the District which reports through to the Chief Executive and Board.

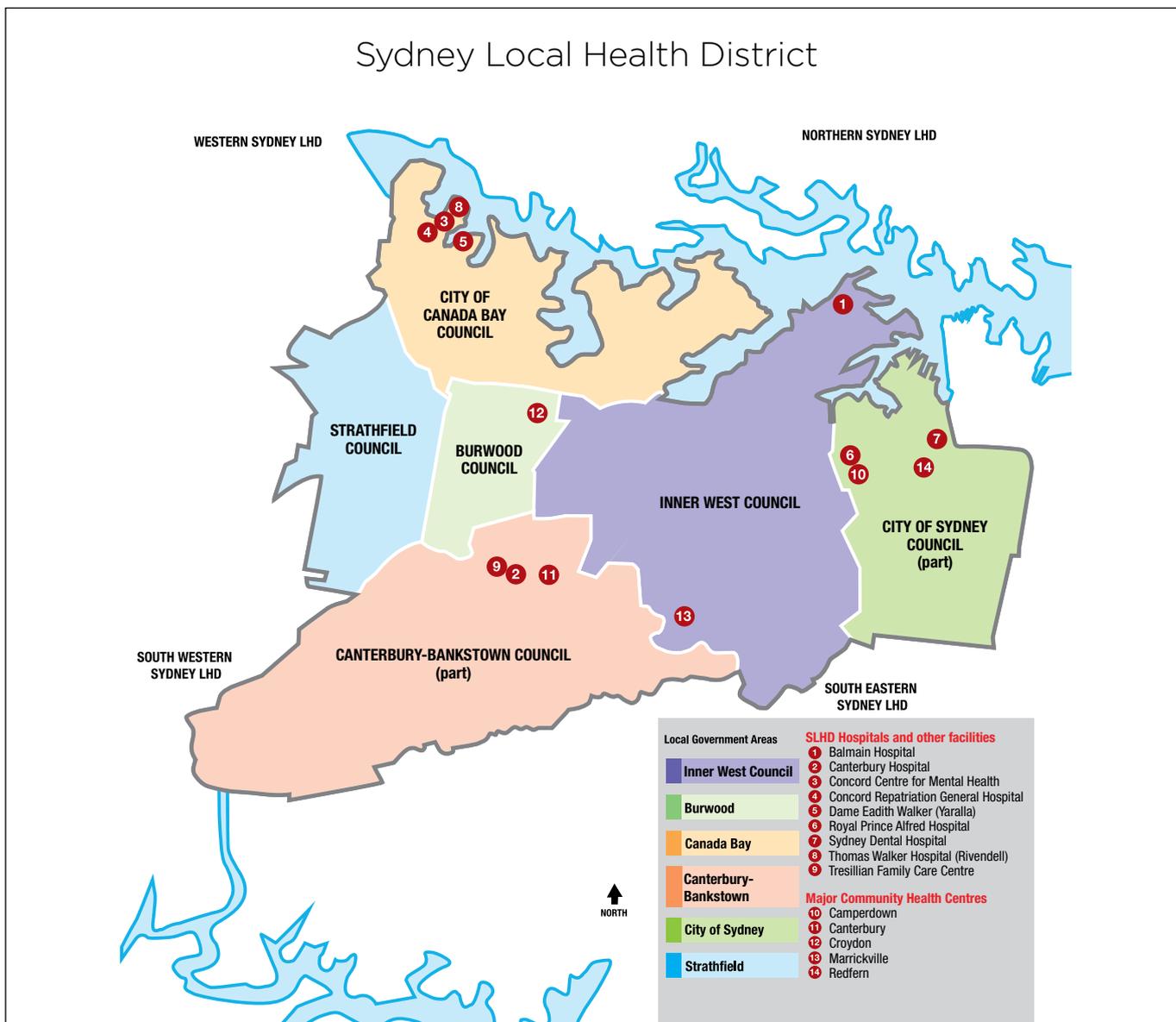




Sydney Local Health District  
is culturally, linguistically  
and socially diverse

# Sydney Local Health District's community

Sydney Local Health District is centrally located in the Sydney metropolitan area, positioned directly west of the Sydney central business district (CBD). The District covers the six Local Government Areas (LGAs) of Burwood, Canada Bay, Canterbury – Bankstown, Inner West, City of Sydney (Sydney South and West Statistical Local Areas only) and Strathfield. Sydney Local Health District encompasses a total land area of 126 square kilometres with a population density of 4,890 residents per square kilometre. The District provides healthcare to over 600,000 residents with the population expected to reach 681,490 by 2021.



Sydney Local Health District is culturally, linguistically and socially diverse. Approximately 43 percent of residents speak a language other than English at home, almost twice the rate of NSW (22 percent) as per the 2011 census. Within the District, 7.7 percent of residents who were born overseas in predominantly non-English speaking countries describe themselves as not speaking English well, or at all. The major languages in the community aside from English are Mandarin, Cantonese, Arabic and Greek.

Between 2010-2015, 1,910 humanitarian arrivals initially settled in Sydney Local Health District, making up 8 percent of the total number of humanitarian arrivals in NSW. The 10 countries of birth with the highest number of humanitarian arrivals residing in the District between 2010 and 2015 were Afghanistan (895), Iran (300), Iraq (279), Burma (268), China (237), Pakistan (218), Syria (195), Sri Lanka (117), Egypt (99), and Turkey (39).

At the time of the 2011 Census, there were 4,875 people who identified as either Aboriginal or Torres Strait Islander (herein referred to as Aboriginal people) living in Sydney Local Health District. The proportion of Aboriginal people in the District is lower than the state at 0.9 percent, compared with 2.5 percent for NSW. The Sydney (South and West Statistical Local Areas) and former Marrickville LGA (now part of Inner West Council) have the highest number of Aboriginal residents (1,714 and 1,111 respectively), with the lowest number of Aboriginal people residing in Strathfield LGA (102).

Consistent with state and national figures, the age profile for Aboriginal people in Sydney Local Health District is younger than the non-Aboriginal population. In particular, 24 percent of the Aboriginal population is aged under 15 years, and less than one percent is aged over 65 years, compared with 15 percent and 12 percent respectively for the non-Aboriginal Sydney Local Health District population. Aboriginal people are widely recognised as having poorer health and poorer access to appropriate health services as well as a reduced life expectancy, when compared to the non-Aboriginal population.

In 2011, almost two thirds of the District's labour forces were employed full time (63.5 percent). The proportion of the population describing themselves as unemployed was the same as the state (5.9 percent) although it was higher in the former Canterbury LGA at 8.2 percent.

The Index of Relative Socioeconomic Disadvantage contains indicators of disadvantage such as low income, high unemployment and low levels of education. The average score across Australia is 1,000, with a number below 1,000 indicating lower socioeconomic status. The two LGAs in the District with an overall score under 1,000 in 2011 were Canterbury and Burwood.

Due to the transient nature and vulnerability of this population, accurately quantifying homelessness is very difficult. Official estimates of the prevalence of homelessness from the 2011 Census indicate that the area with the highest number of persons experiencing homeless is the City of Sydney LGA, with approximately 3,307 persons recorded in the region shared between Sydney Local Health District and South Eastern Sydney Local Health District. A further 1,356 homeless people were recorded in Strathfield- Burwood-Ashfield, 910 in Marrickville-Sydenham-Petersham, 663 in Canterbury, 288 in Leichhardt and 171 in Canada Bay. The rate of Aboriginal people experiencing homelessness is a particular issue. Estimates indicate a rate of 566 per 10,000 Aboriginal people in Sydney, Leichhardt and Marrickville LGAs compared to 125 per 10,000 non-Aboriginal people in the same area.



# Sydney Local Health District's broader community

As well as a local resident population, Sydney Local Health District provides health care to a large population of people from other health districts, from interstate (including rural and regional parts of NSW) and overseas. These populations of consumers use the tertiary and quaternary services at Sydney Local Health District such as surgical services including pelvic exenteration, liver and kidney transplantation, cancer services, cardiology, burns and more. Some of these consumers spend short periods of time using the District's services while others may spend long periods of time depending on their health care needs. The various perspectives of these consumers need consideration alongside those of the local residents.

Sydney Local Health District also has an important responsibility to support other local health districts, through our rural and remote partnerships. Beyond providing clinical services to these communities at its facilities these partnerships help to strengthen education and training, clinical leadership and clinical outreach.

## Purpose of the Consumer and Community Participation Framework

There is substantial and evolving evidence which indicates that consumer and community participation (CCP) results in improved health care and promotes a more transparent, accessible, accountable and appropriate health service. Through participation, consumers and community members make a valuable contribution to the health system and strengthen links between health services and their local communities.

Community participation embraces a philosophy of 'working with' rather than 'doing to' people. Community participation is the involvement of consumers and carers in decisions about individual health care, as well as the involvement of consumers and communities in decisions about the planning, provision and evaluation of health care services.

The Sydney Local Health District Consumer and Community Participation Framework identifies a range of partnerships between the District, its services, staff and communities. The flexible yet formal structure provides guidance to all health services and consumer and community representatives within the District. The Framework is a living document, designed to evolve along with the further growth and development of consumer and community participation in Sydney Local Health District.

The community in Sydney Local Health District is diverse and as such the range of consumer and community groups which need to be engaged under this framework should reflect that diversity.

It aims to provide guidance to all people in the District involved in consumer and community participation including the Board, the Chief Executive, facility general managers, clinical directors, staff, the community participation manager, community participation coordinators and consumer/community representatives.



Working in partnership  
with consumers and communities;

# Aims of Consumer and Community Participation

Sydney Local Health District is committed to involving consumers, carers and community members at all levels of the organisation. A range of processes to enable an empowered and coordinated voice to be included in decision-making will be used.

This will be achieved by:

- Working in partnership with consumers and communities;
- Building the capacity of staff and the organisation to undertake consumer, carer, and community participation - from the level of individual care to the level of system changes;
- Providing and integrating structures and processes for participation in all aspects of policy development, health service planning, quality improvement and evaluation and in quality improvement processes;
- Providing resources to ensure that Consumer and Community Participation occurs equitably throughout the District;
- Providing information to our communities in an appropriate manner;
- Promoting, supporting and developing the capacity of community members to participate in health service planning, delivery and evaluation;
- Ensuring those involved in participation reflect the diversity of the population;
- Encouraging innovative approaches to participation;
- Training and supporting staff to undertake Consumer and Community Participation; and
- Creating an open, transparent and accountable healthcare organisation.

The aims of Consumer and Community Participation in Sydney Local Health District are to ensure that:

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



# Core values and principles of Consumer and Community Participation

Successful participation is based on shared values of respect, accountability, communication, teamwork, commitment and support.

**Table 1: The core values and principles that underpin consumer and community participation**

<b>Respect</b>	<p>Promotes a culture of collaboration by listening, involving and responding to community concerns.</p> <p>Is committed to including community views and concerns in decision making.</p> <p>Everyone needs to show consideration and value each other as equal contributors to the consumer and community participation process.</p>
<b>Accountability</b>	<p>Works to ensure that outcomes of consumer and community participation are fed back to communities and health services.</p> <p>Is committed to developing services based on our communities identified needs and ensuring they are understood and acted upon.</p> <p>Provides information to consumers, carers and community members.</p>
<b>Communication</b>	<p>Ensures that consumers, carers and community members have relevant information about their own health and health care services in order to make their own decisions, and that the information is provided in appropriate ways.</p> <p>Creates an open, transparent and accountable organisation.</p>
<b>Teamwork</b>	<p>Works in partnership with consumers, carers and communities.</p> <p>Ensures that consultation and participation processes are inclusive and provide equity of access for all.</p> <p>Builds trust and credibility.</p> <p>Values and recognises the diversity of communities within the health system.</p> <p>Values, welcomes and recognises consumers, carers and community experience(s) and expertise within the health district.</p>
<b>Commitment</b>	<p>Is willing to negotiate on key decisions.</p> <p>Is committed to building the capacity of the organisation to enable effective consumer and community participation at all levels.</p> <p>Is committed to providing a range of methods of participation to enable effective community involvement.</p> <p>Is committed to involving communities in making decisions about how they will participate.</p>
<b>Support</b>	<p>Provides resources and support to consumer and community participation activities and staff.</p> <p>Trains and supports staff to undertake consumer and community participation.</p>

# Levels of Consumer and Community Participation

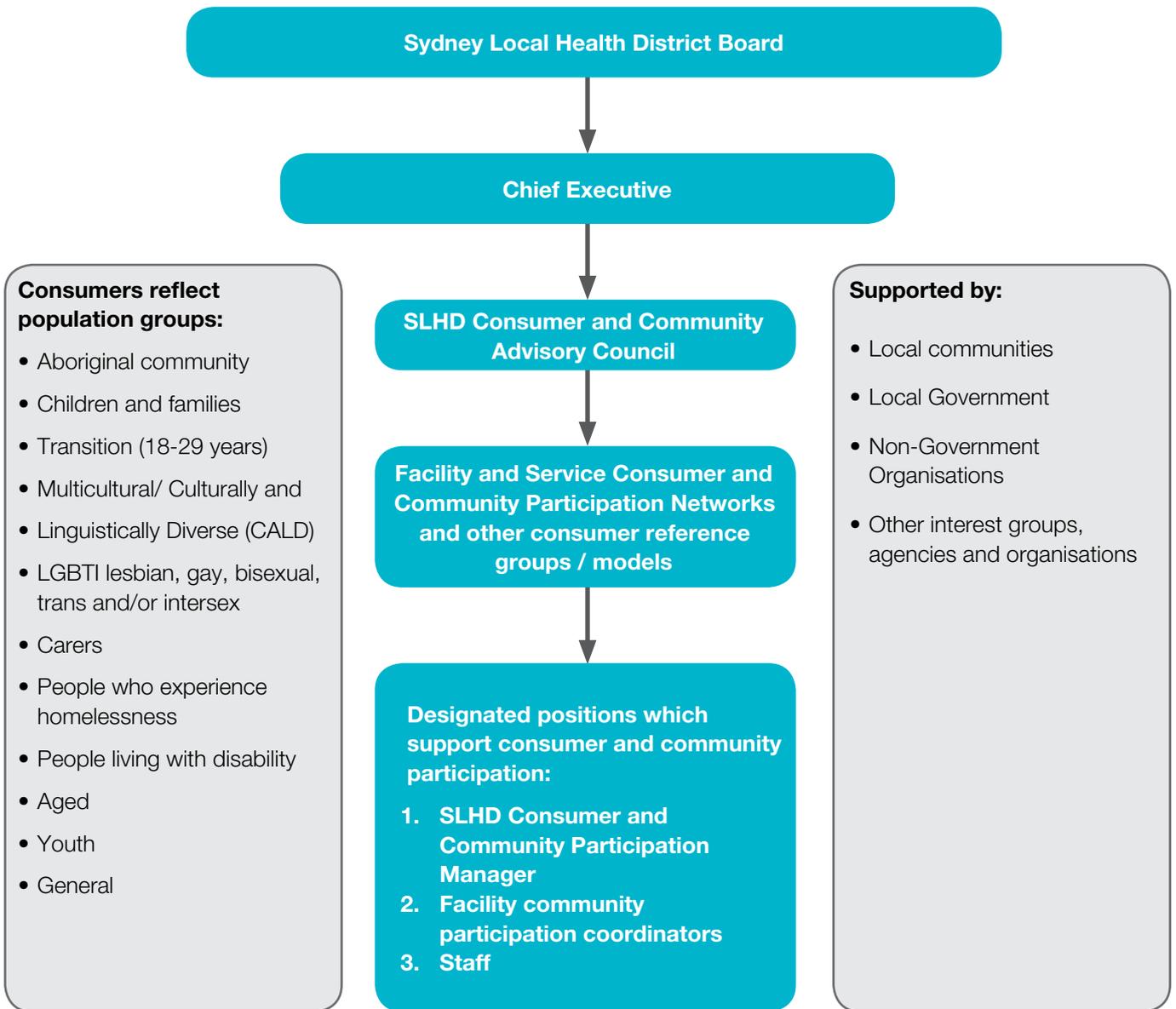
The following table represents the various levels of consumer and community participation. This ranges from involvement in decision making about the care of individuals and families to involvement in hospital and facility services, contributing to District level discussion, planning and development, to system-wide levels of involvement. The levels rightly overlap with each and should not be seen as independent functions. Consumer centred care is the focus at all levels.

**Table 2: Levels of Consumer and Community Participation**

<b>Individual level</b>	<b>How will I be able to make decisions about my care and treatment based on information that I can understand?</b>  Consumers are included and involved in decision making about their own care and treatment plans, have strong engagement with health providers and take part in providing informed consent. Consumers provide feedback on their care and experience and understand their rights and responsibilities as a consumer of a health service.
<b>Facility or service level</b>	<b>How will I be able to provide feedback about services and help to improve them for all patients?</b>  Consumers are able to directly contribute to facility planning, making decisions about how services are delivered and evaluating how services are run. This involvement will directly affect how a facility or service runs on a daily basis to ensure that the focus remains on patients and their families. Consumers may take part in facility committees or working groups, attend forums, complete patient surveys, be provided with safety and quality information, take part in the accreditation process or provide feedback directly to the facility.
<b>District level</b>	<b>How will I be able to contribute to the direction of the health service?</b>  Consumers are engaged in the District, which may include being a community representative on a District-wide committee or working group, including the Consumer Council. The needs of the community and people who live in the District are considered through District wide planning and projects.
<b>State and national level</b>	<b>How will I be able to contribute to policy making and improved standards of care for all health consumers?</b>  Consumers are engaged in planning and development of health services through peak state and national health agencies to improve patient outcomes. Consumers may be involved in statewide committees through NSW Health or its Pillar organisation or through the Health Consumers NSW.



# Consumer and Community Participation structure



**Table 3. The structure of consumer and community participation in the Sydney Local Health District**

# Roles within Sydney Local Health District

## **Sydney Local Health District Board and Chief Executive**

The Sydney Local Health District Board oversees the governance and management of the District.

The Chief Executive reports to the Board and to NSW Health.

## **Sydney Local Health District Consumer and Community Advisory Council**

The Sydney Local Health District Consumer and Community Advisory Council is a key consultative and advisory group to the Board on consumer and community issues relating to all aspects of health care delivery. The Council is a high-level strategic committee comprising of consumers and community members as well as representatives of Sydney Local Health District.

The Consumer and Community Advisory Council's role is:

- To ensure patient and family centred care is central to Sydney Local Health District service and program delivery.
- To advise the Board and Chief Executive on priority areas and issues requiring consumer and community participation.
- To act as a representative body of Sydney Local Health District consumer and community participation.
- To act as a sounding board for clinicians and the Chief Executive.
- To look for opportunities to innovate how the District interacts with communities including communications to reach constituents in new ways.
- To implement the action plan of the Consumer and Community Advisory Council.
- To encourage involvement of health consumers and community representatives in all aspects of Sydney Local Health District .
- To support a health equity approach in targeted service delivery.
- To be a strategic link between Sydney Local Health District communities and the Sydney Local Health District Board.
- To monitor and enhance the District's commitment to consumers, carers and the community.
- To ensure community participation is included in health planning by Sydney Local Health District.
- To present the views and recommendations of the Sydney Local Health District Consumer and Community Advisory Council to Sydney Local Health District and the Board.
- To provide feedback from the Board and Sydney Local Health District to community representative networks.

## **Facility and Service Consumer and Community Participation Networks and other consumer reference groups/models**

Consumer and Community Participation Networks and other consumer reference groups comprise of local members who meet at health facilities or within the services across the District on a regular basis and provide valuable feedback to local health services on improving patient care, consumer and community engagement and participation.

The Consumer and Community Representative Networks' key roles are:

- To advocate for consumer engagement within the health facility or service;
- To enhance the understanding of Sydney Local Health District health services;
- To research and discuss, and where needed raise issues to their facility or service General Manager and make recommendations to the Sydney Local Health District Consumer and Community Advisory Council;
- To facilitate the sharing of information between stakeholders; and
- To maintain an accessible structure that supports and sustains health consumer and community representatives.

## **Consumer and Community Participation Manager**

The Consumer and Community Participation Manager holds a District wide position and is responsible for developing, implementing, marketing, monitoring and evaluating health consumer and community participation across the District. Internally to health, the Consumer and Community Participation Manager will work closely with the Chief Executive, Sydney Local Health District Board, facility general managers, Clinical Directors, District Executives and most directly, the Community Participation Coordinators and the consumer representatives.

Externally, the Manager will work with a range of related stakeholders such as service groups, the non-government sector, peak agencies such as Health Consumers NSW, Agency for Clinical Innovation, Clinical Excellence Commission, Consumers Health Forum, NSW Commission of Social Services and other state and federal peak bodies to ensure proper support and advocacy for Sydney Local Health District.

## **Facility Consumer and Community Participation Coordinators**

Facility Consumer and Community Participation Coordinators are based in health facilities and services across the District and are responsible for recruiting, supporting and coordinating health consumer and community participation within their local network. Currently, there are Coordinators based at Royal Prince Alfred, Balmain, Concord, Canterbury, and Sydney Dental hospitals as well as in the services of Community Health and Aged Chronic Care and Rehabilitation Services.

Generally, the coordinators are required to:

- Work closely with both staff and community to increase knowledge and skills in the value of health consumer and community participation;
- Promote, recruit and support consumer and community representatives;
- Advocate for and manage resources allocated to community participation at the facility level;
- Build capacity of both representatives and staff; and
- Provide on-going support for a positive culture of participation.

Coordinators report directly to the Sydney Local Health District Community and Consumer Participation Manager and the hospital or service General Manager. They work with other designated directors/senior managers within the facility and services, as well as staff.

## **Consumer and community participation representatives**

Representatives come from all walks of life and reflect the community in which we work. They may live within the boundaries of the District/health facility or may be consumers who have a connection to our local health facilities. Residents who have used or are using the health service are particularly valued and welcomed.

Representatives can also include organisations that act on behalf of the diverse communities and population groups within the District (for example, people with a disability, specific cultural groups or a particular age group). They are appointed to a formal structure or through other processes to represent consumer interests.

Information related to the recruitment process for consumer and community members is outlined in Appendix 1.

Consumer and community participation representatives (members), work alongside health staff at all levels of the organisation providing a voice for their community. The purpose is to improve the accessibility, quality and safety of care at the local hospital or health facility or across the health system. Participation can include attendance at meetings with staff, contributing to forums or implementing projects. Consumer and community participation representatives are members of committees, boards, reference groups, working groups and District-wide committees and networks. They may also be involved in peak state and national health agencies. Involvement can range from a few hours a month to contributing an intensive period of time on a particular project.

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## Definition of terms

### **Capacity Building**

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

### **Carer**

A Carer is someone who cares for a family member or friend who has an ongoing illness, disability or condition. The Carer does this in an unwaged capacity.

### **Carer representative**

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

### **Citizens Juries**

A process randomly selected and demographically representative panel of citizens to carefully examine an issue for four to five days.

### **Community**

For the purposes of this document the Community includes individuals who live within the boundaries of Sydney Local Health District, and organisations that represent the diversity of community groups such as people with a disability or a specific cultural background. .

### **Community development**

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

### **Community engagement**

An informed dialogue between an organisation and consumers, carers and the community which encourages participants to share ideas or opinions and undertake collaborative decision making, sometimes as partners.

### **Community participation**

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

### **Community representative**

A person who becomes a member of their local network registered on the database of the Community Participation Unit. Once registered are able to choose their involvement through activities, formal processes or a combination of both.

### **Confidentiality**

An undertaking that information provided from one person to another will not be disclosed.

### **Consultation**

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

### **Consumer**

A person who uses or is a potential user of health services together with family and carers of recipients' and clients.

### **Consumer advocate**

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

### **Consumer representative**

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

**Facilities**

Sydney Local Health District is managed under a system of five facility Health Services. Each facility has a General Manager and an Executive team. The facilities are Balmain, Canterbury, Concord, RPA, and Sydney Dental Hospital.

**Observer**

A community representative only attends a committee or forum by invitation of the Chairperson. This person has no formal voting rights. Invitees can speak at the discretion of the Chairperson.

**Participation**

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

**Partnerships**

The process where joint decision making, planning, accountability and responsibility occur between the community and the health service.

**Volunteer**

A person working within Sydney Local Health District in a voluntary capacity and not receiving salary or wages.



# Appendix 1: Recruitment of consumer and community representatives

## Recruitment methods

Recruitment of potential community representatives is a joint responsibility between the Community and Consumer Participation Manager, Community Participation Coordinators, health staff and community and consumer representatives.

This may involve:

- Word of mouth;
- Placing advertisements in local newspapers;
- Placing community service announcements with local radio stations;
- Distributing information flyers;
- Internet / electronic media;
- Writing to local community organisations;
- Writing to consumers of the service;
- Placing posters on notice boards; and
- Promoting and conducting presentations to appropriate services and groups.

Each Coordinator has information sheets and applications available for distribution to interested parties. If the interested parties wish to proceed, they are given an application form and an informal interview is organised with the Coordinator.

## Informal interview

The Coordinator will meet with the applicant to ensure the criteria are met and that they understand their role and responsibilities.

Some key points to discuss may include – code of conduct, confidentiality, grievance process, annual review and conflict of interest. We also like to discuss which opportunities may best suit the needs of the applicant and which group or network is most appropriate.

## Consumer and community representatives application and selection

Once the applicant is interviewed they are given a recruitment pack which consists of:

- Application to join
- National Criminal Record Consent Form
- NSW Health Code of Conduct;
- Consumer and Community Representative Agreement and Confidentiality Agreement;
- 100 Point Identification Check; and
- A list of the roles and responsibilities of the representative.

## Acceptance as a consumer and community participation representative

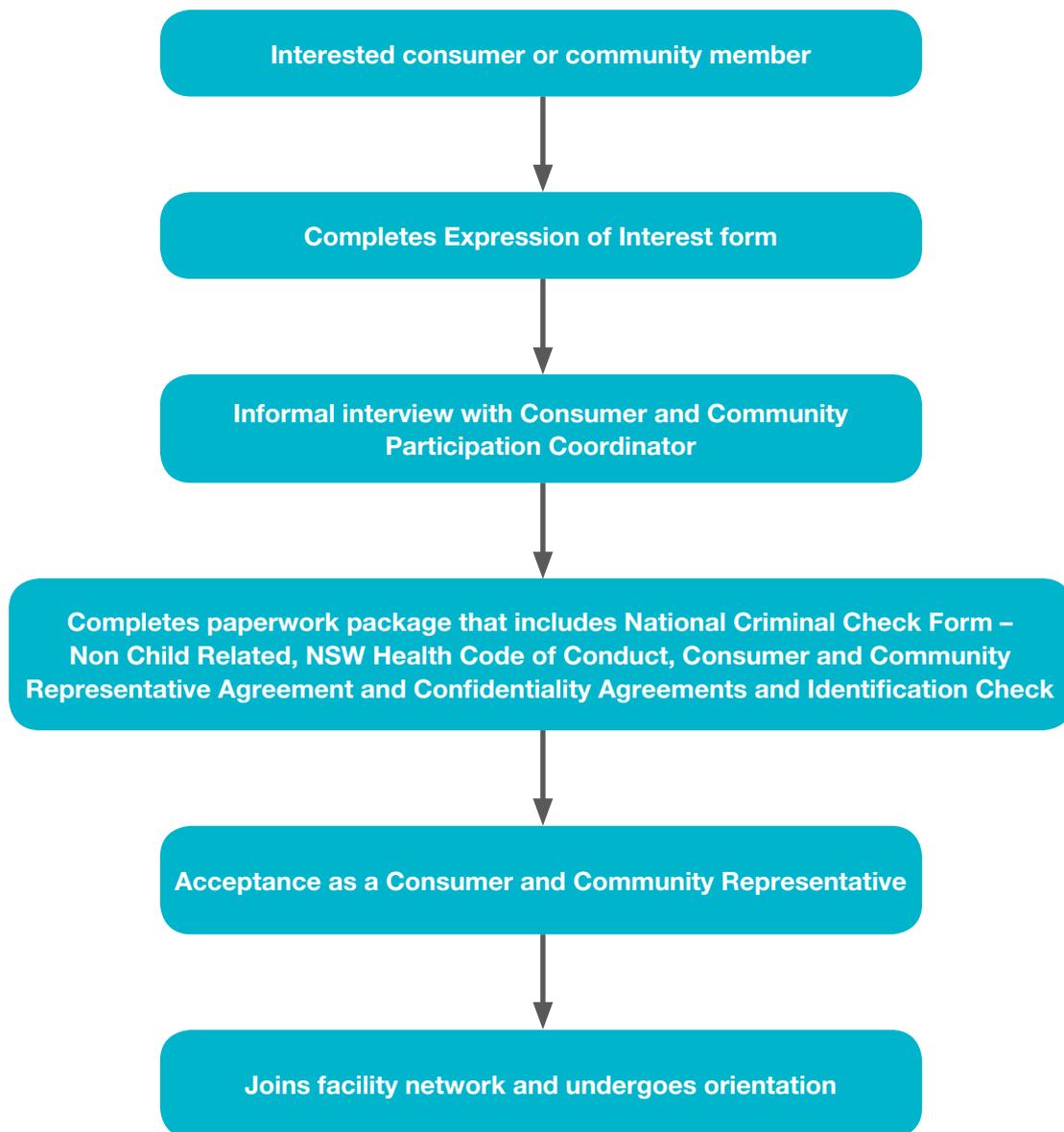
Once the applicant has completed the forms and passed the criminal record check, they can undergo orientation.

Orientation involves familiarising the representative with the Consumer and Community Participation Framework and participating in a facility orientation. It may also involve applying for an identification badge, parking and being vaccinated. Vaccination is not mandatory, but may be necessary if working in certain areas of the hospital.

All completed forms will be maintained by the Consumer and Community Participation Manager and Coordinator in a confidential database.

PLEASE NOTE that all paperwork and orientation must be completed before a consumer and community representative is accepted and their participation can commence.  
This includes attendance at any health service meetings.

## Recruitment process of consumer and community representatives



# Consumer and Community Participation Framework



Health  
Sydney  
Local Health District