



Consumer and Community Engagement Strategy 2022-2025

A partnered commitment to journey together
Ngallugu Wambana Yunggu
“walking as one and sharing our experiences”

November 2021



Health
Barossa Hills Fleurieu
Local Health Network



Acknowledgement of contribution

The development of this Strategy has been a journey involving many people, and we acknowledge the involvement of those that have participated in workshops, Yarning Circles, forums, consultations and online surveys to inform the development of this document.

We particularly acknowledge the high-level input and valuable advice that has been provided by the following groups to shape our direction for consumer and community engagement:

- Consumer and Community Engagement Strategy Working Party (listed alphabetically): Alison King, Amy Stopford, Bianca Weiler, Brett Webster, Briarne Boyd, Dan Donaghey, Darren Keenan, Elizabeth Matthews, Heidi Reece, Kylie Fotheringham, Nina Oughton, Rae Plush, Stacey Holst
- BHFLHN Health Advisory Council members
- BHFLHN staff (including Executive)
- Tier 1 Consumer and Community Engagement Committee
- Tier 3 Consumer and Community Engagement Operations Committee

We look forward to your continued involvement over the next four years.

Acknowledgement of Country

At Barossa Hills Fleurieu Local Health Network (BHFLHN), we recognise Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We acknowledge that the land on which our Local Health Network delivers health care services is the Traditional Lands for the Kurna, Ngadjuri, Peramangk and Ngarrindjeri / Ramindjeri Peoples.

We acknowledge that Aboriginal and Torres Strait Islander peoples have a deep connection with their Land, Water and Communities. This is central to their cultural, spiritual, social, physical and emotional identity. We honour and pay our respects to all generations of the Kurna, Ngadjuri, Peramangk, and Ngarrindjeri / Ramindjeri people. In particular, we honour and pay our respects to Aboriginal and Torres Strait Islander Elders both past, present, and emerging.

The BHFLHN acknowledges our Aboriginal and Torres Strait Islander consumers and workforce, who are from many Nations around Australia. We thank them for continuing to share their cultural knowledge. We also acknowledge our non-Aboriginal workforce for being brave and contributing to Reconciliation and truth-telling within our Local Health Network. We are all on this journey together.

BHFLHN is committed to working towards Reconciliation with Aboriginal and Torres Strait Islander peoples. As a predominately non-Aboriginal and Torres Strait Islander workforce, we acknowledge that we will never fully understand the historic impact of displacement from Traditional Lands, denial of cultural practices and other injustices that occurred contributing to the generational trauma still felt today. However, we do acknowledge that truth telling is important in understanding how the past continues to shape the lives of Aboriginal and Torres Strait Islander peoples today. We acknowledge and treat cultural safety with the highest regard and aim to ensure Aboriginal and Torres Strait Islander consumers and community feel welcomed and safe each time they access health care services.

Cover clockwise from left: Aunty Dawn Gemmell, Aboriginal Elder living on Kurna land, Rebecca Kimlin, Arrernte woman, Team Leader – Aboriginal Health BHFLHN with Codi and Kira Buckskin, Narungga sisters who live on Kurna land, Aunty Kay Brown is a Boandik Elder, who lives on Kurna land and Aunty Celia Faulkner is a Gomeroi Elder, who lives on Kurna and Ngadjuri land. They are both community members linked to the network.



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BHFLHN acknowledges that this document may have some words or terms that readers may not be familiar with. A glossary has been added to the end of the strategy to provide helpful definitions and explanations as they relate to this Strategy.

Note that where there is a number e.g. ¹, it indicates that we have referenced this information and noted the source in the References.

Ngallugu Wambana Yunggu

“walk as one and share our experiences”

Ngallugu Wambana Yunggu (walk as one and share our experiences) is an artwork that has been co-designed by Ngadli Artists with Aboriginal consumers who have participated in Yarning Circles across Barossa Hills Fleurieu Local Health Network (BHFLHN). The artwork reflects the BHFLHN values of: Trust, Respect, Integrity, Collaboration and Kindness.

The layers within the artwork depict the story-telling journey taken across our network with the communities involved. The bottom layer shows how in Gawler, we learnt about the strong connection to community and family. In the Adelaide Hills, a story was shared of deep blood connections as well as profound healing ripples, represented by the middle layer. The top layer shows how in Victor Harbor, we heard that the voices of Aboriginal young people were empowered by the mutual respect shared with the Elders, who allow young people to be the voice of change.

The circle in the middle represents the yarning. The Yarning Circle practice invites equal listening and equal sharing from all who participate. The five smaller circles within represent some of the values that we discussed and reflected on within the Yarning Circles. It is at the heart of the artwork because the Yarning Circle model of engagement supports and promotes healing, hope, belonging, and community pride.

The artwork speaks to the feelings, worries, hurts and hopes experienced by Aboriginal and Torres Strait Islander peoples when accessing our services. It also speaks to the importance of relationship and the values that are needed to support respectful and meaningful engagement with Aboriginal and Torres Strait Islander consumers and communities to improve their health, healing and wellbeing outcomes. Through deep listening we will build trust and reconciliation and just like a ripple on still water this effect will spread throughout our network.

Ngadli Arts are two Narungga sisters and artists, Kira and Codi Buckskin, who live on Kurna land and are community members that are linked to the network.



Foreword

Together, we are excited to release and support the implementation of the inaugural BHFLHN Consumer and Community Engagement Strategy.

The Strategy has been developed drawing on the voices and input from consumers, community members, Health Advisory Councils (HACs), BHFLHN Governing Board members and BHFLHN Executive and staff. It will play an integral role towards ensuring that we are consistent in our engagement approaches with consumers and communities across the health network. We acknowledge the role that HACs will play when engaging with their local communities.

The Strategy reinforces our commitment, acknowledging that as we journey together, we will lead by example whereby First Nations peoples are first alongside the whole of the community.

We acknowledge that our vision is ambitious, however as a network we are committed to striving for excellence through respectful and meaningful engagement with those that are at the forefront of everything we do.

The strategy outlines the commitment of how BHFLHN will engage with our diverse consumers and communities in the delivery, planning, provision, designing and evaluating of health outcomes.

This journey has just begun, and we invite you to join us.



Carol Gaston
Governing Board Chair,
BHFLHN



Rebecca Graham
Chief Executive Officer,
BHFLHN



Darren Keenan
BHFLHN Health Advisory
Council Presiding Members
Forum Chair



Nobody cares how
much you know
until they know how
much you care.

Theodore Roosevelt Jr (1858-1919) 26th US President

Our journey – about this document

This Strategy outlines our commitment to support and enhance a culture where consumer and community engagement is at the heart of everything we do. It brings together and builds on the former Country Health SA Consumer and Community Engagement Strategy and the Aboriginal Consumer and Community Engagement Strategy. It also reinforces our commitment to engage with people from diverse lived experiences including varying social, geographical and ethnic backgrounds, genders and orientations^{1*}.

Our Strategy has been 18-months in the making and has considered the views gathered from consumers, community members and staff in workshops, online consultations, surveys, forums and Yarning Circles. Underpinning the development of this document has been our goal to engage with consumers and community because we want to and not because we had to. The BHFLHN co-designed commitments for engagement were validated in September 2021.

This Strategy sets a consistent platform for engagement that is enacted in partnership with consumers, community members and Health Advisory Councils (HACs), BHFLHN Governing Board and BHFLHN Executive and staff. This Strategy outlines our commitment statements which will be further developed in an implementation plan outlining key deliverables^{**}.

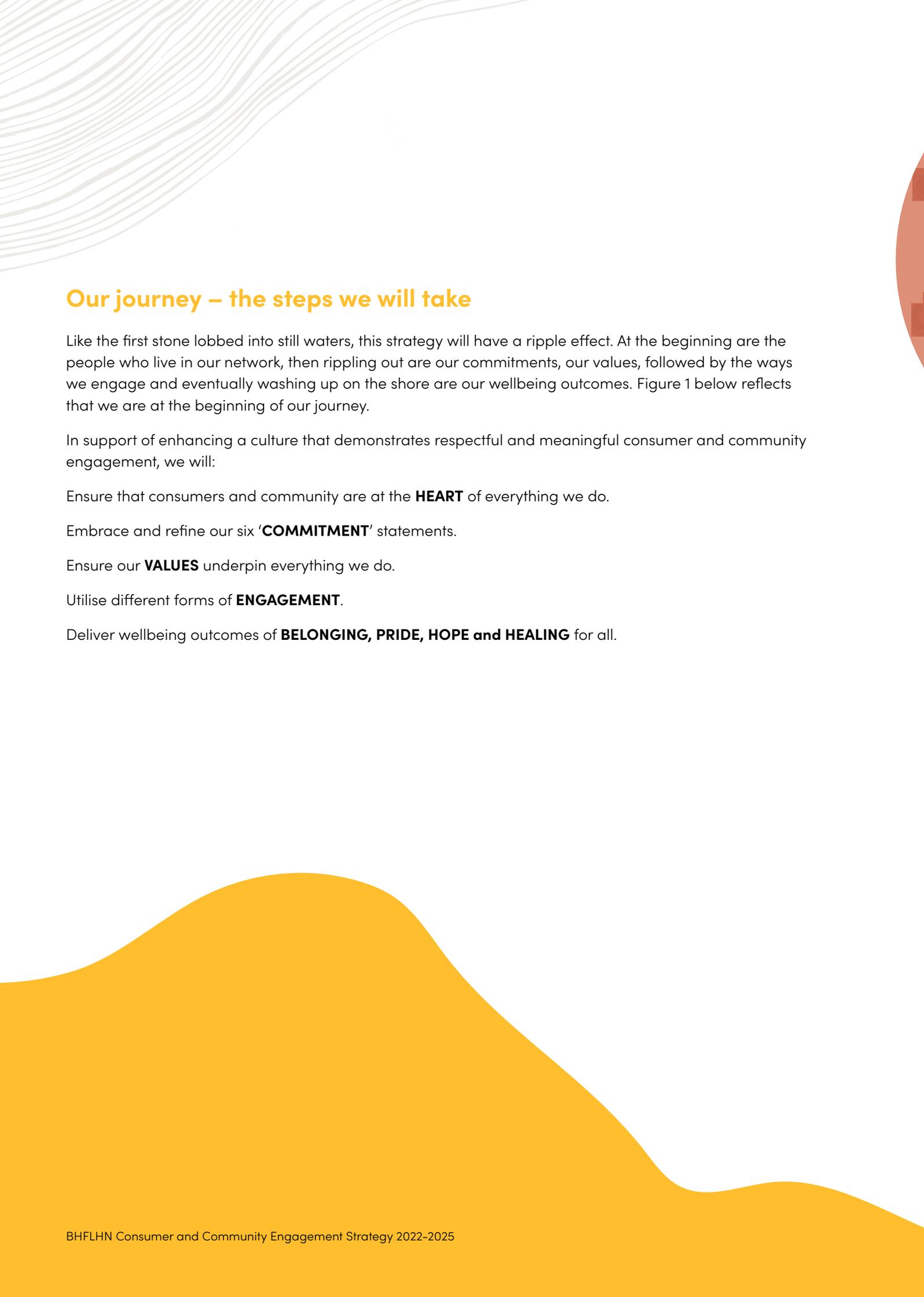
Our journey – what we have considered

In the development of this strategy we have:

- Deliberately developed a strategy that is inclusive of best practice engagement approaches to support the health and wellbeing outcomes for our vulnerable population groups.
- Engaged with consumers, community, staff, Executive, leadership, BHFLHN Executive and BHFLHN Governing Board members to provide input and shape the development of the strategy.
- Engaged with Aboriginal and Torres Strait Islander peoples through Yarning Circles to learn about ways we can better engage with Aboriginal and Torres Strait Islander peoples and demonstrate our values in practice.
- Commissioned the 'Ngallugu Wambana Yunggu' artwork by Ngadli Arts.
- Partnered with our BHFLHN HACs.
- Established and embedded consumer and community engagement in our governance structure.
- Designed the Strategy to sit beneath the BHFLHN Strategic Plan and supporting the Clinician and Workforce Engagement Strategy.
- Considered and demonstrated our commitment to the inclusion of relevant frameworks, policies, directives and standards, see Appendix 1.
- Considered the BHFLHN Risk Appetite² in relation to ensuring the safety and quality of services provided.
- Considered our responsibilities outlined under the Health Care Act (2008).³
- Considered and aligned our engagement approach with the SA Health Consumer, Carer and Community Engagement Strategic Framework.⁴

^{*}We have provided a more detailed definition of diversity which can be found in the glossary on page 24.

^{**}Next steps can be found on page 21.



Our journey – the steps we will take

Like the first stone lobbed into still waters, this strategy will have a ripple effect. At the beginning are the people who live in our network, then rippling out are our commitments, our values, followed by the ways we engage and eventually washing up on the shore are our wellbeing outcomes. Figure 1 below reflects that we are at the beginning of our journey.

In support of enhancing a culture that demonstrates respectful and meaningful consumer and community engagement, we will:

Ensure that consumers and community are at the **HEART** of everything we do.

Embrace and refine our six '**COMMITMENT**' statements.

Ensure our **VALUES** underpin everything we do.

Utilise different forms of **ENGAGEMENT**.

Deliver wellbeing outcomes of **BELONGING, PRIDE, HOPE and HEALING** for all.

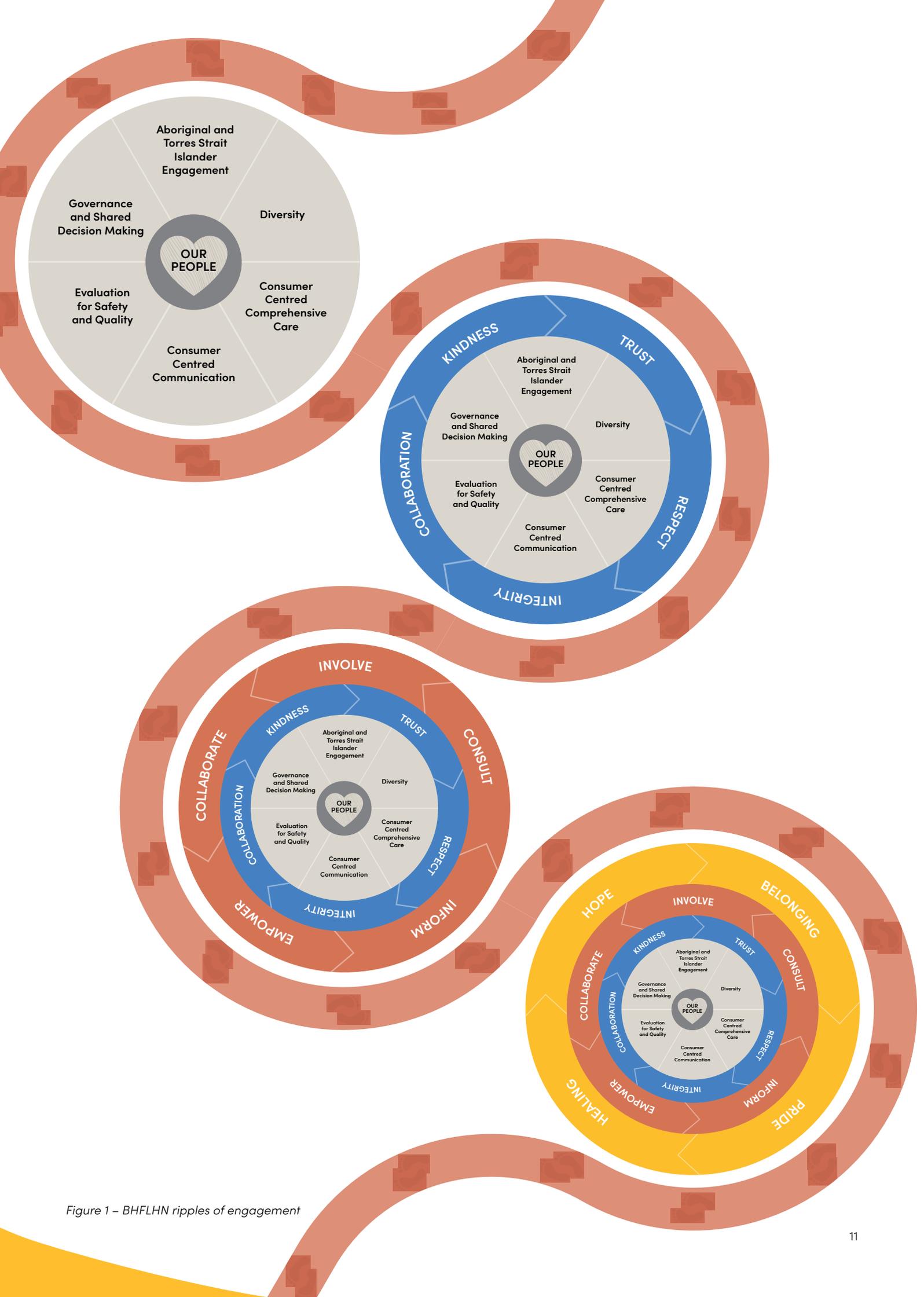


Figure 1 – BHFLHN ripples of engagement



We recognise and value the rich diversity of cultures and communities within our network and will seek ways to respectfully engage with all people and cultures.

Our journey - what is important to us

Our Consumer and Community Engagement Strategy provides a guide to ensure that the voices of our consumers and communities are heard and listened to when accessing and receiving a health service, and in the planning, delivery, and evaluation of our services. Our approach is, and will continue to be, to engage because we want to not because we have to.

We recognise and value the rich diversity of cultures and communities within our network and will seek ways to respectfully engage with all people and cultures. We will ensure that we will acknowledge, honour and protect the rights, experience, history, cultures and traditions of Aboriginal and Torres Strait Islander peoples. We know that when we engage respectfully and well with Aboriginal and Torres Strait Islander peoples we can improve and grow the way we engage with all our communities.

Together, we agree that these commitment statements (Figure 2) will provide a map for our journey.



Figure 2 – BHFLHN commitment statements



We commit to stepping outside of our comfort zone by listening deeply to Aboriginal and Torres Strait Islander peoples.

Our journey – our values

Our values will guide and support the ways in which we engage with our consumers and community to foster an engagement culture that is conducted in a culturally respectful and meaningful manner, not because we have to, but because we want to.

In living our values through the learnings shared from the yarning circles, we will demonstrate these by:



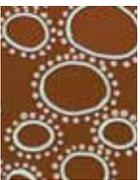
Trust – we will:

- Listen deeply to people’s experiences.
- Follow through on spoken, written and implied agreements.
- Connect and create an environment that is safe and reliable.



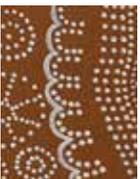
Respect – we will:

- Understand that everyone is on a different journey.
- Start where a person is at, knowing that they are experts of their health experience.
- Listen and take time to learn and support each person’s physical, cultural and wellbeing journey.



Integrity – we will:

- Support people to speak up and be proud of who they are.
- Continually learn and adapt our practices to be inclusive of the people we journey with.
- Be transparent and take action in our decision-making processes.



Collaboration – we will:

- Connect and come together to understand the wants, needs and aspirations of our consumers.
- Come together to create a safe environment for people to access our services.
- Listen and value the voices of the people that are in our communities.



Kindness – we will:

- Show compassion and empathy with everyone that we journey with.
- Give care and take care in providing care.
- Show kindness in everything we do.



Figure 3 – BHFLHN values

Our journey – how we will journey together

In listening, we heard that the first step to successful engagement is through building relationships of openness and trust. Once established, we will make sure that in practice we engage from the very beginning, through a variety of ways and communicating regularly.

Given the diversity of our consumers and communities, we will use different ways to ensure that we hear the voices that are loud and those that are quiet.

The IAP2 Spectrum for Public Participation⁵ presents a well-tested model which provides a full picture of ways in which meaningful engagement can occur in relation to decision-making.

We recognise that the level of engagement can change, and sometimes will need to change, to adapt to the decisions, behaviours or outcomes that are being made. In choosing the level of engagement with our stakeholders we will be honest and transparent about their capacity to influence the impact on the matter, decision or outcome that is being made.

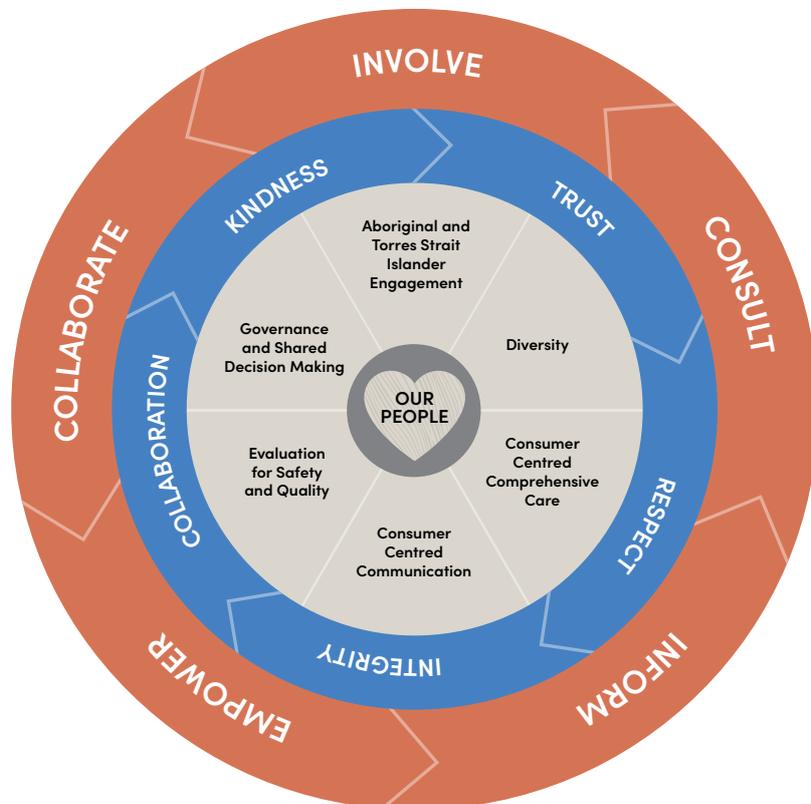


Figure 4 – BHFLHN Forms of Engagement articulation Spectrum

The diagram below⁶ (Figure 5) highlights that the type of engagement can be dynamic and fluid in nature.

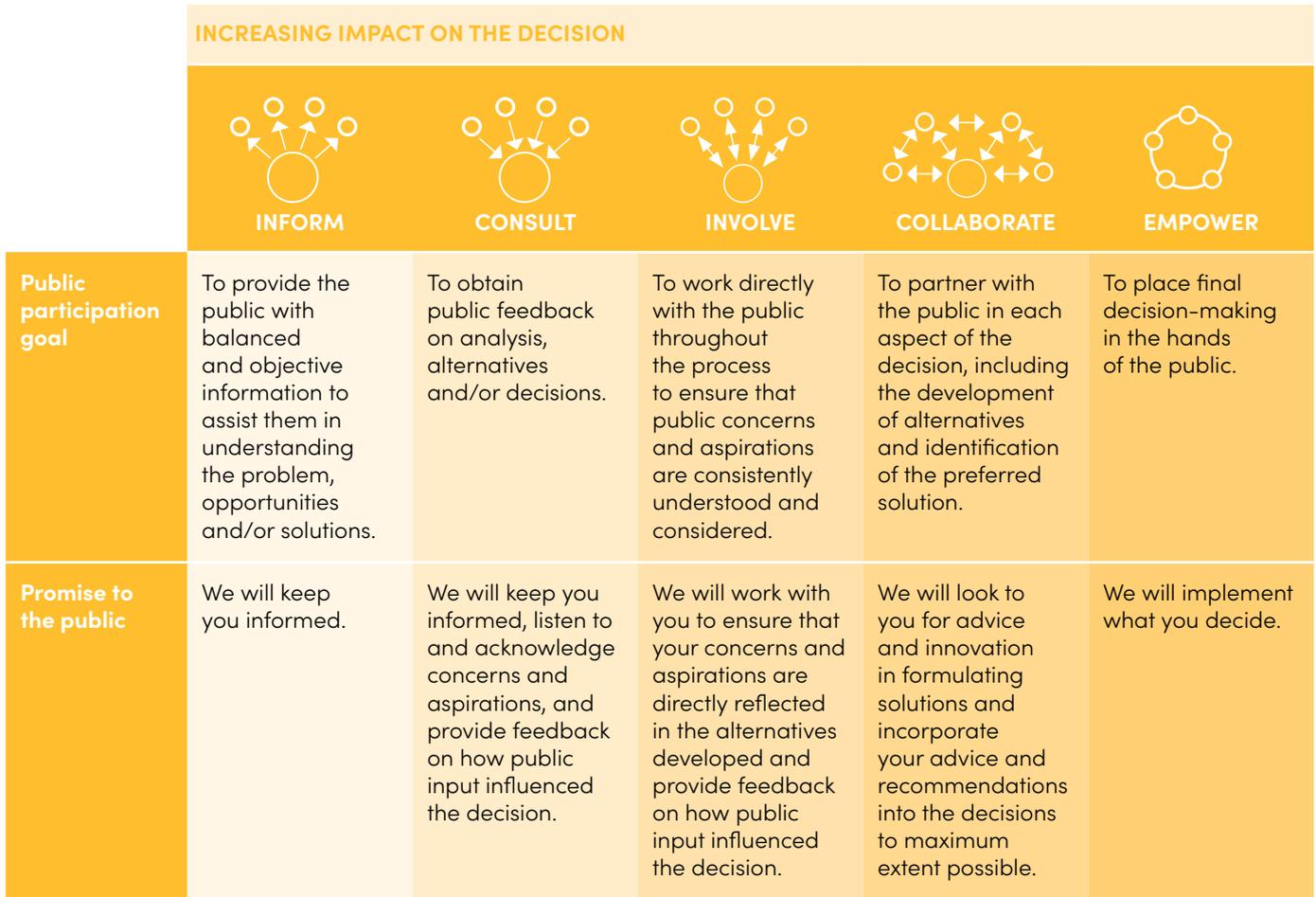


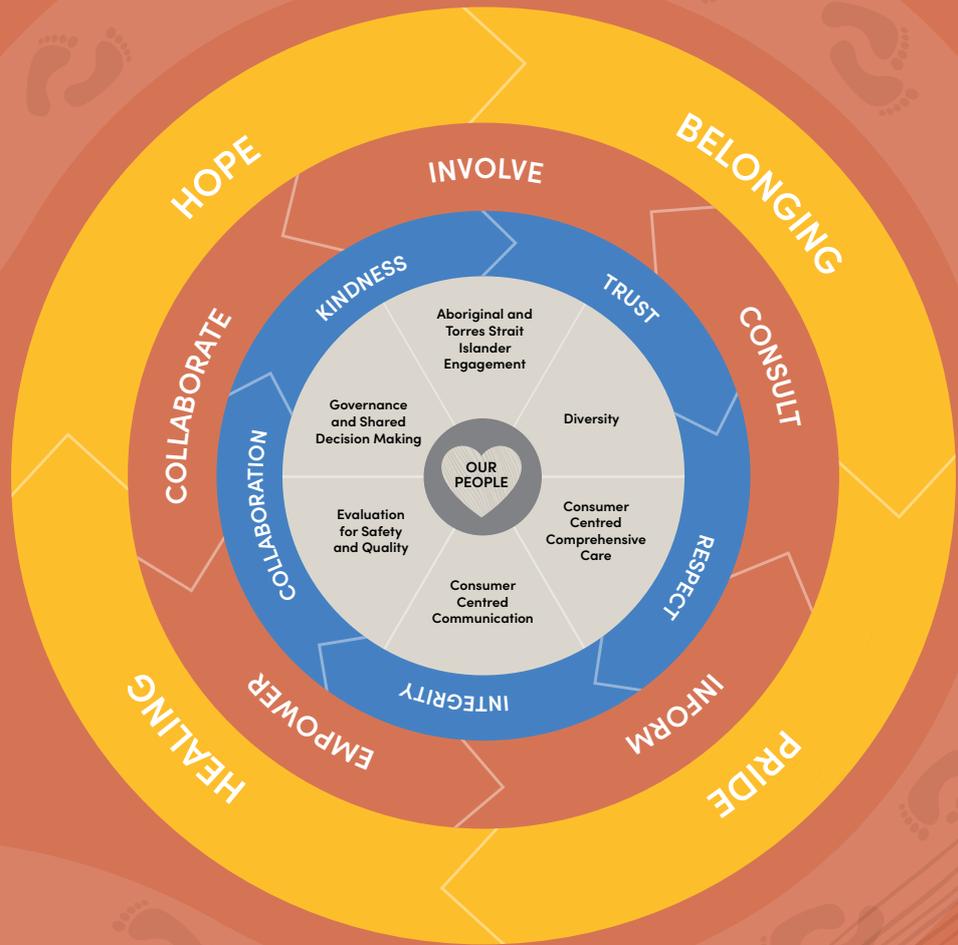
Figure 5 – The IAP2 Public Participation Spectrum is used with permission and is © 2014 IAP2 International Federation www.iap2.org. The 'IAP2 Spectrum' is referenced in the South Australian Government www.bettertogether.sa.gov.au program. The additional 'increasing impact' graphic has been adapted from www.placespeak.com

This approach will ensure that through our engagement approach, we promote healing, hope, belonging, and community pride, as reflected in Ngallugu Wambana Yunggu ("walk as one and share our experiences"), leading to wellbeing outcomes of:

- Building a sense of connection and **belonging** with our people.
- Contributing to our people's **healing** journey through enabling connection and listening deeply.
- Bringing **hope** to people's wellbeing.
- Supporting and building community **pride** in people speaking to and accessing our services.

Ngallugu Wambana Yunggu 'walk as one and share our experiences'

Like the first stone lobbed into still waters, this strategy will have a ripple effect. At the beginning are the people who live in our network, then rippling out are our commitments, our values, followed by the ways we engage and eventually washing up on the shore are our wellbeing outcomes.

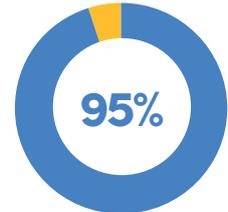


Our commit statements

People who agree this statement is important

Aboriginal and Torres Strait Islander Engagement:

We commit to stepping outside of our comfort zone by listening deeply to Aboriginal and Torres Strait Islander peoples to empower and support self-determination in wellbeing and healing outcomes.



Diversity:

We commit to a culture of learning by embracing the voices of all people with diverse lived experience in the planning, designing, delivery and evaluating of our services.



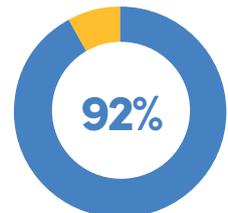
Consumer Centred Comprehensive Care⁴:

We commit to partnering with individuals, and their support networks, to empower decision making related to their health and wellbeing outcomes.



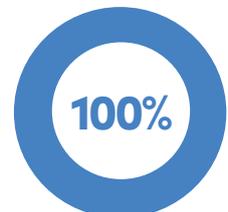
Consumer Centred Communication⁴:

We commit to providing accessible and clear communication to support health and wellbeing awareness.



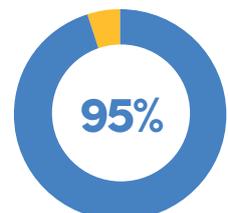
Evaluation for Safety and Quality⁴:

We commit to engaging with individuals and community to improve quality and safety by reviewing what we do, evaluating our effectiveness, and truly valuing and responding to feedback given.



Governance and Shared Decision Making⁴:

We commit to seek, engage and listen to all stakeholders in the planning, designing, delivering and evaluating of what we do.



Our journey – bringing our commitments to life

Aboriginal and Torres Strait Islander engagement

Commitment statement 1: We commit to stepping outside of our comfort zone by listening deeply to Aboriginal and Torres Strait Islander peoples to empower and support self-determination in wellbeing and healing outcomes.

Ways we will achieve this include:

Invest and support the development of Aboriginal and Torres Strait Islander workforce within LHN.

Engage with Aboriginal and Torres Strait Islander consumers and communities in making decisions together to make our services welcoming and safe.

Continue to acknowledge and work together with Aboriginal and Torres Strait Islander communities in our Reconciliation journey to healing.

Build our capacity to ensure that our services and workforce are culturally safe and respectful.

Develop our relationships with Aboriginal and Torres Strait Islander peoples to build trust and work together to make things better.

Respect and acknowledge Aboriginal and Torres Strait Islander cultural knowledge and authority.

We will know we have been successful because:

Aboriginal and Torres Strait Islander consumers and communities access BHFLHN to meet their wellbeing and healing outcomes.

Non-Aboriginal and Torres Strait Islander staff have the skills and knowledge to work in partnership with Aboriginal and Torres Strait Islander people to support their wellbeing and healing outcomes.

BHFLHN Governing Board, leadership and HACs can demonstrate ways that Aboriginal and Torres Strait Islander people are included in actions, decisions and outcomes relating to their health and wellbeing.

Aboriginal and Torres Strait Islander consumers and communities feel that they are listened to, engaged, culturally respected and included in decisions relating to their health and wellbeing.

BHFLHN physical environments reflect a welcoming culture that embeds the cultural identity of Aboriginal and Torres Strait Islander people.

Systems, structures, processes and resources are supported to ensure meaningful and respectful engagement occurs with Aboriginal and Torres Strait Islander people.

Diversity

Commitment statement 2: We commit to a culture of learning by embracing the voices of all people with diverse lived experience in the planning, designing, delivery and evaluating of our services.

Ways we will achieve this include:

Understand the communities and cultures that make up BHFLHN.

Provide staff with training, education and resources to learn about ways to engage with people of diverse lived experiences.

Ensure that individuals and community groups from our diverse communities and cultures are engaged when making decisions about our services.

Provide a variety of ways for individuals and community groups from our diverse communities and cultures to be involved in the promotion and delivery of our services.

Provide a variety of ways to capture feedback from our diverse communities and cultures to improve the services that we provide.

We will know we have been successful because:

BHFLHN Governing Board, leadership and HACs can demonstrate ways that people with diverse lived experience are included in actions, decisions and outcomes relating to their health and wellbeing.

Systems, structures, processes and resources are supported to ensure meaningful and respectful engagement occurs with people with diverse lived experience.

Staff are trained and empowered to engage with people of diverse lived experience.

People of diverse lived experience report that they feel their engagement has been valued.



Consumer-centred comprehensive care⁴

Commitment statement 3: We commit to partnering with individuals, and their support networks, to empower decision-making related to their health and wellbeing outcomes.

Ways we will achieve this include:

Listen, respect and validate the decisions that individuals make relating to their health care with dignity.

Respect individuals, and their support networks, values, beliefs and cultural backgrounds in health care planning, development and review.

Enhance access for individuals, and their support networks, to receive services in a co-ordinated and timely manner to meet their health care needs.

Provide education, training, tools and resources to staff to raise awareness and understanding of 'walking in the shoes of consumers'.

Enhance and build our organisational culture so that consumer-centred care is implemented, evaluated and measured to ensure that it is understood and applied by all.

Involve individuals and communities in the development of our consumer and community engagement education, training, tools and resources.

Use a variety of methods to engage with individuals and their support networks to listen and learn about their personal health care experiences.

Use a variety of methods to gain feedback from individuals and staff to inform the development of consumer and community engagement training and education.

Embed the principles of consumer-centred care into all aspects of staff development and training (including orientation).

We will know we have been successful because:

Individuals and their support networks report that they have been listened to, heard and supported to meet their health and wellbeing outcomes.

Consumer-centred care practice is the demonstrated standard practice within BHFLHN.

Consumer-centred care experiences are captured and shared.

Consumers and communities are engaged in the development of systems, structures and processes to support health and wellbeing outcomes.

Systems, structures, processes and resources are supported to ensure meaningful and respectful engagement occurs.

Consumer-centred communication⁴

Commitment statement 4: We commit to providing accessible and clear communication to support health and wellbeing awareness.

Ways we will achieve this include:

Provide time for individuals, and their identified networks, to ask questions about their care.

Provide a variety of ways to check with individuals, and their support networks, that they have understood the information provided to them.

Provide a variety of ways for individuals and their support networks to access information, that is clear and easy to understand and meets their needs to enable them to make informed decisions about their care.

Promote the services that individuals and their support networks can access within the LHN.

Review and improve the methods that we use to promote our services to meet the diverse needs of our communities.

Involve individuals and communities in the development and promotion of health information that is inclusive of levels of language, diverse needs and accessibility.

We will know we have been successful because:

Consumers are provided with information that is clear, inclusive and relevant to supporting their health and wellbeing awareness.

Staff are supported to understand information provided by consumers and assist consumers in navigating services relating to their health and wellbeing needs.

Consumers and community are involved in the development of communication tools to support their health and wellbeing awareness.

Systems, structures and processes are developed to ensure that consumers understand the information provided to them.

Consumers and community are provided information in a timely and appropriate manner.

Systems, structures, processes and resources are supported to ensure meaningful and respectful engagement occurs.



Evaluation for safety and quality⁴

Commitment statement 5: We commit to engaging to improve quality and safety by reviewing what we do, evaluating our effectiveness, and truly valuing and responding to feedback given.

Ways we will achieve this include:

Review our current evaluation process, systems and tools to align with best practice.

Establish a variety of measures to guide and inform the evaluation of our services.

Enhance our feedback culture, one that embraces ongoing learning, evaluation and healing in all we do.

Establish a reporting structure that captures lessons learnt, ongoing themes and quality improvement.

Enhance and review our feedback and complaints system to ensure that we close the loop and get back to you.

Provide staff with training and education on ways to support individuals to speak up.

Promote the ways in which individuals and the community can provide feedback.

We will know we have been successful because:

Systems, structures and processes are developed to ensure that feedback is sought, acknowledged, responded and reported.

Consumers and community report that have seen quality improvement as a result of their feedback.

Staff are trained and empowered to engage with consumers in receiving and responding to feedback.

Consumers and community are involved in the way we evaluate our services.

BHFLHN Governing Board, leadership and HACs can share and report on improvements have been made across the region to enhance health and wellbeing outcomes.

Systems, structures, processes and resources are supported to ensure meaningful and respectful engagement occurs.

Governance and shared decision-making⁴

Commitment statement 6: We commit to seek, engage and listen to all stakeholders in the planning, designing, delivering and evaluating of what we do.

Ways we will achieve this include:

Identify and enhance relationships with our stakeholders.

Regularly communicate with our stakeholders about the work we plan to do, the work we are doing and when it is completed.

Support stakeholders to be engaged at a level that they feel comfortable.

Explore and develop new ways that we can engage with our stakeholders to be involved.

Provide different and creative ways to gain feedback from stakeholders about the work we do.

Enhance a culture of being transparent in our decision-making processes.

Strengthen our accountability and communication mechanisms with our stakeholders.

Ensure equity and diversity of stakeholder representation.

We will know we have been successful because:

Systems, structures and processes are developed to ensure the timely and appropriate engagement of stakeholders.

Stakeholders report that they have been engaged, heard and their views acknowledged.

BHFLHN can demonstrate a variety of ways in which a broad representation of stakeholders have been included in governance and shared decision-making.

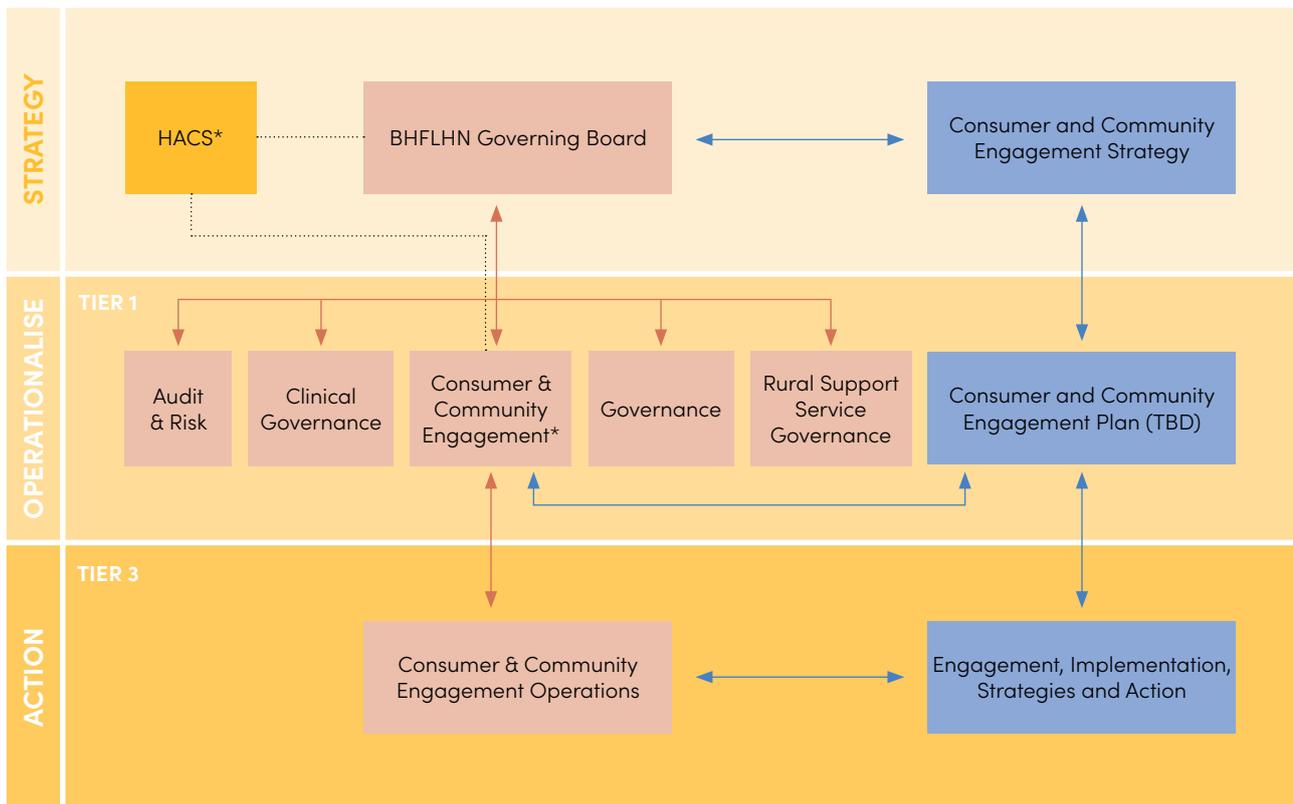
Systems, structures, processes and resources are supported to ensure meaningful and respectful engagement occurs.

Our journey – how we are going to deliver the strategy

We heard that ‘consumer and community engagement needs to be high on our agenda’

Consumer and community engagement approaches are embedded at both a strategic and operational governance level within our network.

Our governance structure supports us to develop strategy, operationalise, monitor, review and action the implementation of our commitments.



← → Indicates the reporting structure.

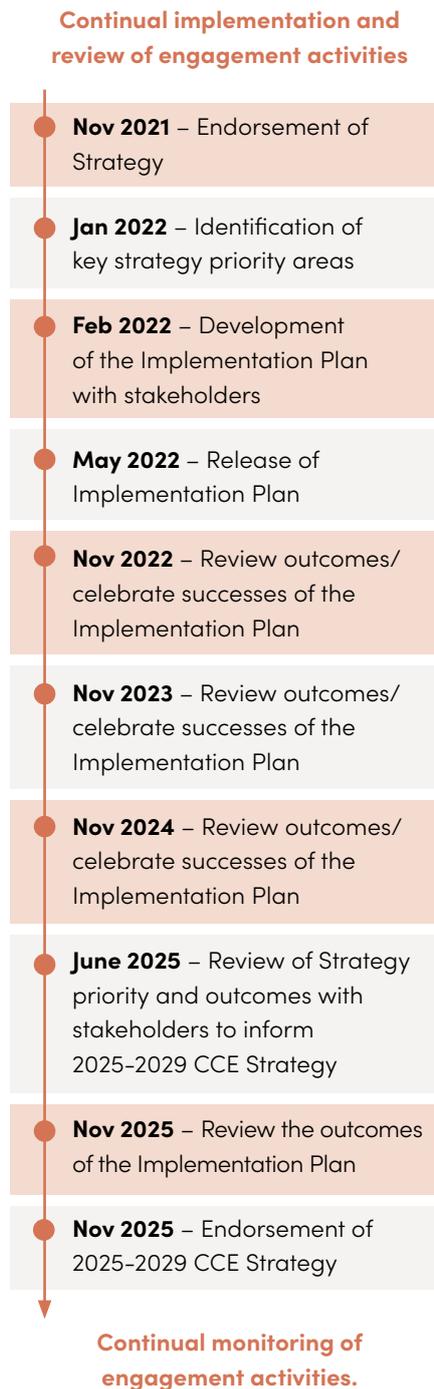
..... Indicates the relationship between the HACS and BHFLHN Governing Board. The BHFLHN Governing Board Chair attends the quarterly HAC Forums.

← → Indicates the relationship between the reporting structure and the implementation of the strategy.

*The elected BHFLHN HAC Presiding Member Chair is a member of the BHFLHN Tier 1 Consumer and Community Engagement Committee. To support the implementation of a future plan.

Our journey – our next steps

The below diagram provides the steps we will take to operationalise the Strategy through the development of an implementation plan.



Our journey – measuring strategy effectiveness

We will continue to monitor the implementation of our commitments through:

- Monitoring the implementation plan progress to meet our commitments outlined in the strategy.
- Developing systems and processes to operationalise our commitments.
- Enhancing our systems to actively seek feedback from those that we journey with.
- Engaging with our stakeholders in the planning, reviewing and monitoring our engagement strategies and actions.
- Continually reviewing, assessing, adapting and monitoring our engagement strategies and actions.
- Actively capturing and reporting on the consumer and community activities that occur across BHFLHN.
- Monitoring and reporting on relevant themes from the Safety Learning System.
- Actively capturing and reporting on consumer and community experiences.
- Actively capturing, reviewing and adapting our activities in line with best practice through aligning with National Safety and Quality Health Service (NSQHS) Standards, NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health, NSQHS Standards User Guide for Health Services Providing Care for People with Mental Health Issues, National Disability Insurance Scheme (NDIS) Practice Standards and Aged Care Quality Standards.
- Publicly showcasing our celebrations and learnings.

Our journey – would you like to get involved further?

Our Community Network aims to provide opportunities for consumers and community members to share their perspective and experiences to inform ideas, projects and developments that impact upon their health and wellbeing provided by their local health service.

If you would like to get involved, please sign up to our Community Network through scanning the QR code or by emailing us at HealthBHFLHNConsumers@sa.gov.au



Glossary

Where required, glossary definitions from external references have been adapted to fit with the content of the Consumer and Community Engagement Strategy.

Aged Care Quality Standards ⁷	Organisations providing Commonwealth-subsidised aged care services are required to comply with the Aged Care Quality Standards (Quality Standards). Organisations will be assessed and must be able to provide evidence of their compliance with and performance against the Quality Standards. The Quality Standards focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Commonwealth-subsidised aged care services.
Accessible	Accessible means that the information is available in different ways, languages and formats (e.g. websites, fact sheets, brochures and audio or visual representation) to make it easy for people to access and understand.
BHFLHN	Barossa Hills Fleurieu Local Health Network (BHFLHN) provides services to children, young people, adults and families that live within the Adelaide Hills, Barossa Valley, Fleurieu Peninsula and Kangaroo Island communities.
Carer ⁸	A carer refers to a person who provides care, support and assistance for a family member or friend or as part of a kinship system. This includes someone who is frail, aged, has a disability, a medical condition, including terminal or chronic illness or who has a mental illness. Carers include children caring for parents and guardians.
Co-design ⁸	Co-design is a focused service improvement approach to consumer-centred planning, decision-making, production and design; where new services or service reviews are determined in partnership with consumers who use them and may be affected by them.
Community ⁸	Community refers to any collective group of people generally or that represents or brings a collective voice of the interests of health consumers or specific affected communities.
Community Engagement ⁸	Community engagement refers to the processes and connections between government, communities and consumers in the development and implementation of policies, programs, services and projects.
Consumer ⁸	<p>A consumer is a person who has used, or may potentially use, health services, or is a carer for a consumer using the health services. A consumer can be a child, young person or adult.</p> <p>Consumers are commonly identified by health services as patients, clients, participants or service users at point of care.</p>

Consumer-centred care ⁸	<p>Consumer-centred care is an approach to care delivery that values, recognises and respects the person using health and community services as an equal partner in planning, developing and monitoring their care to meet their needs. It requires care providers to actively position the person at the centre of shared decisions about their care and support needs.</p> <p>Internationally, different sectors, services and groups use the terms ‘patient-based’, person-centred, ‘relationship-based, patient-centred’ or patient and family-centred care.</p>
Consumer engagement ⁸	<p>Consumer engagement refers to health consumers, their family and carers, actively participating in their own individual care; healthcare planning and decision-making; evaluating policy governance and safety and quality processes; healthcare monitoring and evaluation.</p>
Consumer or Community Representative ⁸	<p>A person who voices collective perspectives and takes part in decision-making as a representative of those consumers and communities. Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation.</p>
Culture ⁹	<p>Whilst culture is a term used to refer to Aboriginal and Torres Strait Islander people, for the purpose of this strategy it has a broader reference to include diverse communities.</p> <p>Culture is to be regarded as the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs.</p>
Cultural safety ¹⁰	<p>Cultural safety is a fundamental human right, which in this strategy, describes creating an environment that is safe for Aboriginal and Torres Strait Islander people. This means there is no assault, challenge or denial of their identity and experience. The workplace environment, services and settings for health, wellbeing and safety must be culturally safe for all people. For a fair and equitable society free from racism and discrimination, we must address the underlying causes of culturally unsafe practice.</p>

Diversity⁸

In the context of the strategy, diversity means the inclusion of voices and experience of the broadest range of individual, groups and circumstances including but not limited to:

- Aboriginal and Torres Strait Islander peoples and communities and the diversity within Aboriginal cultures;
- people of culturally and linguistically diverse backgrounds;
- people living in regional, rural and remote communities;
- people living with disability (such as people with physical, sensory, intellectual and cognitive disability);
- people who have lived or living experience of mental illness;
- LGBTQIA+ communities;
- varying family structures and roles;
- older people;
- children and young people;
- health and illness conditions (such as people who may be long term users of the service, chronic health conditions);
- people experiencing homelessness;
- people in prison;
- trauma affected persons;
- religious and spiritual groups and belief systems;
- emerging communities (such as new migrant communities, refugees, including those who have experienced torture, trauma, grief and loss).

Engagement⁸

Engagement within the health context refers to an active and sharing relationship between health services, consumers, carers and community groups, which can become a partnership.

Equality¹¹

Equality means each individual or group of people is given the same resources or opportunities.

Equity¹¹

Equity recognises that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome. Through acknowledging the diverse individuals and community groups, and removing the barriers for their engagement - whether it be socially, economically, demographically, or geographically - we will be able to ensure that all have the access to their health services.

Governance ⁸	Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure through which the objectives (clinical, social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.
Health Advisory Council (HAC)	A Health Advisory Council have been established to represent the views of their communities within their local health services. Refer to the Health Care Act (2008) for more information about their role.
Individual	For the purpose of this strategy refer to the definition of consumer.
Lived experience ⁸	Lived experience refers to the subjective perception of a person's experience of health or illness and is the representation of the experiences and choices of that person and the knowledge that they gain from these experiences and choices.
National Disability Insurance Scheme Practice Standards ¹²	The NDIS Practice Standards specify the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants. Together with the NDIS Code of Conduct, the NDIS Practice Standards build NDIS participants' awareness of what quality service provision they should expect from registered NDIS providers. BHFLHN is a registered provider and must demonstrate compliance with a range of quality and safeguarding requirements overseen by the NDIS Quality and Safeguards Commission.
National Safety and Quality Health Service (NSQHS) ¹³	The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of healthcare. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.
'Ngallugu Wambana Yunggu'	Narungga language for 'walk as one and share our experiences'. Ngadlia Arts identify as Narungga First Nations people from the Yorke Peninsula, who are consumers of BHFLHN.
Partnership ⁸	When two or more individuals or groups work together collaboratively and inclusively sharing the responsibility of decisions and collectively owning outcomes.

Reconciliation ¹⁴	Reconciliation is about strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples, which results in stronger relationships based on understanding, trust and respect and that are free of racism. In a just, equitable and reconciled Australia, Aboriginal and Torres Strait Islander children will have the same life chances and choices as non-Indigenous children, and the length and quality of a person's life will not be determined by their racial background.
Self-determination ¹⁵	Self-determination means that as an individual, you are in control of your own destiny. It has significant importance and relevance to Aboriginal and Torres Strait Islander people as it recognises and values that individuals can make decisions for themselves and that these are not being made by non-Aboriginal and Torres Strait Islander people.
Shared decision-making ⁸	A consultation process in which a clinician and a consumer jointly participate in making a health decision, having discussed the options, their benefits and any risk factors. Through this process the patient's values, preferences and circumstances are considered.
Staff	Staff refers to any paid employee within BHFLHN.
Stakeholders ¹⁶	Any individual, group of individuals, organisations, primary health care services or political identity with an interest or stake in the outcome of a decision.
Support Networks	For the purpose of this strategy refer to the definition of carer.
Wellbeing ¹⁵	Wellbeing refers to the strong bond and connection between mind, body and spirit. It has significant importance to Aboriginal and Torres Strait Islander people and recognises that the health of an individual is more than feeling physically healthy, it also embraces an individual's social, cultural, spiritual and emotional health.
Yarning Circles ¹⁷	Yarning circles are a cultural practice that is led by Aboriginal and Torres Strait Islander people. It is an engagement method that actively seeks participation through a deep and considered approach to questioning and listening. It is recognised as the preferred way to engage with Aboriginal and Torres Strait Islander people. The process provides an opportunity for Aboriginal and Torres Strait Islander people to share their thoughts in a culturally safe and respectful environment, ensuring that they are heard and acknowledged.

Appendix 1

- National Agreement on Closing the Gap, July 2020
- Racism. It Stops with Me Campaign
- Racial Discrimination Act 1975
- National Aboriginal Cultural Respect Framework 2016 - 2026
- SA Health Guide to Engaging with Aboriginal People 2013
- Country Health SA Aboriginal Community and Consumer Engagement Framework (2015) (former)
- SA Health Consumers, Carer and Community Engagement Strategic Framework 2020 - 2023
- SA Health Consumer, Carer and Community Feedback and Complaints Strategic Framework 2020 - 2023
- SA Health Consumer, Carer and Community Engagement Guide and Resources
- Charter for Health and Community Rights Policy Directive 2019
- Health Advisory Council Partnership Framework 2017 - 2022
- South Australian Health and Wellbeing Strategy 2019 - 2024
- SA Health Partnering with Carer Policy Directive 2015
- SA Health Partnering with Carers Strategic Action Plan 2017- 2020
- National Principles for Child Safe Organisations 2009 - 2020
- National Safety and Quality Health Service Standards (second edition) 2021
- NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health 2017
- NSQHS Standards User Guide for Health Services Providing Care for People with Mental Health Issues 2018
- Australian Safety and Quality Framework for Health Care 2010
- National Disability Insurance Scheme (NDIS) Practice Standards 2018
- Aged Care Quality Standards
- Health Care Act 2008

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For more information

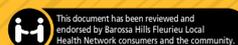
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