

*Inner South East Partnership in Community and Health*

# **ISEPICH Guidelines**

for

# **Community Participation in Health Promotion**

**October 2007**

## Contents

Acknowledgements .....	3
1. Introduction .....	4
2. Reason for Community Participation .....	4
3. Definitions .....	5
4. Community Participation in ISEPICH Health Promotion .....	7
5. Principles of Participation.....	9
6. Raising and Resolving Issues.....	9
7. Role Descriptions.....	10
Attachments .....	11
A ISEPICH Health Promotion Groups.....	11
B CAG Terms of Reference.....	13
C Policy for Reimbursement of Expenses and Payment of Community Members .....	16
D Role Descriptions.....	18

## Acknowledgements

ISEPICH would like to thank the people who have contributed directly and indirectly to the development of this document, including those listed below.

### CAG members:

Margaret Brand (Stonnington), John Stone (Stonnington), Kirra Atkinson (Port Phillip), Richard James (Port Phillip), Maya Marmour (Port Phillip, Russian speaking), Anna Rogalina (Port Phillip, Russian speaking), Lesley Greagg (Port Phillip), Jacqueline Carmody (Stonnington).

### ISEPICH Executive members:

Chair of ISEPICH Executive Committee - Robbi Chaplin, CEO of Inner South Community Health Service  
Member of the Executive and Chair of Health Promotion Working Group - Peter Hunter, Director, Sub-acute and Medical Services, Caulfield General Medical centre. Associate Professor of Aged Care

### ISEPICH Staff:

Barry Hahn (Executive Officer), Val Kay (Health Promotion Coordinator), Elaine Wilkinson (Student), Kathryn Ryan (Admin Officer)

### Health Promotion Action Groups:

Nutrition & Food Security - Penny Francis, Health and Wellbeing Officer, City of Stonnington, Kathryn Moore (Student);  
Physical Activity - Jackie Gleeson, Health Promotion Coordinator, Bentleigh Bayside Community Health Service  
Physical Activity - Kirstan Corben, Health Promotion Coordinator, Caulfield Community Health Service;  
Mental Wellbeing - Colleen Slater, Acting Health Promotion Coordinator, Inner South Community Health Service

### Health Promotion Working Group:

Val Johnstone – Community member (Glen Eira),  
Margaret Brand - Community member (Stonnington), also a member of the CAG.

Heather Lawson, LIME Management

## 1. Introduction

This document is a resource for individuals and agencies who participate in the health promotion work of ISEPICH. It aims to encourage the participation of community members and organisational staff members on the various health promotion groups, and to assist all participants in the health promotion groups to be clear about their roles and what is expected of them.

*“Participation occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your views, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.”<sup>1</sup>*

This paper builds on the findings of a workshop held in June 2007 to develop an agreed approach to community participation in health promotion in ISEPICH, with representatives of the CAG, the ISEPICH Executive and the Convenors of the Health Promotion Action Groups. It supports meaningful, relevant and effective consumer, carer and community input into ISEPICH's operations.

## 2. Reason for Community Participation

The Department of Human Services Integrated Health Promotion Resource Kit notes:

*“There is growing recognition that consumers have enormous potential to influence their own health outcomes if they are actively involved in decision-making and provided with quality information and appropriate self-management skills.*

*Active consumer, carer and community participation has been associated with increased ability and capacity at a personal level and, at a community level, with the strengthening of communities, social connectedness and trust and increased competence to solve health problems. Specifically, integrated health promotion programs are more likely to be sustained if consumers, carers and community members are actively involved in identifying needs, planning, implementing and evaluating activities.”<sup>2</sup>*

Consumer and community participation is regarded as a legitimate and valuable feature of the Australian health system that supports people's right to be included in decision-making processes that affect their health and their health care. It is established good practice in the health sector to involve consumers, carers and community representatives in planning, delivering and evaluating health programs and services.

There is increasing evidence from effectiveness studies that consumer and community participation can improve health outcomes, lead to more responsive care,

---

<sup>1</sup> Doing it with us not for us. Department of Human Services 2006 p1

<sup>2</sup> Integrated Health Promotion Resource Kit. A Practice Guide for Service Providers Department of Human Services 2003 Section 2 p10

facilitate people's involvement in treatment decisions and improve quality and safety.<sup>3</sup> In addition to better health outcomes consumer and community participation can help to reduce political risk, hold professionals and bureaucrats accountable, encourage clinical accountability, identify workforce issues and foster more responsive and equitable services.

There are barriers to effective carer, consumer and community participation, especially for those from diverse and marginalised backgrounds. Consumer and community participation seeks to value lay knowledge held by lay people as well as the skills and experience of staff in various organisations. In particular, it is an enabling strategy for working with and meeting the health needs of those community members who are most socially and economically disadvantaged.<sup>4</sup> Achieving meaningful participation with the resources available is an ongoing journey.

### 3. Definitions

The Ottawa Charter (1986) defines **health promotion** as:

*...the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.<sup>5</sup>*

In Victoria, the term '**integrated health promotion**' refers to agencies in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. The State's guiding principles or core values for integrated health promotion are that it should:

1. Address the social determinants of health
2. Base activities on the best available data and evidence
3. Act to reduce social inequities and injustice
4. Emphasise active consumer and community participation
5. Empower individuals and communities
6. Explicitly consider differences in gender and culture
7. Work in collaboration, understanding that while programs may be initiated by the health sector, partnerships must be actively sought across a broader range of sectors, including those organisations that may not have an explicit health focus<sup>6</sup>

<sup>3</sup> Australian Institute of Health Policy Studies "Engaging Consumers in Health policy: Assessing Models and Outcomes" Roundtable Monograph Nov 2006 p 9

<sup>4</sup> Doing it with us not for us. Department of Human Services 2006 p1

<sup>5</sup> Integrated Health Promotion Resource Kit. A Practice Guide for Service Providers Department of Human Services 2003 p3

<sup>6</sup> Summarised from the DHS Integrated Health Promotion Resource Kit. A Practice Guide for Service Providers 2003 p5.

The **Community Advisory Group (CAG)** is established by and reports to the ISEPICH Executive. The ISEPICH CAG aims to provide an informed consumer, carer and community perspective on health, wellbeing and related issues raised by members of the group, or matters referred to the Group by the Executive, or Working Groups.

**Community Member** this term is used for members of the ISEPICH Community Advisory Group and encompasses a variety of perspectives including community members, consumers and carers. Individuals are not expected to be able to represent either the community as a whole, or even particular interest groups.

ISEPICH community members volunteer to be involved and it is more appropriate to interpret their role as a consumer representative, as defined in the DHS and other literature, rather than a volunteer or an unpaid worker. A volunteer undertakes tasks for an organisation but does not receive payment. Workers are engaged by organisations and service providers to perform a task with expected outcomes and clear deliverables.

**Consumers** are people who are current or potential users of health and community services. This includes children, women and men, people living with a disability, people from diverse cultural and religious experiences, socioeconomic status and social circumstances, sexual orientations, health and illness conditions.

**Carers** are families and friends providing unpaid care to consumers.

**Communities** are groups of people who have interests in the factors that affect their health and wellbeing, including the development of an accessible, effective and efficient health and community care system that best meets their needs.

**Participation** refers to the active involvement of consumers, carers and community members in the planning, delivery and evaluation of health care and health promotion. It is important to note in this context that there are differences between health care and health promotion. Health **care** refers to the provision of services (which may include treatment and other forms of care) by providers to consumers (who may also be called patients, clients or similar). Health **promotion** includes some provision of services, such as health education or information, but importantly also addresses the social determinants of health, that is the social, economic, cultural and physical conditions that have an impact on people's health and wellbeing.

Broadly speaking, community, consumer and carer participation in health care aims to improve the quality and effectiveness of **services and the service system**, while participation in health promotion aims to increase the control individuals and communities have over **factors affecting their health**.

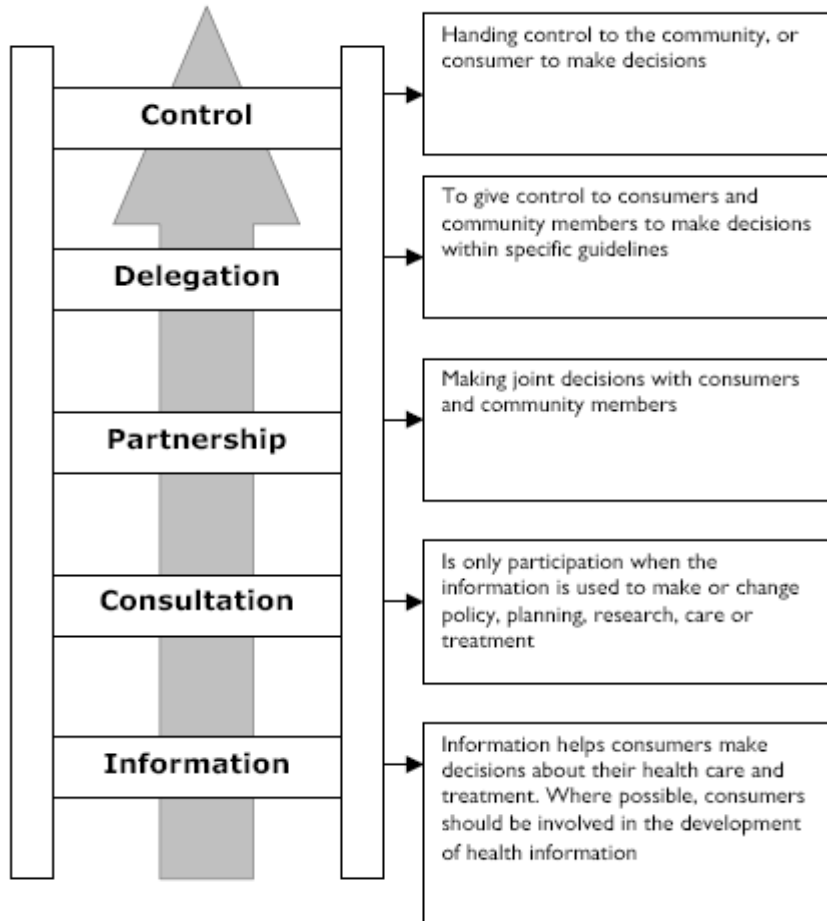
In practice there is often some overlap between health care and health promotion, and in both, key goals of participation are to create effective partnerships between consumers, carers, communities and service providers, and to empower consumers, carers and communities to improve their own health.

ISEPICH promotes participation at an organisational level by involving community members in planning and development through the CAG. Participation on the Health Promotion Working Group and Action Groups provides an opportunity for community members to have specific input into health promotion.

### Types of Community Participation

There are five types of community participation as identified by DHS (2006): Information, Consultation, Partnership, Delegation and Control.

The Ladder of Participation, shown below, represents the extent to which consumers, carers and communities participate. Each of these levels is important and worthwhile. The lower rungs represent minimal participation and, moving up the ladder, participation levels increase.



## 4. Community Participation in ISEPICH Health Promotion

Since its establishment in 2000, ISEPICH has actively sought input from carers, consumers and community members and promoted participation.

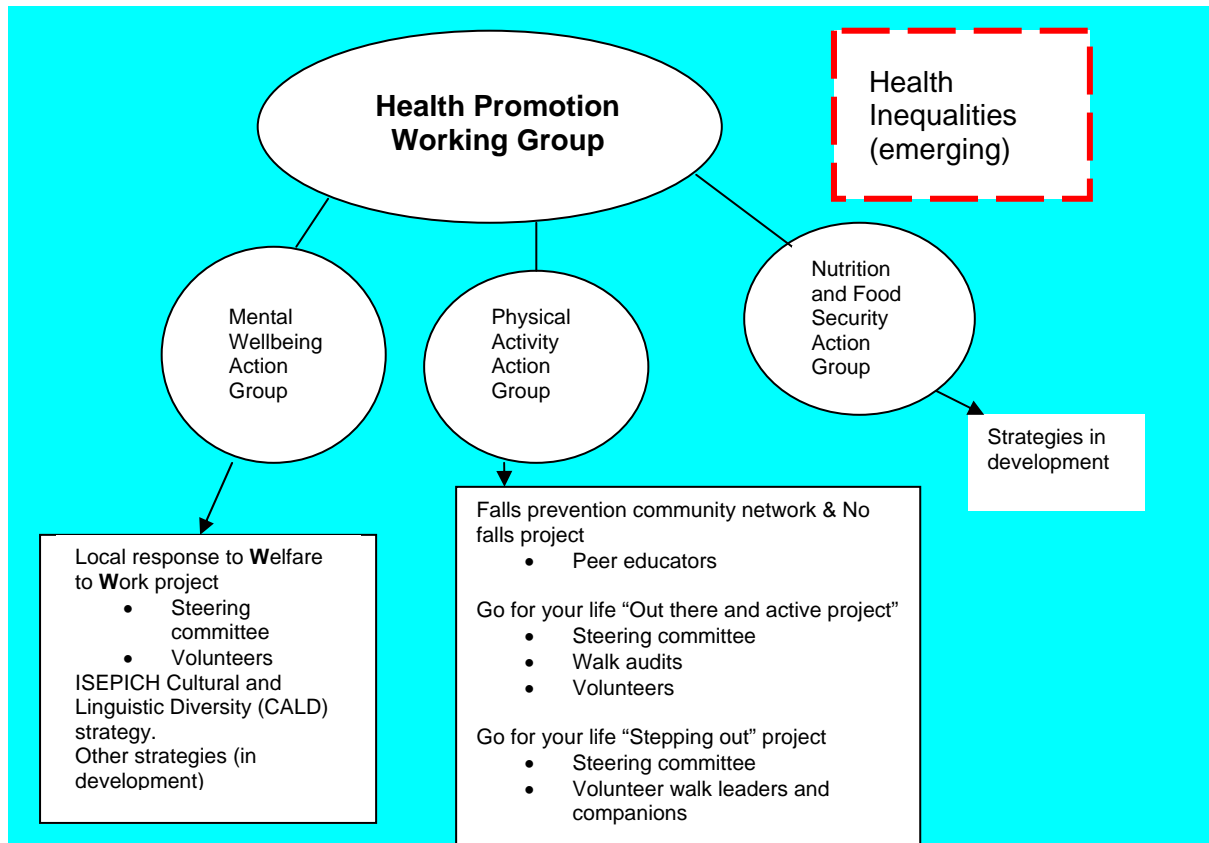
There are various opportunities for community members to contribute to the health promotion work of ISEPICH. Most of these opportunities are generated by the Health Promotion Working Group and Action Groups. An outline of the ISEPICH health promotion groups operating or planned as at September 2007 is provided as **Attachment A** and the Terms of Reference of the CAG as **Attachment B**.

Community members can be involved in many ways, including individually, in groups or as members of working groups or committees. The inclusion of community views and experience is not limited to representation on ISEPICH working groups. Other

means used to promote community engagement include surveys, interviews, community consultation forums, planning groups, focus groups and evidence based analysis. It is necessary to determine what type of participation is going to achieve the best results for a particular situation. Relevant strategies and indicators should be included in health promotion plans and evaluation frameworks.

The expertise and contribution community members make through their involvement in ISEPICH activities is highly valued and supported by a policy for the payment of community members provided at **Attachment C**.

Some current opportunities for involvement are shown in the diagram below:



Community members can be involved at various stages of the development of health promotion programs including:

<p><b>1. Planning</b></p> <ul style="list-style-type: none"> <li>a) Whole Community</li> <li>b) Specific Population Groups</li> </ul>
<p><b>2. Implementation</b></p> <ul style="list-style-type: none"> <li>a) Projects</li> <li>b) Capacity building</li> </ul>
<p><b>3. Evaluation/dissemination</b></p> <ul style="list-style-type: none"> <li>a) Process Evaluation</li> <li>b) Impact Evaluation</li> <li>c) Outcome evaluation</li> </ul>

ISEPICH health promotion groups often have a broad focus on planning and capacity building in health promotion, while implementation at the community level often occurs through agency-led projects. Evaluation is important for all strategies and projects.

Health promotion evaluation has a focus on participatory action research (also known by other terms such as action research, empowerment evaluation, or participatory community research). Participatory action research promotes positive change as it produces knowledge that communities and practitioners can put to use in strengthening themselves. It aspires to involve all parties relevant to an evaluation and promote learning among the people closest to the change.

ISEPICH member organisations also involve the community in decision-making and recognise that the perspective of the community is a necessary and valuable resource. A number of these agencies have developed Community Participation policies and frameworks to guide consumer participation.

## 5. Principles of Participation

The Department of Human Services has identified Principles of Participation<sup>7</sup> as:

1. Trust
2. Respect
3. Openness
4. Equal Opportunity
5. Advocacy and Support
6. Responsiveness
7. Shared ownership and Accountability
8. Dissemination
9. Evaluation.

The primary care partnership seeks to be a community that is learning together and co-creating. This is most likely to be achieved through cooperative effort and the principles of dialogue.

Effective communication principles are inclusive and enabling, they include:

- being authentic and speaking from the heart;
- seeking to understand one another's diverse perspectives and points of view;
- spirit of inquiry, and a desire to go beyond a single person's understanding to develop a shared meaning;
- awareness and incorporation of verbal and non-verbal communication;
- capacity for mindful attention to, and inquiry into, the assumptions underlying one's opinions and positions;
- ground rules for discussion including one person at a time, maintaining confidentiality, listening, and giving everyone the chance to contribute.

## 6. Raising and Resolving Issues

Members of ISEPICH health promotion groups are encouraged to raise any issues informally with the parties involved. If the issues cannot be resolved then they should be raised with the Convenor of the group. If the issues still cannot be resolved they

---

<sup>7</sup> Doing it with us not for us. Department of Human Services 2006 p20

will be raised at a meeting and recorded including the issues raised, action taken, outcomes reached, resolution and feedback given to all parties.

If the issue involves the Convenor, it should be raised with the ISEPICH Executive Officer who will decide on the appropriate course of action to address the matter.

If the issue involves a member employed by an ISEPICH agency in the conduct of their work outside ISEPICH, it should be addressed in accordance with the complaints procedures outlined by their employing agency.

## 7. Role Descriptions

Descriptions are provided as **Attachment D** for the following roles:

- ISEPICH Community Advisory Group Chair and Community Members
- ISEPICH Health Promotion Working Group Chair, Community Members, Agency Members
- ISEPICH Health Promotion Action Group Convenors, Community Members, Service Provider Members

These role descriptions are to be considered in conjunction with the attached Terms of Reference of the CAG and the Policy for Payment of Community Members.

A Position Description is also available from ISEPICH for the Falls Prevention Community Peer Educators.

Employees of health organisations also have individual Position Descriptions to which they are held accountable.

## Attachments

### Attachment A

#### **A ISEPICH Health Promotion Groups**

The following information is summarised from the current Terms of Reference for the health promotion working and action groups. Please note that Terms of Reference are reviewed annually, or as required, and therefore may be subject to change.

##### **Health Promotion Working Group**

###### **Aim:**

To oversee the development, implementation and evaluation of an integrated health promotion strategy for the inner southeast that is responsive to identified community needs, and embraces a social model of health.

###### **Objectives:**

- To establish a common understanding of health promotion across the PCP
- To ensure health promotion is an integral part of the philosophy, values and practice of primary health care organisations across the PCP
- To build health promotion capacity throughout the PCP
- To promote guiding principles for health promotion practice and protocols to support the ongoing development of good practice
- To identify key priority areas for health promotion action in terms of population groups, risk factors or diseases, and the social determinants of health
- To coordinate the development, implementation and evaluation of the ISEPICH Integrated Health Promotion Plan
- To foster and support effective partnerships amongst ISEPICH agencies and the broader community in health promotion

The ISEPICH Integrated Health Promotion Plan identifies the following priorities for 2006-09: mental wellbeing; physical activity; and nutrition and food security.

##### **Mental Health and Wellbeing Action Group**

###### **Aims**

To support and facilitate the implementation and evaluation of the ISEPICH Integrated Health Promotion Plan in the mental wellbeing and social connectedness priority area.

###### **Objectives**

- To support and develop effective practice in the promotion of mental well-being & social connectedness
- To support and maintain effective partnerships in health promotion in relation to mental well-being & social connectedness
- To identify and maintain close linkages with relevant networks and other groups within the catchment that contribute to the promotion of mental well-being & social connectedness
- To support effective evaluation in health promotion projects and initiatives in relation to mental wellbeing and social connectedness.
- To contribute to the development of an evaluation framework for the ISEPICH Integrated Health Promotion Plan in relation to mental wellbeing and social connectedness.
- To identify opportunities for new health promotion initiatives in mental well-being & social connectedness

## **Physical Activity Action Group**

### **Aims**

To support and facilitate the implementation and evaluation of the ISEPICH Integrated Health Promotion Plan in the priority area of physical activity.

### **Objectives**

- To support and develop effective practice in health promotion in the physical activity priority area
- To support and maintain effective partnerships in health promotion in the physical activity priority area
- To identify and maintain close linkages with relevant networks and other groups within the catchment that contribute to the physical activity priority area, in particular:
  - ISEPICH falls prevention working group
  - ISEPICH strength training network
  - ISEPICH community advisory group
- To support effective evaluation in health promotion projects and initiatives relating to physical activity
- To contribute to the development of an evaluation framework for the ISEPICH Integrated Health Promotion Plan
- To identify opportunities for new health promotion initiatives in the physical activity priority area, based on identified community needs

## **Nutrition and Food Security Action Group:**

### **Aims**

To support and facilitate the development, implementation and evaluation of the ISEPICH Integrated Health Promotion Plan in the area of nutrition and food security.

### **Objectives**

- To support and develop effective practice in health promotion in the priority area
- To support and maintain effective partnerships in health promotion in the priority area
- To identify and maintain close linkages with relevant networks and other groups within the catchment that contribute to the priority area
- To identify opportunities for new health promotion initiatives in the priority area

## **Falls Prevention Program**

(Also relevant to the No Falls Project and the Falls Prevention Community Network)

### **Aims**

To guide the planning, implementation and evaluation of the Falls Prevention Project within Inner South East Partnership in Community Health (ISEPICH) & Kingston Bayside Primary Care Partnerships.

### **Objectives**

- To actively engage PCP member agencies and community members in the planning, implementation and evaluation of sustainable falls prevention strategies
- To support and review the project activities and coordination of increased falls prevention awareness within ISEPICH & Kingston Bayside member agencies and the broader community
- To act as a forum for the exchange of information and to provide leadership and support to the falls prevention project.
- To facilitate feedback and support to the Falls Prevention Network and its member agencies on a regular basis
- To support, advise and provide guidance to the Falls Prevention Project Officer throughout the course of the project period.

## **B CAG Terms of Reference**

Inner South East Partnership in Community and Health



# **Community Advisory Group Terms of Reference**

## **1. Purpose**

The Community Advisory Group is established by and reports to the ISEPICH Executive. The ISEPICH Community Advisory Group aims to provide an informed consumer, carer and community perspective on health, wellbeing and related issues raised by members of the group, or matters referred to the Group by the Executive, or Working Groups.

## **2. Membership, Recruitment and Term of Appointment**

### **2.1 Membership**

Membership will consist of up to 12 people who are residents of the ISEPICH catchment, broadly representing all three local government areas. It will aim to represent the diversity of the community. Members should:

- Be able to work as part of a group and able to attend daytime meetings at least once a month,
- Have an interest in health issues and community wellbeing, and
- Have an interest in improving the provision of health services and health promotion programs.

### **2.2 Recruitment**

ISEPICH will promote the role of the CAG and the process for recruitment, which includes:

- Word of mouth (ISEPICH networks, CAG members etc)
- Through ISEPICH member agencies
- Via ISEPICH Forums

Interested persons will be:

- Provided with information about ISEPICH and the role and responsibilities of CAG members
- Invited to meet with the Project Manager and a member of the CAG

- ❑ Invited to attend a meeting of the group as a guest to observe the dynamics and functioning of the group, expectations of members etc.

### 2.3 Term of Appointment

The term of appointment will be for up to three years, with the possibility of reappointment for a further three year term. If a member wishes to be re-appointed for a second three year term, this will occur through an informal interview process with a member of the Executive and the CAG.

## 3. Role and Responsibilities

Members of the Community Advisory Group will:

- ❑ Ensure to the best of their ability that the group is well informed about issues relevant to community health and wellbeing.
- ❑ Seek to increase their knowledge of the health and wellbeing issues affecting the community, including issues affecting high needs and disadvantaged groups
- ❑ Provide feedback to the Executive, Working Groups and individual member agencies about programs and services, health issues, illness prevention and health promotion
- ❑ Maintain links with other relevant consumer/community networks and groups

### 3.1 Role of CAG Members on ISEPICH Working Groups

To ensure that both CAG members and agency representatives on the various Working Groups are clear about the role of CAG members the following guidelines have been developed:

CAG members:

- ❑ Need to have a broad perspective and be constructive;
- ❑ Be prepared to listen and learn about the topic area/s and contribute where able
- ❑ Have an understanding of the role of the group and be prepared to acquire relevant knowledge but also maintain a community, rather than service provider, perspective and
- ❑ Be consistent. To attend meetings regularly and be prepared to participate for at least a year.

At their discretion CAG members may elect to contribute to administrative or other tasks, however ISEPICH or member agency staff will normally take responsibility for such functions.

## 4. Reporting and Relationships

Two members of the Community Advisory Group will serve as full members of the ISEPICH Executive Committee. The two representatives will be appointed on an annual basis. (There will be an overlap of six months to ensure continuity) The representatives will report to the Executive on the current priorities of the CAG and will also seek feedback from the Executive regarding issues they wish the CAG to consider.

## 5. Functioning of the Group

### 5.1 Meeting Frequency

The group will meet monthly.

### 5.2 Chairperson

The group will elect a chairperson on an annual basis

### 5.3 Honorariums and Reimbursement of Expenses

Members of the Community Advisory Group will be reimbursed for their participation in ISEPICH activities. In accordance with the ISEPICH policy group members will receive an honorarium of \$40 for meeting preparation and attendance.

Members may also be reimbursed for other costs associated with attending meetings. (Childcare, travel, carer respite etc)

### 5.4 Support and Resources

ISEPICH will provide staff support and resources to ensure the effective functioning of the Group.

An ISEPICH Staff member will act as minute secretary to the Group.

### 5.5. Workplan and Annual Report

The group will prepare an annual report of its activities and will develop an annual work plan in conjunction with ISEPICH staff.

## 6. Review

The Group will review its Terms of Reference on an annual basis, or more often as required. Confirmation of changes to be approved by the ISEPICH Executive.

**Attachment C****C Policy for Reimbursement of Expenses and Payment of Community Members****Introduction**

The ISEPICH Executive acknowledges that community members incur real costs in participating in PCP activities and this can act as a barrier to their effective participation. Remunerating consumers, carers and community members to participate recognises this cost and sends an important message about the value of their input, knowledge and experience, while also providing practical assistance.

Specifically the ISEPICH Executive:

- Values the expertise and contribution community members make to the overall functioning of the PCP.
- Acknowledges that meaningful participation by community members in ISEPICH activities takes time and requires commitment.
- Will ensure that community members are not financially disadvantaged as a consequence of participating in ISEPICH's activities.

**Payment**

Community members are provided with a \$40 payment for attendance at meetings or other forums, such as conferences or training seminars.

The ISEPICH Executive recognise that community members are required to read relevant information and prepare for meetings and on occasions are also involved in follow up activities. The payment provided is not a 'wage' or an hourly rate.

**Reimbursement of Expenses**

Any out of pocket expenses incurred by community members in being involved in PCP activities will be reimbursed. This includes such things as travel, phone calls, carer respite or childcare expenses.

**Scope of the Policy**

This policy applies to a range of activities/contribution to ISEPICH by community members, including, but not limited to:

- Attendance at Executive Committee and Working Group meetings (including specific working groups to plan events, forums etc or to prepare a presentation)
- Undertaking working group and follow up activity (e.g.: research/information collection and preparation for forums/meetings)
- Community Education Sessions run by Falls Prevention Peer Educators
- Attendance at public forums and events by CAG members (including those hosted by ISEPICH)
- Visits to ISEPICH member agencies by CAG members
- Attendance at conferences and seminars that are relevant to the role of ISEPICH
- Attendance at training/skill development seminars.

**Financing/Administration and Implementation**

The ISEPICH Executive will make an annual budget allocation to support the implementation of this policy.

Payments and reimbursement of expenses will be administered by the ISEPICH Executive Officer in accordance with financial requirements of the fundholder/PCP lead agency (City of Port Phillip)


Community members wishing to receive payment and/or reimbursement of expenses (on presentation of receipts) are required to seek approval of this (by the ISEPICH EO) before the meeting/activity takes place. If necessary, a process for determining priority will be developed by the EO, in consultation with relevant parties.

Requests for payment or reimbursement that fall outside the scope of this policy are to be brought to the attention of the ISEPICH Chair by the EO.

**Endorsed by ISEPICH Executive at their meeting held 17<sup>th</sup> May 2007.**

**Review Date: 2010, or prior if the need arises.**

## D Role Descriptions

ISEPICH	
Guidelines for Consumer Participation in Health Promotion	
Role Description	
<b>ISEPICH Community Advisory Group (CAG) members and Chair</b>	August 2007
<p><b>ISEPICH</b> The Inner South East Partnership in Community and Health (ISEPICH) is a partnership of 47 health and community support agencies in Stonnington, Glen Eira and Port Phillip. This Primary Care Partnership aims to improve the health and wellbeing of the population by better coordinating the planning and delivery of services in response to identified needs. It fosters the active participation of consumers, carers and the broader community to ensure that the changes made are responsive to community needs. There is a focus on health promotion within the Social Model of Health; a conceptual framework that recognises there are social, cultural, political, economic and environmental determinants of health as well as biomedical and behavioural factors.</p>	
<p><b>The Community Advisory Group</b> The ISEPICH Community Advisory Group (CAG) is established by and reports to the ISEPICH Executive. The CAG aims to provide an informed consumer, carer and community perspective on health, wellbeing and related issues raised by members of the group, and matters referred to the Group by the Executive, or Working Groups.</p>	
<p><b>General Role of CAG members</b></p> <ul style="list-style-type: none"> <li>• Ensure to the best of their ability that the CAG is well informed about issues relevant to community health and wellbeing;</li> <li>• Seek to increase their knowledge of the health and wellbeing issues affecting the community, including issues affecting high needs and disadvantaged groups;</li> <li>• Provide feedback to the Executive, Working Groups and individual member agencies about programs and services, health issues, illness prevention and health promotion;</li> <li>• Maintain links with other relevant consumer/community networks and groups;</li> <li>• Actively seek to follow the principles of participation and effective dialogue;</li> <li>• Ensure everyone has the chance to contribute and seek to understand one another's diverse perspectives and points of view;</li> <li>• Raise issues and seek to resolve them amicably;</li> <li>• Attend meetings regularly and be prepared to participate for at least a year.</li> </ul>	
<p><b>Specific Roles</b></p> <p><b>CAG Community Members</b></p> <ul style="list-style-type: none"> <li>• Understand the big picture of community participation;</li> <li>• Understand your role;</li> <li>• Promote and develop the skills and experience you bring to the CAG;</li> <li>• Promote a Social Model of Health that seeks to reduce health inequities;</li> <li>• Acknowledge how consumer participation makes a difference;</li> <li>• Report to the ISEPICH Executive;</li> <li>• Foster peer support, mentoring, training and learning. Encourage carers, community</li> </ul>	

members and consumers to take responsibility for their learning;

- Prepare for meetings: before, during and after, seek to understand Committee dynamics
- Soften personal and professional power imbalances, promote group cohesion and foster mutual respect and trust;

**With the support of ISEPICH staff and/or Executive members:**

- Prepare the CAG annual Work Plan;
- Liaise with members of the Health Promotion Action Groups and other ISEPICH working groups as needed;
- Recruit new CAG community members as required;
- Provide orientation for new CAG community members, promoting a culture of inclusiveness, providing background information and meeting to discuss skills and development.

**CAG Chairperson**

- Chair meetings

**With the support of ISEPICH staff and/or Executive members, take a leadership role in relation to:**

- Preparation of agenda
- Fostering peer support, mentoring, training and learning. Encouraging carers, community members and consumers to take responsibility for their learning;
- Preparation for meetings: before, during and after, seek to understand Committee dynamics
- Promoting a culture of inclusiveness, providing background information and meeting to discuss skills and development;
- Softening personal and professional power imbalances, promoting group cohesion and fostering mutual respect and trust.


**Payment**

Community members are provided with a \$40 payment for attendance at meetings or other forums, such as conferences or training seminars. The ISEPICH Executive recognise that community members are required to read relevant information and prepare for meetings and on occasions are also involved in follow up activities. The payment provided is not a 'wage' or an hourly rate.

**Reimbursement of Expenses**

Approval must be obtained prior to expenses being incurred. Any out of pocket expenses incurred by community members in being involved in PCP activities will be reimbursed. This includes such things as travel, phone calls, carer respite or childcare expenses.

Payment and reimbursement of expenses by ISEPICH to support community involvement in projects managed by ISEPICH agencies may occur from time to time and must be approved in advance on a 3 monthly basis by the ISEPICH Executive Officer.

ISEPICH	
Guidelines for Consumer Participation in Health Promotion	
Role Description	
<b>ISEPICH Health Promotion Working Group (HPWG)</b>	August 2007
<p><b>ISEPICH</b>                  The Inner South East Partnership in Community and Health (ISEPICH) is a partnership of 47 health and community support agencies in Stonnington, Glen Eira and Port Phillip. This Primary Care Partnership aims to improve the health and wellbeing of the population by better coordinating the planning and delivery of services in response to identified needs. It fosters the active participation of consumers, carers and the broader community to ensure that the changes made are responsive to community needs. There is a focus on health promotion within the Social Model of Health; a conceptual framework that recognises there are social, cultural, political, economic and environmental determinants of health as well as biomedical and behavioural factors.</p>	
<p><b>The Health Promotion Working Group</b>                  The aim of the Health Promotion Working Group (HPWG) is to oversee the development, implementation and evaluation of an integrated health promotion strategy for the inner southeast that is responsive to identified community needs, and embraces a social model of health. The HPWG is established by and reports to the ISEPICH Executive. The Working Group is able to make decisions concerning its own operational protocols and make recommendations in relation to the ISEPICH Health Promotion Strategy for ISEPICH Executive endorsement.</p>	
<p><b>General Role of HPWG members</b></p> <ul style="list-style-type: none"> <li>• Ensure to the best of their ability that the HPWG is well informed about relevant issues and establish a common understanding of health promotion across the PCP;</li> <li>• Build health promotion capacity throughout the PCP;</li> <li>• Promote guiding principles for health promotion practice and protocols to support the ongoing development of good practice;</li> <li>• Develop and implement a range of strategies to ensure a common understanding of health promotion in the primary care setting and promote good practice;</li> <li>• Identify key priority areas for health promotion action in terms of population groups, risk factors or diseases, and the social determinants of health;</li> <li>• Contribute to the development, implementation and evaluation of the ISEPICH Integrated Health Promotion Plan;</li> <li>• Foster and support effective partnerships amongst ISEPICH agencies and the broader community in health promotion;</li> <li>• Develop and maintain linkages with relevant organisations, community representatives and other ISEPICH working groups;</li> <li>• Support Action Groups with the implementation and evaluation of the ISEPICH Integrated Health Promotion Plan in the key priority areas;</li> <li>• Provide feedback to the Executive, Working Groups and individual member agencies about health promotion;</li> <li>• Appreciate that every HPWG member has the responsibility to contribute and all contributions are valued;</li> <li>• Follow the principles of participation and effective dialogue;</li> <li>• Follow the correct procedures for dealing with difficulties and disputes;</li> <li>• Attend meetings regularly and be prepared to participate for at least a year.</li> </ul>	
<p><b>Specific Roles</b></p>	

### **HPWG Chair**

- Facilitate preparation of the HPWG annual Work Plan;
- Work with members of the HPWG and ISEPICH Health Promotion Coordinator to prepare agendas; Chair meetings;
- Report to the ISEPICH Executive;
- Liaise with members of the Health Promotion Action Groups and other ISEPICH working groups as needed;
- Work closely with ISEPICH Project Officers;
- Promote a Social Model of Health that seeks to reduce health inequities;
- Plan orientation for new HPWG community members promoting a culture of inclusiveness, providing background information and meeting to discuss skills and development;
- Organise ongoing mentoring and support networks for community members;
- Acknowledge how consumer participation makes a difference;
- Foster peer support, mentoring, training and learning. Encourage group members to take responsibility for their learning;
- Soften personal and professional power imbalances, promote group cohesion and foster mutual respect and trust.

### **HPWG Community Members**

- Understand the big picture of health promotion;
- Listen and learn about the topic area/s and contribute where able;
- Understand your role, take a broad perspective and be constructive;
- Clarify and develop the skills and experience you bring;
- Prepare for meetings: before, during and after, seek to understand Committee dynamics;
- Seek to establish and maintain a supporting, respectful relationship with the Convenor and other HPWG members;
- Attend meetings regularly and be prepared to participate for at least a year;
- At their discretion HPWG community members may elect to contribute to administrative or other tasks, however ISEPICH or member agency staff will normally take responsibility for such functions.

### **HPWG Service Provider Members**

- Take a broad perspective and be constructive within the constraints imposed as a representative of your employing agency;
- Listen and learn about the topic area/s and contribute where able;
- Understand the role of the group and be prepared to acquire relevant knowledge while maintaining a service provider perspective;
- Seek to establish and maintain a supporting, respectful relationship with the Convenor and other HPWG members;
- Attend meetings regularly and be prepared to participate for at least a year.


### **Payment**

Community members are provided with a \$40 payment for attendance at meetings or other forums, such as conferences or training seminars. The ISEPICH Executive recognise that community members are required to read relevant information and prepare for meetings and on occasions are also involved in follow up activities. The payment provided is not a 'wage' or an hourly rate.

### **Reimbursement of Expenses**

Approval must be obtained prior to expenses being incurred. Any out of pocket expenses incurred by community members in being involved in HPWG activities will be reimbursed. This includes such things as travel, phone calls, carer respite or childcare expenses.

Payment and reimbursement of expenses by ISEPICH to support community involvement in projects managed by ISEPICH agencies may occur from time to time and must be approved in advance on a 3 monthly basis by the ISEPICH Executive Officer.

ISEPICH	
Guidelines for Consumer Participation in Health Promotion	
Role Description	
<b>ISEPICH Health Promotion Action Group Convenors</b>	August 2007
<p><b>ISEPICH</b>          The Inner South East Partnership in Community and Health (ISEPICH) is a partnership of 47 health and community support agencies in Stonnington, Glen Eira and Port Phillip. This Primary Care Partnership aims to improve the health and wellbeing of the population by better coordinating the planning and delivery of services in response to identified needs. It fosters the active participation of consumers, carers and the broader community to ensure that the changes made are responsive to community needs. There is a focus on health promotion within the Social Model of Health; a conceptual framework that recognises there are social, cultural, political, economic and environmental determinants of health as well as behavioural and biomedical factors.</p>	
<p><b>The Health Promotion Action Groups</b>          The Health Promotion Action Groups coordinate activity to address the health promotion priority action areas identified by ISEPICH.</p>	
<p><b>General Role of Health Promotion Action Groups Members</b></p> <ul style="list-style-type: none"> <li>• Ensure to the best of their ability that the group is well informed about issues relevant to community health and wellbeing;</li> <li>• Seek to increase their knowledge of the health and wellbeing issues affecting the community, including issues affecting high needs and disadvantaged groups;</li> <li>• Provide feedback to the Executive, Working Groups and individual member agencies about programs and services, health issues, illness prevention and health promotion;</li> <li>• Maintain links with other relevant consumer/community networks and groups;</li> <li>• Appreciate that every HPWG member has the responsibility to contribute and that all contributions are valued;</li> <li>• Follow the principles of participation and effective dialogue;</li> <li>• Follow the correct procedures for dealing with difficulties and disputes;</li> <li>• Attend meetings regularly and be prepared to participate for at least a year.</li> </ul>	
<p><b>Specific Roles</b></p> <p><b>HPAG Convenors</b></p> <ul style="list-style-type: none"> <li>• Facilitate the achievement of the specific objectives of the planning group;</li> <li>• Compile the agenda and action sheets, chair meetings;</li> <li>• Report to the Health Planning and Promotion Working Group and Executive;</li> <li>• Liaise with members of the Health Promotion and Planning working group;</li> <li>• Liaise as appropriate with other ISEPICH working groups;</li> <li>• Represent the planning group externally as required;</li> <li>• Work closely with ISEPICH Project Officers.</li> </ul> <p><b>HPAG Community Members</b></p> <ul style="list-style-type: none"> <li>• Take a broad perspective and be constructive;</li> </ul>	

- Listen and learn about the topic area and contribute where able;
- Understanding of the role of the group and be prepared to acquire relevant knowledge but also maintain a community, rather than service provider perspective;
- Seek to establish and maintain a supporting, respectful relationship with the Convenor and other CAG members.

#### **HPWG Service Providers**

- Take a broad perspective and be constructive;
- Listen and learn about the topic area and contribute where able;
- Understanding of the role of the group and be prepared to acquire relevant knowledge but also maintain a service provider perspective;
- Seek to establish and maintain a supporting, respectful relationship with the Convenor and other CAG members;
- Be mindful that many health issues require a degree of health literacy and familiarity with policy analysis and that consequently, it is often much more difficult for consumers to have access to education around these issues than it is for clinicians or people employed in organisations.

#### **Payment**

Community members are provided with a \$40 payment for attendance at meetings or other forums, such as conferences or training seminars. The ISEPICH Executive recognise that community members are required to read relevant information and prepare for meetings and on occasions are also involved in follow up activities. The payment provided is not a 'wage' or an hourly rate.

#### **Reimbursement of Expenses**

Approval must be obtained prior to expenses being incurred. Any out of pocket expenses incurred by community members in being involved in PCP activities will be reimbursed. This includes such things as travel, phone calls, carer respite or childcare expenses.

Payment and reimbursement of expenses by ISEPICH to support community involvement in projects managed by ISEPICH agencies may occur from time to time and must be approved in advance on a 3 monthly basis by the ISEPICH Executive Officer.