



Consumer & Community Consultation

Category: Consumer & Community Policy and Procedure

POLICY

The World Health Organisation (WHO) has agreed over two decades of trials that the best health services are those where the community participates in planning and decision making around the health services and programs they need.

Community and consumer involvement in defining and implementing health agendas has been one of World Health Organisation's [Key Principles of Primary Health Care since 1978](#). One of the key principles states "people have a right and duty to participate individually and collectively in the planning and implementation of their health care." This principle was endorsed in 1986 at the First International Conference on Health Promotion in Ottawa, Canada, with the publication of the Ottawa Charter, and further endorsed by the WHO in the Bangkok Charter for Health Promotion in a Globalised World in 2005.

Today, consumer participation in health is recognized as a legitimate and valuable feature of the Australian health system. This was endorsed by the Victorian Government in 2005 through the Department of Human Services 'Doing it with us not for us' policy. At BCH consumers and community members are involved in as many facets of program development and evaluation as possible, and are invited to participate in the activities of BCH at a number of levels. These levels include, but are not limited to being BCH members, volunteers, being part of focus groups and as Board members. Staff and service users are also members of the community and fundamental to program development, evaluation and improvement.

Complementary and integral to consumer and community participation is another key Principle of Primary Health Care, that of an intersectoral approach to health. BCH liaises with many community service providers to plan and implement health strategies in the government areas that it services. All these organisations have many ways of talking with other community members who use their services and the organizations themselves are made up of community people. Together it is possible to gain a good understanding of the needs of the community and develop services accordingly.

RATIONALE

Consumers and other community members are intrinsic to the BCH organisational structure with all services and programs designed, developed and evaluated in line with the Ottawa and Bangkok Charters and World Health Organization Principles of community engagement and consultation.

This policy outlines these principles and should be consulted whenever developing new programs or services. Guidance may also be sought from BCH's Community Engagement Plan.

SCOPE

This policy is applicable to all BCH employees involved in program or service delivery.



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PROCEDURES

Involving consumers and community members

There are a range of consumer and community voices to consider:

- **Individuals** receiving health care services
- **Carers, advocates and/or family members** who support individuals receiving health care
- **Groups of consumers** who may share a common experience or illness
- **Consumer organisations** including advocacy, self-help and consumer network organisations
- **Potential consumers** such as those with unmet needs or from population groups with particular needs or access issues and those who represent or support them
- **Members of the community** including (but not limited to) future service users and the wider community that benefits from health care services
- **Taxpayers and citizens** who ultimately pay for services

Note: This is adapted from Draper, M. (1997) *Involving Consumers in Improving Hospital Care: Lessons from Australian Hospitals*, Royal Melbourne Institute of Technology, Commonwealth Department of Health and Family Services.

BCH utilizes a number of different strategies to reach these various consumer groups and to include them in the decision making processes.

Strategies may:

- Support consumer participation and community engagement
- Seek information, feedback and suggestions
- Be consultative
- Be a partnership or collaborative arrangement which includes delegation of responsibility
- Offer community control

Following are some examples of the different strategies used at each level:

Support Consumer Participation and Community Engagement

BCH offers support to the consumers/community through:

- Publications, media releases and displays providing information on how consumers can participate. For example, pamphlets specifying client rights explain options for redressing complaints if these rights are not met.
- Written and verbal information providing health information and explaining service choices with pathways for asking and getting answers to questions.
- Assessing the level of community awareness of BCH and adjusting information and promotional material to increase awareness.
- Recognising that some consumers and community members require more support than others in order to effectively engage or participate with BCH and planning appropriately for these requirements.



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- Empowering consumers, volunteers and other community members decision making abilities through support such as training and mentoring.
- Offering the use of BCH facilities to community, carer and consumer support groups.

Seek Information, feedback and suggestions

BCH seeks information feedback and suggestions from the community/consumers for ongoing planning and development through:

- Research
- Individual, group and program evaluation
- Surveys and focus groups
- Suggestion boxes
- Public meetings
- Community awareness activities

Consultative

Community/Consumers advise or liaise with BCH through:

- Consumer satisfaction surveys
- Consumer advocates
- Consumer reps on committees
- Meetings with external service providers, and interagency networks
- Facilitating support groups

Partnerships

BCH forms partnerships both in formal and informal ways to build relationships with people and organisations that have common interests. For example through:

- Networking
- Formal and informal consumer/community advisory groups
- Integrated health promotion and other collaborative arrangements
- Formal MOU with other service providers
- Advocacy

Community Control

BCH Board is made up of community members and is ultimately responsible for the outcome of funding and policy decisions. The election of community members to the board ensures transparency and is an important aspect of empowering the community in BCH function and practice.

ASSOCIATED DOCUMENTS

- BCH Community Engagement Strategy
- Bangkok Charter
- Doing it with us not for us



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POLICY HISTORY

Adapted From	BCH Consumer & Community Involvement
Distribution:	All Staff
Authorised by:	Chief Executive Officer
Policy Legislative Base	
Related Policies	
First Approved Date	08/01/2005
Review History:	06/09/2007
Review Frequency:	Triennial
Next Review Due	2010
Responsibility for Review:	Health Promotion Team Leader