Australian General Practice Network

Medicare Local - Primary Health Care Organisations

Community Engagement Toolkit

Jim Cavaye

Cavaye Community Development

April 2011

Medicare Local - Primary Health Care Organisations

Community Engagement Toolkit

Contents

Disclaimer

Introduction

In April 2010, the Federal government announced the establishment of Medicare Local Primary Health Care Organisations (MLs) as part of national health reform including a National Health and Hospital Network (NHHN), the development of local hospital networks (LHNs) and significant changes to funding arrangements.

A Medicare Local PHCO is a not-for-profit organisation with responsibility for coordinating and integrating primary health care (PHC) services to best meet the health needs of patients in their local communities.

Many regional General Practice Networks are currently applying to the Commonwealth Government to become a ML.

In fulfilling their coordination role, a key function for MLs will be to engage with community stakeholders. This is so that MLs fully understand local primary health care issues and needs and reflect them in ML priorities and coordination. Moreover, it is a fundamental way for MLs to operate and appropriate community engagement is a key expectation of the Federal Government.

So how does a ML effectively engage with communities? It is not as simple as simply talking with people or running more forums or public meetings. Indeed, unplanned or inappropriate engagement can contribute to overconsultation, disengagement and the selective influence by particular groups or individuals.

Some people in prospective MLs may also see engagement as inefficient, involving community debate before decisions can be made and action taken. They may also not see it as "core business" and be tempted to focus on issues inside the ML and not on relationships with outside stakeholders.

However, appropriate, well planned and effective community engagement is crucial to the operation of MLs. This takes fundamental understanding, skills and confidence, leadership and organisational processes to support engagement.

This toolkit supports the capacity of MLs, their professional partners and consumers to engage effectively, taking advantage of the opportunities provided by good stakeholder relationships and managing risks and potential difficulties. It provides background information for a Community Engagement Collaborative Working Masterclass for ML staff and board members and consumer representatives.

The Community Engagement Collaborative Working Masterclass

The Australian General Practice Network is supporting the engagement capacity of General Practice Networks applying to be MLS. The two day masterclass aims to help participants to:

- gain a better understanding of community engagement in relation to MLS,
- better understand reasons for engagement and the benefits and risks involved,
- develop practical ways of addressing opportunities and challenges in community engagement,
- develop a practical engagement plan,
- be skilled in the use of methods of engaging with stakeholders,
- be able to identify and understand stakeholders and their issues and motives,
- be able to better broker services and coordinate with other stakeholders,
- develop frameworks to effectively evaluate engagement performance.

Update on Medicare Local PHCOs

A Medicare Local PHCO is a not-for-profit organisation with responsibility for coordinating and integrating primary health care (PHC) services to best meet the health needs of patients in their local communities. A ML is not, in the main, a facility where services are delivered. Rather, it acts as a coordinator of many of the currently disjointed services within PHC to ensure that patients can access all the PHC services and facilities they need in a timely and affordable way.

Medicare Local PHCOs aim to improve coordination and integration of primary health care in local communities, address service gaps, and make it easier for patients to navigate their local health care system. They also will ensure more responsive local GP and primary health care services that meet the needs and priorities of patients and communities; and help make primary health care work as an effective system as part of the overall health system.

Medicare Local PHCOs have the following objectives:

1: Improving the patient journey through developing integrated and coordinated services,

2: Provide support to clinicians and service providers to improve patient care,

3: Identification of the health needs of local areas and development of locally focused and responsive services,

4: Facilitation of the implementation and successful performance of primary health care initiatives and programs,

5: Be efficient and accountable with strong governance and effective management.

To achieve these objectives, MLs will conduct activities such as the following:

- collaborating closely with Local Hospital Networks and local Lead Clinician Groups, once established, to deliver more coordinated, integrated, locally responsive and flexible health services so that patients transition smoothly in and out of hospital and people access the full range of PHC services, especially for those with chronic disease,

- improving the planning of primary health care services to respond to local needs,

- targeting areas of unmet service need and facilitating access to services to fill these service gaps,

- working with Local Health Networks on care pathways, hospital avoidance programs and transitions out of hospital and/or to aged care,

- delivering health promotion and preventive health programs targeted to risk factors in communities, in cooperation with the National Preventive Health Agency, once it is established,

- undertaking population level planning and potential fund-holding roles as needed in areas of market failure and where patient needs are not being met,

- providing patients with increased access to information about services available in the local area,

- undertaking obligations in relation to the Government's proposed transparency, performance and accountability arrangements for health reform, including Healthy Communities Reports prepared by the National Performance Authority (NPA),

- supporting the development of e-health and health information, including shared electronic health records, data provision to drive health system performance, service planning, monitoring and evaluation,

- supporting the ongoing development of primary health care infrastructure, including GP Super Clinics,

- supporting initiatives to increase and enhance the primary health care workforce to meet local community needs.

Medicare Locals are expected to be closely involved with other reform initiatives to help drive and strengthen the primary health care system such as:

- fast-tracking the after-hours GP care reform to allow patients to receive face-to-face GP services outside normal operational hours,

- implementing new program arrangements through a single funding agreement, giving Medicare Locals flexibility to address areas of need in their local communities,

- providing Medicare Locals with the potential over time to manage more flexible funding to target services to meet gaps in service provision in order to meet their local community's specific needs.

The activities that Medicare Locals will do above and beyond those done by existing Divisions of General Practice include:

- coordinating primary health care services beyond general practice, encompassing a range of primary health care practitioners in the community,

- supporting the implementation of initiatives that improve the prevention and management of disease in general practice and primary health care,

- driving more efficient use of health resources, including the potential for administering flexible funding pools to target gaps in primary health care service provision,

- improving patients' access to services by improving the co-ordination and integration of care both within the primary health care sector and across other sectors of the health,

- driving telehealth services via Medicare Locals enabling Australians to receive health services at home.

What MLs Mean for Health Roles

The development of MLs has different implications for various health roles. What a ML means for these roles is described below.

General Practitioner

GPs will still remain as clinical leaders and managers within their practices and communities. What the changes mean is that they will now be better supported to be able to do their jobs more efficiently and effectively. Specifically, GPs can expect to see the following differences:

- They will be supported by a team of multidisciplinary primary health care professionals including practice nurses and nurse practitioners, and allied health professionals such as pharmacists, psychologists and dieticians. Better connected and coordinated care will build and maintain stronger and more accurate referral pathways; it will facilitate multidisciplinary input around the best personalized care plans – especially for those patients with chronic conditions; and it will allocate treatment responsibility to the most appropriate team member – such as wound management to the practice nurse, which will take some of the burden off the GP, allowing them more time for individual consultations and other necessary duties which will in-turn promote better quality care.

- Medicare Locals will promote and facilitate the roll out, adoption and utilization of eHealth technology in general practices, making it noticeably easier for GPs to manage their patients by keeping accurate digital records, electronic prescribing practices, secure messaging for consultations and results dissemination, electronic discharge and referral, patient reminder messages and telehealth services which will make reaching less mobile patients and patients living in rural and remote areas much easier and time efficient.

- GPs will have greater service flexibility and enhanced access to additional services for their patients such as health promotion and prevention services. Blended payment models will continue alongside existing fee for service arrangements to deliver more flexible remuneration for a range of general practice services.

- Finally, GPs will have more say in community health planning, helping to identify and address service gaps and access barriers through engagement and advice. GPs will also have a greater say in clinical governance and care models through the introduction of Lead Clinicians Groups who will be working in close collaboration with Medicare Locals.

Health Care Consumer

Medicare Locals will be able to deliver for health consumers:

- **Greater access** through better integrated, coordinated care, eHealth technology, population and service planning, and after hours GP services, including a 24 hour medical advice line.
- **Greater equality** as population health planning, consumer and stakeholder engagement and a mandate to identify vulnerable groups facilitates the targeted provision of culturally sensitive services to those groups most in need.
- **Responsiveness** through a proactive approach, where funding and services will no longer be rigid, siloed and provider-driven, but rather they will be flexible and needs-driven as determined by the communities they serve.
- **A continuum of care** where navigation within the system is made easier through enhanced communication, eHealth technology, partnerships and strong referral pathways.
- **A greater say in how their health care system is run** through formal consumer engagement and increased transparency and accountability.
- **Greater confidence in the system** through a strong focus on quality and safety, particularly through clinical governance bodies like Lead Clinicians Groups.

Hospital/Acute Sector Management

Hospital/acute sector managers can expect decreased numbers of unnecessary hospital admissions as Medicare Locals expand the scope and access to primary health care services, resulting in more people being treated at the primary care level. This will include emphasis on prevention and health promotion activities and better chronic disease management. This will lift some of the resource burden off many hospitals.

They can also expect a better 'patient journey' for their patients as Medicare Locals will work with Local Hospital/Health Networks (LHNs) to establish and implement better information and transfer policies. This will include better communication tools and the increased utilisation of eHealth technology including electronic discharge and Personally Controlled Electronic Health Records (PCEHR).

Medicare Locals will also work with LHNs in population health planning and needs analysis to collaboratively plan services to fill gaps and optimise resources.

Community Health Organisation

Non-government community health organisations (CHOs) providing health and social care services will be key strategic partners of Medicare Locals. Medicare Locals will therefore be highly active in establishing and maintaining meaningful and collaborative engagement strategies with CHOs; making the attainment of community and stakeholder engagement skills all the more necessary.

Advocacy Group

Medicare Locals will, over time, become the first choice 'go-to' regional primary health care organisations. This will make them the best positioned organisations to engage with advocacy groups in taking their messages forward in developing primary health care policies and programs.

Medicare Locals will also be engaging and forming working relationships with the broad stakeholder community, including and especially consumer and special needs groups. They will be looking to inform locally relevant policies through this process.

Medicare Local – PHCOS and Community Engagement

The engagement of a community members and a range of other stakeholders will be crucial to the operation of Medicare Local PHCOs. In order to fulfil their roles such as coordination of services, understanding local needs, planning and the provision of information, MLs will need to engage effectively with a diverse range of stakeholders. This would include consumers, doctors, nurses, allied health and State-funded community health providers, advocacy groups and key community members.

Many existing General Practice Networks have relationships with stakeholders but the establishment of MLs will considerably expand the breadth, importance and sophistication of current engagement.

Key engagement roles would be:

- To identify relevant stakeholders and develop contacts and relationships with them,

- To proactively engage with practitioners across the spectrum of primary health care provision,

- To establish processes to engage effectively with patients, clinicians, Local Hospital Networks, local Lead Clinician Groups and other stakeholders to identify and remedy service gaps and to coordinate services,

- To engage with local communities and local health care services to reflect them in the governance of Medicare Local PHCOS,

- To enhance the provision and access to information to improve patient awareness of the availability of services,

- To engage specific stakeholders closely on particular issues such as general practitioners,

- To enhance internal processes including engagement planning, methodology and performance measurement.

These roles have implications for the operation and capacity of MLs. Some key issues that would need to be considered are:

- Cultural change that more clearly sees community engagement as part of core work for primary health care organisations,

- Developing the capacity and skills and staff in engagement,

- Developing internal systems that incorporates community engagement activities into project planning, budgeting and accountability,

- Maintaining feedback, follow up and continuity of contact with stakeholders, not just initial contact,

- Using methods that are appropriate, adapting to how stakeholders prefer to engage and being aware of risks of over-consultation and engagement fatigue in the community and health sector.

Why Engage with Stakeholders and Communities?

Consider these scenarios:

South Somewhere Medicare Local PHCO

South Somewhere is a growing urban area across the southern suburbs of a major metropolitan centre. It is a classic "mortgage belt" area with young families and people from a multicultural background attracted to the area by relatively affordable housing. However, primary prevention and clinical health services are struggling to meet growing demand.

The South Somewhere Medicare Local PHCO is looking to coordinate services to best meet local needs. The CEO, Helen, has large demands to simply get more services "out there". She and other ML staff feel that they need to get the Medicare Local's governance, plans and priorities sorted out before they go to any community involvement. She has clear performance indicators and there is pressure on to develop plans. Helen feels that community engagement just makes things slower and harder.

What should Helen do?

What are the benefits and challenges involved in her options?

Central Mallee Medicare Local PHCO

The Central Mallee Medicare Local PHCO is in a regional area with the hub town of Brigalow and several smaller rural communities. The community has seen the steady loss of population and services. It is difficult to attract doctors and to access specialists in larger urban centres. At the same time, community members are suffering "consultation fatigue" and many people are cynical about health services and government generally.

The CEO of the Medicare Local PHCO, Phil, sees community engagement as a key role for the organisation. However, it is difficult to have people attend meetings and conventional engagement activities. When they do, they see the Medicare Local PHCO as just another arm of government and strongly criticise government services. GPs and some allied health providers are cautious about the new organisation and question its coordination role as unimportant compared to service delivery.

What should Phil do?

What are the benefits and risks of his options?

Why Engage with Stakeholders and Communities?

Why is engagement so important for MLs? Before we answer this, it is important to point out that many General Practice Networks and other organisations applying to become a ML already engage with stakeholders. The engagement expected of MLs builds on this existing engagement. While it is not necessarily new, it will require more planning, capacity, skills and sophistication.

Key reasons for MLs to engage with community and primary health care stakeholders are as follows:

1. Engagement is fundamental principle of primary health care

The World Health Organisation (2011) describes the following core principles of primary health care:

- universal access to care and coverage on the basis of need,
- commitment to health equity as part of development oriented to social justice,
- intersectoral approaches to health,
- community participation in defining and implementing health agendas.

Community participation is a foundation principle of primary health care both in the World Health Report 2011 and the Alma Ata Declaration (WHO, 1978). As PHC organisations, MLs have a fundamental role in engaging relevant stakeholders and community members. This allows primary health care to be effective, empowering people to participate in health improvements in their community and having input to the way services are delivered.

2 The roles of MLs require stakeholder engagement.

The roles of MLs such as coordination, meeting community needs, brokering services and local planning fundamentally will involve a wide range of stakeholders and community members. MLs will need to engage with PHC stakeholders so they can fully participate in addressing local service issues, planning and in working with other stakeholders to ensure coordinated services. MLs will also need to engage community members to understanding local needs and gaps and ensure the services meet needs.

3. Engagement can lead to improved health outcomes

Community engagement can make health promotion and prevention initiatives and the delivery of health services more relevant and effective. This ultimately can improve health outcomes. By engaging stakeholders, MLs and health service providers can better understand and meet local needs, mobilize existing community networks and capacity and have a greater understanding of what population health solutions are likely to be appropriate and sustainable.

There is evidence that effective community engagement can lead to services that are more responsive to community need, more inclusive and better targeted to address health inequalities (McEvoy, 2008; Crowley, 2005). Moreover, evidence also shows that communities and individuals having some collective control over decisions affecting local health, can substantially contribute to a healthier population.

4. Leveraging community assets and capacity

Community engagement acknowledges community members as a source of capacity and knowledge. MLs can benefit from community skills, understanding, networks and experience. Consumer input into approaches to local health services also acknowledges and draws on the knowledge and experience of the ‘end-user’. This contributes to solutions that are well matched to consumer and community requirements.

5. Increasing Community Expectations

The attitudes and expectations of community members and other stakeholders are changing towards having greater input into services and services being more accountable locally. People are generally becoming less accepting of services that are seen to be inefficient or inappropriate. There are higher expectations of efficient service delivery and people are more likely to speak up about gaps and perceptions of poor or inefficient health care. Engagement is important to people having a proactive role in primary health care and appropriate engagement can potentially reduce protest and complaint.

6. Greater accountability and transparency

Consumer and community participation in decision-making can support transparency at a planning level, and enhance consumer and community faith in the transparency of decision-making processes. Community engagement and participation is also necessary to support accountability to the community by informing them about actions and performance and enabling them to act in ways to hold the organisation accountable for actions and outcomes.

7. Community members and consumers have a right to participate

The principle of consumer and community engagement is underpinned by a belief that those who are affected by a decision have a right to be involved in the decision-making process. This recognises that consumer and community values should inform service prioritisation and strategic planning. It has been argued that decisions informed by community values support principles of equity and social justice to be upheld in processes and realised in outcomes.

8. Helping to reducing outrage

Appropriate engagement can potentially reduce community complaint and outrage. Key community members having input to primary health care approaches and coordination can help build community ownership and understanding of constraints on services. Complaints and advocacy clearly remain as legitimate processes but engagement may contribute to input and information-sharing prior to the point of outrage.

9. Community trust and "buy in"

Consumer and community engagement and participation has been shown to enhance the level of community trust in a service or organisation. It also can develop greater community support and ownership of services and initiatives. UK experience suggests that the majority of community members want community involvement in decision making at the health system level (McEvoy et al., 2008.)

Other benefits of engagement are:

- The potential to help stakeholders develop their capacity and skills,
- Fostering relationships and information-sharing between stakeholders that could spill over into other work.

Risks

While engagement has benefits, it can also have risks that need to be managed. Common risks are described below.

1. Engagement Not Seen as "Core Business"

The health sector has a strong culture of clinical service delivery. While many health workers engage stakeholders frequently, this interaction is largely intuitive. It is often not seen as part of the management of people's health. Moreover, the improvement of community health and well being through the engagement of community stakeholders is often not seen as the first priority of many health workers who focus on individual cases.

Greater community engagement does not mean that health workers engage with stakeholders outside their role or area of expertise. For example, a GP would not necessarily communicate with local government about an environmental health issue. Engagement involves health stakeholders broadening their appropriate interaction with community stakeholders top ensure coordination and holistic contributions to long term health and well being. For example, a GP may work with a Medicare Local PHCO and be part of a coordinated approach to obesity in a community.

Mitigation:

- Recognise the existing, often intuitive engagement by health stakeholders,
- Explain that engagement involves appropriate engagement of relevant stakeholders at appropriate times, not the engagement of all community members.
- Explain that engagement is not just talk but a contribution to improved health outcomes
- Focus on small visible successes that can come from engagement.

2. Managing Community Expectations

Appropriate engagement can help community stakeholders better understand constraints and involve them in practical solutions. A risk is that MLs may inadvertently raise community expectations that can't be met. Coordinating health services and implementing innovations in service delivery often involves considerable negotiation and improvements may take some time to occur. Engagement needs to be managed so expectations of services and improvements through coordination remain in line with what can be reasonably delivered.

Mitigation

- having clear reasons and objectives for engagement,
- limiting engagement to information when people have little influence over decisions or outcomes,
- providing feedback about decisions and approaches being taken,
- establishing relationships, trust and good communication channels.
- Explain the process of community engagement consistently including the responsibilities of PHCOs and other stakeholders and the process of implementation of actions,
- Inform and involve key community members in identifying issues and overseeing implementation,
- Publicise the plans of PHCOs widely in the community,

3. Not having the Resources, Skills or Time to Engage Well

Engagement does take time, effort and money. MLs may be very busy on a range of their roles and may struggle to dedicate the resources and time to engage communities and health stakeholders well. However, far more resources are consumed if engagement is poor. If PHCOs invest some resources in engagement and building relationships, there are potential savings in more effectively addressing community priorities and enhancing health outcomes. MLs and other health stakeholders will largely only be engaging stakeholders on issues that are directly relevant to them.

Mitigation

- Recognise engagement as “core work”,

- Develop an organisational culture that supports appropriate stakeholder and community engagement,
- Incorporate engagement into project planning and budgeting,
- Recognise informal engagement and identify the resources and effort that goes into it,
- Have staff gain additional skills specifically in engagement,

4. Over-Engagement

Many stakeholders and communities have been over-consulted and suffer from "consultation fatigue". Many people feel over-engaged and cynical about tangible results for engagement processes. This is a major cause of poor participation. It is important to be aware of this and to plan and conduct engagement so it effectively engages appropriate stakeholders and is productive use of stakeholder's time and resources.

Mitigation:

- Focus on discussing people's local community or sector. They are often interested in this and not in the overall region or broader issues,
- Be aware of other engagement processes and coordinate with them,
- Incorporate the results of previous engagement,
- Involve key community members in advising how best to engage different communities or sectors,
- Use existing social networks and arrange to "piggyback" on existing community meetings rather than having additional events,
- Provide feedback to stakeholders and inform the community about progress with action.

5. Poor Input

There is risk of poor input during engagement. Some people have poor past experiences of engagement, or are cynical or angry about health issues. While understanding people's attitudes and opinions is critical to the engagement process, a level of maturity, responsibility and informed debate is also needed for effective input. Good community engagement processes allow a broad cross section of the health stakeholders and community members to be involved, reducing the power of dominant individuals or vocal groups.

Mitigation:

- Facilitate engagement events so that everyone has an opportunity for input,
- Listen actively to concerns and acknowledge past experiences,
- Focus discussion on the future, not the past,
- Use appropriate engagement methods – not a public meeting if there is controversy or conflict,
- Be polite and respectful at all times,

- Arrange for follow up on issues from an appropriate person or from relevant agencies.

6. External Responsibilities

Issues and actions raised in community engagement can often be the responsibility of stakeholders outside the influence of the health sector such as state government or the private sector. Yet, PHCOs are engaging with communities and will be seen as accountable by communities for health outcomes. While PHCOs can advocate and negotiate with say, state agencies, those agencies may not have the funds or have priorities that match with those identified by the community. This can expose PHCOs in the community where people perceive that they are responsible for addressing all community health issues.

Mitigation:

- Developing good relationships with key stakeholders can make this process less risky and increase the likelihood of partnership activities,
- Explain external responsibilities and the advocacy role of PHCOs during community engagement,
- Clearly indicate who responsible agencies and stakeholders are,
- Follow up with stakeholders throughout engagement,
- Identify responsible bodies in an annual action plan.

7. Lack of Follow Through

Poor follow through on community issues and actions is common and can greatly reduce the effectiveness of PHCOs and community confidence in them. There is a risk that there is focus on the process of engagement with less emphasis on committing resources to action.

Mitigation:

- It is crucial that some smaller actions are implemented within six months of initial engagement,
- Establish arrangements and structures for implementation well in advance of engagement activities,
- Maintain communication with managers and other decision-makers through appropriate channels to update them on the results of engagement,
- Develop an achievable annual action plan.

8. Representation and Equity

Engagement activities need to balance two things:

1. Representation: engaging a breadth of stakeholders so that comments are broadly representative of relevant stakeholders,
and
2. Equity: the appropriate engagement of disadvantaged groups or stakeholders who have barriers to their involvement.

Many people lack the time, access, confidence or language skills to provide input on health and well-being issues. Methods, such as surveying, which aim to get a representative sample often have low return rates. Public meetings that are ostensively open to everyone are often not attended by a representative sample of the community.

Mitigation:

- A judgement needs to be made about representation and the level of input that is practical and achievable.
- Use existing social networks, key informed people and appropriate methods for engagement.
- Provide multiple opportunities for people to have input,
- Ensure that engagement events are accessible, culturally appropriate and welcoming for a range of different stakeholders,
- Be prepared to tailor engagement activities to the needs of different groups,
- Ensure that feedback is provided and people have an opportunity to be involved in implementation of action.

9. Developing a "Wish List"

There is a risk that community members will identify "wishes" such as new health services etc. with assumptions that they will be "delivered". It is important that stakeholders are aspirational and do not unnecessarily constrain their views of potential improvements to health and wellbeing in their community. However, also need to be mindful of how actions could be achieved, their implications for resources and funding, other competing community needs and community partnerships and involvement in health issues.

Mitigation:

- Specifically explain during engagement that a wish list is not the intention,
- Emphasise the joint responsibility of many stakeholders in achieving actions including the community itself,
- Explain the need to negotiate and advocate to other stakeholders and funders,
- Consider involving community representatives in reviewing actions,
- Publicise information about ML priorities and actions.

Concerns

Some MLs may have concerns about engagement. Some concerns are real but many are perceived. Some common concerns are below.

1. Being Open to Criticism and "Stirring Up" Community Concerns

Some MLs may feel that engagement may open up the organisation to criticism or may stimulate community concerns about health services. They may feel that "lying low" would seem to be a better strategy than inviting attention and potential conflict.

It may be true that greater transparency and contact with stakeholders may stimulate concerns. However, engagement also gives MLs an opportunity to provide information and clarify misinformation. Engagement also does not mean that MLs need to engage with every group or individual. Part of engagement planning involves identifying appropriate stakeholders and choosing the best ways to communicate with them.

2. Engagement Makes Things Slower and Harder

It would indeed be relatively easy for MLs to simply coordinate services and make decisions without much engagement of stakeholders or community members. However, this would not fulfil the role or objectives of a ML.

There are several reasons for this. First, many ML roles can't be done without engagement. For example, to coordinate services you need to engage with service providers. To understand community needs, you have to engage with community organisations or members

Second, engagement does take time and effort but this is far outweighed by the cost of services that may not meet community needs, poor coordination of existing services or poor access to services.

Third, engagement needs to be tailored, planned and appropriate. In many instances, it involves quite targeted engagement of specific stakeholders and broader engagement is not necessary.

Fourth, if engagement is effective, relationships are built and communication becomes more efficient.

3. Giving Complainants "Open Slather"

MLs and PHC providers may be concerned about the risk of engagement giving activists and complainants an open opportunity to criticise their service. Engagement activities can give complainants an opportunity to voice their issues. However, engagement does not mean that complainants necessarily get greater access to information or greater influence. Indeed, good engagement practice can:

- help a ML or PHC provider identify key stakeholders and have actions to engage them, not just complainants,
- improved engagement can build the skills of staff in managing conflict,
- demonstrate that people are being involved and issues are open and transparent,
- engagement planning can establish arrangements that can give a clear, balanced way for people to have input and for service providers to respond to complaints.

Consider Your Engagement…..

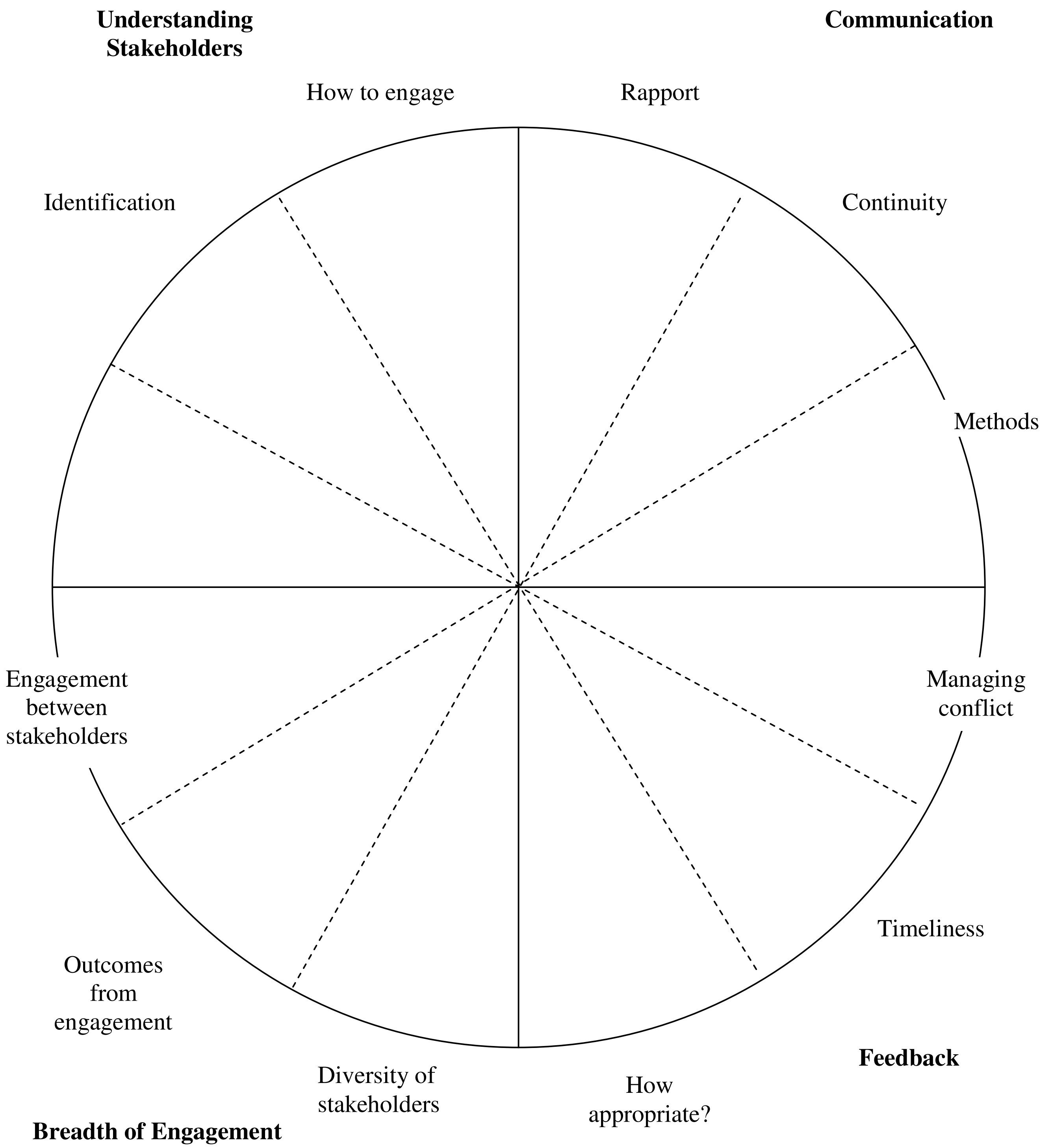
What individuals or organisations do you have contact with in the normal run of your work?

Please list them below.

What are your expectations of these individuals or organisations?

What expectations do you think they have of you and your Medicare Local PHCO?

Consider your engagement of stakeholders and mark your assessment on the dartboard



Introduction to Community Engagement

Engagement is a relationship

Engagement involves an ongoing relationship between stakeholders rather than an event or activity. The relationship often involves activities such as discussions, meetings, or specific activities such as focus groups or public meetings. However, engagement is the relationship, not the activity. Some engagement relationships are long term lasting for years and some are much shorter.

Engagement leads to real outcomes

Engagement is not just about discussion and relationships. It leads to real outcomes in communities. The relationships between stakeholders that form engagement often lead to new ideas, collaboration, new information and better decision-making. This in turn leads to better services, facilities, policy, infrastructure and opportunities for people.

Everyone Engages

Almost all staff in a ML are involved in some kind of engagement. Engagement is not just the responsibility of certain staff and the rest do work that does not involve engagement. Administrative staff, Managers and other staff that are not normally seen as engaging stakeholders engage a wide range of internal and external stakeholders all the time. All staff, in their own way, contribute to the engagement that MLs do and they collectively carry the reputation and relationships that the ML has with is stakeholders.

It is not Engagement Until there is Feedback

Often the focus of engagement is on the initial contact and activities that are held to gain information or link PHC providers. However, it is crucial to provide feedback to stakeholders about the fate of their input, actions that are occurring and how they can continue to be involved. Feedback is a step that is often missed, yet engagement is not complete unless feedback occurs.

Hence, a definition of engagement is:

“Community engagement is a series of activities that creates and maintains relationships between stakeholders. This supports dialogue and communication leading to better information-sharing, decision-making and collaboration that improves outcomes.”

Engagement often involves mutual communication between stakeholders and the formulation and provision of mutually beneficial services and activities. Ideally it links stakeholder action to progress goals. Various arrangements, structures and processes can mediate this interaction.

Engagement often means participation with a range of stakeholders. This means that engagement arrangements need to incorporate the diversity and dynamics of communities, issues of stakeholder representation and power, and the potentially conflicting goals of sub-communities.

Stakeholders do not relate to each other exclusively. Communities engage in a complex network of interaction, including sub-communities, public agencies, private enterprise, community groups and individuals.

There is also no one "stakeholder". Communities are diverse, consisting of a wide range of sectors, groups and individuals with differing perceptions, interests and interactions with each other and "outside" agencies.

Levels of Engagement

Engagement often involves a range of interactions including:

- the one-way provision of information,
- gaining community input on options and alternatives,
- involving people in developing solutions,
- partnerships with shared power, and
- supporting stakeholders who have decision-making power.

Stakeholders can engage at different levels along a spectrum from providing information through to full empowerment (figure 1).

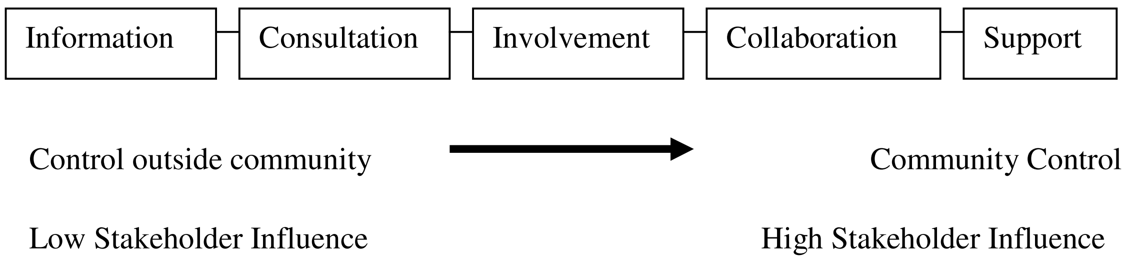


Figure 1. Different levels of engagement (Adapted from Department of Sustainability and Environment (2004) and IAP2 (2008)).

Information sharing is a one-way relationship in which information is disseminated to stakeholders. An example would be providing information about healthy living to community organisations.

When informing stakeholders, consideration should be given to issues such as:

- What are stakeholder values, concerns, attitudes and aspirations?
- What are stakeholder expectations in regards to balanced and objective information?
- What is the best way to communicate with stakeholders?
- What might stakeholders need in order to have confidence in the information being provided?
- What are the main messages?

Once questions like these are answered, information can be communicated about the scope of the decision or issue, what is known about it, how the decision will be made, what alternatives there might be and what the preferred solution is. The decision-making process becomes more transparent because the community is informed about what will happen and how decisions will be made.

Consultation is when the views of stakeholders on issues and impacts are sought. The aim is to gain feedback on often a limited number of options and people are being engaged to determine which option they prefer. Consultation also provides the opportunity to be aware of community attitudes and expectations.

Consultation involves seeking feedback, and listening to and considering community feedback that may be useful in decision-making. It does not mean that mutual agreement about decisions has to be reached but rather acknowledges that better decisions are likely to be made through community input.

Involvement is a two-way process allowing stakeholder issues, ideas and concerns to be understood and considered. Alternatives can be developed through discussion and the number of choices of action can be expanded depending on input from stakeholders.

Ultimately, the final decision or solution may be determined by a service provider. However, this is understood by all parties and stakeholders are involved in developing options for the decision-maker.

Collaboration is a situation where issues and solutions are unclear and operators work with their stakeholders with equal power and influence to identify and shape solutions. Collaboration is a partnership between operators and stakeholders to identify and develop preferred alternatives.

Support involves supporting stakeholders who are already making progress on issues. Stakeholders have the power to determine solutions and operators support and assist stakeholders in implementing their own actions to meet requirements and community expectations. For example, Rotary clubs are involved in promoting bowel cancer screening and a general practice network may support them in conducting work that leads to mutual benefits.

Information sharing and consultation are most likely to be the most common levels of engagement for most operators. However, operators may need to consider other levels of engagement especially when community concerns are high. How an ML would relate to stakeholders at each level of the engagement spectrum is outlined in table 1.

Table 1. The aims of engagement and the roles of engaging stakeholders at each level of engagement (Adapted from Department of Sustainability and Environment, 2004).

Level of Engagement	Aim	Role of Engager
Information	To provide stakeholders with balanced and objective information to assist their understanding	To keep stakeholders informed.
Consultation	To obtain stakeholder and community feedback on issues, ideas and concerns	To keep stakeholders informed. To listen to and acknowledge concerns To provide feedback on how stakeholders' input influenced decisions
Involvement	To work directly with stakeholders throughout the process to ensure that issues and concerns are consistently understood and considered	To ensure that the concerns and issues of stakeholders is directly reflected in the alternatives developed Provide feedback on how stakeholder input influenced decisions
Collaboration	To share decision-making power with stakeholders to develop agreed conditions and actions	To work with stakeholders in an equal partnership and to help facilitate jointly agreed action
Support/Empowerment	To support stakeholders in making decisions and implementing actions themselves	To support stakeholders in arriving at the best outcomes and in implementing actions

MLs are likely to use several levels of engagement with most stakeholders. At one point, they may inform stakeholders. At another time, they may meet members of the community, local government and other agencies and work collaboratively to develop agreed arrangements. At other times, staff may consult with concerned community groups and gain their input.

Best practice in engagement is not necessarily in using higher levels of engagement. It may be quite appropriate to only inform some stakeholders and not to collaborate or seek to empower them. The spectrum is also not a "ladder" where information leads to consultation etc. However, there may be situations where this may be appropriate. For example, before consulting people about their preferences it would be necessary to inform them of technical issues.

The key is choosing a level of engagement that is most appropriate for an engagement situation at any particular time. Often this is an intuitive choice. However, generally the more complex and contentious the situation, the more likely approaches are likely to be to the right of the engagement spectrum.

Choosing an Appropriate Level of Engagement

There is no prescriptive way of determining a level of engagement to use in any particular situation such as "if this, then use consultation". However, the table below is a guide to help you choose what might be the broad level of engagement to consider.

Mark a score for each characteristic. Your total score is a rough guide towards the extent of engagement that may be required.

Stakeholder Considerations	Very Low		Medium		Very High	
Complexity or uncertainty of issues	0	1	2	3	4	5
Difficulty in addressing issues	0	1	2	3	4	5
The level of influence of stakeholders	0	1	2	3	4	5
Level of input expected by stakeholders	0	1	2	3	4	5
Contention or controversy involved	0	1	2	3	4	5
Stakeholder commitment to engagement	0	1	2	3	4	5
Level of input legally required	0	1	2	3	4	5
Resources available for engagement	0	1	2	3	4	5
Legitimacy/defendability required	0	1	2	3	4	5

Community Considerations	Very Low		Medium		Very High	
Likely impacts of issues/decisions	0	1	2	3	4	5
The level of influence of community	0	1	2	3	4	5
Level of community concern	0	1	2	3	4	5
Extent of community ownership and responsibility for issues	0	1	2	3	4	5
Level of input expected by community	0	1	2	3	4	5
Community leadership and access to resources	0	1	2	3	4	5
ML Considerations						
The extent to decisions may be altered based on stakeholder input	0	1	2	3	4	5
Anticipated level of political controversy	0	1	2	3	4	5
The extent that decisions will need to be justified/defended	0	1	2	3	4	5
Availability of time and resources	0	1	2	3	4	5

Total Scores		**Likely Level of Engagement**
0-20	Limited impacts, simple issues	Information dissemination
20-40	Some impacts, some complexity	Consultation
40-60	Considerable impacts and complexity	Involvement
60-80	Major impacts, contention and complexity	Collaboration
80+	Major impacts, contention and complexity	Support/Empowerment

This is only a rough guide. For example, with some contentious and complex projects, it may only be appropriate to strictly adhere to legislative requirements to ensure consistent information and decision-making. It may be inappropriate to empower stakeholders and communities in these complex, often highly technical situations. Conversely, even relatively small projects may attract many concerns from people affected, requiring quite detailed input and collaboration to develop solutions.

Reflection on Your Experience

"When have you experienced excellent engagement of community stakeholders?"

Write your notes here:

....

....

....

....

....

....

"What made it work so well?"

....

....

....

....

....

....

Approaches to Community Engagement

There is no "recipe" for good engagement, but there are some "ingredients" that are need to be present and some principles that need to be followed.

"Ingredients"

Influence: Engagement depends on stakeholders having some influence over decisions. Even though health service providers, for example, may ultimately make decisions, stakeholder input is important in making these decisions. It is important for PHCOs and others to communicate to stakeholders the extent of their influence. If people genuinely have no influence, engagement beyond providing information may be inappropriate. This only builds community expectations that can't be met, creating anger and frustration.

Goodwill and motivation*:* Engagement depends on the genuine will and motivation of stakeholders to communicate and engage. Some PHCOs may have different needs to engage stakeholders. Similarly, stakeholders may vary greatly in their motivation to engage with PHCOs ranging from being highly motivated because of concerns through to not seeing any need to be involved.

Trust: Trust is a crucial "ingredient" of engagement. Some communities may have negative attitudes towards health services and engagement comes from a position of mistrust and over-consultation. Stakeholders will trust a process of decision-making, if they feel the have had an appropriate "hearing", their issues have been considered and if they have feedback about why particular decisions were made.

PHCOs would also act in accordance with fundamental principles including:

- "integrity- when there is openness and honesty about the scope and purpose of engagement,
- inclusion- when there is an opportunity for a diverse range of values and perspectives to be freely and fairy expressed and heard,
- deliberation- when there is sufficient and credible information for dialogue, choice and decisions, and when there is space to weight options, develop common understanding and to appreciate respective roles and responsibilities.

The above ingredients are important to have in place to set the groundwork for good engagement. In many situations, there will not be many ingredients present. There may be mistrust or little motivation to genuinely engage. Yet, the more ingredients that are present the better.

Best Practice Principles for Engagement

***Understanding the community is the first step in engagement**:* It is important to understand the current situation of consumers and the community as the initial step in engagement. This may involve listening to the views of individuals and groups, asking people how they would like to be involved, and understanding the networks and natural "hubs" in the community. This may also involve recognising previous poor engagement or particular community sensitivities.

***Local relationships**:* What often carries a stakeholder's relationship with the community is personal trust between individuals. These personal professional relationships need to be valued and fostered.

***"Go to them"**:* Engagement often involves tailor-made ways of communicating with particular stakeholders and engaging in ways that are comfortable for them. For example, what suits Indigenous people may be very different to how allied health professionals would want to be involved.

***Continuity of contact**:* Good engagement relationships involve ongoing contact, often between the same people. This does not mean that people are communicating all the time. Rather, it involves appropriate and timely contact between people who maintain a professional relationship.

***Feedback and follow up**:* Stakeholders become disillusioned with engagement if they don't receive feedback about their input and if they do not see follow up action in a reasonable time. Stakeholders need to be kept informed about issues and decisions and aware of follow up action.

***Maintaining focus on the majority of stakeholders**:* It is easy to spend a lot of energy and time on vocal opponents to decisions or projects. Managing these situations is important and often requires specific engagement skills. However, engagement also needs to allow open appropriate input from all stakeholders and balance needs to be a maintained between vocal stakeholders and others.

Logistics: Engagement activities need to be easy for people to be involved in. This involves neutral venues, good facilitation, events held at an appropriate time of day, venues are easy to travel to, and food and drink is available.

***Goodwill and motivation**:* Good engagement fundamentally depends on the will and genuine motivation of people to communicate and engage. This may be limited by previous poor experiences, mistrust and different expectations.

***Structures and procedures**:* Good engagement requires some organisational structures and procedures to plan engagement and consider input, to select and use appropriate methods, and have frameworks for evaluation and feedback.

Skills: Considerable skills are required to engage with consumers and communities. This includes interpersonal skills in discussing issues with people, facilitation of gatherings and capacity to gather, assess and feedback information.

Evaluation and Accountability*:* Community engagement needs to evaluated as part of Divisions' accountability for good engagement practice. Evaluation needs to be part of project planning and a tool for continuous improvement, not just a "report card" at the end of an engagement exercise. The evaluation of engagement needs to be rigorous enough to be defendable but workable and simple.

Issues and Questions

What questions or issues do you have about engagement?

Understanding Stakeholders

The first step in good engagement is really not to engage with anyone – it is to understand the community. This involves understanding the networks, hubs, and informed people. It also includes understanding local community issues and past engagement. Ideally, the best way to understand the community is to spend time meeting with local people and groups, listening to local people and developing personal connections.

In addition to this personal contact there are a range of methods that can help to develop an understanding of the community. These include:

- Informed person feedback
- Rapid community appraisal
- Mapping power actors
- Collaboration charting

Informed Person Feedback

Interviewers discuss issues with a small number of local people who are recognised locally as well-versed in community issues and attitudes. The results can be fed back to the community at large. This gives a quick indication of local issues, priorities and community preparedness. They are deliberately non-representative but they can be used to build broader community involvement.

Rapid Community Appraisal

There are four main steps:

1. Community invitation and formation of the appraisal team,

2. Collect and collate any previous information about the community,

3. Conduct interviews, discussion groups, and community interaction using a range of techniques. This is an iterative process of interaction, debriefing, collation of information, planning and further interaction, each cycle conducted daily. The team modifies plans and actions on an ongoing basis.

4. Prepare and present the results to the community and facilitate follow up community action.

The interaction and qualitative information involved in rapid community appraisal can give important and powerful insights for community people. It can also help engage and mobilise communities.

Its success depends on community follow up and the motivation of community members to take action. It also relies on the ongoing support that the team or others can give. There is a risk of the appraisal raising expectations and then being "over". Handling and analysing the wealth of data can also be difficult (Carman and Keith, 1994).

Mapping Power Actors

Whenever you deal with stakeholders you are dealing with power. Power can be an important positive motivator but it can also lead to conflict and poor outcomes.

One way of understanding your perception of stakeholder power relationships is to map power actors. This can be done generally or for a specific situation.

Stakeholders are listed as "power actors" on the left hand column of a table (below). Their form of power is identified i.e. positional, institutional, personal or popular.

Table 2. Mapping Power Actors

Power Actor	Form of Power	How to Engage
Influential GP	Positional	Keep informed, Actively liaise
Advocacy Group	Popular	Build personal relationships, Maintain independence.
Etc.	Etc.	Etc.

Stakeholders can have many forms of power:

Positional - power derived form the position that people hold such as the Mayor or the Chair of the Chamber of Commerce.

Personal - power associated with the personality, profile and "charisma" of individuals.

Institutional - the power of large organisations such as government agencies or peak stakeholder organisations

Popular - this involves "people power" – ideas, attitudes and actions can be powerful because a lot of people support them.

Expertise -specialist knowledge or expertise can be powerful and "experts" can have considerable influence

Resources - the control of the distribution of resources such as funding.
There are many ways that people and groups express their power such as appealing to positional power by contacting elected representatives, developing popular power by going to the media.

Ways of managing the particular power situation are listed in the right hand column. There is no "recipe" for dealing with different forms of power, but the process prompts you to consider what would be a practical way of how best to manage the power relationships involved in a particular community situation.

Collaboration Charting

Stakeholders are drawn as circles on a chart and the strength of the collaboration between them is represented by the thickness of lines drawn between them (Golding, 2004). First, identify stakeholders which could be very specific, such as particular stakeholder groups or general sectors, such as GPs or allied health organisations. Plot these "players" as circles then draw lines between the circles. These lines represent the relationships between the groups. These lines are drawn with different "thickness" to illustrate the strength of the relationship as follows.

0	No relationship	No line
10	Communication	
20	Communication and/or some collaborative activities	
30	Frequent communication and/or active collaboration	

Below is an example of a collaboration chart. It may be best to place a key stakeholder in the centre of the chart and plot relationships between it and other groups. You can also add lines between groups.

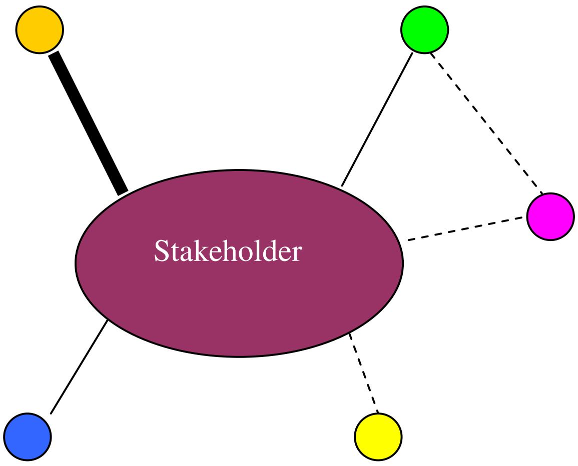


Figure 2. An example of a collaboration chart (based on Golding, 2004 and the Partnership Analysis Tool of VicHealth (2004)).

Planning Community Engagement

While engagement is a flexible process, it is important to plan community engagement. Planning organises and structures community contact, ensuring that all relevant stakeholders are identified, that appropriate methods of contact are chosen and allowing for considered decision making and consistent communication. This avoids on-the-run engagement that can lead to ad hoc decisions and limited stakeholder input. The advantages of planning are:

- All stakeholders can be identified and views can be gained from many perspectives,
- The most appropriate methods for engaging different stakeholders can be identified,
- Likely issues can be raised and prepared for,
- Feedback and follow up can be planned,
- Planning allows activities to be scheduled, budgeted and evaluated.

Planning is particularly important where there may be contentious issues. It can ensure that the views of all stakeholders can be balanced and that consistent messages and processes for engagement are maintained. Ideally planning should occur as the first step in an engagement process.

There are broadly eight steps involved in engagement planning:

1. Engagement goals
2. Stakeholder Analysis - a comprehensive description of who stakeholders may be,
3. A description of likely issues,
4. What is negotiable and not negotiable,
5. A description of engagement risks,
6. What likely levels of engagement are appropriate for different stakeholders,
7. A schedule of engagement activities for each stakeholder
8. A time schedule of engagement activities.

Step 1. Engagement Goals

Setting goals for engagement activities allow you to structure and guide community engagement programs and ultimately allow you to evaluate the effectiveness of engagement. Engagement goals are different from project goals. They describe the aim of the engagement process as opposed to technical aspects of projects or activities. Goals should be clear, specific and practical.

An Example of Project Goals and Engagement Goals

Diabetes Screening

Community or Program Aspiration	Project Goals	Engagement Goals
The community having good awareness of diabetes risk factors. People modifying lifestyle to reduce risks. Access to screening and early diagnosis.	Providing appropriate and accessible services for screening and diagnosis. Conducting health promotion activities.	To have broad community awareness and involvement in diabetes prevention. To closely engage particular at risk groups. To have local community organisations involved. To have local elected representatives informed.

Exercise: Choose a community project or initiative that you are involved in and develop a table below that describes program aspirations, project goals and engagement goals.

Community or Program Aspiration	Project Goals	Engagement Goals

Step 2. Stakeholder Analysis

Stakeholder Analysis helps you consider the individuals, groups or organisations that have a stake in the topic. It allows all stakeholders to be identified and helps to match them with an appropriate level of engagement and communication methods. Identifying all relevant stakeholders is very important and without analysing stakeholders it is easy to miss key people and groups.

The analysis involves listing stakeholders in a table (below) along with the issues they may have. An assessment of their likely level of concern about their particular issues is made on a high, medium, low scale. Finally an estimate of the level of influence they probably perceive over the issues is also made on a high, medium, low scale.

Stakeholder Analysis
Example: Diabetes Awareness and Prevention

Stakeholders	Issues	Concern	Influence
GPs	• Impact on workload • Concern for community health • Holistic approach to patient health • Access to diagnostic services	High	Med
At-Risk groups	• Their health and well being • Awareness of diabetes risk • May have little motivation to change lifestyle	High	High
Local MP	• Engagement should be inclusive • Important community benefit • Additional burdens on the health system.	High	High
Area Health Service	• Important community benefit • Cost of implementation • Creating additional clinical burden • Capacity to deliver • The availability of specialist skills	High	Low
Chamber of Commerce	• Potential profile involved in being a sponsor or supporter • Impact of diabetes on productivity • Concern for employees	Medium	High
General community	• Concern about diabetes • Just another moral message • Other bigger health concerns	Low	Low
Media	• Opportunity for good local story • Possible ongoing media involvement	Med	High

The steps involved in developing a stakeholder analysis table are as follows:

Column 1: List the community stakeholders

Identify an individual or group (people or organisations). If the group of stakeholders are similar in terms of their issues, skills, time/resources and level of concern, then grouping may be sufficient. Where the individual stakeholders within the group differ on any of these dimensions, then list them individually or group them in some meaningful way.

Column 2. Consider the issues
The more you know of the situation or the more contact you have had with the community about the project, the better the information you will generate. The issues can be positive, negative or neutral. This information can be assessed if participants undertaking the analysis have prior relevant experience on the topic.

Column 3: Estimate the level of concern

The concerns or issues that stakeholders have are classified are high, medium or low. The more concerned a stakeholder is, the more likely they are to have strong views, to seek to become involved in the engagement and the more they will actively seek to influence the outcomes.

Where stakeholders are indifferent, to is unlikely that they will become actively involved in engagement and providing information and consultation may be the most appropriate form of engagement.

Column 4: Estimate the level of influence

Stakeholders have differing abilities to influence outcomes. A classification is made from low, medium to high. For stakeholders with high concern but low influence engagement measures may be needed to enhance their influence by ensuring active involvement in engagement. For stakeholders with low concern but high influence it would be important to provide comprehensive information in order for them to make informed decisions.

Stakeholder analysis creates better understanding of all relevant stakeholders. Remember, it is only your perceptions of the issues and concern of stakeholders. It may not necessarily be correct, and needs to be validated by discussion with stakeholders themselves.

It may be helpful to refer to background information or previous consultation and talk with key community members to help identify stakeholders and their issues. It is important to also identify any groups with special needs, such as minority groups who might require specific involvement such as information in their own language, or engagement that is culturally appropriate. Be sure to consider stakeholders who aren’t represented and are not so evident such as young people who may be under-represented in the community or people who may not be involved with organised groups.

Exercise: For the project you considered in developing engagement goals, conduct a stakeholder analysis below.

Stakeholders	Issues	Concern	Influence

Step 3. Listing of Likely Issues

A brief description of likely issues is the next step in planning. This involves describing the key issues that are likely to be important for stakeholders such as environmental concerns or the possible impacts of projects. These are issues that stakeholders are likely to see as important whether government or others consider them valid or not. They are identified from a stakeholder's perspective, but this allows government to prepare information and to engage in a way to clarify these issues. An example of a listing of issues is as follows:

An Example of the Listing of Issues
Provision of Breast Screening Services

Issue 1. Cost of Service Delivery

The cost of providing a breast screening service would have a significant impact on existing budgets.

Issue 2. Awareness of the Service

Developing a community profile for the service will de difficult because of previous history in the community and lack of media support.

Issue 3. Some Community Groups are Difficult to Reach

Some cultural groups in particular are difficult to engage and encourage to participate in breast screening.

Step 4. Negotiables and Non-Negotiables

It is important to identify what is negotiable and non-negotiable in discussions with stakeholders. There may be some aspects of a project that are non-negotiable such as safety or legislative requirements. It is important to make these aspects clear and avoid having a non-negotiable perceived as a negotiable. An example is shown below. Again, these are our perceptions of what is negotiable and not negotiable and they may vary from what some stakeholders feel is negotiable. However, it is important to at least have these identified.

Negotiables and Non-Negotiable
Breast Screening Service

Negotiables	Non-Negotiables
Locations and times of clinics	Confidentiality and privacy
The promotion and media profile of the service	The service will be made available to everyone in the community i.e. at locations and times that make it easy for people to access
The range of other services offered	Disability accessible
Links with community organisations	Information and other support services will be available

Exercise: For your project, identify negotiables and non-negotiables

Negotiables	Non-Negotiables

Step 5. Engagement Risks

An assessment of engagement risks gives notice of likely issues that will need to be managed. Specific risks are listed and a rating is made of how critical the risk is. This rating is a combination of the probability of an adverse event occurring, and the severity of the impact if the event were to occur. Action to reduce or mitigate the risk are then considered. An example of a simple risk analysis in community engagement is shown below.

An Example of an Engagement Risk Analysis

Risk	**Probability of Occurrence**	**Severity**	**Rating**	**Action to reduce or mitigate risk**
Timing of information and involvement: If stakeholders hear of plans or gain information second-hand prior to being contacted directly, they are likely to lose confidence in the engagement process	High	Low	High	Ensure that stakeholders are informed directly, manage confidentiality of information sessions
Public opinion: The risk that broad public opinion will be mobilised against the project by adverse media coverage or by campaigns by individuals or groups.	Med	High	High	Maintain close communication with concerned individuals and groups. Clarify information in the media and respond to adverse media.
Relationships: If not handled well, the engagement process may reduce ongoing working relationships between stakeholders	Low	High	Med	Maintain close communication particularly with affected residents and Council.

Exercise: For your engagement situation or project, list risks and mitigation actions

Risk	Probability of Occurrence	Severity	Rating	Action to reduce or mitigate risk

Step 6. Levels of Engagement

The next step is to consider what level of engagement is appropriate for each stakeholder. The three main levels of re are four main levels of engagement:

Information: Providing and disseminating information to stakeholders

Consultation: Gaining input on a limited number of options

Involvement: Active two way communication and involvement with stakeholders

Support: Support for stakeholders already conducting their own activities.

Most engagement involves using all of these levels of engagement at different times. However, for this stage in planning, the aim is to identify the main level of engagement that is appropriate for each stakeholder. Review the stakeholder analysis and for each stakeholder consider what would be the main level of engagement that would be appropriate. An example is shown below.

Levels of Engagement for Each Stakeholder
Example: Access to Paediatric Services

Information	Consultation	Involvement	Support
Liaise with local government	Consult allied health professionals	Close involvement of paediatricians	Local community groups supporting existing health services
Keep service clubs informed	Consult with families, parents and schools	Collaboration with GPs and hospitals	

Each of these levels of engagement relate to a set of methods of communication. Hence by identifying the level of engagement, the methods of engagement become clearer

Step 7. Schedule of Engagement Activities

We are now ready to develop a schedule of engagement activities. This is best done for stakeholders and on a time basis. A stakeholder-based schedule involves listing appropriate activities for each stakeholder such as personal visits, information bulletins, negotiation tables etc. The timing of these activities can also be planned (below).

An Example of a Stakeholder-based Schedule of Engagement Activities.

Stakeholder	Level of Engagement	Engagement Activity	Timing (weeks)
GPs	Involvement	Introductory letter Personal visit Stakeholder meeting Feedback form Response to issues and follow up	Week 1 Weeks 2 and 3 Week 4 Week 1 - Week 8 Week 1 - Week 8
Allied Health Professionals	Consultation	Introductory letter Briefing of organisation Feedback form Response to issues and follow up	Week 1 Week 2 Week 1 - Week 8 Week 1 - Week 8
Etc.	Etc.	Etc.	Etc.

Exercise: Develop an Engagement Schedule for your Project or Situation

Stakeholder	Level of Engagement	Engagement Activity	Timing (weeks)

A time-based schedule can also be developed as a representation of the above table based on the scheduling of activities much like a GANTT chart of activities scheduled for each week or month of the engagement process.

Issues to consider in engagement scheduling is the information that can be provided to the different groups, the receptiveness of the community, and how each group is organised to participate in engagement activities. For example, one group might be represented by a club or association and can be reached collectively. Another interest group might consist of disparate individuals who have to be contacted singly.

These steps in community engagement planning allow engagement to be structured, managed and evaluated while maintaining the flexibility of the process.

Methods of Community Engagement

There are many methods of engaging community members and other stakeholders. A good way to consider methods is that there are generally different methods for informing, consulting, involving, collaborating or empowering stakeholders and each level of engagement has its own set of methods. Each method has pros and cons, and ML staff need to make a judgement about what method is appropriate for different situations. It is important to choose an appropriate method that suits the situation rather than simply use a method that you may be familiar with.

Engagement can involve the use of one method or several methods. They can be modified or used in combination. Greater facilitation skills are required for more detailed methods such as those involving active participation.

Methods of Sharing Information

Online

The internet is a key way to provide and gain information. MLs can engage with a wide range of stakeholders through their websites. These need to be easily navigated and regularly updated.

Personal communication

Personal visits and interaction is an intensive way to share information but it is very important to establishing rapport and relationships.

Working with organisations, interest groups and peak bodies

Many organisations bring together stakeholders and PHC providers. Engaging with them allows information to be provided and shared through to the formation of partnerships.

Media

Media is a very effective way of disseminating information to different audiences. It may not be effective where you are seeking to work with a particular community group or group of citizens.

Fact sheets, information papers and discussion papers

Written documents can convey information well if they are concise, well structured and appropriate for the audience. They often provide a common reference point of information.

Workshops

Gives you direct access to groups of citizens, can target interaction to specific groups, activities need to be well planned, need to invite key stakeholders.

Methods for Consultation

Surveys

Surveys are an efficient way of collecting a large amount of community information, issues and opinions. However, they must used carefully and sparingly. Many community members are cynical about being "mined" for information, with no tangible result. Surveys are appropriate when carried out by the community itself requested by the community through local government or community leaders. The results need to be fed back extensively to the community – a step often missed in the past. People need to be given ample opportunity to participate further in action to address the issues identified (Johnson and Meiller, 1987).

There are several forms of survey such as:

- General survey – broad questions about community issues often distributed to all residents,

- Targeted survey – specific information is requested about particular issues, or questions are targeted to a specific group,

- Informed person survey – key people are surveyed about attitudes and issues in the community,

Surveys can be conducted by mail, telephone, personal interview or via e mail. Questions can be open ended such as "what are your views about…". They can also ask for a definite answer such as "Would you agree or disagree with…". The purpose of the survey should determine how it is done and the formulation of questions should include consideration of how the data will be analysed, collated and fed back to the community.

Online consultation

Consultation via the internet is becoming common. Forums, blogs and other social media can be used to allow stakeholders to provide comments on proposals, make suggestions and provide open views on issues. Internet forums need to be moderated and people often have to register to participate.

Focus groups and small group interactions

Focus groups are used to gather information that is needed on a particular topic. A facilitator conducts a "group interview", a focused conversation gaining a comprehensive range of views from a small group of people. Participants may be asked for an opinion about a specific proposition, give their view of community issues, or generate ideas.

Generally the procedure is as follows:

1. Select a topic to be explored,

2. Participants are selected from the community,

3. A facilitator calls the meeting, poses the topic and manages an open discussion that draws out people's opinions and views,

4. Notes or transcribed tapes from the meeting are collated and analysed to determine major themes and meanings from what people have said,

5. The results are fed back to the participants, and with their permission, to the community.

Focus groups are quick and flexible and issues can be explored through personal interaction and discussion. However, participants may not represent community feeling, and personal power and group dynamics may influence the opinions expressed.

Methods for Involvement/Collaboration

Public Meetings

A common technique used to help communities identify issues is a public meeting. Meetings are often called by local government or by a concerned community group. They are also requested by an "outside" agency such as a state government department wishing to consult the community generally, or over a particular issue. They can be called as part of the initial organisation of a community in response to a crisis, or as a general start of a development effort. They can also be used throughout a development process.

Public meetings can be very general or quite specific. For example, they can be based on "here is our situation and how can we address it – any suggestions?". They can also have an atmosphere of "here is the specific issue and what are we going to do about it?"

Public meetings often require skilful facilitation. Some community members can easily dominate, and others can find speaking up intimidating. A very wide range of issues can overwhelm meetings and it can be difficult to make definitive decisions. Underlying conflict can make some meetings hostile. The timing and location of meetings influences participation. They tend to be more suited to providing information rather than generating involvement (Miller and Hustedde, 1987).

However, they are a good way of giving people an opportunity to participate, they allow structured debate and decision-making, and they can efficiently involve a large number of residents.

Strategic Planning Workshops

Strategic planning workshops allow communities to identify a desired future, prioritise issues and plan activities. Workshops can be conducted in large public meetings or in smaller groups. Several regional planning initiatives have used "futuresearch" workshops for issues identification and the technique has been used extensively in the United States.

Strategic planning involves the following steps:

1. Development of community vision – a desired future situation,

2. An environmental scan – an assessment of current and future pressures and trends,

3. SWOT analysis – strengths, weaknesses, opportunities and threats,

4. Brainstorming of ideas to achieve the vision,

5. Collation of ideas into an agreed list,

6. Prioritisation of ideas,

7. Identify stakeholders that can influence the issues,

8. Action planning to address priorities.

Strategic planning provides a clear process and logical sequence of issue identification. SWOT analysis in itself can be used as a self examination tool.

While less "representative" than public meetings, community workshops and neighbourhood meetings allow issues to be discussed in more depth often with greater commitment to follow through. However, participants can have varying degrees of ownership and workshops are not well suited to communities that are polarised over particular issues.

Nominal Group Technique

This is a method of identifying and prioritising issues in a small to medium group. It suits groups where there may be dominant or passive people or where the issues may be contentious. It equalises power between people and maximises individual input. People work in each other's presence but independently. The procedure is as follows:

1. Question: the group poses itself a question e.g. "What are priority community health issues?"

2. Idea generation: each person writes their own answers, issues, ideas on paper

3. Idea presentation: in "round robin" fashion each group member raises one of their ideas or suggestions. A list is compiled as each person, one by one, raises one idea at a time until all personal idea lists are exhausted.

4. Idea clarification: Questions of clarification only from group members about the ideas listed – there is no discussion of the value of the individual idea.

5. Deliberation: as a conventional small group people discuss and prioritise actions.

The nominal group technique is often an effective and relatively quick way of identifying issues. However, the reduced discussion can limit the full exploration of suggestions and the ideas than can be generated by open discussion.

Community "Conversations"

Community "conversations" are informal discussions with relatively small groups of people in communities which can identify issues and develop limited action. Often it may only be appropriate to initially discuss community issues and needs with small groups of local people or even a number of "informed" community members. This may be because of previous "over-consultation", effects that have reduced the amount of time local people can contribute to their community, or where issues are particularly contentious. It may also be necessary not to create unrealistic community expectations early in the process or where a community does not have the resources to conduct a major process requiring broad community representation.

In these circumstances, community "conversations" - informal discussions with relatively small groups of people in communities - can identify issues and develop limited action. There is a clear understanding that the discussions are deliberately targeted and views are not representative of the whole community.

Key people are identified and invited personally to a discussion. However, an open invitation is also made to the community-at-large through media, school newsletters etc. Meetings were usually held at night lasting about two hours.

Alternatively, communities can conduct informed person surveys. Interviewers discuss issues with a small number of local people who are recognised locally as well-versed in community issues and attitudes. The results can be fed back to the community at large.

These techniques efficiently give a quick indication of local issues, priorities and community preparedness. They are deliberately non-representative but they can be used to build broader community involvement.

Focus Groups

Focus groups are used to gather information that is needed on a particular topic. A facilitator conducts a "group interview", a focused conversation gaining a comprehensive range of views from a small group of people. Participants may be asked for an opinion about a specific proposition, give their view of community issues, or generate ideas.

Generally the procedure is as follows:

1. Select a topic to be explored,

2. Participants are selected from the community,

3. A facilitator calls the meeting, poses the topic and manages an open discussion that draws out people's opinions and views,

4. Notes or transcribed tapes from the meeting are collated and analysed to determine major themes and meanings from what people have said,

5. The results are fed back to the participants, and with their permission, to the community.

Focus groups are quick and flexible and issues can be explored through personal interaction and discussion. However, participants may not represent community feeling, and personal power and group dynamics may influence the opinions expressed.

Community Reference Groups

Community reference groups are often standing forums of recognised community representatives. Reference groups can also manage more self-directed community development. They can be an advisory group to community organisations. They can also facilitate local development activities by liaising with local and state government or private enterprise.

Force Field Analysis

Force field analysis is ideal when community members need to analyse a particular situation or problem. It assumes that a situation, such as a housing shortage or increasing juvenile crime, results from driving and restraining forces. After identifying these, community members can suggest ways of limiting the unfavourable forces and enhancing the favourable influences.

The procedure is:

1. Define the problem or situation as a common goal, such as increasing the availability of housing,

2. List influences that can help to achieve the goal,

3. Rate the strength of their influence from 1 to 10,

4. List forces that would reduce the ability to achieve the goal,

5. Rate the strength of their influence from 1 to 10,

6. Discuss how each of the most important desirable forces can be enhanced and how each of the most important restraining forces can be reduced.

Force field analysis is a relatively straightforward interactive method that can be easily facilitated.

Jury

A community jury simulates a court jury. Community members are selected at random to form a jury panel. The jury usually has arguments for and against a particular proposal or community priority presented to it. They then weigh the arguments and make a decision on behalf of the community.

The jury can collect further information or be used as a pilot for more extensive community engagement.

Juries lend themselves to responsible decision making based on well explored issues and up to date information. However, random selection means that they may not be very representative of the stakeholders affected.

Open Space Technology

Participants can choose different topics to discuss by visiting various “stations” set up in an open venue. People move between stations as they wish.

Community conferences and exhibitions

A community conference is a large workshop with a combination of speakers and small and large group discussion sessions. They are often used to develop major plans or discuss proposals in detail.

Delphi

Delphi is a cyclical process of repeated individual questioning and feedback over a period of time aimed at achieving agreement between a range of views. Delphi is usually conducted by mail but can be done face to face. Participants need to have good knowledge of the subject.

The steps in a Delphi process are as follows:

1. Mailed questionnaires pose queries to participants who contribute their answers,

2. Collated responses are fed back to participants who contribute further ideas, suggestions or answers,

3. Participants use a voting procedure to rank response issues in order of importance,

4. Individuals can revise their responses or ideas based on the plenary list and additional information from other participants.

This cycle usually proceeds 3 or 4 times. Ultimately the aim is for a general consensus to be reached on the issues and their importance (Miller and Hustedde, 1987; Carman and Keith, 1994)

Delphi can address contentious and complex issues but it can take a lot of time and mail delphi in particular takes considerable motivation on behalf of the participants. Face to face delphi relies on strong individual and group relationships. Mail delphi can link remote people but loses the benefit of personal interaction.

Methods for Support/Empowerment

Learning circles

A tool for working with small groups of people to uncover feelings and thoughts about a topic.

Action research methodologies

Action learning uses a cyclic process which alternates between action and critical reflection, and in later cycles continuously refines methods, data and interpretation.

Search Workshops

Several regional planning initiatives have used "futuresearch" workshops for issues identification and the technique has been used extensively in the United States.

Appreciative Enquiry

Appreciative Enquiry is a small to medium group technique for identifying issues and directions. It asks people to reflect what is working well in communities. People share stories of "peak moments" in a community or organisation and identify the common aspects involved in peak moments. From these themes, participants develop proposition describing a preferred future. Through group dialogue, people then develop actions to progress towards achieving this desired future.

The process is:

1. Discovery: Appreciating previous experiences

    - Reflect individually on what has worked well in the community in the past
    - Share stories with a partner
    - Share stories with the wider group
    - Identify principles or circumstances that underpin positive experiences
    - Discuss as a large group and review and refine the principles

1. Visioning - the group develops "provocative propositions" – positive, present tense statements about the way the community would be if successful experiences were commonplace. For example, "the community is an attractive centre.

2. Design – organising to address priorities. The group discusses the implications of provocative propositions and develops strategies and actions to progress key statements.

3. Action – implementing action plans including review of performance, communication and forward planning.

With its basis in people's previous experience, appreciative enquiry can be a very pragmatic and real way in which community members can develop a vision and priorities for their community.

This technique lends itself to another facilitation method – "build-up discussion". This is where individuals reflect, then share with a partner. The pair then join another pair before groups of four rejoin the main group.

Charrette

A charette is a comprehensive series of face to face discussions and interactive meetings aimed at providing a community with a proposition to solve a problem or progress an issue. A steering committee of stakeholders manages task forces and community meetings over a period of up to several months.

The procedure is generally:

1. Definition of a problem such as the redevelopment of a downtown area or maintaining youth in a rural community,

2. Creation of a steering committee and one or more task forces,

3. Task forces gather information, conduct interviews, community meetings and consult experts,

4. Development of a specific proposal with refinement after consultation with some community members,

5. Presentation of a final proposal to the community at a meeting or “community conference”,

6. Formation of a follow up committee for implementation.

A charette is an intensive, deadline oriented effort. The considerable interaction involved often helps people rethink issues, work more cooperatively and lift community spirit. However, it is time consuming and relies on the goodwill of community members and groups to participate and stakeholders to be bound by the results.

Hypothetical

A hypothetical engages community members in a role play that illustrates issues and decision making. At a meeting or workshop, community volunteers take on typical community roles such as shire mayor, small business owner etc. A facilitator then guides the group through a series of scenarios that can be generic or quite relevant to the particular community. He asks participants to address each other and make decisions as realistically as possible.

A hypothetical can be an entertaining way of illustrating real community issues. It allows people to discuss issues non-defensively and to see how various community roles are perceived by others. It requires very skilful facilitation.

Choosing a Method

Some considerations in choosing a method of engagement are:

- Will it help achieve community engagement objectives?,
- Community acceptance of the method,
- Management supports the approach,
- The method takes account of the history of engagement and the preferences of stakeholders, literacy levels and stakeholder implications,
- Skills required to deliver this method are available,
- Adequate budget and time,
- Transition and exit strategies.

Troubleshooting Engagement

Some practical tips on managing common engagement issues are as follows.

Engagement Activities

- Research a range of processes and be aware of other experiences.
- Consider a range of methods.
- Allow the situation to determine the method of engagement, not the reverse.
- Plan engagement events well ahead of time.
- Make engagement exercises simple – don’t overcomplicate the process.

Continuity and Follow-up

- Make plans to feedback information to community members.
- Ask community members how they would like to receive feedback.
- Negotiate expectations – not all input will necessarily be acted on.
- Provide several methods through which people can be involved.
- Initiate contact with communities to update them on the results of engagement.

Engaging the “Silent Majority”

- Explain the benefits of participating in all print, electronic and face-to-face interaction.
- Make it as easy as possible for participants to participate.
- Provide multiple (and easy) ways for people to engage, e.g. newsletter, response form, web site with response facility etc.
- Issue personal invitations to individuals or organisations to participate.
- Consider using representative sampling methods for face-to-face, telephone or mail survey/interviews.
- Bring the engagement as close as possible to the community of interest, e.g. staffed displays at local shopping centres, schools, basketball competition and community fair.
- Consider forming a representative reference/focus group to explore ways of engaging the silent majority (or use this group as a source of information).
- Use a community checklist to ensure that different stakeholders and people from different sectors have the opportunity to be involved.
- Have a range of methods and options for people to participate.
- Make a particular effort to “get out there” and have a presence with grassroots stakeholders.
- Gain an understanding of the natural hubs in communities and link with them.
- Consider non-traditional stakeholders i.e. go beyond who you think would be the typical community representatives or sectors.

- Plan engagement well and use methods like stakeholder analysis to identify the full range of possible participants.
- Talk with local leaders about how people would like to be engaged and how they would prefer to be involved.

Dealing with a History of Poor Engagement or Mistrust

- Listen to "venting" and acknowledge concerns.
- Focus on building personal relationships with community members.
- Rebuild trust by having small successful "transactions" with stakeholders.
- Help people consider what can be changed and what can't be changed.
- Help people identify positive things that the community has e.g. photos.
- Ask people about issues rather than assume.
- Consider who is enthusiastic and how you could support them.
- Encourage a diverse range of people to be involved.
- Have local people drive communication.
- Have contact with people who have influence.
- Have a range of ways for people to be involved.
- Focus on supporting small successes.
- Make people feel revalued.
- Recognise previous community efforts.
- Develop personal relationships and empathy and rapport.
- Acknowledge previous poor engagement experiences.
- Meet on their terms.

Managing Self-Interest or Unrepresentative Lobbying

- Acknowledge issues, concerns and suggestions.
- Highlight the need to obtain the views of all community segments in order to make an informed decision.
- When a decision is made, ensure participants understand how/why the decision was made.
- Ensure participation of all community segments to help deliver balanced outcomes.
- Meet individually, if possible, rather than in a group situation, to avoid potential conflict with other participants.
- Break large groups into small groups or trios for discussion.
- Consider engaged small groups with similar interests.
- Have a list of stakeholders and activities that are inclusive.
- Alternative targets for their lobbying/advocacy.

Dealing with Dominant or High-Influence Participants

- Seek to limit the opportunity for any individual or group to unduly influence. Dominant individuals may be managed by having face-to-face discussions rather than groups, or by having turn-taking in groups.
- In group situations, set ground rules at the outset to increase control over inappropriate behaviour.
- Ask for comment from high-influence participants after others have had a chance to contribute.
- Break up large groups into small groups, trios or pairs.
- "Dilution" – invite comment from people other than dominant individuals.
- Manage interpersonal interaction such as not tolerating raised voices etc.
- Active listening – paraphrasing comments from participants to demonstrate that they have communicated their point.
- Arrange to follow up with dominant participants individually.
- Ask dominant people "So your suggestion is…?"

Dealing with Aggressive Behaviour

- Aggression can be a combination of learned behaviour and a response to anxiety. Listening skills are very important and seek to understand the person's view.
- In group situations, set ground rules such as say something positive first, no raised voices, equal air time etc., to increase control over inappropriate behaviour.
- Provide opportunities for those who have high levels of anxiety to meet privately, so you can give more attention to their concerns.
- Separate the person from the position they are taking,
- "Leave your guns at the door" – explain that the engagement activity is a "space" where previous concerns or conflicts are put aside albeit temporarily.
- Broken record – repeat the groundrules.
- Arrange engagement events on "neutral territory".
- Outline what people do agree on.
- Ask people to provide concerns in writing.
- Protect your own emotional health by keeping criticism in perspective, having someone to debrief with.
- Try not to personally react to poor behaviour e.g. not.

Participants with Inappropriate Expectations or Incorrect Information

- Reinforce the goals, benefits and what is negotiable.
- Clearly explain the facts, non-negotiable issues, community engagement goals and decision-making processes.
- Seek to reach agreement on how best participants can provide information or actively participate to ensure their perspectives are fully understood.
- Consider having a first round of briefings, where factual information and roles can be discussed, before engaging further.

- Use multiple ways of providing information e.g. brochures, websites, displays, face-to-face meetings and targeted community briefings.

Managing Negative or Inaccurate Media Coverage

- Seek to build long-term relationships with media personnel.
- Check on organisational protocols and approval processes.
- Consider media briefings to provide factual information to journalists.
- Consider a quick response to inaccurate coverage.
- Consider not responding to inaccurate coverage, especially if this may escalate matters further.

Overcoming Distrust and Cynicism Towards the Process of Engagement

- Maximise the focus on what is negotiable and the way community input can help decide outcomes.
- Consider forming a representative reference group to oversee the processes of engagement and maintain openness.
- Seek community participation in developing decision-making guidelines.
- Consider a first round of engagement with key community groups, to help establish overall project milestones and approaches to engagement.

Engaging Remote and Seasonal or Transient Communities

- Identify community hubs and how to engage with them such as schools.
- Use newsletters and other existing ways of providing information and gaining feedback.
- Engage with existing networks such as through local government, P and Cs etc.
- Ask if it is possible to "piggy back" engagement activities on community events.
- Use I.T. and media.
- Consider who has contact with communities and connect with agencies that work with remote communities.
- Establish key contacts in each community.
- Develop your profile as a contact point for community members.

Reaching and Engaging with Particular Community Sectors

- Focus on getting to know people on-the-ground.
- Maintain relationships through ongoing contact and activities.
- Identify particular people to contact.
- Have one on one contact or discussion in small groups.
- Issue personal invitations.
- Get "runs on the board".
- Have contact with "champions" from the community sector.
- Understanding the target group - What are they motivated about?

- Consider what is in the engagement for them.
- Make sure activities are appropriate and enjoyable.
- Identify the particular “hubs” for the community sector.

Brokering Collaboration and Partnerships

A key role of Medicare Local PHCOs is to broker coordination and support collaboration between a range of PHC providers and other stakeholders.

Collaboration depends on shared interests between stakeholders and the will of each participant to cooperate and share power (figure 3). The extent to which stakeholders may wish to work together varies and broadly involves the following categories.

Shared Interest (we benefit together)

⇧

Mutual Interest (you benefit, I benefit)

⇧

Self Interest (I benefit)

Figure 3. Levels of Interests

Actions of PHC stakeholders and in communities generally are often based on self interest where stakeholders pursue their own benefits. Some relationships develop around mutual interests where each party derives their own benefits from working together. For example, a GP clinic may collaborate with allied health professionals to not only provide additional services to clients, but to attract a greater number of clients.

Shared interest involved a stronger relationship where there is a joint benefit that each party fundamentally shares with the other. For example, a group of GPs may collaborate with a community organisation and a state health department because they all have an interest in reducing obesity. Each stakeholder may have a different role but collaboration adds value to each others contribution. Partnerships based on shared interest are characterised by:

- Equal power between stakeholders,
- Joint decision-making,
- Shared benefits,
- Collaborative action.

Hence, partnerships are a specific form of relationship between stakeholders work together and develop benefits that “belong” to them both.

Most collaborative arrangements involve tension between shared interests and self interest. Shared benefits for collaborating groups occur when common interests are identified, and there is motivation, capacity and arrangements to progress towards these shared goals. Benefits for individual organisations occur often by negotiating "deals" between stakeholders. Collaboration ultimately means a "win:win" outcome for stakeholders that goes beyond self interest.

Fisher and Ury (1981) showed that win-win negotiations are characterised by:

- a focus on shared goals,
- a creative search for problem solutions that meets both sides goals,
- acceptance of the validity of each party's expressed needs,
- a high degree of trust.

These levels of interest are reflected in several levels of collaboration. The most basic level is communication where stakeholders inform each other of activities and issues. This can range from "rubbing shoulders" to more structured opportunities to share information. PHC stakeholders often collaborate to support each other to address service gaps or come together to negotiate with a third party, such as local government.

Joint planning and action

⇧

Specific joint projects, protocols and agreements

⇧

Joint activities and events

⇧

Support

⇧

Information exchange

⇧

Communication ("Rubbing Shoulders")

Figure 4. Levels of Collaboration

A further level of collaboration involves stakeholders working together to organise and conduct joint activities or events. More substantial partnerships involve collaboration on specific joint projects and ultimately where stakeholders conduct joint planning and action. Relationships between stakeholders usually occur at most of these different levels. It generally works well at the "grassroots" level through everyday informal interaction. This forms an important base for more formal relationships.

There are, however, strong forces that act against collaboration and partnership.

- Efficiency – it can be initially more efficient to act independently,
- Kudos – it can be difficult to share kudos and recognition,
- Resource allocation – resources are often allocated to specific stakeholders and arrangements to share resources can be difficult to arrange and operate,
- Accountability – developing performance measures and accountability for joint work can be complex,
- Ownership – achieving genuine ownership of a partnerships arrangement can be difficult,
- Habit/Comfort – stakeholders and companies often have a habit of working independently,
- Power – genuinely sharing power takes maturity and trust,
- Community criticism can spoil potential collaboration.

Indeed Pratt, Pampling and Gordon (1998) describe key "lessons" about collaboration in a community context:

- collaboration between organisations is hard to achieve;
- tensions between agencies do not go away simply because there is money to facilitate collaboration;
- creating a 'truly shared purpose' for the collaborators is essential;
- success depends on local initiative and autonomy. However, problems will arise unless there is a process of genuinely mutual priority setting;
- local struggles for control of steering groups and boards of management can become painful;
- it is easy to begin a collaborative venture but much harder to sustain it over time.

Despite these difficulties, there can be substantial benefits and long range efficiencies to be gained by all collaborating parties. Gray (1989) described several phases through which collaboration between organisations develop (Table 3).

Table 3. The Collaborative Process

Phase	Tasks to be achieved
Phase 1 Problem setting	• shared definition of the problem • shared commitment to collaborate • identification of stakeholders • establish legitimacy of the stakeholders • identify and establish the legitimacy of an appropriate convener • identification of resources required to support the collaboration
Phase 2 Reaching agreement	• establish the ground rules for the collaboration • agree on an agenda for the collaboration • organise sub-groups if required • jointly search for information that will inform understanding of the problem and potential solutions • explore options for solving problems • reach agreement on how the problems will be solved
Phase 3 Implementation	• dealing with the negotiators' constituencies • building external support for the problem solutions agreed • institutionalising of the agreements reached • monitoring the agreement and ensuring compliance

Most collaborative arrangements take considerable time to develop and progress through the stages above.

MLs, as a broker of collaboration, have some key roles including:

- Helping stakeholders to identify shared interests,
- Introducing new information and possible options that stakeholders may not have thought of,
- Summarising possible options and implications,
- Helping stakeholders see the consequences of not collaborating,
- Providing structures and management arrangements for collaborations,
- Providing follow up and continuity of contact to sustain collaborations.

Another way to consider collaboration is to assess how important it is for different parties to maintain relationships and the extent to which they agree (figure 5).

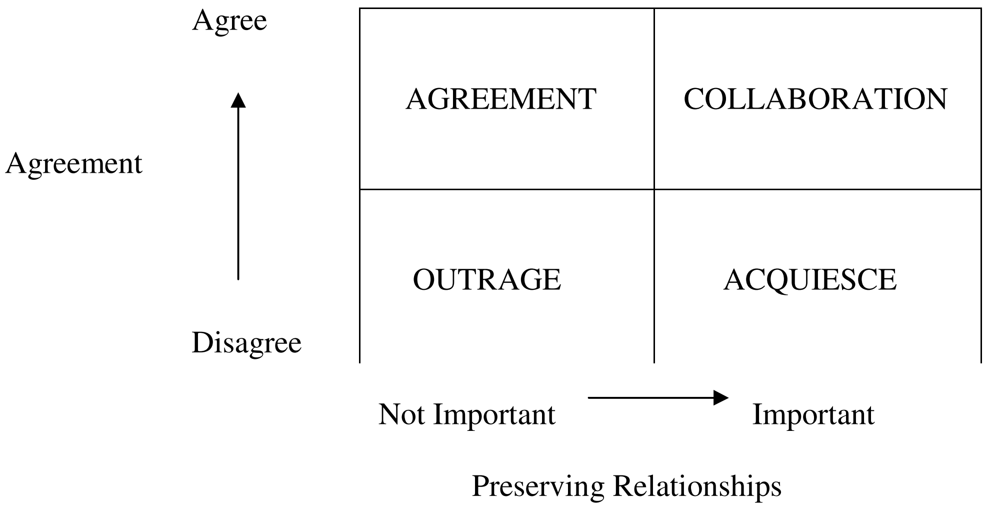


Figure 5. Behaviour in Agreement-Making

Where it is important for different groups to maintain a good relationship and where they also agree, they will often work collaboratively. However, when relationships are strained or where it is not important to maintain relationships and parties also disagree, there is likely to be anger and outrage.

When negotiating collaborative arrangements the win-win outcomes need to contain maximum concern for both the negotiator's own goals and those of the partners.

Evaluation of Engagement

Evaluation is a range of activities that gain information from the community about how well they have been engaged. This can be qualitative, such as how well people felt they were involved. It can also involve quantitative measures such as the number of people involved in engagement activities.

Most evaluation focuses on measuring the effectiveness of projects and the results achieved, such as improved health status or reduced waiting times. However, it is also important to evaluate how well stakeholders have been engaged. Indeed, how effective projects are often depends on how well people have been engaged.

Evaluation can range from small-scale evaluation of an engagement activity based on a few questions through to detailed evaluation frameworks utilising several methods of gaining feedback.

Approaches to Evaluation

Often the approach to evaluation has been to assess how well projects have achieved results. It is often done as a "report card" to government or another external agency. Also, evaluation is usually planned and conducted at the end of a project, often by an external evaluator. Effective evaluation requires a somewhat different approach as described below.

Planning Evaluation at the Beginning

Evaluation should be an integral part of the planning and on-going management of community engagement activities, not just done at the end of a project. Evaluation should be designed at the time of community engagement planning. When engagement goals are developed, criteria to assess the achievement of the goals can also be identified. Information can be gained about how well people have been engaged throughout a project.

Not just a "Report Card"

While it is important to report on the effective investment of public funds and effort, this is not the only purpose for evaluation. Evaluation should also inform Elders, Council and the community itself about the effectiveness of engagement to help the community make better decisions about the project or future projects. The aim is to improve community engagement practice with the focus on 'What have we learnt?' Evaluation information needs to be able to be understood and interpreted by at least key community members, if not the broader community.

Stakeholder Involvement

Whenever, possible, stakeholders should be involved in designing and implementing the evaluation of engagement. This means allowing stakeholders to decide how they would like to evaluate outcomes locally. People can have input to designing the way evaluation is done and/or gain some information from other stakeholders. The results of the evaluation of engagement should be fed back to stakeholders and key community members.

Relevant Criteria

Ideally, evaluations need to be based on clear criteria and good logic.

Isolating Effects

It is important to isolate, as much as possible, the actual engagement process from other factors in order to get a true picture of the impact of engagement activities. You can do this by asking community people about how much their engagement was due to the activities of the project and how much was due to other factors such as encouragement by Elders or obligation.

Consistency and Flexibility

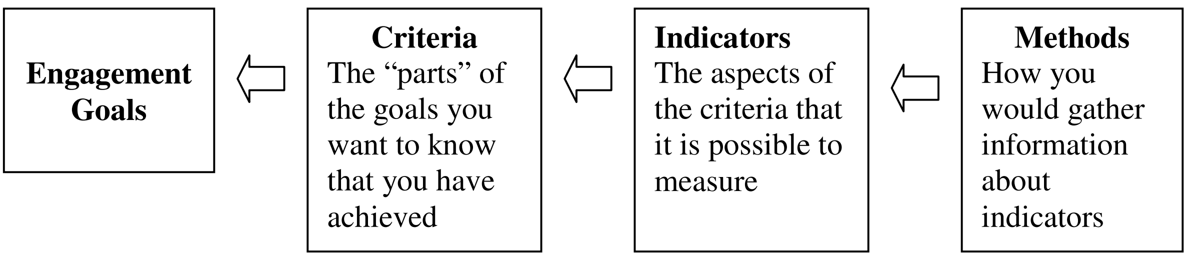
It is best if evaluation processes are relatively consistent across programs or agencies. However, indicators and methods can be tailormade for particular situations.

Evaluation Related to Inputs

The scale and scope of an evaluation of community engagement should relate to the original goals and the level of complexity of the engagement.

Logic of Evaluation

The evaluation of engagement is based on the logic in following figure:



Goals

Evaluation begins with the project goals and engagement goals identified in step 1 of engagement planning. For our diabetes screening example a project goal is the provision of appropriate and accessible services for screening and diagnosis. An engagement goal is to have broad community awareness and involvement in diabetes prevention.

Criteria

Criteria are "pieces" or "parts" of the goals. Project goals and engagement goals can be broken into particular logical elements. For example, the goal of having broad community awareness and involvement in diabetes prevention would include "parts" such as the extent to which transport operators were involved in engagement activities, or how satisfied transport operators were with their involvement.

Indicators

If you were to achieve the criteria, for example, the close involvement of transport operators, what would you see? You would see many operators being involved in activities, operators expressing satisfaction with the process etc. These are the indicators that can be used to measure the criteria. They are aspects of the criteria that you could measure. Some indicators are quantitative, such as counting the number of people at meetings. Others are qualitative, such as gaining opinions and attitudes.

Methods

The final step is to identify methods that are most suited to gaining information about each of the indicators. The same methods used to engage with communities can be used such as small group discussions, feedback forms, community forums etc.

Using the diabetes screening example, the following table shows an evaluation framework for the project that gives criteria, indicators and methods that could be used to evaluate both project and engagement goals. The project goals and criteria are those developed in engagement planning above.

An Example of an Evaluation Framework: Diabetes Screening

Project Goals	Evaluation Criteria	Indicators	Methods
Providing appropriate and accessible services for screening and diagnosis.	The services available in the community	The screening services available in the community	Counting the number of screening services available
	Access to services	Waiting times and affordability	Data on waiting times, Information on costs and affordability.

		The number of people screened	Counting the number of people screened
	Satisfaction with screening and diagnosis	Perceptions of satisfaction	Interviews, small groups discussions
Conducting health promotion activities.	The extent of health promotion activities	The number of health promotion activities	Counting the number of promotions activities
		The number of people contacted through health promotion	Counting the number of people contacted
Engagement Goals	**Evaluation Criteria**	**Indicators**	**Methods**
To have broad community awareness and involvement in diabetes prevention.	The extent of community awareness and participation in diabetes prevention	Perceptions of awareness and participation	Interviews
To closely engage particular at risk groups.	The extent of involvement of at risk groups	Perceptions of involvement of at risk groups	Personal discussions
		Number of at risk people screened	Counting of people screened
To have local elected representatives informed.	The extent of information provision to representatives	Information provided	Information provided
		Perceptions of information provision	Personal discussions
To have local community organisations involved.	The extent of involvement of organisations	The satisfaction of organisations about their involvement	Phone poll of organisations

Evaluation Framework

Project Goals	Evaluation Criteria	Indicators	Methods
Engagement Goals	**Evaluation Criteria**	**Indicators**	**Methods**

Progressing Engagement in your ML

What opportunities and challenges are there in your ML in having effective engagement?

Opportunities	**Challenges**

What key actions would address these opportunities and challenges?

Orienting MLs to Engagement

Developing a stronger engagement role in MLs is not just a matter of introducing new practices or arrangements. It requires change at four levels:

1. Values and assumptions
2. Structures and procedures
3. Culture
4. Practice

1. Values and Assumptions

Having fundamental values about mutual respect, inclusive involvement, empathy and trust are the foundation of stakeholders collaborating. Not all input from stakeholders may be appropriate or even polite, and some may not accept some decisions and priorities despite considerable effort to explain and engage with them. However, it remains crucial for stakeholders to build connections underpinned by values that fundamentally respect each other.

2. Structures and Procedures

Some clear and consistent structures and procedures are required to support engagement. Much of the engagement conducted by MLs will be everyday informal contact with stakeholders. This is very important. This everyday contact needs to be maintained but be better recognised and valued.

Formal engagement is largely a "patchwork" of consultation activities on specific topics or projects. This project-based consultation is still important but without broader community input to overall directions and priorities, it can lead to "consultation fatigue" and advocacy.

Better structures and procedures are required to have consistent engagement in addition to informal contact. Some key needs are:

- Engagement planning needs to be incorporated more fully into project planning,
- Some regular engagement activities need to be conducted to maintain industry contact,
- Mechanisms are required to feedback information to stakeholders,
- Evaluation criteria need to be considered to measure performance in engagement.

3. Cultural Change

Improved engagement needs to become part of the culture of the organisation.

Some possible actions to build an engagement culture are:

- Incorporate engagement into performance management and evaluation,
- Having senior management support and encourage engagement,
- Developing skills and undertaking training in engagement,
- Building engagement into processes such as position descriptions and project planning,
- Recognise and celebrate small visible successes,
- Considering what would initiate, mediate and inhibit engagement between stakeholders.

4. Practice

The final aspect of improving engagement is to build a history of practice in engagement. This means conducting engagement activities and building confidence and expertise in interacting with stakeholders. This can include:

- Identifying the “best bridges” between stakeholders. These might be particular people, organisations or activities,
- Developing networks of people involved in engagement,
- Supporting people involved in engagement initiatives,
- Review engagement practice and consider improvements.

Further Information

Useful Websites

International Association for Public Participation (IAP2)

www.iap2.org/

DSE Community Engagement

http://www.dse.vic.gov.au/DSE/wcmn203.nsf/childdocs/-0B996EB412EAB883CA2570360014F01A?open

Community Builders NSW

www.communitybuilders.nsw.gov.au

Our Community

www.ourcommunity.com.au

Scottish Community Development Centre 2010 (National Standards for Community Engagement)

www.scdc.org.uk

Community Development Toolbox

www.communitydevelopment.uiuc.edu/toolbox/

The Community Toolbox

http://ctb.ku.edu/tools/en/tools_toc.htm

Australian Government (many useful links)

http://www.community.gov.au/

URP Toolbox

https://www3.secure.griffith.edu.au/03/toolbox/

Publications

Aslin, H. J. and Brown V. 2004 *Towards Whole of Community Engagement: A Practical Toolkit.* Bureau of Rural Sciences; Department of Agriculture, Fisheries and Forestry. Australian Government, Canberra.

Carson, L. and Gelber, K. 2001 *Ideas for Community Consultation: A discussion on principles and procedures for making consultation work*. A report prepared for the NSW Department of Urban Affairs and Planning, Sydney.

Department of Health and Ageing 2011 *Guidelines for the establishment and initial operation of Medicare Locals and Information for applicants wishing to apply for funding to establish a Medicare Local.* Department of Health and Ageing, Australian Government, Canberra.

Department of Sustainability and Environment 2004 *Effective Engagement: Building relationships with community and other stakeholders.* Victorian Department of Sustainability and Environment, Melbourne Victoria.

Ife, J. and Tesoriero, F. 2006 *Community Development: Community-based Alternatives in an Age of Globalisation.* Third Edition, Pearson Education, Australia.

International Association of Public Participation *International Journal of Public Participation*. Denver USA.

Kretzman, J.P. and McKnight, J.L. (1993) *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Asset-Based Community Development Institute. ACTA Publications, Chicago USA.

NSW Department of Urban Affairs and Planning (DUAP) *Ideas for Community Consultation* available at http://www.duap.nsw.gov.au/

Twyford, V., Waters, S., Hardy, M. and Dengate, J 2006 *Beyond Public Meetings: Connecting Community Engagement with Decision-Making.* Twyford Consulting.

References

Carman, K and Keith, K. 1994 *Community Consultation Techniques: Purposes, Processes and Pitfalls. A Guide for Planners and Facilitators*. Department of Primary Industries, Queensland.

Department of Sustainability and Environment 2004 *Effective Engagement: Building relationships with community and other stakeholders.* Victorian Department of Sustainability and Environment, Melbourne Victoria.

Fisher, R. and Ury, W. 1981 *Getting to Yes: Negotiating Agreement Without Giving In*. Hutchison, London.

Golding, B. 2004 *The applicability of networks to Australian adult and vocational learning research.* Australian Vocational Education and Training Research Association (AVETRA) 7th Annual Conference, Canberra.

Gray, B. (1989) *Collaborating: Finding common ground for multi-party problems*. Jossey Bass, San Francisco.

IAP2 (2008) *Planning for Effective Public Participation*. International Association of Public Participation, Denver, USA

Johnson, D.E. and Meiller, L.R. 1987 Community Level Surveys. In *Needs Assessment: Theory and Methods*. (Johnson, D.E.; Meiller, L.R.; Miller, L.C. and Summers, G.F.; Eds) Iowa State University Press, Ames Iowa.

Miller, L. C. and Hustedde, R.J. 1987 Group Approaches. In *Needs Assessment: Theory and Methods*. (Johnson, D.E.; Meiller, L.R.; Miller, L.C. and Summers, G.F.; Eds)Iowa State University Press, Ames Iowa.

Pratt, J., Pampling, D. and Gordon, P (1998) *Partnerships fit for purpose?* King's Fund, London.

Vichealth (The Victorian Department of Health) 2004 *Partnership Analysis Tool*. Available from www.vichealth.vic.gov.au

WHO, 2011 *The World Health Report - Health systems financing: the path to universal coverage* WHO Geneva.

WHO 1978 *Declaration of Alma-Ata*. International Conference On Primary Health Care, Alma-Ata, Ussr, 6-12 September 1978. WHO Geneva.