

‘Doing it with us not for us’

Developing a participation policy



Background

Successive Victorian Governments through the Department of Human Services have promoted consumer, carer and community participation (‘participation’) in the health care system through amendments to legislation and a variety of programs. A wide range of initiatives across acute, subacute, primary, community, mental health and aged care had been undertaken to 2005 (Department of Human Services, 2005). However, health services and community members identified the need for a policy on participation to ensure that there was a coordinated, system-wide approach and leadership from the Department of Human Services on participation.

The following analysis of the development of the *Doing it with us not for us* participation policy (Department of Human Services, 2006), reviews the processes used to build the policy and discusses how these development processes may impact on the implementation of the policy.

Aim of policy development process

The processes used to develop the policy aimed to encourage the involvement of all stakeholders in the policy’s development and build stakeholder ownership of the policy. Stakeholder ownership was important to the credibility and coherence of the policy; and to its ultimate implementation.

Method

The processes used to develop the policy were based on *consultation* and *partnership development* with people from key stakeholder groups. The stakeholder groups were: consumers, carers, community members and organisations; health services; the Department of Human Services and the Minister for Health with care taken to ensure that stakeholders came from across the four levels of the health system:

- individual level
- program and department level
- health service organisational level
- Department of Human Services level

A *literature review* supported the consultation and partnership development processes and underpinned recommendations made in a *Consultation paper* (Department of Human Services, 2005). During the policy development process stakeholders refined and changed these recommendations forming the terminology of the policy.

Consultation and partnership development strategies included:

- guidance from a diverse policy reference committee (Appendix 1 in Department of Human Services, 2006)
- focus groups across the state (28)
- semi-structured telephone interviews with individuals
- online, telephone and written feedback on recommendations in the *Consultation paper*
- online submission of current examples of participation
- formation of a special interest sub-committee to develop the participation performance indicators
- attendance and discussion with some of the statutory (Parliament of Victoria 1988) Community Advisory Committees (CACs) of the states public health services (11)
- attendance and discussion with both the Chairs and Resource Officer networks of the CACs
- online publication of the minutes of the policy reference committee

The input from the above strategies helped to synthesise community involvement with both legislative requirement; and current practice in health services to form the policy and its strategic direction. A promotional and distribution strategy was also developed for the policy and approved by the policy reference committee. The Victorian Minister for Health then endorsed the policy and it was launched on February 14 2006.

Outcomes

1. The multiple consultation strategies; discussion with partners in the reference committee and networks; and the literature review provided opportunity for incorporating diverse stakeholder interests in the aim, objectives, priority actions and definitions of terms in the policy.

Reflection: A broader consultation process through mainstream media and use of *delegation* or *control* participation methods may have increased further ownership and public awareness of the policy.

2. At the focus groups many people commented on the need to know if participation ‘made a difference’. Finding, reviewing and promoting the evidence in the *Consultation paper*, particularly in relation to how participation improves the quality and safety of health care, became central to the policy’s acceptance.

This led to the development of a participation evaluation and monitoring framework as part of the policy.

Reflection: This focus may have excluded further development of other key issues such as resources for participation, which could impact on the implementation of the policy.

3. Upon ministerial approval, the policy and its strategic direction were distributed and promoted across Victoria during February and March 2006. 900 copies went out across health services, community organisations, heads of Victorian university health schools, and across the Department of Human Services.

Reflection: The Participation Advisory Committee to the Department of Human Services foreshadowed in the policy, was not convened prior to or immediately following the distribution of the policy. This could impact on the implementation of the priority actions within the policy.

Conclusion

A strong *consultation* and *partnership formation* approach to developing ‘Doing it with us not for us’ is believed to have contributed to stakeholder involvement in its development and distribution. Ownership of the policy by the stakeholders has not been independently evaluated. The limitations of targeted consultations and partnership development in developing the policy may have restricted its reach and ownership. Importantly, the policy development process did encourage a range of opportunities for stakeholders to be involved and the Department of Human Services now has a unifying tool to provide leadership on participation across the different sectors of the health care system.

References

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Author
Cath Harmer (Department of Human Services, Consumer Participation and Information, Quality and Safety Branch)