

Community Partnership Program

Southern Adelaide Local Health Network
Drug and Alcohol Services South Australia

Community Partnership Program

Staff Guidelines for Working With
and Involving the Community

To Listen, Act, Make Better, Together

January 2024

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Version Control

| Version No | Changes | From | To | Endorsed By |
|------------|--|-----------|----------|--|
| 1.0 | | Sept 2023 | Dec 2024 | Community Advisory Council |
| 2.0 | Integration with SALHN CPP model incl levels of participation, requirements and payment schedule | Jan 2024 | | Community Advisory Council Clinical Executive Committee |

What is the Community Partnership Program (CPP)?

1. SALHN Consumer and Carer Engagement

SALHN's Consumer and Carer Engagement Strategy 2023 - 2025 reinforces SALHN's commitment to working with clients, the community and, where appropriate, carers and families to Listen, Act and Make Better Together. The Strategy sets out to deliver:

- A service that is appropriate, respectful and meets the diverse needs of clients, carers, and their families.
- An organisational culture of safe, responsive, and effective person and family centred care to deliver quality healthcare outcomes.
- Reliable and equitable access to care for all clients in the right place and at the right time.

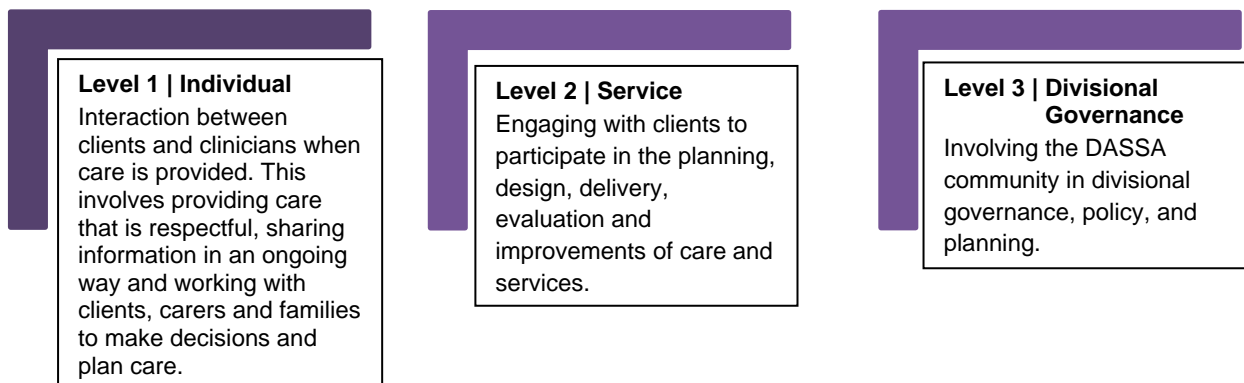
Client and community engagement within SALHN includes Community Representatives on committees and in quality improvement activities; hearing and acting on the voice of clients through our Clinical Service Community Representative program, and our Community Network and Community Representatives being involved and informing the planning, design, delivery, and evaluation of our clinical services.

2. DASSA Community Partnership Program

The DASSA Community Partnership Program (CPP) supports partnership opportunities at the service and DASSA governance level, is aligned with the SALHN framework and model, and is supported by staff within DASSA. The partnership program is particularly concerned with:

- working together as partners, openly and honestly, to collaboratively make decisions.
- sharing responsibility for decisions and collectively owning outcomes.
- ensuring that everyone has the information and skills to be equal partners.

2.1 Levels of Partnership



The DASSA CPP supports the division to partner effectively at the Level 2 and 3 partnership levels.

Community Partnership Program

The CPP is implemented in DASSA through our Community Network through four distinct bodies of work:

Having the community voice represented

Meaningful participation

Advocacy

Representation at all levels

Measuring community experience

Asking the questions

A co-ordinated approach

Satisfaction surveys

Having effective 'feedback' systems

Compliments

Suggestions

Complaints

Continuous quality improvement

"Listen Act, Make Better Together" (Quality Improvement)

Standards and evaluation

Workforce development

Further information on the rationale for the CPP is provided on our website: [DASSA's Community Partnership Program | SA Health](#)

Our Community Network includes:

- clients: past or present,
- carers, family members and support people of the above clients,
- anyone who is impacted by alcohol, tobacco and other drug services, programs, and policies.

How do community members get involved with DASSA?

Once a community member has expressed an interest in hearing about and providing their views on alcohol, tobacco, and other drug (ATOD) issues, they are included in our community by completing a Community Network Membership Form. There are two levels of participation in our program:

1. DASSA Community Network

The Community Network is the main vehicle through which we engage our community about what's happening at DASSA. People join to receive regular newsletters, provide feedback, and participate in time limited forums, such as presenting their stories at staff training, or attending a single meeting to discuss a topic of interest to DASSA, etc.

Community Partnership Program

Four ways you can hear from and engage with DASSA Community Network

| OFFER INFORMATION | ASK FOR FEEDBACK | INVOLVE THE NETWORK | REQUEST A REPRESENTATIVE |
|---|--|---|---|
| <p>Provide information about your clinical service area to the community through CPP newsletters and email updates.</p> | <p>Ask the community for feedback via email and surveys by working with the Coordinator CPP to gain community perspectives.</p> <p>No Sitting Fees apply</p> | <p>Invite a member of the network to participate in one-off conversations about alcohol, tobacco, and other drug issues. Requires confidentiality agreement.</p> <p>Subject to Sitting Fees, does not need NPC or completion of other mandatory requirements.</p> | <p>Invite a Community Representative to be part of your work in an ongoing way e.g., working groups, clinical service community representative, committees, quality improvement project</p> <p>Subject to Sitting Fees.</p> <p>Requires NPC and other mandatory requirements.</p> |

Offer information

To provide information to the Community Network, email Health.DASSACPP@sa.gov.au and explain the following:

- What the information you are providing is about
- Who you wish your request to be sent to
- When you wish it to be distributed by
- If there is any particular information you'd like the Community Network to be made aware of

Ask for feedback

Email Health.DASSACPP@sa.gov.au and request information be circulated to the Community Network. Provide at least two (2) weeks' notice and include the following:

- When you would like the feedback request distributed and the date you'd like responses by
- The target audience and questions or documents you'd like the Community Network to respond to
- If there is any particular information you'd like the Community Network to be made aware of
- How you will inform the Community Network of action taken from feedback received
- The Coordinator CPP can assist with survey development should that be a preferred way to collect feedback

Involve members of the Network (single or very time limited events)

Email Health.DASSACPP@sa.gov.au providing at least three (3) weeks' notice. Please ensure you include the following information before submitting:

- The target group you would like to invite
- What the engagement/event/time limited working group is about
- Key questions and outcomes sought
- Dates, location, and times, how often you will meet, along with how to get there
- Details of who and how to RSVP, and the RSVP date
- How you will inform the Community Network of action taken from their involvement

2. Community Representatives

A Community Representative is drawn through a recruitment process from the Community Network to participate on committees, governance meetings, working groups, project teams or be attached to a clinical service as a clinical service community representative. Their role is to:

- Advocate for the client voice.
- Bring community insight and issues to the clinical service, meetings, advisory groups, and working groups for discussion.
- Provide a non-clinical perspective to assist the clinical service, meetings, advisory groups, and working groups to reflect the clients and families/carers experiences.
- Provide community input on matters that relate to client and community experience and engagement.
- Contribute to future service delivery planning ensuring that DASSA has a client focus.
- Review and contribute to Client Information sheets, brochures, and other collateral.
- Be independent while working in partnership with staff in their provision of holistic care by increasing the involvement of clients, families, and carers.

The Community Representative either has lived experience of DASSA services and/or demonstrates a connection to specific community of interest (e.g., veterans with drug and alcohol issues), and supports DASSA to communicate with this community directly.

The Coordinator CPP coordinates all recruitment processes and will arrange introductions with committee chairs and/or services to ensure a suitable partnership.

Representatives undergo a recruitment process and have demonstrated skills enabling them to function within meetings or other group settings in an unbiased and appropriate way.

Representatives are recruited when a specific role and function is identified. They are appointed for a defined term with a probation period of three (3) months.

All appointed Community Representatives need to complete mandatory requirements including a National Police Check (NPC; the cost of which is reimbursed), statement of interest, confidentiality agreement, online training modules and show evidence of COVID-19 vaccinations.

Community Representatives attached to a clinical service will be required to complete a time and attendance record which is signed by the Service Manager and forwarded to the Coordinator CPP, together with the completed reimbursement form.

Onboarding

On commencement the Coordinator CPP will provide all Community Representatives with an orientation to DASSA/SALHN and the specific role. This will include information on the position, an overview of the DASSA and SALHN Community Participation Program, expectations, as well as general housekeeping information.

A letter of agreement describing the role and function is finalised and signed before the Community Representative commences in any role.

Mandatory Training

Community representatives, that are recruited to a specific role/function are expected to complete the following training modules:

- White Ribbon – Level 1
- Emergency Awareness (annually)
- Partnering with Consumers & Community (3 yearly)
- Aboriginal Cultural Learning (5 yearly)
- Code of Ethics (5 yearly)

There is an expectation that time spent participating in this role includes voluntary hours such as completion of training.

Community Representatives on Committees/Working Groups

Our Community Representatives on committees and working groups bring community insight and issues to meetings for discussion. They provide a non-clinical perspective to assist the committee to reflect the needs and experiences of clients and, where appropriate, carers and families.

Community members on committees/working groups add value and integrity to the decision-making processes. They will ensure that the diversity of clients is acknowledged, respected, and adequately represented.

Committee Expectations

Community Representatives are expected to participate collaboratively in committee meetings. Community Representatives can assist their committee by:

- Reading papers prepared for the meeting and provide community input on matters raised that relate to client/community experience and engagement.

Community Partnership Program

- Contributing to future service delivery planning ensuring the division has a community focus.
- Reviewing and contributing to Client Information sheets.
- Requesting further information from the Executive Officer (EO) / Chairperson as required to enable effective community input.
- Attending a minimum of 80% of meetings.

Community Representatives will be set up with an SA Government email on appointment and are expected to utilise this email for all official communication relating to their role(s).

Committees are expected to support their appointed Community Representatives by:

- Calling to notify of changes of meeting dates and times.
- Ensuring they receive a proper introduction to all committee members at the first meeting and to any other members who might not be in attendance.
- Appointing a support person from within the committee membership to assist the Community Representative understand committee functions.
- Clarifying if they need any further follow up/information.
- Providing feedback, especially what is valued by the group and what more can be done.
- Explaining technical and/or clinical terminology and implications.

Appointment term

Community Representatives on committees are appointed for a three-year period with a 3 month probation. If a Community Representative is not meeting the expectations of the Committee, the appointment may be ceased.

How can I involve community members in my work?

Step 1:

Choose the level of engagement you would like, considering the right level for the situation.

For example, there is no point consulting people if there is no ability to make changes – in this instance, providing information about a change is more appropriate. Conversely, if you are looking for specific feedback, often consulting our Community Representatives on our committees may be more valuable than requesting feedback from the Community Network as you can discuss the concepts in much more detail and answer any questions the community member might have.

The Coordinator CPP can help you to decide.

Please note:

- **Community Representatives or Members of our Community Network cannot be engaged directly by any member of staff.**
- **All requests are coordinated by the Coordinator CPP - this supports equality of partnership opportunity amongst all members of the Community Network.**
- **All reimbursement costs (Sitting Fees) are to be paid by the requesting cost centre. If the partnership opportunity is across services, the cost centre will be identified by the Director.**

Step 2:

Contact the Coordinator CPP and advise details of the type and level of engagement you are conducting.

Step 3:

The Coordinator CPP will send out your opportunity via the Community Network and seek expressions of interest (EOI). The Coordinator CPP will discuss EOIs received with you and ensure an appropriate selection is made.

Barriers to Participation

It is important to acknowledge that there can be barriers to community partnership. These can be structural, attitudinal, or cultural. Barriers can be overcome if we are open and honest about them, and we encourage staff to discuss these openly and respectfully with the community.

This level of engagement is often unfamiliar and requires everyone involved to be willing to adopt changes in the processes we use and accept the perspective we all bring. This change can bring to the surface fear, baggage from past experiences, and negative attitudes.

Some of the common barriers (along with some potential solutions) are as follows:

| Barrier | | Solution |
|------------|---|---|
| Attitude | clients 'won't understand' | Explain, help them to understand how DASSA operates. Try and not use jargon and abbreviations. |
| Attitude | 'People won't keep things confidential' | Practice trust. All Community Representatives have signed a Confidentiality Agreement and Code of Conduct, and the importance of confidentiality is described at their Induction. |
| Attitude | 'my workload will increase' | Be open. Evidence shows that community partnership reduces workload. We will ensure this is a user-friendly system. |
| Attitude | 'participation will slow processes' | Take the time. Systems in health care are supposed to be first and foremost client centred. We have an obligation to ensure they work for the client. |
| Attitude | 'Nothing will change' | Be clear. Describe the limits of change, what we can/cannot change. As an evidence-based organisation, if the evidence says there is a better way – we should consider it! |
| Attitude | 'Community will expect more than DASSA can offer' | Be clear. Describe the limits of change, what we can/cannot change, and discuss expectations and scope of role and function at an early stage. |
| Structural | Rural/remote location | Look for opportunities to engage across the service. Work with local services to provide additional methods of feedback (email or phone) where possible |
| Structural | Insufficient skills | Teach and support them; give them the skills so they can participate, pose questions, and give time in meetings so they can participate. |
| Structural | Learning new processes | Give clear instructions and provide encouragement. |
| Cultural | Language diversity | Seek support from the Interpreter Service. |

Reimbursement

Community Representatives are entitled to reimbursements for their time spent on Consumer Engagement activities. Reimbursements are processed in line with the [SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive](#).

Community Representatives are entitled to the following reimbursements:

- meeting attendance.
- meeting preparation for up to 1 hour per meeting and can include reading agendas, papers, emailing and liaising with DASSA staff.
- travel to and from DASSA sites (up to a maximum of 32km per 1-way trip).
- Community Representatives may be appointed as a Chair of a committee (approved on a case-by-case basis). The approved Chair must have the skills and knowledge for the complexity of work required. Community Representatives who are chairing a committee will be reimbursed at \$40 per hour.

Reimbursements are to be submitted to the Coordinator CPP within two (2) weeks of the claimed activity occurring. Under the SA Health Policy, claims older than three (3) months will not be processed.

Reimbursements must be submitted using the *SA Health Consumer Sitting Fee and Reimbursement Claim Form* and include any receipts.

Claim forms must be authorised by the relevant delegate **prior** to submission to the Coordinator CPP.

Specific reimbursement relating to Clinical Service Community Representative (CSCR) role can be found within the CSCR manual.

Completed forms can be emailed to Health.DASSACPP@sa.gov.au or posted to the following address:

Attention: Community Partnership Program
DASSA
91 Magill Road
Stepney SA 5069

Note: Where paid participation is for representation on an ongoing committee or similar, reimbursement forms should be submitted after each meeting.

Confidentiality and Anonymity

For members of our Community Network and Community Representatives to feel comfortable working with us (and for us to minimise the power differential), it is imperative to maintain confidentiality and anonymity.

Often, anonymity can be broken in unintentional ways and without any ill-intentions.

For instance, if you know a person who is engaging with us as a former client, to comment out loud on how great they look since you last saw them, or how long it has been since you have seen them at a service, breaks their anonymity as a client.

Members of our Community Network and Community Representatives can be very open about their experiences and have no issues discussing their involvement with DASSA. Despite this we need to ensure that it is them who instigate this, not us.

To maintain confidentiality here are some points to consider:

| Do | Don't |
|---|--|
| Ask about why they were interested in becoming a representative/member of the Community Network | Ask how they were/are involved with DASSA |
| Ask what interests them about alcohol, tobacco and other drug treatment/services/policy | Ask them what treatment/services they have experience in using |
| Let them know they do a great job interacting in groups | Tell them they have 'come a long way' |
| Discuss their experience IF they instigate the conversation | Refuse to enter into conversations the Community Member has instigated |

If we identify in any way if Community Representative fits into the 'client', 'carer' or 'community' category we are breaking their anonymity

All personal information regarding a member of the DSASSA Community Network or Community Representative program is strictly confidential and is stored in a secure file.

No personal information regarding a Member of the Community Network (including Community Representatives) can be shared with a third party outside DASSA/SALHN Consumer Engagement Unit.

All Community Representatives are required to read, understand, and sign a Confidentiality Agreement prior to commencement.

It is a condition of appointment that Community Representatives do not use or disclose, directly or indirectly, either for their own benefit or that of others, to any person, or organisation, any confidential information.

Confidential information refers to any information relating to clients, staff or volunteers working within DASSA and SALHN. Failure to maintain confidentiality will result in termination of the Community Representative's appointment.

Community Representatives are also requested not to give their own personal details to clients or their relatives or friends.

If you have any concerns about privacy, please contact us: Health.DASSACPP@sa.gov.au

What support can I expect?

For staff members who are unsure of how to get involved, how to engage with members of the Community Network, or who would like some additional training, contact the Coordinator CPP who is there to support you and assist with any participation opportunities that you are looking to develop.

Evaluation

Community Representatives are encouraged to provide feedback on their experiences at any time to the Coordinator CPP, who will work with the individual and service or committee if required, to action any feedback or concerns raised. Similarly, service areas and committees/working groups can contact the Coordinator CPP at any time to provide feedback or seek support and guidance in managing an issue.

Newly appointed Community Representatives will be given the opportunity to feedback on their experiences three (3) months post commencement, to ensure that any additional support can be provided.

A set of evaluation questionnaires have been developed to evaluate the experience of Community Representatives and is intended to form a regular review of our systems and processes for Community Engagement. Services and committees will also be given the opportunity to provide feedback on their experiences with their appointed Community Representative.

The evaluations will be completed annually as part of a simplified performance evaluation discussion in conjunction with the Coordinator CPP.

Resignation and termination

In the event a Community Representative decides not to continue their role, they must submit a letter of resignation to the Coordinator CPP at least one week prior to the chosen resignation date.

The DASSA Clinical Co-Director reserves the right to cease engagement of Community Representative at any time if they engage in serious misconduct or operate outside the scope of their role.

Who can I talk to if I need more information?

If you have any questions or you would like more information about anything to do with the Community Participation Program, contact:

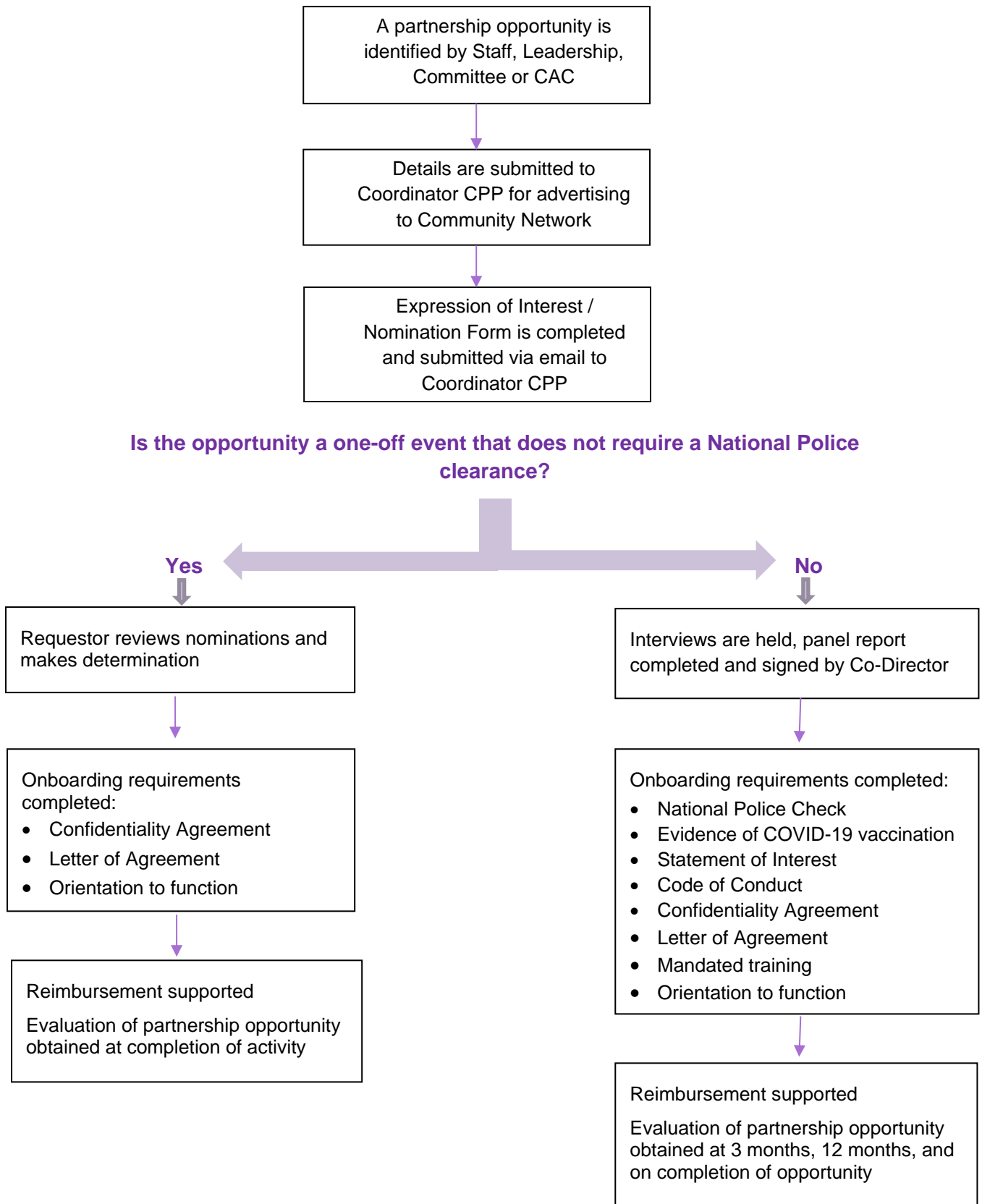
Ph: 0466 480 811

E: Health.DASSACPP@sa.gov.au

W: www.sahealth.sa.gov.au/dassaprograms

Community Partnership Program

Appendix 1 Staff Engagement Process



Appendix 2 Sitting Fee Structure

Central to the work of the Drug and Alcohol Services South Australia (DASSA) is listening to and collaborating with its community. For DASSA this is underpinned by a commitment to ensuring the voices of a wide variety of community experiences are heard.

Paid participation recognises the important contributions community members make to DASSA. This structure describes DASSA's commitment to paid participation by offering:

- an hourly sitting fee for individuals who are invited or nominated, through the Community Network to give expert advice and share their experiences to inform the work of DASSA
- to pay for travel costs (up to 32 kms each way) to allow these individuals to give their time; and
- to reimburse any reasonable associated out of pocket expenses.

To this end, DASSA adheres to the [Sitting Fees and Reimbursement for External Individuals Policy | SA Health](#)

Who is eligible for sitting fee payments?

Only individuals who are recruited from the Community Network to actively participate in a community engagement activity.

When are people paid?

Sitting fee payment will be provided for activities where individuals are **invited by DASSA** through the Community Network to make a contribution to its work.

When are people not be paid?

Payment for participation and reimbursement of travel costs **may not apply** in certain circumstances including:

- > attendance at open forums or presentations, conferences, information sessions, training or consultations by DASSA.
- > completion of mandatory training.
- > ad hoc communication and discussions with DASSA.
- > where a person represents an organisation, group or council and are funded as part of their recognised duties to engage with DASSA.
- > where a person is an employee or contractor of the public service or a publicly funded agency.
- > where a person's employment, employer and/or affiliations fund them to represent, promote or advocate the issues that are the focus of the paid participation.

Sitting fees

Sitting fees are remunerated in line with SA Health's Sitting Fee Policy. Reimbursements will be confirmed annually to all Community Representatives.

Where preparation or reading time has been agreed in advance this is to be noted on the sitting fee form and countersigned by the organiser. Reading time, if agreed upon, can only be remunerated at a maximum of one (1) hour.

Any sitting fees/reimbursement is for actual time spent at participation events or in providing significant contribution in participation processes is provided in line with the [Sitting Fees and Reimbursement for External Individuals Policy | SA Health](#)

Absence from an agreed paid participation event/activity for any reason does not warrant payment.

[Consumer Sitting Fee and Reimbursement Claim Forms](#) and any receipts for reimbursement are to be provided within two (2) weeks or as soon as practicable after the date of expense for the payment of incurred costs to occur.

Receipts older than three (3) months will not be accepted.

Receipts, payslips and/or other records relating to loss of income, travel including mileage, and other costs must be produced for payment to occur.

The maximum time for working that may be remunerated in one day is eight (8) hours.

Travel costs

We will endeavour to meet all reasonable travel costs associated with participation in DASSA activities (up to a maximum of 32km per 1-way trip).

Please note: Where cost of travel reimbursement impacts on capacity for a broad range of stakeholders to be engaged, the use of video/teleconferencing will be considered.

Process

The process for managing paid participants is as follows:

1. Utilise Community Network to:
 - a. call for Expressions of Interest - clearly identifying the purpose, length of commitment, mandatory requirements (e.g. National Police Check, evidence of COVID-19 vaccination)
 - b. select person/people to be involved – may be via interview
2. Once a person/people have been selected and they have agreed to be involved
 - a. inform them what costs will and won't be covered
 - b. Support the person to complete induction processes including mandatory training, completion of forms, and expectations.
 - c. provide them with participation claim form and supplier maintenance form
 - i. [Consumer Sitting Fee and Reimbursement Claim Forms](#)
 - ii. [Supplier+Creation_Maintenance+Form.pdf \(sahealth.sa.gov.au\)](#)
3. Once the activity/event has concluded, ensure participation claim forms and any receipts for reimbursement are submitted to DASSA within two (2) weeks. Receipts provided later than three (3) months from date of participation event will not be reimbursed.

Please note: Where paid participation is for representation on an ongoing committee or similar, paid participation forms should be submitted after each meeting.

Disputes

Any disputes over payment of sitting fees are to be discussed with the Project Officer, Community Participation Program (on 0466 480 811 or Health.DASSACPP@sa.gov.au) in the first instance. If not resolved please speak with your Manager.