

OFFICIAL

Drug and Alcohol Services South Australia

Community Partnership Program Information Pack

To Listen, Act, Make Better, Together

January 2024



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Acknowledgement

We acknowledge the Kurna people are the traditional custodians of the Adelaide Plains and pay respects to Elders past, present and future.

We recognise and respect their cultural heritage, beliefs and relationship with the land. We acknowledge that they are of continuing importance to the Kurna people living today.

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 Leadership Committee

Introduction

Southern Adelaide Local Health Network (SALHN) has a strong and proud history of working hand in hand with clients, carers and families. It is at the heart of everything we do. We are dedicated to creating real relationships with clients and carers, working in partnership to achieve what matters to them today, tomorrow and into the future.

We know that the delivery of person and family centred care is the foundation for achieving safe, high-quality healthcare that contributes to better outcomes and experiences for consumers, families, carers and staff.

The Drug and Alcohol Services South Australia (DASSA) is a clinical division of SALHN and its Community Partnership Program (CPP) is aligned with SALHN's Consumer and Carer Engagement Strategy, model and processes.

What is consumer and carer engagement?

At SALHN consumers are at the centre of everything we do. SALHN recognise 'community' as users, previous users or potential users of current health services, including their family and carers. DASSA also recognised other organisations as members of our community.

Consumer engagement refers to the wide range of strategies for involving our community in the planning, service delivery and evaluation of healthcare. It includes partnerships between clients and health professionals when care is provided at an individual level, as well as partnerships with the community at the health service, divisional (DASSA) and network (SALHN) levels.

Why is partnering with our community important??

Partnering with our community, including clients (current and previous), carers, families and other organisations, and drawing on their knowledge and experience guarantees a better client experience, a more cost effective co-designed service, and service delivery that meets the needs of the community, which results in improved health outcomes.

The CPP engages clients, carers, and the community in a variety of ways. This information pack outlines the program, how we work together with our community, and provides you with information on how to get involved.

Meaningful Participation

We believe effective participation is key to providing the best service possible; and that participation must be meaningful if it is to be effective.

We acknowledge that engaging our community in decision making about our services, programs and policy may be a difficult task. However, we are committed to working hard to ensure that it is a reality.

Program Values

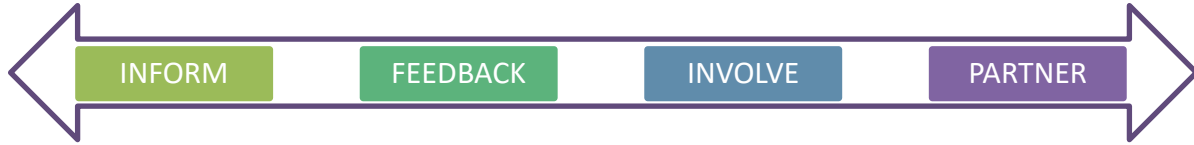
The Community Partnership Program is guided by, and strives to uphold the following values:

- > Honesty: in what we do and what we say.
- > Transparency: in all aspects – the good, the bad and the ugly.
- > Accountability: of us, and of you.
- > Equality: no person is more valued than any other.
- > Empowerment: so that you CAN make a difference and you ARE heard.

Degrees of Engagement

An important component of respecting each community member’s differences is offering a range of engagement methods. These may be used simultaneously and/or differ according to each individual, division, or specific consultation needs.

The sequence of involvement is as follows (the closer to ‘partner’ we get with each engagement, the more meaningful participation is):



There are four ways community members can get involved with DASSA’s work activities to engage and share their knowledge, feedback and experiences:

BE INFORMED	GIVE FEEDBACK	BE INVOLVED IN A ONE-OFF EVENT	COMMUNITY REPRESENTATIVE
<p>You can get information such as newsletters and email updates by being a member of our Community Network (mailing list).</p>	<p>You will be asked for your input and feedback and be given opportunities to respond to emails or surveys via our Community Network (mailing list).</p>	<p>Members of the Community Network will be offered opportunities to participate in one-off conversations.</p> <p>Sitting Fees apply.</p> <p>Participants required to sign confidentiality agreement.</p>	<p>You can apply to be a Community Representative on a committee/working group or attached to a service or function.</p> <p>Recruitment only occurs when a position is available.</p> <p>Sitting Fees apply.</p>

The Community Partnership Program aims to engage community members in the following ways:

1. Community Network – Inform/Involve

A register of community members who are contacted regularly to be informed of DASSA business, given opportunities to provide feedback or share their experience, and offered opportunities to participate in time limited activities. Expressions of interest for a community representative position will be open to all members of the Community Network. No National Police check is required to fully participate in the online forum or attend a single event that is supported by staff.

2. Community Representatives

a. Recruited to working groups, project teams or attached to clinical services - Involve/Partner

Recruited to a specific role/function and partners with DASSA in the planning, design, delivery, evaluation and improvement of care and services. This role may be attached to a clinical service or support a specific function.

This role requires applicants to undergo an interview and show evidence of a National Police Check in the previous 12 months, show evidence of COVID-19 vaccinations and

complete a statement of interest, confidentiality agreement and five small online training modules.

b. Recruited to governance committees including the Community Advisory Council

Community Representatives are recruited to specific DASSA committees including the Community Advisory Council. Expressions of interest for Community Representatives on committees will be open to all members of the Community Network.

This role requires applicants to undergo an interview and show evidence of a National Police Check in the previous 12 months, show evidence of COVID-19 vaccinations and complete a statement of interest, confidentiality agreement and five small online training modules.

The role requires Community Representatives to explore all agenda topics through the lens of a client/the community, and ensure the principles of person-centred care and the Charter of Health Care Rights are upheld.

Membership on committees is for a three-year period.

Benefits

For DASSA's community:

A better service system

- > Develop a higher quality service that is more responsive to community needs.
- > Resources are more appropriately produced and allocated to provide services most relevant to the community.

Targeted Policies

- > Drug policy is more reflective of the concerns and beliefs of the community.
- > An increase in community satisfaction with policies and legislation.

Empowerment and psychological wellbeing

- > As community members engage in the participation process, they are more able to express their dissatisfaction with services and to offer solutions or ideas for improvement.
- > Disengagement from a particular service is less likely if a community member is given the chance to voice concerns.
- > Listening to and valuing a person's experiences and knowledge promotes self-esteem. This is a particularly positive outcome for a person who uses DASSA services and may be carrying the shame and stigma of their drug use.
- > Participation has the potential to change a person's position from that of always needing help to being able to contribute and help others.
- > A sense of empowerment contributes to the person's own recovery process and often contributes to positive outcomes.

Skills and confidence

- > Involvement and participation connects people. It provides support and promotes networking and friendship among peers, interest groups and DASSA staff.

- > Community members may gain skills in areas such as how to run meetings, communicate ideas, make decisions, deal with conflict, and gain support for a cause. These skills can be transferred to a person’s wider life.

For DASSA:

- > Community members contribute to DASSA’s growth by providing feedback and solutions.
- > Community members who have a say and are involved in the planning process are more likely to be positive about new procedures/services or changes to services.
- > Financial efficiency achieved by tailoring DASSA to its community’s needs – targeted programs can streamline funding.
- > Trust is built between the community and DASSA staff.
- > As DASSA improves through community partnerships, staff experience greater job satisfaction.

Barriers

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

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	‘Nothing will change’	We will outline what we can/cannot change and discuss expectations at an early stage. As an evidence-based organisation, if the evidence says there is a better way – we will do it!
Attitude	‘My treatment will suffer if I say things staff don’t like’	We believe some of our greatest learning can come from constructive criticism. We will listen and take your experience on board, and without prejudice, even if it is hard to hear.
Attitude Structure	“I won’t be eligible as I have had contact with the police’	Having previous contact with the police will not stop you from partnering with us. We have a confidential process in place to support you work through this if you are interested in a Community Representative role.
Structural	Rural/remote location	We will work with local services to provide additional methods of feedback (email or phone) where possible.
Structural	Insufficient skills	Before participating in forums we will support you to ensure you feel comfortable and have what you need to be able to fully participate.
Structural	Learning new processes	This will take a little time, but we will provide you with clear instructions and encouragement the most user-friendly system possible.
Cultural	Language diversity	We work closely with Culturally and Linguistically Diverse (CALD) services who are able to represent your interests if you are not.

How do I join the DASSA Community Network?

So, you want to be involved? Fantastic! If you have been a client, carer of a client, or are a community member with an interest in alcohol, tobacco and other drug matters then you can become a member of the [DASSA Community Network](#) by completing this form:

[Membership Form - CPP DASSA](#)

Once you are a registered on our Community Network you will begin to receive information regarding partnership opportunities. These may be providing online feedback, completing surveys, or partnering with us on committees, in working groups or within clinical services. The requirements of the opportunity will be detailed.

Should you choose to stop being a member simply contact us and we'll remove your name from the [Community Network](#).

Further information

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

Coordinator Community Partnership Program

Telephone: 0466 480 811

Email: Health.DASSACPP@sa.gov.au

Appendix 1. 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 specific 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.

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 recruitment to partnership opportunities 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 paid 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 Coordinator, Community Participation Program (on 0466 480 811 or Health.DASSACPP@sa.gov.au) in the first instance.

Appendix 2. Definitions

Roles

Client: someone who has used, currently uses, or is eligible to use a DASSA service or program.

Carer: someone who provides care and support for their parent, partner, child, or friend who has an alcohol, tobacco, or other drug (ATOD) concern.

Community Network Member: a broader term for persons who use, have used or are potential users of ATOD services, or are impacted by drug policy. For example: clients, family members, carers and other support people, client/carer representatives, members of client/carer groups and representatives of advocacy groups.

Community Representative: a community member who has been recruited from the Community Network to a specific role and function, is trained and inducted, and offers their time and experience.

All Community Representatives follow a recruitment process that includes training and induction.

Processes

Community engagement: refers to the connections between government, communities and citizens in the development and implementation of policies programs, services, and projects. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge, and experience.

Consultation: a method to engage early with consumers and/or community to obtain feedback on issues, analysis, alternatives, and decisions being considered by SA Health. It should be considered as part of an engagement process.

Partnership: working together collaboratively to make decisions, sharing responsibility for decisions, and collectively owning outcomes.