

# Building community partnerships

Consumer, carer and community participation  
in primary care partnerships



Half-day workshop for consumers, carers and community members, staff, managers and board members from primary care services in Victoria

2003

## **Acknowledgements**

This training resource has been developed to support consumer, carer and community engagement in the regions, through the Primary Care Partnership Strategy.

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## Contents

<b>Workshop flyer</b>	<b>1</b>
Describes target audience, aims, content, approach, time, date and location, and registration process.	
<b>Workshop outline</b>	<b>2</b>
Broad agenda for the workshop, with the aims of each component.	
<b>Workshop preparation and equipment</b>	<b>4</b>
Explains workshop design and approach. Details facilitation, equipment and handouts, information kits for participants, catering and venue requirements and copies of transparencies and handouts.	
<b>Workshop details</b>	<b>10</b>
Step-by-step process notes for facilitators.	
<b>Workshop evaluation</b>	<b>20</b>
An evaluation form for participants.	
<b>Workshop references and other useful resources</b>	<b>22</b>

Workshop flyer

## Consumer, carer and community participation in primary care partnerships

### A half-day workshop for people from primary care services


[Name of PCP] invites consumers, carers and community members, staff, managers and members of boards of management to take part in a half-day workshop.

Who are ‘consumers’, ‘carers’ and ‘community representatives’? How are they participating? What might limit their participation? How are PCPs listening to and acting on what they say?

The workshop will provide an opportunity to explore, exchange and develop skills and strategies:

 information updates, looking at current consumer participation practice in PCPs

 overviews of background information, theory and resources

 group discussion and exchange, exploring the ‘what, why and how’ of consumer, carer and community participation in PCPs


how to plan, act and evaluate for effective participation.


Participants will be provided with a range of ‘take-away’ handouts. There will be opportunities to evaluate the workshop and identify further education, support and resource needs.

For details of workshop dates, locations, times and registration, see overleaf.

(PCP to complete these details on the back of this flyer)

## Workshop outline

9.00  Tea and coffee; getting seated

9.15  Welcome, introductions, housekeeping, aims and evaluation

### Part 1: Getting started

9.45  Group discussion and exchange

**Pros and cons of consumer, carer and community participation in primary care**

**Aims:** Explore benefits of participation in PCPs and increase awareness of the barriers and resistance consumers, carers and communities may face in seeking to be actively involved.

10.15  Presentation


**What is consumer, carer and community participation and why do it?**

**Aims:** Introduce the participants to the organisations that support consumer, carer and community participation; the history and evidence of participation. Explore what consumer, carer and community participation means within the context of a social model of health.

10.45  Group discussion and exchange

**Making participation accessible:** *who* are our consumers, carers and communities and *how* can we support their participation?

**Aims:** Encourage participants to consider the diversity of consumers, carers and communities in their area, the range of participation mechanisms this might call for, and the need to be ‘creative’ in securing community involvement.

11.00  Tea and coffee break

11.15  Information update

**Making it work:** consumer participation in practice

**Aims:** Participants hear about approaches to consumer, carer and community participation in primary care, how others have met some of the challenges of participation, and how they have identified and made connections with their consumers, carers and communities.

## Part 2 (Option 1) Thinking and working critically

### 11.40 Group discussion and exchange

**Making participation possible:** thinking outside your square

**Aims:** Encourage participants to ‘put themselves in each other’s shoes’, demonstrate the need to consider and incorporate all perspectives if participation is to work, and to begin identifying the resources needed to make participation possible.

### 12.25 Presentation

**The ladder of participation:** thinking about a range of methods

**Aims:** Familiarise participants with methods for consumer, carer and community participation in the PCP context (such as advisory groups, focus groups, or consumer representatives on working groups) and the different levels of participation that each method offers.

## Part 2 (Option 2) Planning and evaluating your approach

### 11.40 Group discussion and exchange

**Critical selection:** planning and evaluating your methods

**Aims:** Explore the idea that participation works best when there is a range of mechanisms available. Encourage participants to choose the right approach for the community they wish to involve; provide tools to evaluate the strengths and weaknesses of each mechanism for different communities.

### 12.25 Presentation

**Frameworks for planning and evaluating participation**

**Aims:** Present frameworks for planning and evaluation, drawing on consumer, carer and community participation practice in PCPs and primary care services.

### 12.55 Evaluation, summing up and close

**Aims:** Draw out the main themes of the day, gather feedback about the workshop and identify further information and education needs.

### 1.15 Lunch

## Workshop preparation and equipment

The **Workshop outline** provides the agenda. The **Workshop details** give specific facilitation notes for each part of the agenda. There are two options for the second part of the workshop. You will need to choose between them.

### Facilitation and speakers

Facilitation is shared between two facilitators. One will need to take brief notes throughout the day, recording the topics covered and the main themes emerging, then providing a summary of the workshop at the end of the day. Facilitators require skills and experience in group work and consumer, carer and community participation. They (or a skilled consultant) will need to be able to provide the detailed content and knowledge for the “**presentation**” sections on consumer participation, the ladder of participation and frameworks for planning and evaluating participation.

During group discussion and exchange, facilitators will rove around, ensuring each group is clear about the task, and encouraging discussion.

You will also require the services of two speakers to talk about the local experience of consumer, carer and community participation (see page 14 Information update).

### Equipment and handouts

Have the following ready:

- a registration list, for people to add their details for circulation at the end of the day
- overhead projector, screen, a supply of blank transparencies and markers
- whiteboard and pens
- a basket containing three different types of lollies in equal proportions – exactly enough for each participant to take one
- blank butchers’ paper and Blu-tack
- prepared butchers’ paper sheets, handouts and transparencies
- transparency: “Making participation accessible” (included in this section on page 6)
- six butchers’ paper sheets with questions written on them using Overhead 1, page 6 “Making participation in PCPs possible – planning from everyone’s perspective”
- three handouts with questions for group discussions using overheads 2, 3 and 4 pages 7–9: “Critical selection: planning and evaluating your methods”.

## Participant kits

Each participant is to be provided with a kit of information relevant to the workshop content. This will include:

- copies of the workshop outline
- workshop evaluation forms
- a set of written information including:
  - HIC and NRCCPH leaflets
  - NRCCPH Information Sheets 1–6
  - *Improving Health Services Through Consumer Participation: a Resource Guide for Organisations* (Consumer Focus Collaboration)
  - *The Evidence Supporting Consumer Participation in Health* (Consumer Focus Collaboration)
  - *Guidelines for Consumer Representatives: Suggestions for Consumer or Community Representatives Working on Committees* (Consumers' Health Forum of Australia).

and

- a list of references, including details of the *Little Purple Book of Community Rep-ing*.

The above-mentioned resources can be obtained from:

The National Resource Centre for Consumer Participation in Health

Level 5, Health Sciences 2, La Trobe University, VIC 3086 [www.participateinhealth.org.au/](http://www.participateinhealth.org.au/)

and Health Issues Centre, at the same address. Go to [vicnet.net.au/~hissues](http://vicnet.net.au/~hissues) for the PowerPoint Presentations mentioned in the section on workshop details.

## Catering and venue

The workshop should include morning tea and lunch, as well as facilities for people to help themselves to tea and coffee on arrival.

The venue needs to be big and airy, able to accommodate up to 20 participants seated as a large group. There should also be separate spaces or 'corners', for up to 3 small groups to work in.

## Making participation accessible

You want consumer, carer and community participation in setting up a local service directory.

1. Who are the communities, carers and consumers in your area? List them.

Choose *one* of the communities from your list.

2. What do you know about how this community works? Who represents them and how is information exchanged within the community?
3. What barriers might limit their participation?
4. How might you overcome these barriers and build links with the community?

# Critical selection

## Planning and evaluating your methods

### Group 1 Governance

You are setting up a consumer, carer and community advisory group to enable community participation in policy-making and planning of PCPs. You want representatives from community x to be part of it.

1. What are the strengths of the advisory group as a method of participation?
2. What might be the limitations?
3. How might you ensure that the advisory group addresses some of the barriers faced by community x?
4. How might the PCP ensure that the advisory group's views are listened to and acted on?

# Critical selection

## Planning and evaluating your methods

Group 2 Access and service coordination

You are setting up focus groups to gather information about the availability and accessibility of local services. You want community y to take part.

1. What are the strengths of focus groups as a method of participation?
2. What might be the limitations?
3. How might you ensure that the focus groups address some of the barriers faced by community y?
4. How might the PCP ensure that the focus groups' views are listened to and acted on?

# Critical selection

## Planning and evaluating your methods

### Group 3 Health promotion

You are setting up working groups, made up of providers and consumers and carers, to plan and implement health promotion activities in your PCP. You want representatives from community z to participate in the working groups.

1. What might be the strengths of working groups as a method of participation?
2. What might be the limitations?
3. How might you ensure that the working group addresses some of the barriers faced by community z?
4. How does the PCP ensure that the working group's views are listened to and acted on?

## Workshop details

### 9.15 Welcome, introductions, housekeeping, aims and outline

#### Welcome

**Housekeeping:** Toilets, food, adding to contact list details at the door

Invite everyone to introduce himself or herself briefly, and ask them to identify one outcome that would make the day successful for them. Ask people to keep these expectations in mind during the day, and be ready to reflect on their experiences at the end of the day.

#### Aims and agenda

The workshop provides an opportunity to explore, exchange and develop skills and strategies in a range of areas:

- The history and development of consumer, carer and community participation in the health system.
- What consumer, carer and community participation is and how it benefits communities and primary care services.
- Who ‘consumers’, ‘carers’ and ‘community representatives’ are and what might limit their participation.
- How consumers, carers and community representatives are participating, and how PCPs are listening to and acting on what they say.
- How to plan, act and evaluate for effective participation.

The intention of the workshop is that PCPs will be able to use and adapt the material to run workshops locally.

**Evaluation:** The workshop materials are newly developed and feedback is important. Provide everyone with an evaluation sheet and ask them to jot down notes and answers as the workshop progresses: there is space to comment specifically on each section of the workshop.

## 9.45 Group discussion and exchange

### Pros and cons of consumer, carer and community participation in primary care

**Equipment:** Butchers' paper and markers.

**Aims:** Explore the benefits of participation in PCPs and increase awareness of the barriers to participation that communities may face.

**Process:** This exercise is about generating ideas and getting participants thinking about participation in terms of access and organisational change.

Divide participants into 2 groups. If possible, have consumers, carers and community members in one group, and 'providers' in the other. Otherwise, simply divide participants down the centre of the room.

Provide each group with a blank sheet of butchers' paper, Blu-tack and pen. Ask each to appoint a scribe and someone to report back.

Ask each group to spend 10–15 minutes 'brainstorming'. Encourage them to respond to the statement as if taking a position in a debate, to be creative—draw on their own and others' experiences, and on views they have heard expressed.

Group 1 Those 'for': The 'pros' of consumer, carer and community participation in PCPs.

Group 2 Those 'against': The 'cons' of consumer, carer and community participation in PCPs.

Ask the groups to remain where they are. Get the 'fors' (Group 1) to stick their sheets of paper side by side on one part of the wall, and those against (Group 2) to do the same at another position on the wall.

Facilitate feedback by asking each group in turn to report one point from their list. Encourage the 'fors' to refute the arguments against as they arise, moving from one group back to the other, facilitating a staged debate.

**Summary:** Summarise the points raised and draw out themes. Frame the 'cons' in terms of participants being aware of the barriers and 'resistance' communities may face in seeking to be actively involved (for example: participation needing support and resources; organisations needing to be willing, open and skilled; barriers faced by particular communities; knowing about different methods of participation). Draw attention to how many objections to participation there are, and that there is an 'answer to each'.

**Encourage participants to keep thinking about participation as being about access and about organisational change.**

## 10.15 Presentation

### What is consumer, carer and community participation and why do it?

**Aims:** Introduce the participants, through a ten-minute presentation, to the organisations that support consumer, carer and community participation; the history and evidence, of participation. Explore what consumer, carer and community participation means within the context of a social model of health. A section on the recruitment of consumers, carers and community members would also be useful. This could include practical details, and emphasis on the importance of equal numbers of consumers, carers and community members and providers attending the sessions.

Definitions of ‘consumer’, ‘carer’ and ‘community representative’ endorsed by the department’s Community Health PCP strategy are included below.

A Power Point presentation to support this section can be found on the Health Issues Centre Website. Go to ‘Presentations and Workshop Materials’ on the Library page. Also refer to the handouts and resources listed below to inform this presentation.

10 mins facilitated discussion

#### Relevant handouts and resources:

- NRCCPH Information Sheet 1
- *Improving Health Services Through Consumer Participation in Health*
- Leaflets from key organisations such as Health Issues Centre, National Resource Centre for Consumer Participation in Health, Consumers Health Forum
- *The Evidence Supporting Consumer Participation in Health* (Consumer Focus Collaboration 2000).

#### Please note:

The Primary Care Partnerships Consumer and Carer Advisory Group endorsed the following definitions for their use in consumer, carer and community participation in health care. The definitions were considered important to guide PCPs in their selection of consumers, carers and community representatives for the many tasks and skills required for consumer, carer and community engagement and participation in health services. The committee also recognises that consumers, carers and the community may have different interests to those of service providers.

#### Consumer

A consumer is a person who has experience of a particular health problem and has used, or is currently using, a health service for that problem. For example, a mental health consumer is one who has direct experience and therefore expertise related to a mental health problem and has used or is currently using mental health services.

**Carer**

A carer is a person providing care and/or support for family members or friends who cannot manage without help because of disability, mental illness, chronic illness or frailty.

**Community representatives**

Community<sup>1</sup> representatives are people from the community with an interest in the way that their health systems are planned, developed and delivered and who are able to represent a specific community.

## 10.45 Group discussion and exchange

**Making participation accessible:** *who* are our communities and *how* can we support their participation?

**Aims:** Encourage participants to think about the diversity of communities in their area, the range of approaches this might call for, and the need to be ‘creative’ in how community involvement is secured.

**Equipment and preparation:** Overhead projector, screen, prepared transparency (in **Workshop preparation** – “Making participation accessible” on page 6).

**Process:** Have ready a basket containing equal proportions of three different kinds of lollies. There should be the right amount for each participant to take one. Divide participants into 3 groups by handing out the lollies, then asking everyone to group together accordingly – for example, the ‘minties’ in one corner, the ‘barley sugars’ in another, and the ‘chocolate éclairs’ in another.

Provide each group with handout of questions, blank transparency sheets and transparency markers. Ask each to appoint a scribe and to record the points raised onto the overhead projector transparencies. Each group is to spend 25 minutes discussing and taking notes on the following scenario and questions.

**Scenario:** You want consumer, carer and community participation in developing and producing a local service directory.

Who are the communities, carers and consumers in your area? List them. Choose one of the communities from your list.

- What do you know about how this community works? (Who represents them; how information gets exchanged within the community)
- What barriers might limit their participation in the project you are planning?
- How might you overcome these barriers and build links with the community?

<sup>1</sup> A community is a local area, neighbourhood, suburb or town, or a group of people who have common interests or problems they want addressed. They may share social or cultural backgrounds or hold similar aspirations.

Bring participants back to the large group. Ask the scribe from each group to report back on question 1 and convey a few main points under each of questions 2–4, using the overhead projector to display their ideas.

**Summary:** Take 5 minutes to summarise, drawing out themes by asking fundamental questions at the outset. Who are the communities? What might be the best ways to make links with specific communities? What approaches would make participation accessible to them? How will their views will be gathered, listened to and acted on?

**Relevant handouts and resources:**

- *Consumer Health Forum Guidelines for Consumer Representatives*
- NRCCPH Information Sheets 3 and 4
- *The Kit: A Guide To The Advocacy We Choose To Do*
- *The Little Purple Book of Community Rep-ing, Communicating with Consumers Series, Volume 1.*
- *Well-Written Health Information: A Guide.*

11.15  **Information update**

**Making it work:** consumer, carer and community participation in practice

**Aims:** Enable participants to hear about local approaches to consumer, carer and community participation in primary care, how others have met some of the challenges of participation, and how they have identified and made connections with their communities.

**Process:** There will be two speakers: one from a local PCP, the other from an initiative in a local service. Speakers will talk for a maximum of 10 minutes each about their experiences of consumer participation initiatives or projects. Each will speak about what they set out to do, how they went about it, what the outcomes were and what key things they learned about consumer, carer and community participation.

This will be followed by 10 minutes discussion.

**Relevant handouts and resources:**

- Compendium of Consumer and Provider Projects available from the NRCCPH website
- information provided by speakers.

## Option 1: Thinking and working critically

### 11.40 Group discussion and exchange

**Making participation in PCPs possible:** thinking outside your square

**Aims:** Encourage participants to ‘put themselves in each other’s shoes’, to demonstrate the need to consider and incorporate all perspectives if participation is to work; to begin to identify the resources needed to make participation possible.

**Equipment:** Six prepared sheets of butchers’ paper (see below); markers.

**Process:** At three different ‘corners’ of the room, have pasted up two prepared sheets of butchers’ paper, with marker pens at hand.

eg. In corner 1 ...

<p>What makes an effective “consumer, carer or community representative”?</p>	<p>What might it take to get to this point (e.g. support, resources, training)?</p>
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Divide participants into three groups – consumers, carers and community members; staff; managers and board members. Reassign people to other groups if the numbers are too uneven.

Allocate one group to each ‘corner’. Ask each group to spend 10 minutes generating ideas and noting them down under each of the two questions in their ‘corner’. Encourage them to be spontaneous, and to draw on their own experiences:

**Corner 1** What makes an effective “consumer, carer or community representative”?

**Corner 2** What makes an effective, consumer, carer or community-focused management and staff team?

**Corner 3** What makes a PCP accessible to and supportive of consumer, carer and community participation?

After 10 minutes, ask each group to move to the next corner, and go through the same process, responding to the questions in the corner they are in. Again, after 10 minutes, ask the groups to move to the next corner, and do the same.

When each has spent 10 minutes at each ‘corner’, ask them to return to the corner they were in first.

Ask one person in each group to take two minutes to report on two points from each sheet in their corner.

**Summary:** Take a few minutes to draw out themes. Do this by asking people to say what struck them about what they have just done, or what seemed to them to be the main point raised by the exercise. You might prompt by drawing out:

- the value of both management, staff and consumers ‘putting themselves in each other’s shoes’
- the importance of skills, resources and change at all levels if consumer participation is going to work.

Ask everyone to come back to the large group.

## 12.25 Presentation

**The ladder of participation:** thinking about a range of methods

**Aims:** Familiarise participants with the range of methods for consumer, carer and community participation in the PCP context (such as advisory groups, focus groups, or consumer representatives on working groups) and the different levels of participation that each method offers.

15 minute presentation.

A Power Point presentation to support this section can be found on the Health Issues Centre Website. Go to ‘Presentations and Workshop Materials’ on the Library page. Also refer to the handouts and resources listed below to inform this presentation.

15 minutes facilitated discussion

**Handouts and resources:**

- Strategy selector table on page 15 from *Improving Health Services Through Consumer Participation*
- *The Essential U&I*.



## Option 2: Planning and evaluating your approach

### 11.40 Group discussion and exchange

**Critical selection:** planning and evaluating your approach

**Aims:** Explore the idea that participation works best when there is a range of participation mechanisms. Encourage participants to choose the best approach for the community they want to involve. Provide tools to evaluate the strengths and weaknesses of each mechanism for different communities.

**Equipment:** Handouts (pages 7–9); butchers’ paper and marker pens.

**Process:** Divide participants into the same three groups that they were in for the exercise on “making participation accessible”. Provide each group with one of the three handouts and ask each to appoint a scribe and someone to report back.

Each group will focus again on the particular community they discussed earlier. This time, they are to look at a particular scenario, spending 20 minutes discussing and taking notes on the questions provided (5 minutes for each question).

**Group 1** You are setting up a consumer, carer and community advisory group to enable community participation in policy-making and planning of PCPs. You want representatives from community x to be part of it.

1. What might be the strengths of an advisory group as a method of participation?
2. What might be the limitations?
3. How might you ensure that your advisory group addresses some of the barriers faced by community x?
4. How might the PCP ensure that the advisory group’s views are listened to and acted on?

**Group 2** You are going to use focus groups to gather information about the availability and accessibility of services in your PCP. You want representatives from community y to be part of it.

1. What are the strengths of focus groups as a method of participation?
2. What might be the limitations?
3. How might you ensure that the focus groups address some of the barriers faced by community y?
4. How does the PCP ensure that the focus groups’ views are listened to and acted on?

**Group 3** You are setting up working groups made up of providers and consumers, to plan and implement health promotion activities in your PCP. You want representatives from community z to be part of it.

1. What are the strengths of such working groups as a method of participation?
2. What might be the limitations?
3. How might you ensure that the working groups address some of the barriers faced by community z?
4. How might the PCP ensure that the working groups' views are listened to and acted on?

**Report backs and summary:** Ask each group to spend 2–3 minutes reporting back, drawing out one or two main points from each question.

**Summary:** Take 5 minutes to summarise by asking participants to identify something from the exercise that could be applied in their own work or organisation.

Add to the points raised, if necessary – different methods suiting different contexts; choosing your strategy according to your communities and the degree of participation you are seeking; keeping access, and barriers to access, at the forefront when choosing your methods; being open to trying a range of methods; critical reflection asking these question as you go, and asking them of participating communities.

## 12.25 Presentation

### Planning for and evaluating participation in primary care

**Aims:** Provides frameworks for planning and evaluation, drawing on examples of planning and evaluating consumer, carer and community participation in PCPs and primary care services.

15 minute presentation

A Power Point presentation to support this section can be found on the Health Issues Centre Website. Go 'Presentations and Workshop Materials' on the Library page. Also refer to the handouts and resources listed below to inform this presentation and 15 minutes discussion.

#### Relevant handouts and resources:

- Consumer Participation Planning Cycle (Section 2) and the Evaluation (Section 5) in *Improving Health Services Through Consumer Participation*
- NRCCPH Information Sheets 5 and 6
- *Education and Training for Consumer Participation in Health Care.*

## 12.55 Evaluation, summing up and close

**Aims:** Draw out the main themes of the day, gather feedback about the workshop and identify further information and education needs.

**Summary:** Summarise the broad themes covered during the day, based on notes taken by one of the facilitators.

**Process:** Returning to the large group, ask people to recall the outcome that they identified at the start of the workshop – their ‘indicator’ of whether the day has been worthwhile. Invite participants to say how that expectation had been met, or not met. Were there any unexpected outcomes for them?

Collect completed evaluation forms. Encourage others to complete forms before they leave, or to forward their feedback later.

Give a commitment to follow up.

## 1.15 Lunch

## Workshop evaluation


Please indicate whether you are

Consumer       Carer       Community member       Staff       Manager


Board member       Other (please specify) \_\_\_\_\_


Please note down your responses to each part of the workshop, using the questions below as a guide. Comment on any aspects of the workshop – content, process, presentation:


1. What was valuable, and why?
2. What would you change or improve, and how?


9.45  Pros and cons of consumer participation in primary care

10.15  What is consumer participation and why do it?

10.45  Making participation accessible

11.15  Making it work: consumer participation in practice

11.40  Making participation in PCPs possible (option 1) or Critical selection: planning and evaluating your approach (option 2)

12.25  The ladder of participation (option 1) or Planning for and evaluating participation in primary care (option 2)

If there were further workshops or opportunities for exchanging ideas about consumer participation in PCPs, what would *you* like to see?

Any other comments or suggestions?

## Reference list

- Consumer Focus Collaboration 2000, *Education and Training for Consumer Participation in Health Care: Resource Guide and final report*, Canberra: Commonwealth Department of Health and Aged Care.
- Consumer Focus Collaboration 2001, *The Evidence Supporting Consumer Participation in Health*, Canberra: Commonwealth Department of Health and Aged Care.
- Consumer Focus Collaboration 2001, *Review of the Existing Models of Reporting to Consumers on Health Service Quality*, Canberra: Commonwealth Department of Health and Aged Care.
- Consumers' Health Forum of Australia 1999, Fourth Edition, *Guidelines for Consumer Representatives: Suggestions for Consumer or Community Representatives Working on Committees*, Lyons (ACT): Consumers' Health Forum of Australia.
- Currie, K, Spink, J and Rajendran, M 2000, *Communicating with Consumers Series, Volume 1 Well-Written Health Information: A Guide*, Department of Human Services, available from the department's web site at <http://www.health.vic.gov.au/consumer/index.htm>
- Department of Public Health, Flinders University and South Australian Community Health Research Unit 2000, *Improving Health Services Through Consumer Participation: A Resource Guide for Organisations*, Canberra: Commonwealth Department of Health and Aged Care.
- National Resource Centre for Consumer Participation in Health *Information Sheets* are available from the NRCCPH website <http://www.participateinhealth.org.au/>
- Information Sheet 1: *An Introduction To Consumer Participation*
- Information Sheet 2: *Methods Of Consumer Participation*
- Information Sheet 3: *Committees That Involve Consumers: Issues For Service Providers To Consider*
- Information Sheet 4: *Questions To Ask Before Involving Consumers*
- Information Sheet 5: *Key Resources In Consumer Participation In Health*
- Information Sheet 6: *Steps To Develop A Consumer Participation Strategy*
- Tatyzo, M., Hirst, R., Murray, C and Verity, F. 1995, *The Little Purple Book of Community Rep-ing*, Kookaburra Press, Adelaide
- SPICE Consulting 1998, *The Kit: A Guide To The Advocacy We Choose To Do. A Resource Kit For Consumers Of Mental Health Services And Family Carers*, Canberra: Mental Health Branch Commonwealth Department of Health and Family Services

## Other Useful Resources

Aged, Community and Mental Health (1999) *A Stronger Primary Health and Community Support System: Community Participation in Community Health: A PHACS Information Resource 3*, DHS Victoria.

Arnstein, S., (1969), “A Ladder of Citizen Participation” *Journal of American Institute of Planners*, Vol 57, No 4, pp 176–182

Consumer Focus Collaboration (2000) *Feedback Participation and Consumer Diversity*, Literature review and Annotated Bibliography, Canberra: Commonwealth Department of Health and Aged Care

Department of Human Services (2000) *Community Advisory Committee Guidelines and Community Advisory Committees: An Aid to Community Participation* available from the DHS web site [www.health.vic.gov.au/publichospitals/cacg/cacg.pdf](http://www.health.vic.gov.au/publichospitals/cacg/cacg.pdf)

Final Report to Health Ministers from the National Expert Advisory Group on Safety and Quality in Australian Health Care, *Implementing Safety and Quality Enhancement in Health Care*, Commonwealth of Australia, July 1999

National Health Strategy (1993) *Healthy Participation: Achieving Greater Public Participation and Accountability in the Australian Health Care System*, Background Paper No 12, Treble Press

NSW Health Department (1999) *Community Consultation and Participation Resource Kit*, Health Improvement Branch, North Sydney

Wadsworth, Y 2001, (Ed) *The Essential U&I*, Victorian Health Promotion Foundation, Victoria Australia