



your care, your say

consumer and community engagement

STRATEGIC FRAMEWORK AND ACTION PLAN

*Working with our consumers, carers and the community to improve
health and human services for the wellbeing of Tasmanians*



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Contents

Foreword	5
Your Care,Your Say: Consumer and Community Engagement – At a Glance	6
Introduction	8
How the Strategic Framework was Developed	9
Broader Policy Context	10
Types of Participation	11
Strategic Framework for Consumer and Community Engagement	14
1. Defining the Key Terms	14
2. Strategic Aim	15
3. Strategic Objectives	15
4. Establishing the Principles	15
5. Engaging with Consumers, Carers and the Community at Four Levels	16
Action Plan: Strategic Priorities 2010-2011	18
Strategic Priority 1: Giving Consumers, Carers and the Community an Effective Role in DHHS	19
Strategic Priority 2: Making Consumer and Community Engagement Real – Every Day	20
Strategic Priority 3: Helping DHHS Staff Practice Engagement More Effectively	22
Strategic Priority 4: Building on Existing Engagement Arrangements	24
Strategic Priority 5: Monitoring, Evaluating and Improving	25



Foreword

We will only breathe life into our promise to put clients at the centre of everything we do if we give them a real say in shaping their health and human services.

The Department of Health and Human Services (DHHS) is rising to this challenge by establishing a culture that actively encourages and helps people get involved in decisions about their own care and that of their communities.

Our new culture welcomes consumers and the community as partners in planning and delivering services.

This enriches our thinking, fosters new approaches and helps us become more responsive to the needs of our communities.

But we are not there yet. Our new culture demands changes and new processes, attitudes and viewpoints within DHHS. This won't happen overnight, but the release of this *Your Care, Your Say: Strategic Framework and Action Plan* brings us closer to a health and human services system we can all be proud.

The ideas presented in this framework and action plan are based on what you have told us during the two rounds of statewide community consultations.

I am confident this action plan will help our consumers, carers, community and staff actively work together to create more responsive, collaborative and efficient health and human services.

I commend this document to you and look forward to reporting on a blossoming of fruitful community partnerships during 2010 and beyond.

A handwritten signature in blue ink that reads "David Roberts." The signature is written in a cursive, flowing style.

David Roberts

Secretary

Department of Health and Human Services

December 2009

our aim

Working with our consumers, carers and the community to improve the health and human services for the wellbeing of Tasmanians.

objectives

No wrong door: Making sure you can access the services you need.

Listening and responding: Involving you in developing responsive, accessible and sustainable health and care services.

Capacity Building: Making sure we all have the skills, knowledge and know-how to practice engagement meaningfully.

Relationship Building: Developing trust and understanding to develop healthier communities.

principles

Being responsive

Being fair

Sharing information

Taking responsibility

Being supportive

Being respectful

Being open and honest

Building trust

Being collaborative

Willing to learn

framework

Engagement at the **individual level:** focusing on engaging the individual and, if appropriate, their carer(s) in decisions about their own care, support and treatment.

Engagement at the **communities level:** focusing on increasing and assisting engagement of communities in decisions that affect them.

Engagement at the **services level:** focusing on engaging consumers, carers and the community in the planning, development and delivery of DHHS services.

Engagement at the **DHHS system level:** focusing on increasing and assisting engagement in whole-of-system decision making.

priorities

Giving consumers, carers and the community an effective role in DHHS

Engagement will demand we all adopt the viewpoint of consumers, carers and community to better understand issues.

There must be a number of opportunities and ways for consumers, carers and the community to provide feedback. Importantly, all of these must provide information about how this feedback is being used.

Making engagement real – every day

We are committed to ensuring our consumers and carers are at the centre of everything we do.

We want to make sure our day-to-day activities reflect and encourage this.

Helping DHHS staff practice engagement more effectively

We recognise that our staff will play a key role in making consumer and community engagement meaningful.

We need to support our staff by helping them gain the knowledge, skills and resources that will let them practice engagement well.

Building on existing engagement arrangements

We already have a range of ways in which we engage with consumers, carers and the community. These range from individual care consultations through to formal whole-of-community consultation processes.

We will strengthen these processes so they become an integral part of how health and human services are run in Tasmania.

Monitoring, evaluating and improving

Understanding the reasons when consumer, carer and community engagement has worked well helps guide future development.

This will involve many stages of planning, gathering information, changing and improving.

Introduction

The Department of Health and Human Services (DHHS) is committed to delivering high quality, safe services to Tasmanians when they need them so they can live well and live longer.

Your Care, Your Say supports this commitment by providing a framework to encourage consumers, carers and the community to take part in decision-making – it builds on existing engagement initiatives in health and human services.

Consumer, carer and community participation is central to working with and meeting the health needs of our community. By engaging and involving Tasmanians in decisions about their health and wellbeing, and that of their communities, DHHS believes it can better serve the community.

Evidence shows that individuals and communities benefit when people are actively engaged in service planning, delivery and quality improvement. Greater control over individual circumstances can improve personal outcomes and lead to a greater sense of wellbeing and a better quality of life.

More is now understood about person-centred approaches and what this means for individual consumers and carers. These new approaches accept that the health and social care of the individual is based on a partnership between the service provider and service user that involves sharing power and responsibility.

This results in better health and wellbeing for the consumer and a heightened sense of purpose for the service provider.

Research shows significant benefits for all when governments actively involve consumers and communities in decision making. Countries such as the UK and Canada, as well as other Australian states and territories, are now using strategies that involve consumers in health planning, policy development, service design

and in decisions about their own care and support.

DHHS recognises there is no one right way to engage people.

Your Care, Your Say's four guiding objectives – no wrong door, listening and responding, capacity building, and relationship building – summarise what DHHS hopes to deliver and are the building blocks to improve health policy, care and treatment, and the wellbeing of Tasmanians. The priority actions give clear direction on what needs to be done to meet these objectives.

Your Care, Your Say is supported by an Action Plan (see page 17) that outlines the key initiatives DHHS will undertake during 2010-2011 to improve its consumer and community engagement practices in the health and human services.

Having a single framework span health and human services is important because there are shared issues between consumer groups regardless of particular services and organisations.

Part of meaningful engagement is seeing DHHS from the perspective of those who use our services. By doing this we can provide more integrated and connected services from a consumer viewpoint.

How the Strategic Framework was Developed

The Strategic Framework was developed in six stages:

1. Development of a Background Paper*.
2. Development of an Interim Policy.
3. Development of the *Your Care, Your Say: Consumer and Community Engagement Consultation Paper**.
4. Public consultation on the Consultation Paper.
5. Development of the *Your Care, Your Say: Consumer and Community Engagement Position Paper**.
6. Public consultation on the Position Paper.

In April 2008 DHHS commissioned a Background Paper to examine current national and international research, practice and experience. The Background Paper was released in July 2008 and identified key practices and themes in consumer, carer and community engagement. It proposed options for applying these in a Tasmanian context.

An Interim Consumer and Community Engagement Policy was developed to guide managers and staff in their responsibilities in this area. It identified key issues for consideration in undertaking consumer engagement and gave examples of types of engagement and engagement techniques.

Released in April 2009, the Consultation Paper was developed following the Background Paper and additional research. Consumers, staff, community sector organisations identified some areas that DHHS should consider when developing its strategy. As part of this consultation stage, DHHS received feedback through written submissions and from face-to-face interviews and meetings. The following key issues were identified:

1. Meaningful consumer engagement is important and valuable for all involved and must be a major priority.
2. Existing engagement practices and programs must be built on.
3. DHHS must recognise the challenges and opportunities of rolling out engagement across the whole of health and human services.
4. Consumer and community engagement must be based on flexible approaches.
5. Relationship-building is essential to meaningful consumer engagement.
6. Capacity-building is a key aspect of implementation.
7. DHHS must put appropriate structures, policies and processes in place at every level to ensure consumers can play an effective role.

These seven key issues underpinned the Position Paper, which was released in September 2009. The Position Paper outlined the framework for consumer and community engagement, the five priority areas for action and identified some initiatives to deal with each of these.

The five strategic priorities for action focus on addressing the seven key issues identified in the first consultation stage.

A second consultation stage started with the release of the Position Paper with feedback sought from consumers, staff and the community. The comments received during this second consultation stage were used to develop this *Your Care, Your Say: Consumer and Community Engagement Strategic Framework and Action Plan*.

*These documents are available at www.dhhs.tas.gov.au

Broader Policy Context

Tasmania Together

Tasmania *Together* was released in 2001 by the Tasmanian Government as a plan to help Tasmanians achieve long term social, economic and environmental goals. It includes 12 goals and 143 benchmarks that reflect the concerns people expressed during two of the biggest community consultation processes ever undertaken in Tasmania (2000 and 2005).

Your Care, Your Say: Consumer and Community Engagement supports achieving Goals 4 and 8:

- Active, healthy Tasmanians with access to quality and affordable health care services (Goal 4).
- Open and accountable government that listens and plans for a shared future (Goal 8).

Tasmania's Health Plan

In May 2007, the Tasmanian Government released Tasmania's Health Plan – a blueprint for the reform of Tasmania's health services into the future. It defines way in which community-based health services and major acute public hospitals should be developed, including the roles and services they will provide, to ensure sustainable public healthcare for Tasmanians.

The implementation of Tasmania's Health Plan identified more than 100 projects, including the need to develop a consumer and community engagement strategy for the whole of DHHS.

Strategic Directions 09-12

In June 2009 DHHS released *Strategic Directions 09-12*. The key underpinning principle expressed in this document is a DHHS commitment to ensure that its patients and clients are at the centre of everything it does. This document sets out the vision, mission and values, and identifies five key strategic objectives:

1. Supporting individuals, families and communities to have more control over what matters to them.
2. Promoting health and wellbeing and intervening early when needed.
3. Developing responsive, accessible and

sustainable services.

4. Creating collaborative partnerships to support the development of healthier communities.
5. Shaping our workforce to be capable of meeting changing needs and future requirements.

Strategic Directions 09-12 identifies key DHHS reform strategies under three main headings:

Future Health

- Tasmania's Health Plan
- Bridging the Gap: Reform of Mental Health Services
- Improving Time to Treatment: Tasmania's Elective Surgery Improvement Plan
- Leading the Way: Tasmania's Health Professionals Shaping Future Care
- Working in Health Promoting Ways: a Strategic Framework for DHHS
- Keeping our Services Safe: Safety and quality reforms.

Future Communities

- Affordable Housing Strategy
- Implementation plan for the reform of Disability Services
- Implementation plan for the reform of Family Support Services
- Implementation plan for the reform of Out of Home Care.

DHHS-wide strategies

- Your Care, Your Say: Consumer and Community Engagement
- Caring through Partnerships: Community Sector Strategic Plan
- e-health and e-communities.

Your Care, Your Say: Consumer and Community Engagement Strategy Framework and Action Plan (described in this document) supports the delivery of strategic objectives numbers 1, 4 and 5.

Types of Participation

There are several types of consumer and community engagement (outlined in the DHHS background paper that considered engagement in other jurisdictions¹) differentiated by the levels of engagement and opportunities for active participation.

The Australian Institute of Health Policy Studies in *Conceptualising Consumer Engagement* points out:

*Consumer engagement is often represented as a ladder or hierarchy, ranging from low levels of engagement that offer little opportunity for consumer input, through to high levels that offer elements of consumer control or partnership. ... approaches placed higher on the engagement ladder – such as partnership approaches or joint management – may allow for extensive involvement by consumers, but the trade-offs are that only a very small number of consumers can be involved, the process can be time consuming and it is likely to be costly. Approaches from the lower levels – such as advising or gathering information – allow for large numbers of consumers to contribute, but with less active involvement.*²

The Your Care, Your Say Consultation Paper proposed adoption of five types of engagement:³

1. Information.
2. Consultation.
3. Partnership.
4. Delegation.
5. Control.

Feedback in response to the Consultation Paper during April 2009 supported this approach. The types of engagement are:

Information: Information is often used to support or invite participation, for example, information about

how to access a service and what is involved in care or support.

However, giving information is not engagement because the information flow is one-way. Giving information does not change how services, policy, research, treatment or support are made or provided. For this reason, information is usually identified as supporting engagement. Giving information is usually to:

- convey facts
- support participation
- educate.

Consultation: Consultation is used to find out what consumers, carers and community members think about a proposal. However, the consulting organisations remain in control of the process. Consultation is only considered to be engagement when the information gathered from consumers, carers or community members is used to make or change policy, planning, research, care or treatment. Consultation can improve services or treatment and increase acceptance. Consultation can take several forms, including focus groups, public meetings, family meetings and individual health consultations. The objectives of consultation are to:

- find out people's views and ideas
- use people's views and ideas to improve services or policies
- increase acceptance.

Partnership: Partnerships move towards joint decision-making where consumers, carers, community members and the partner organisation(s) jointly own the process and outcomes.

Partnerships are often achieved through advisory boards or committees that provide input over time, usually years. The partners agree to work together to

decide policy direction, research or development of services.

Positive relationships between service providers and individual consumers lead to partnerships where responsibility for care and treatment is shared and where all are clear about their rights and responsibilities. The objectives of partnerships are to:

- make joint decisions
- agree on process
- collectively own the outcomes.

Delegation: Delegation means giving control to consumers, carers and community members to make decisions within specified guidelines. The government may set out guidelines for the decision-making roles of particular groups in legislation or through a government department.

Examples include the operation of health and human services boards, delegation of responsibility to ethics committees to ensure ethical research and the delegation of power by quality and safety committees to consumer and community representatives and clinicians. The objectives of delegation are to:

- hand control to a committee, board or to community representatives within a specified framework
- ensure policy options are made at arms length from party politics.

Control: Decision-making power is given directly to the community, consumer or carer by the health professional, service or government department. The objectives of control are to:

- hand control of an issue to the community
- hand control to the consumer or, where appropriate, their carer.

Each of the above types of engagement is valuable and suits a particular situation. Using a variety of methods and starting early in the decision-making

process usually provides the best results.

It is important that consumers, carers and community members feel their input is valued and that they understand how their contribution can influence the final decision.

For example, consumers need to know whether they are contributing to the development of possible solutions, helping to choose between a set of options, providing their opinions for a research process or simply making minor changes around the edges of a pre-defined approach.

Consumers and community members need to understand the constraints of the issue and the limits of their input.

The table below briefly illustrates the aim and commitment of these five engagement types.

- 1 McInerney, L., *Development of a Consumer Engagement Strategy*, Background paper on Current Research, Practice and Expertise, Prepared for Statewide Systems Development, Department of Health and Human Services, July, 2008.
- 2 J Gregory, *Conceptualising Consumer Engagement*, Working Paper 1 (revised), Australian Institute of Health Policy Studies, Monash University, Melbourne, November 2008 p. 12&14.
- 3 The five types were adapted from the then Victorian Department of Human Services *Doing it With Us not For Us*, Participation Strategy.

Participation types, their aims and commitments

The table below briefly illustrates the aim and commitment of these five engagement types.

Participation Type	Public engagement goal	We aim to
Inform	To provide the public with balanced and objective information to help them understand the problem, alternatives, opportunities and/or solutions	Keep you informed about the things that are important to you
Consult	To work directly with the public throughout to ensure their concerns and aspirations are understood and considered	Work with you to ensure your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision
Partnership	To partner with the public in each aspect of the decision including developing alternatives and identifying the preferred solution	Look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions as far as possible
Delegation	To give the public control for making decisions within specific guidelines	Authorise you to make decisions in specific situations, which we will then implement
Control	To place final decision-making in the hands of the public	Implement what you decide

Strategic Framework for Consumer and Community Engagement

Introduction

While not starting from scratch, DHHS recognises the value of establishing a sound foundation for its future consumer, carer and community engagement. DHHS already has a range of ways in which it engages with consumers and the wider Tasmanian community. However, these are not used by all services, nor are they used consistently.

DHHS recognises the need to clearly outline the aims, priorities and principles of engagement. It is also important that DHHS clarifies how it proposes to organise engagement and defines the key terms. This will help build understanding about why and how DHHS values consumer and community engagement and how it plans to put it into practice.

DHHS is keen to build its future consumer and community engagement based on a shared commitment, language and focus, so that it becomes part of its corporate culture and an integral part of how DHHS conducts business.

This should not be viewed as setting up a common or single approach to engagement across the Agency. DHHS recognises that effective engagement is based on staff engaging with consumers, carers and the community in ways that best suit the audience and the circumstances. The following components make up the strategic framework:

1. Defining the Terms.
2. Strategic Aim.
3. Strategic Objectives.
4. Establishing the Principles.
5. Four Levels of Engagement.

1. Defining the Key Terms

Consumer – is anyone using a DHHS or DHHS-funded community sector organisation services. It includes people using hospitals, health centres, housing services, mental health services, oral care services, disability services or children and family services.

Carer/family carer – are people who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or who are aged frail.

Community – are members of the broader community who have a general interest in health and human services and their funding. It includes individuals, delegates or representatives of organisations or community groups, community sector organisations, special interest groups, local government, other government organisations, private sector and any other person interested in matters under consideration.

Engagement – covers a broad range of activities and techniques that aid an informed dialogue among consumers, community and government, and encourage participants to share ideas or options and undertake collaborative decision making.

While it is sometimes hard to reach agreement about whether someone is engaging as an individual or as a representative, this should not impact on who is involved in consumer and community engagement processes. The purpose and context of these processes should determine whether engagement is with consumers and/or their carers and/or community groups or community members.

Consumer, carer and community engagement is an ongoing process, not a one-off event. It assumes that working in partnership with consumers and the community will lead to better decisions and outcomes.

Community sector organisations – is any non-government, non-commercial organisation or group with a formal structure. It may be as large as a national charity or as small as a local book club.

Department of Health and Human Services (DHHS)

– refers to the entire Agency⁴ made up of:

- departmental units – responsible for policy, planning and performance and interface with government
- operational units – responsible for delivering services against policies, plans and standards set by the departmental units.

2. Strategic Aim

As noted, DHHS believes engagement with its consumers, carers and communities will deliver significant benefits and lead to improved outcomes for all involved. DHHS will ensure that its policies, services, programs and treatment options best meet the needs of those who use them.

Engagement aids informed decision-making and will help DHHS consumers, carers and communities better understand DHHS functions and services.

3. Strategic Objectives

The following broad objectives follow from our strategic aim:

1. **No wrong door:** making sure that you can access the services you need.
2. **Listening and responding:** involving you in developing responsive, accessible and sustainable health and care services.
3. **Capacity building:** making sure all of us have the right skills, knowledge and know-how to engage meaningfully.
4. **Relationship building:** developing trust and understanding to support the creation of healthier communities.

4. Establishing the Principles

The April and September consultation processes identified a set of principles, based on the strategic objectives, to guide engagement into the future and underline the strategy's implementation.

They can be grouped into two categories: those for which DHHS will assume primary responsibility and those for which all participants will share responsibility. Principles for which DHHS have primary responsibility include:

Being responsive – supporting flexible engagement approaches and methods, recognising there is no one way to engage people and striving to ensure its services are accessible to a broad range people and groups, playing particular to the socially or economically disadvantaged.

Being fair – involving those affected by decisions at an early stage, informing them of the decision-making process and giving them the information, means and opportunity to participate.

Sharing information – communicating to all about decisions made and how consumer, carer or community participation influenced those decisions.

Taking responsibility – monitoring and evaluating the impact and outcomes of consumer, carer and community engagement and sharing this with the community.

Being supportive – valuing, supporting and resourcing consumer and community engagement so it is meaningful for all. DHHS will take particular care to engage service users and groups who find it hard to access our services.

Those principles for which all participants would share responsibility:

Being respectful – showing consideration and regard to others, recognising the diversity of our population, their needs and priorities, and value everyone contributing.

⁴ For a copy of the organisation chart please go to http://www.dhhs.tas.gov.au/about_the_department/organisational_structure

Being open and honest – willingness to consider the ideas of others and to accept change.

Building trust – recognising that engagement works best when there is mutual agreement about the issues and, processes, and a strong commitment to building productive working relationships.

Being collaborative – working together; pooling resources, sharing ownership of the process and decisions.

Willing to learn – ongoing learning and improvement so lessons learned from engagement processes are identified and communicated widely.

5. Engagement with Consumers, Carers and the Community at Four Levels

All organisations that want to systematically engage with consumers and the community need to determine how to structure engagement and identify the main areas of activity.

In Tasmania health and human services are included in the one department so it is possible to develop a responsive strategy that meets the needs of all consumers and the broader community. Therefore, consumer and community engagement will be organised to operate across four levels:

- **Individual level** – focusing on engaging the individual and, if appropriate, their carer(s) in decisions about their own care, support and treatment.
- **Communities level** – focusing on increasing and aiding engagement of communities in decisions that affect them.
- **Service level** – focusing on engaging consumers, carers and the community in decisions about DHHS services.
- **DHHS system** – focusing on increasing and aiding engagement in whole-of-system decision making.

The table below provides a summary of the key elements of the four levels of consumer, carer and community engagement:

Level of Engagement	Why	DHHS engaging with
<p>Individual</p> <p>Engagement activity aims to involve the individual (or if appropriate their carer or advocate) on matters relating to their individual care, treatment and wellbeing.</p>	<p>To maximise personal health and care outcomes by trying to reach a satisfactory outcome for the individual (as defined by them).</p>	<p>Individuals who use DHHS services, and/or carer(s) and/or families and advocates.</p>
<p>Communities</p> <p>Engagement is at a broader level and focuses on involving a range of people with a shared interest. Their alliance could be based on where they live but could also be based on other factors that bring people together, e.g. gender, language or culture, special interests, age, or other reasons.</p>	<p>To maximise health and wellbeing outcomes for a community by reaching satisfactory outcomes that meet community needs.</p>	<p>Consumers, community members, special interest group(s), local government, community sector organisations.</p>
<p>Services</p> <p>At this level engagement activity is focused on involving consumers and the community in planning, policy development and quality improvement for particular services or programs.</p>	<p>To deliver more accessible, safe and effective health and human services informed by an understanding of consumer and community needs.</p>	<p>Consumers, community members, special interest groups, community sector organisations, local government.</p>
<p>DHHS system</p> <p>This level of engagement focuses on providing a chance for Tasmanians to have input into overall health and human services policy development and planning. This is the broadest level of engagement.</p>	<p>To respond to existing and future health and human service needs of all Tasmanians in an efficient, effective and strategic way.</p>	<p>Consumers, community members, consumer and community organisations, special interest group(s), community sector organisations, local or other government.</p>

Organising engagement this way will serve as a guide but the different levels are not exclusive. For example, information learned through engagement at an individual care level might lead to improvements at a service or program level and vice versa.

In addition, an engagement approach at any level will use many engagement tools that apply equally to any other level. The selection of the engagement tool(s) will depend on purpose, context, intended audiences and the way to deliver meaningful outcomes.



Putting it into action: Strategic Priorities for 2010 and 2011

To help ensure the aim and objectives are achieved we have identified the following strategic priorities for the next two years:

- Giving Consumers an Effective Role in DHHS.
- Making Consumer and Community Engagement Real – Every Day.
- Helping DHHS Staff Practice Engagement More Effectively.
- Building on Existing Engagement Arrangements.
- Monitoring, Evaluating and Improving.

The next section, the Action Plan, outlines the key initiatives under each of the strategic priorities that DHHS will implement during 2010 and 2011 as part of its commitment to improving its consumer and community engagement practices.

Strategic Priority I: Giving Consumers, Carers and the Community an Effective Role in DHHS

What is this about?

Engagement will require all DHHS staff to adopt a consumer, carer and community viewpoint to better understand issues. DHHS must provide opportunities and ways for consumers, carers and the community to provide feedback. Importantly, all of these must provide information about how this feedback is being used. DHHS needs to provide inclusive methods that engage with consumers, carers and the community in ways that suit them.

What specific actions will be undertaken?

Action	What this action will achieve	Target Year
1: Develop a DHHS-wide customer service charter	<ul style="list-style-type: none"> provide information to consumers about their rights and responsibilities provide information to consumers and the community about DHHS services and standards help build a consistent DHHS understanding and approach to consumer rights and responsibilities 	Dec 2011
2: Investigate establishing external means to support and promote consumer involvement in decisions about their own health and wellbeing	<ul style="list-style-type: none"> help determine the suitability and financial viability of an independent consumer focused organisation in Tasmania advice on the role, responsibility and governance arrangements for such an organisation if it was set up in Tasmania advise on the process for establishing such an organisation in Tasmania 	July 2010
3: Develop resources to support consumers, carers and community members such as: <ul style="list-style-type: none"> ‘how to engage with DHHS information kit guidelines to help consumers, carers and community members participate on DHHS committees or forums or similar information about engagement opportunities across DHHS 	<ul style="list-style-type: none"> provide guidance and resources to consumers, carers and community members about ways they can be part of decision making provide information to consumers and the community about what to expect from engagement with DHHS build better understanding about DHHS decision-making processes 	Dec 2010
4: Set up a consumer and community engagement web-based resource as part of the DHHS website	<ul style="list-style-type: none"> provide consumers and community with a chance to share their engagement information and experiences build better understanding about DHHS decision-making processes 	Jan 2010
5: Set up a DHHS-wide reimbursement policy	<ul style="list-style-type: none"> ensure a consistent DHHS approach to how and when consumers, carers and community members are reimbursed for their services 	Dec 2011

Strategic Priority 2: Making Consumer and Community Engagement Real – Every Day

What is this about?

DHHS will ensure the consumers and carers it serves are at the centre of everything it does and that its day-to-day activities reflect, encourage and continue to build on this commitment.

Consumer, carer and community engagement must become part of DHHS organisational culture and become a core activity. It must build consumer and community engagement into its planning, reporting processes and structures. This will involve developing consumer and community engagement performance indicators and reporting against these to DHHS senior management.

DHHS must conduct its day-to-day activities in ways that make consumer and community engagement sustainable and rewarding for all.

What specific actions will be undertaken?

Action	What this action will achieve	Target Year
<p>1. Incorporate consumer and community engagement into a range of standard DHHS documents and procedures, for example:</p> <ul style="list-style-type: none"> • Include a consumer and community engagement section in standard Ministerial and DHHS templates, business plans and project plans • Outline DHHS commitment to consumer and community engagement in position descriptions; where appropriate include specific selection criteria around consumer and community engagement • Ensure all DHHS induction courses include an overview of the consumer and community engagement policy • Performance Development Plan 	<ul style="list-style-type: none"> • help build a consistent understanding and commitment to consumer and community engagement across DHHS • promote the importance of consumer and community engagement in improving services • encourage consumer and community engagement from the planning stage through to project or program monitoring and evaluation • help integrate engagement activities with other organisational day-to-day activities • ensure staff are made aware of their consumer and community engagement responsibilities at their induction 	Dec 2010

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Strategic Priority 2: Making Consumer and Community Engagement Real – Every Day

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Action	What this action will achieve	Target Year
<p>2. Encourage consumer and community involvement in DHHS standard business activity:</p> <ul style="list-style-type: none"> • DHHS induction processes • all stages of the decision and policy making process (ie planning, implementation, evaluation, review) 	<ul style="list-style-type: none"> • promote the importance of consumer and community engagement in improving services • ensure staff are aware of their consumer and community engagement responsibilities at their induction • contribute to raising health literacy across Tasmania 	Ongoing
<p>3. Recognise consumer, carer and community engagement in the Departmental Operating Framework and embed it into the Resource Planning Agreements with each operational unit and developing performance measures (Vital Signs)</p>	<ul style="list-style-type: none"> • promote the importance of consumer and community engagement in improving services • help integrate engagement with other organisational day-to-day activities • help build a consistent DHHS understanding and commitment to consumer and community engagement 	Ongoing, starting 2010
<p>4. Investigate providing a legislative platform to consumer and community engagement</p>	<ul style="list-style-type: none"> • promotes the importance of consumer and community engagement in improving services 	July 2010
<p>5. Review and update the interim DHHS Consumer and Community Engagement Policy in line with the strategic framework</p>	<ul style="list-style-type: none"> • helps build a consistent understanding and commitment to consumer and community engagement across DHHS 	July 2010

Strategic Priority 3: Helping DHHS Staff Practice Engagement more Effectively

What is this about?

DHHS recognises that its staff will play a key role in making consumer and community engagement meaningful. DHHS staff work in a broad and challenging range of environments and occupational groups, and provide services and support to a diverse range of people. DHHS must ensure its staff have the skill and resources to plan, develop, implement, monitor and evaluate engagement strategies and approaches.

DHHS must improve its recognition of individual or team efforts and should provide opportunities for its staff to learn from the experience of colleagues. Shared learning will help integrate consumer engagement into the DHHS cultural fabric.

DHHS needs to support and encourage its staff to deliver integrated, accessible services and programs free of engagement constraints caused by internal boundaries of services or professional disciplines. DHHS staff need support in helping consumers, carers and the community navigate its sizeable and complex organisation.

What specific actions will be undertaken?

Action	What this action will achieve	Target Year
<p>I. Develop internal DHHS resources to support consumer and community engagement such as:</p> <ul style="list-style-type: none"> • tool kits • engagement guides • stakeholder databases • feedback and how to do it effectively fact sheets 	<ul style="list-style-type: none"> • help build a consistent DHHS understanding and commitment to consumer and community engagement • promote understanding of consumer and community engagement and its role in improving services • explain the need to engage early in decision-making process and the importance of identifying the right approach, techniques and tools for effective and meaningful engagement • encourage consumer and community engagement from the planning stage through to project or program monitoring and evaluation • integrate engagement with other organisational day-to-day activities • educate DHHS staff on the benefits and requirements of consumer and community involvement in decisions about their health and care • inform staff of DHHS policy and commitment to consumer and community engagement 	Dec 2010

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Strategic Priority 3: Helping DHHS Staff Practice Engagement more Effectively

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Action	What this action will achieve	Target Year
2. Identify suitable training for DHHS staff	<ul style="list-style-type: none"> • build staff understanding of appropriate approaches to engage consumers, carers, community effectively and meaningfully • build understanding that there is 'no right way' to engage people and that what is practical and provides the best results will differ in each situation 	Dec 2010
3. Establish an annual consumer and community engagement forum to share knowledge and experience and to showcase best practice	<ul style="list-style-type: none"> • promote the importance of consumer and community engagement • provide opportunities for DHHS staff, consumers and carers to share experience about consumer and community engagement • build DHHS staff, consumer and carer understanding of the benefits of consumer and the community engagement • provide an opportunity to build new alliances across DHHS 	Ongoing, starting second half of 2010

Strategic Priority 4: Building on Existing Engagement Arrangements

What is this about?

DHHS is not starting from scratch. It already has a range of ways of engaging with consumers and community that range from positive evidence in individual care and its services through to formal whole-of-community consultation processes. However, DHHS is inconsistent in its approach. DHHS will strengthen this engagement and work towards making it the standard way in which health and human services are provided in Tasmania.

Several community sector organisations that exist to help, represent and speak for individuals or communities of interest have functioning relationships with DHHS. These organisations have extensive community links and networks with consumers and community members.

Several organisations have formal public oversight and review responsibility, for example, the Health Complaints Commissioner, Commissioner for Children and the Anti-Discrimination Commissioner. These respond to individual concerns impartially and can also comment on and make recommendations about service improvements.

What specific actions will be undertaken?

Action	What this action will achieve	Target Year
Liaise with consumers on DHHS committees and forums to learn from their experiences and identify ways to encourage others to get involved	<ul style="list-style-type: none"> enrich DHHS understanding of consumers and learn from their experience how to improve engagement practices identify new ways for greater engagement across DHHS 	Dec 2010
Identify opportunities to provide greater networking and linkages between existing DHHS consumer committees/groups/forums	<ul style="list-style-type: none"> build staff, consumers and carers understanding of the benefits of consumer and the community engagement aid knowledge and experience sharing help develop links with community organisations to provide practical support and ongoing information to consumers and the community provide an opportunity to build new alliances across DHHS 	Dec 2011
Encourage greater consumer involvement on Community Sector Organisation committees and groups	<ul style="list-style-type: none"> promote a broader understanding and commitment to consumer and community engagement 	Dec 2011
Encourage consumer involvement in DHHS business planning processes	<ul style="list-style-type: none"> help ensure business plans acknowledge consumer needs promote greater understanding about DHHS decision-making environments 	Ongoing
Continue to research best practice and learn from local, national and international experience	<ul style="list-style-type: none"> help identify ways in which DHHS engagement practices can improve 	Ongoing

Strategic Priority 5: Monitoring, Evaluating and Improving

What is this about?

Understanding where consumer, carer and community engagement has worked will help guide future development. This will involve many stages of planning, information gathering, changing and improving. In particular, DHHS intends to get better at providing effective feedback to consumers and the community after engagement activities.

The gradual roll-out of consumer and community engagement will build on existing capacity and relationships, and will gradually increase the scope of engagement.

What specific actions will be undertaken?

Action	What this action will achieve	Target Year
Establish a consistent DHHS-wide feedback and complaints mechanism (building on Electronic Information Management System)	<ul style="list-style-type: none"> ensure a consistent DHHS mechanism for capturing and recording feedback and complaints provide a chance to analyse feedback and complaint data to measure performance over time allow DHHS to identify how and where service delivery can improve provide a way for consumers to feedback on DHHS services 	Dec 2011
Investigate bi-annual surveys of consumer satisfaction with additional minor online surveys	<ul style="list-style-type: none"> help assess and measure the impact of DHHS efforts to improve consumer and community engagement help identify ways to improve 	Dec 2010
Online internal awareness and performance survey	<ul style="list-style-type: none"> assess DHHS staff awareness and practice help identify ways to improve 	Dec 2010
Build in an 'exit interview' for committees and forums with consumer membership	<ul style="list-style-type: none"> provide opportunities to discuss and learn from experiences of those on DHHS committees and forums help to better understand the benefits of engagement 	Dec 2010
Encourage monitoring and evaluation within a quality and safety framework	<ul style="list-style-type: none"> help ensure service delivery, treatment and care improvements takes account of consumer input promote performance in line with existing accreditation frameworks 	Ongoing

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Strategic Priority 5: Monitoring, Evaluating and Improving

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Action	What this action will achieve	Target Year
Establish consumer and community performance indicators and set up ways to report against these to the DHHS Departmental Executive	<ul style="list-style-type: none"> • provide ways to evaluate and measure progress over time • help integrate consumer and community engagement into the day-to-day activities 	Dec 2010
Set up a committee to monitor and report on implementation progress	<ul style="list-style-type: none"> • help ensure timely implementation of initiatives 	Dec 2010
Review progress of Strategic Priorities 2010-2011 and develop the next plan	<ul style="list-style-type: none"> • provide a way of examining and evaluating progress over the previous two years against the objectives • provide an chance to identify future actions • provide a chance to examine best practice and to incorporate research and learning into future commitments 	Dec 2011



Tasmania
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