Client and Community Participation at Women's Health West: First Steps

November 2013

Author: Stephanie Rich
Published by: Women's Health West

1. Introduction

Women's Health West (WHW) has long supported the practice of increasing women's civic participation, with the recognition that women are the experts in their lives (WHW, 2013). As women's participation is central to WHW's practice and organisational philosophy, we currently undertake various activities to support women's contributions to the services and programs we deliver.

To strengthen our commitment and practice in this area, WHW is now working towards the development and implementation of an organisation-wide client and community participation strategy. Our aim is to increase and support opportunities for women in Melbourne's west to exercise their right to participate through meaningful engagement with WHW. We aim to ensure that our approach to participation is consistent, transparent and responsive to women in the west. This paper outlines the first steps of this process, including a review of existing literature and current practice in community and public health sectors, preliminary community consultations, staff involvement in the process, our model of participation used to review current practice at WHW and guide new initiatives, and a working a definition and principles to guide the development of the strategy. This is a working document, and our approach to participation and guiding principles are still open to change as WHW engages in further discussions with staff, clients and community women.

2. Background research

Our background research process sought to establish a solid understanding of the literature, policy context and existing work relating to client and community participation. We began by mapping client and community participation strategies developed by community and women's health, public health and community housing agencies. Our findings are summarised below.

We also reviewed current client and community participation theories and models drawn from key word searches, government websites, and independent health research databases, such as the Health Issues Centre. This literature review found that there are significant gaps in both theory and practice that focus specifically on women's participation. We began to redress this by drawing from broader research on community participation, our practice knowledge of barriers to women's participation, and evidence grounded in feminist participatory action research.

2.1 Key concepts and definitions

Clients and community women

In developing a client and community participation strategy it is important to distinguish between clients and community women. Understanding the practical and conceptual differences between client and community participation is integral when developing effective participatory processes (Taylor, Wilkinson and Cheers, 2006). WHW actively contributes to the health, safety and wellbeing of women in the western region of Melbourne through a combination of direct service

delivery, research, health promotion, community development, capacity building, group work and advocacy. In our approach to participation we are sensitive to the distinctions between engaging with women who are clients of WHW family violence services and the Sunrise program, and community women more broadly who work, live or study in Melbourne's western region. These distinctions are not intended to present clients and community women as two discrete groups, indeed given women are more likely than men to experience family violence, sexual assault, discrimination, and economic disadvantage clients and community women will have many similar experiences as a result of gender inequity. There will also be diversity among and within these groups of women. We make the distinction between clients and community women to acknowledge the differences in women's pathways to engagement with WHW, and the experiences of women as clients accessing professionals, where power imbalances and their current relationship with the organisation may impact on their decision to participate or not. Therefore, clients and community women are likely to require different strategies to assist with meaningful participation. In addition, WHW health promotion programs often target the most marginalised women in the West and they too will require specific strategies that reduce barriers to meaningful participation, including for refugee and migrant women, economically disadvantaged women, women experiencing a mental illness, women with a disability, Aboriginal and Torres Strait Islander women.

Community 'participation' and community 'engagement'

It is important to have a clear and shared understanding between service providers, clients and community members about what is 'participation' and how organisational participation will occur (Romios, McBride and Mansourian, 2007). The World Health Organisation (WHO) defines participation as:

> *a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change (WHO, 2002: 10).*

One aspect of this process highlighted in the literature is to clearly determine whether your organisation is developing a client and community 'participation' or 'engagement' strategy. Across the community health and social services sectors, the terms 'participation' and 'engagement' are often used interchangeably. However, representing engagement and participation as synonymous processes fails to acknowledge that most models define engagement as any point of contact between the public and an organisation, whereas the term participation usually refers to processes that enable people to influence outcomes in their own health or in relation to programs, services and health systems. The Queensland Government (2011) offers a useful way of understanding the distinctions between engagement and participation (figure 1).

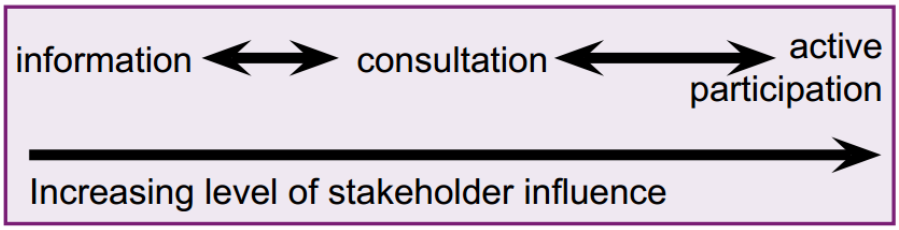

Figure 1. Source: Queensland Government (2011) *Community engagement model*

Figure 1 illustrates that community engagement can be understood as a continuum of interactions with communities with active participation being one of the interactions on this continuum.

2.2 The policy context of client and community participation

The Victorian state government has developed numerous policy documents to guide client and community participation in health and community services (Romios, McBride and Mansourian 2007). As a statutory requirement, all public health services listed under the *Health Services Act 1988* (section 239) are required to have a community advisory committee and a community participation plan (Department of Human Services, 2006). This requirement has resulted in a significant expansion of evidence, resources, and practice examples within the public health sector, providing a useful point of reference for our work. The Department of Human Services' (DHS) *Doing it with us not for us: strategic direction 2010-2013* (2009) outlines five standards for participation:

1. The organisation demonstrates a commitment to client, carer and community participation appropriate to its diverse communities
2. Clients and where appropriate, carers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support
3. Clients and where appropriate, carers are provided with evidence-based, accessible information to support key decision-making along the continuum of care
4. Clients, carers and community members are active participants in the planning, improvement and evaluation of services and programs on an ongoing basis
5. The organisation actively contributes to building the capacity of clients, carers and community members to participate fully and effectively (DHS, 2009).

WHW is not bound by the same legislative guidelines as public health agencies. However, it is still important to consider the policy context in relation to client and community participation. In particular, there has been significant state government attention to community participation and leadership in prevention initiatives. Local communities are included as a priority 'setting for action' in the *Victorian Public Health and Wellbeing Plan 2011-2015* (Department of Health, 2011a). Community participation is also identified as a priority area in the *Victorian Health Priorities Framework 2012–2022* (Department of Health, 2011b), and the *Department of Human*

Services Policy and Funding Plan 2012-2015 (DHS, 2012). Being responsive to these policy frameworks has a significant impact on the potential strength and scope of our programs and services, and opportunities for partnership.

2.3 Purpose, levels and dimensions of community participation

Establishing the purpose and expectations of community participation

When developing an organisational client and community participation strategy it is essential that the purpose and levels of participation are established and made transparent to staff, clients and community members. This is important to ensure clients and community members understand what they are being invited to become involved in, and to avoid unrealistic expectations or disempowering experiences as a result of tokenistic participation (Homeground Services and Rural Housing Network, 2008).

However, it is crucial that *opportunities* for participation do not become expectations for participation (Talbot and Verrinder, 2005). It is essential that invitations to participate are not interpreted by clients and community members as prerequisites for access to services (Talbot and Verrinder, 2005).

Different levels and dimensions of community participation

Community participation initiatives can be undertaken for a variety of purposes, and consequently the extent, degrees or levels of participation offered by organisations can differ substantially. A useful structure for looking at the facets of community participation is one developed by Homeground Services and Rural Housing Network (2008), for the homelessness and housing services sector. They suggest six quite tangible degrees of community participation, also outlining who is engaged, and where they are being invited to participate (summarised in table 1).

Who	**Who is being invited to participate?** ▪ Client (user and carer / family) ▪ Client advocate ▪ Community member ▪ Service provider ▪ Service manager ▪ Policy maker ▪ Researcher
What	**What degree of participation is being offered?** ▪ Information giving ▪ Consultation ▪ Deciding together ▪ Acting together / partnership ▪ Independent initiatives ▪ Client control
Where	**In which organisational systems is participation being invited?** ▪ Governance ▪ Evaluation and planning ▪ Service / program delivery ▪ Case management ▪ Research ▪ Policy ▪ Human resources / professional development

	▪ Administration

Table 1. Source: Homeground Services and Rural Housing Network (2008) *Participation dimensions*

When looking at the 'what' dimension, community participation most commonly occurs through 'consultation' (information is provided to client and feedback is sought), 'deciding together' (clients are encouraged to put forward additional ideas and to join in the decision-making process), and 'acting together' (clients decide together with the organisation what is best and a partnership to undertake the work is then formed) (Homeground Services and Rural Housing Network, 2008).

The WHO (2002) acknowledges that it might not always be appropriate or possible to aim for the 'top rung' of the participation ladder. Perhaps what is most important is to not 'dress-up' lower levels of participation, but rather aim for meaningful participation where appropriate, and be transparent around this (Talbot and Verrinder, 2005).

2.4 Current practice in community and public health sector

In June 2012, WHW mapped organisational community and client participation plans within health services. A total of 16 plans[1] obtained through internet search or liaison with agency staff, were reviewed and a summary of the elements examined is included in the tables 2 and 3 below.

Strategy and governance

The majority of agencies reviewed had a 'community participation plan' as their organisational client and community participation initiative. Interestingly, many of these organisational plans did not make distinctions between clients and broader community members; often labelling all client and community participation initiatives as 'community' participation. The majority of the plans reviewed were titled community 'participation' plans, rather than community 'engagement' plans.

Client and community participation strategies or plans were most commonly governed through a community advisory committee (CAC), with eleven of the 16 agencies having a CAC. Most often the CACs were responsible for the development, implementation and monitoring of the organisational client and community plan or strategy. They were also often responsible for providing strategic advice to the organisation's board of governance or directors. Membership of the CACs was commonly composed of community and/or client representatives, agency staff, and in some cases, a member of the organisation's board. The CACs often reported to the board or the organisation's quality improvement, assurance and risk committee. For other agencies, governance of their client and community plans was through their existing quality

[1] Royal Women's Hospital, Southern Health, Bendigo Health Care Group, Gippsland Regional Integrated Cancer Services, Northern Health, Royal Victorian Eye and Ear Hospital, Dental Health Services Victoria, Knox Community Health Service, Darebin Community Health, Doutta Galla Community Health, Western Region Health Centre, Whitehorse Community Health Service, Central Northern Adelaide Health Service, Alfred Health, Austin Health, and Anglicare Tasmania.

improvement committee (1 agency), consumer reference group (1 agency), and their management team (1 agency). The Western Region Health Centre has formed a community engagement advisory committee, comprised of 14 community members and some staff, which report to their quality improvement committee.

Strategies/Plans	Community participation plan/strategy (9) Client participation plan (1) Client engagement plan (1) Client and community participation plan (2) Community and client engagement strategy (3)
Governance	Community advisory committee (11) Client reference group (1) Quality improvement committee (1) Management team (1) Community engagement advisory committee (1) Unspecified (1)

Table 2. *Summary of CCP strategies and governance in agency mapping exercise*

Guiding values and principles

Good practice insists that organisations have guiding principles for participation in order to make clear the values and principles that underpin their client and community participation strategy (NRCCPH, 2008). Of the 16 agencies, four had not specified any guiding principles in their plan or strategy. For the remaining agencies, four specified that the guiding principles were aligned with their organisation's strategic plan. In total eight agencies cited principles specific to community participation that they had used to guide their strategy. Four of these agencies used the key principles suggested by the DHS in their *How to develop a community participation plan (2006)* resource. As such, only four agencies had developed their own community participation principles tailored to their specific organisation.

We can conceptualise the principles currently applied in other agency client and community participation strategies, as either ethically and ideologically based, or more pragmatic and practical (refer table 3). Here, the mixture of principles and language used to define community participation indicates diverse approaches to participation across community and health sectors. It is also important to note that while a particular organisation might use either more ethically based or pragmatic language, there is significant overlap between the approaches.

Ethical and ideological	Pragmatic and practical
Trust	Responsiveness
Respect	Advocacy and support
Equal opportunity	Shared ownership and accountability
Openness	Dissemination
Value the views of clients	Evaluation
The strategy should nurture an effective model of client involvement	The strategy should serve as a constant reminder to staff that patients should be at the centre of care

Participation is an ethical and democratic right	The strategy should inform the improvement of services
Clients have unique expertise that is valued and respected	Providing opportunities for community and staff to learn new skills and knowledge
Everyone has a right to have a say and be heard	Participation makes services more responsive to the needs of clients
Everyone has a right to access and receive information about their health and wellbeing in a way that suits their needs	Clients should have a range of options available to them and control over whether and how they participate
Participation is an aid to improve health outcomes	Being open and honest about where there are options to be made and where there are not
	Being flexible and clear about the type of participation available

Table 3. Source: Women's Health West (2012) *Principles/values currently applied in agency mapping exercise*

Strategy aims, goals and objectives

For some of the agencies included in the mapping process, the goals and/or objectives of their client and community participation strategy were aligned with the organisation's strategic goals. The majority of the client and community participation strategies that were reviewed listed one main goal or aim, with multiple objectives and strategies underpinning this.

The following broad areas were commonly identified as objectives in the agencies' plans:

- **Participation and diversity:** To consider the needs of the diverse community through increased participation to enhance service delivery to communities
- **Capacity-building for participation:** To build capacity among clients so that they have the skills, resources and confidence to fulfil the responsibilities of participating
- **Informed and supported decision-making of clients around their health:** To ensure patients and carers participate in making decisions about their treatment
- **Informing service and program planning and improvement:** To enhance client participation in service planning and development
- **Working in partnership with others:** To maintain and enhance partnerships with clients and community
- **Communications:** To enhance communication pathways between the organisation and the community
- **Evaluation:** To ensure that implementation of the strategy is monitored and evaluated
- **Structural and organisational commitment to participation:** To maintain and sustain client participation processes across the organisation

2.5 Meaningful community participation

One of the initial challenges is determining what makes participation meaningful. It will be fundamental to explore this question with clients and community women themselves when

developing a client and community participation strategy. We can also examine the literature to determine what factors have been found to foster meaningful community participation. A summary of these key aspects along with the challenges to meaningful participation are illustrated in figure 2.

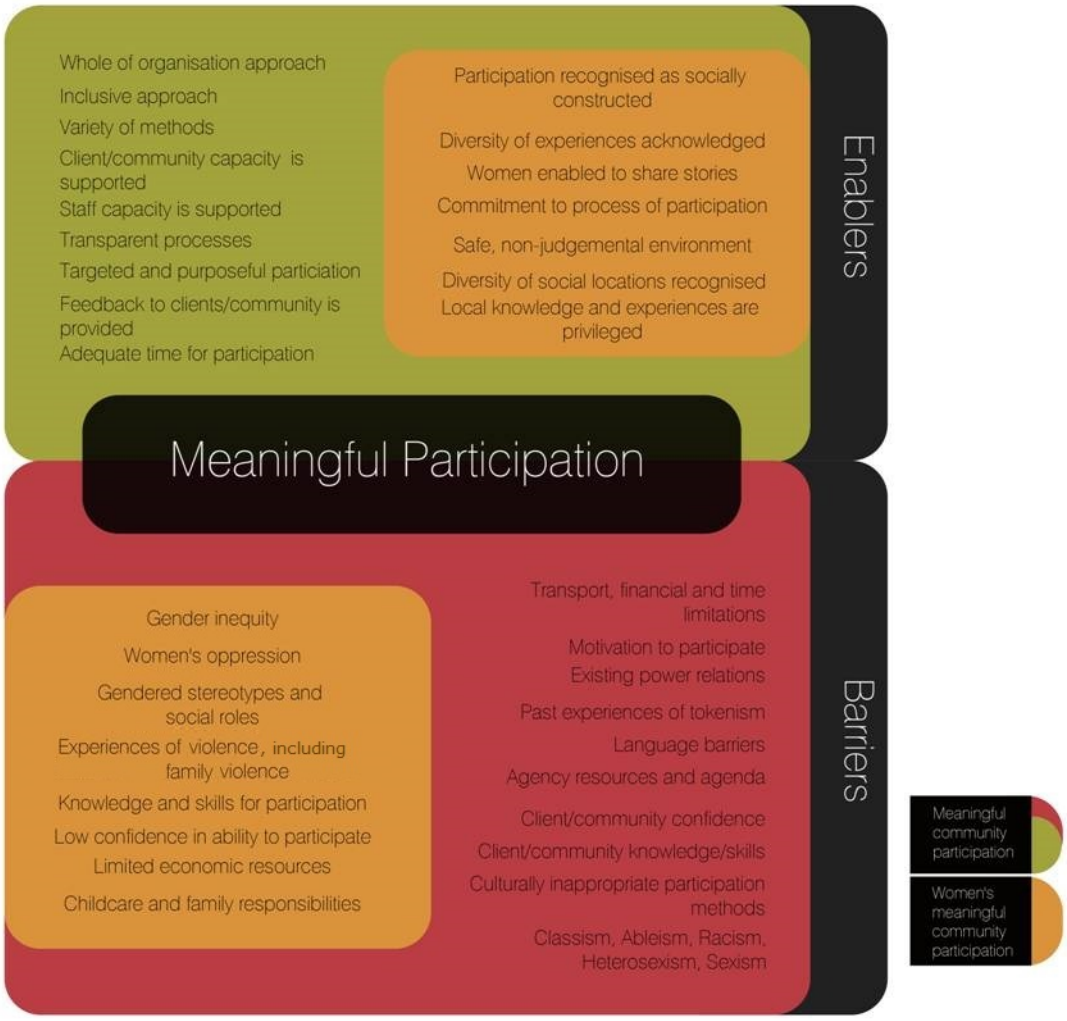

Figure 2,

Source: Women's Health West (2012) Enablers and challenges to meaningful community and client participation

An inclusive approach that adopts a variety of methods

An inclusive approach requires acknowledging and supporting the diversity within clients and community groups and the factors that can shape their participation, such as their age, ability, sexuality, gender, race, Aboriginal status, and migrant or refugee-background (Queensland Health, 2002). An inclusive approach also requires the use of appropriate language. This not only includes the provision of appropriate language support for migrant and refugee communities, but also the use of plain language that does not intimidate or exclude individuals from participating (Talbot and Verrinder, 2005; DHS 2006). An inclusive approach also necessitates a multi-strategic approach using a variety of methods simultaneously (Gregory, 2007; Tritter and McCallum 2006). It is important to recognise that people have differing interests, motivations and capacities to participate in an organisation and as such, assumptions should not be made around how people might want or feel comfortable to participate.

Additionally, socio-cultural factors can influence the way individuals have previously experienced participation, which might shape how they would like to participate and would feel most comfortable to do so. For individuals in some migrant and refugee communities, membership on boards or committees, filling out surveys or formal public speaking responsibilities could be a foreign experience (Romios, McBride and Mansourian, 2007). It is therefore important that an understanding of community narratives around participation is attained, so that a variety of relevant options can be offered (Taylor, Wilkinson and Cheers, 2006).

Client and community capacity for participation is supported

As individuals might possess varying levels of skill, knowledge and confidence, the capacity of clients and community women to participate must be supported by the agency. This can occur through a variety of strategies such as the provision of information or training to clients and community members on how to participate in the organisation, and through providing resources and reimbursement for any costs associated with participation (DHS, 2006). The willingness and readiness of communities to participate in an agency should also be assessed. It is imperative that methods for participation are safe and appropriate to the level of readiness (Bess et al, 2009). For meaningful participation to occur, organisations need to build the capacity of their staff to facilitate and support client and community participation initiatives.

Participation processes are transparent, timely and targeted

Clients and community members must be provided with feedback regarding how decisions have been made and how the outcomes of their participation have had an impact (DHS, 2006). For participation to be meaningful, clients and community members must be given adequate time to express their views, reflect upon ideas or concepts, and understand any new information or material provided (Talbot and Verrinder, 2005). Meaningful participation should be targeted and deliberate. It is important that participation remains focused and intentional when exploring ideas or concerns and is an open and responsive process (Homeground Services and Housing Network, 2008).

A whole of organisational commitment and approach to participation

It is now widely recognised that in order to be effective and meaningful, community and client participation must be supported by a whole-of-organisational approach. While micro level participatory methods and activities are necessary, if they occur without an overarching organisational client and community participation plan these activities are vulnerable to remaining isolated and ad hoc (Johnson and Silburn, 2000). Ultimately, an organisational commitment to community participation should reach beyond a few individuals, driven instead, by several people at varying levels across an organisation (John and Silburn, 2000).

Women's meaningful participation – additional considerations

As a feminist women's health organisation, it is essential that the development of a WHW client and community strategy is guided by women's diverse experiences and perceptions of meaningful participation and how these can best be supported. Some additional enablers and challenges to women's meaningful community participation are outlined in figure 2 (p.10). To inform the development of WHW's strategy, we have drawn on current evidence and literature,

as well as the voices and perspectives of clients and community women regarding what makes for meaningful community participation. While there was substantial literature exploring what makes for meaningful civic participation more broadly, there is a lack of contemporary literature that explicitly explores women's meaningful community participation. It is therefore useful to look to feminist theories and feminist participatory action research, to highlight some of the principles and practices that support meaningful engagement and participation for women.

Feminist participatory action research, as a research methodology, provides a platform for women to voice their experiences of health and illness, define health concerns that are important to them, and shape and influence action (Ponic, Reid and Frisby, 2010). The following key principles and practices of feminist participatory action research are pertinent in supporting women's meaningful participation:

- Valuing and privileging local women's knowledge, voices and experiences
- Participation is inclusive and recognises women's diversity
- Women's active participation in all stages of the process
- A commitment to process rather than solely outcomes, as how women participate is as important as what is produced from participation activities (Ponic and Frisby, 2010).

It is also useful to consider June Lennie's (1999) feminist framework for community participation, which outlines the following key principles:

- Participation is socially constructed and political; it is inevitably shaped by the ideologies, beliefs and agendas of those who design participation strategies, and those who participate
- Local knowledge is valued as highly as 'professional' knowledge; a hierarchical view of knowledge serves to reinforce inequalities and inequitable power relations
- The broader context and constraints within which participation occurs are acknowledged
- Differences among women and their diverse experiences are recognised
- Diversity among women is conceptualised within a strengths-based approach
- Processes are used that enable women to tell their stories.

2.6 Challenges to meaningful community participation

General challenges to client and community participation

A significant challenge is the negotiation of existing power relations between organisations and clients and community members. Community participation approaches have the potential to challenge existing power relations between professionals, clients and community members. However, if participation initiatives are tokenistic they can reinforce inequitable power relations between organisations and community members (Bess et al, 2009). Practical constraints such as the existing agenda and structures of an organisation can make client and community

participation challenging. This is further compounded by the practical constraints and costs that participation can incur for clients and communities, such as time, energy, transport, and financial resources (Brodie et al, 2009).

Organisational governance structures and legislative requirements can limit client's and community member's ability to influence decisions and outcomes within an organisation. As clients and communities will not always have access to information concerning external regulations, context and pressures, organisations should establish clear expectations for participation and provide an explanation of any limitations.

The capacity of clients and community members to participate can also create barriers, as individuals might feel they do not possess the skills, knowledge, education and information required to be able to take up invitations to participate (Bathgate and Romios, 2011). Additionally, individuals might also lack the confidence to participate in a service (Brodie et al, 2009). Participation is also influenced by the extent to which people believe they have something of value to offer. Clients and community members might not be confident that their contributions would be valued (Eversole, Brumby and Jack, 2007). It is therefore particularly important that opportunities for participation are inclusive, accessible and strengths based. There should be multiple entry points for participation that support women with different skills and backgrounds.

Additional challenges for migrant and refugee clients and community members

A significant portion of people living in the western region were born in countries other than Australia. Thus, the additional challenges migrant and refugee-background communities can face in engaging in participatory activities is particularly relevant to the development of a WHW client and community participation strategy. The following factors can have a significant impact on the capacity and confidence of individuals to engage in participation activities: language barriers; lack of understanding about Australian health services; lack of culturally appropriate services and methods of engagement; educational background; financial resources; and pre settlement experiences such as torture that result in fear of organisations and authority figures, and general settlement experiences such as racism (Romios, McBride and Mansourian, 2007).

Additional challenges for women

Women can face additional challenges to participation. Gendered stereotyping of women and women's roles, as well as discrimination, harassment and violence have a significant impact and can severely restrict women's participation (Northern Territory Government Department of Children and Families, 2012).

The pressure of balancing family and childcare commitments has also been noted as a considerable challenge in fostering women's community participation (OzBorne, Baum and Ziersch, 2009). In Australian qualitative research, women have also reported feelings of guilt if they were involved in community activities rather than attending to their families (OzBorne, Baum and Ziersch, 2009).

Limited opportunities for women to participate in ways that are culturally appropriate and meaningful has also been recognised as a barrier to participation. For example, Australian research found that Muslim women identified various barriers in engaging with non-Muslim women's service providers, including language difficulties, time and workloads, and concerns around a potential lack of religious or cultural understanding and acceptance (McCue, 2008). Time needs to be allocated for organisations to reflect on the diverse backgrounds and experiences of women, including intersecting experiences of oppression. Aboriginal and Torres Strait Islander (ATSI) women continue to live with the impact of colonisation, dispossession, and assimilation and integration policies. Women from ATSI backgrounds negotiate dual experiences of racism and sexism, and have fewer opportunities for social, political and economic participation than white women. Culturally appropriate participation processes should not force women from diverse backgrounds, including ATSI women, to 'fit in' with mainstream society (Doyle and Hill, 2012). They should be sensitive to the different needs and experiences of women, and recognise the significance of existing community controlled organisations.

It is also suggested that a lack of confidence in one's own ability and skills has proved a barrier to women's community participation, particularly for women from disadvantaged and marginalised communities (McLaughlin, 2009). While low confidence levels can influence some women's community participation, it is important that social, cultural and political barriers to women's community participation, and confidence to participate, are acknowledged and redressed. When looking at constraints to women's community participation, it is also essential that the role of family violence in shaping women's opportunities for, and experience of, community participation is recognised. It is well established that women's experiences of family violence have significant impacts on their health, wellbeing, and capacity to participate in social, economic and cultural life (Australian Human Rights Commission, 2009). As such, experiences of family violence will have considerable impact on women's' capacity to engage in participation activities.

3. Women's Health West's process and approach

The development of WHW's client and community participation strategy is driven by an internal working group with representation from across different teams in our organisation. Before we could begin developing strategies or specific initiatives around client and community participation, it was important to identify the key principles and models of participation. Our approach aims to ensure that client and community participation aligns with WHW's core values and is responsive and meaningful for women in Melbourne's west.

3.1 Consultations and staff workshops

Open and equitable consultation with staff, clients and community women is recognised as essential to our ability as an organisation to facilitate and support meaningful participation, particularly for marginalised and disadvantaged groups of women and girls.

In June-July 2012 we conducted preliminary consultations with women who were engaged in WHW health promotion programs. While these consultations were extremely limited, we gained innovative ideas for participation and important insights regarding the process and approach to inform future planning for in-depth community consultations, including:

- Allowing time for women to tell their stories
- Providing materials to reflect on and time for preparation
- Providing tangible options or ideas as a starting point for discussion and
- Recognising that not all women feel comfortable to put ideas forward in a group setting and providing other options

These considerations for consultation are reflected in our working principles of participation (outlined below) and will inform future client and community consultation strategies.

As client and community participation is an organisation-wide initiative, staff at all levels have been actively involved in all stages of planning and development. The strategy is driven by a working group comprised of representatives from all parts of the organisation. At a whole-of-organisation workshop, staff were asked to define client and community participation. What came across was a strong desire to avoid tokenism, a need to have participation that is purposeful, ethical, genuine and honest about what is possible, given limitations such as funding, legislation and governance structures. Workshops with staff have highlighted that this is an area of significant interest for our teams, and that there is potential to improve our current practices and develop new and creative initiatives.

3.2 Our definition of client and community participation

Women's Health West values women's right to and realisation of participation as integral to equity and justice for women in the west. To achieve this, client and community participation at Women's Health West is a process by which women are involved in the services, programs and organisation of Women's Health West as a whole, through viable and genuine decision-making and/or the ability to influence outcomes that are deemed meaningful to women, by women themselves.

3.3 Principles to guide client and community participation

The principles outlined below inform WHW's client and community participation strategy and are based on good practice, staff workshops and preliminary community consultations.

Principle	Descriptor
Women's voices, knowledge and experiences are valued and privileged	*'We recognise that women are the experts in their lives; we value and acknowledge women's knowledge and experiences and their contribution to our organisation and the wider community'.*
Respect for women's community participation as a right	*'We believe that women's participation in decisions that affect their lives is a right, not a privilege; we work to support women's participation and capacity to influence outcomes and decisions'.*

Principle	Descriptor
Women's capacity to engage in participation is supported	*'We adopt a gendered approach to participation which recognises that women's community participation is shaped by social, cultural, political and economic factors. We work to redress barriers to women's participation and to support the capacity of clients and community women to engage in participation opportunities at WHW. We also act to build the capacity of staff in supporting client and community participation'.*
Diversity is valued and acknowledged	*'We recognise and value women's diversity and their experiences. We also recognise that an inclusive approach to meaningful participation requires various participation methods and opportunities'.*
Participation that is equitable	*'We act to support client and community participation that is equitable and that involves the mutual sharing of ideas, benefits and opportunities'.*
Community and client participation is purposeful yet responsive	*'We recognise that participation is a continuously evolving process and that it requires time and commitment from clients, communities and staff. We act to ensure that participation initiatives are intentional and purposeful, yet responsive and continue to develop'.*
Meaningful client and community participation is timely	*'We act to support participation that occurs at a time that is viable for clients and the community. We also recognise that meaningful participation requires sufficient time to explore and share stories, ideas and concepts'.*
Participation requires transparency and accountability	*'We value transparency and accountability in the client and community participation work we undertake in partnership with communities. This includes transparency around the objectives and limitations of participation initiatives and the level of commitment being asked, and accountability in reporting back to clients and community women about the influence they have had'.*
Meaningful participation requires organisational commitment	*'We work to undertake a strategic and coordinated approach to participation; embracing a whole-of-organisation commitment to meaningful client and community participation'.*

3.4 Modelling participation at Women's Health West

During our background research phase, the working group reviewed existing models of participation, many of which grade different forms of participation in a hierarchy from receiving information to driving independent initiatives. While we recognise that some forms of participation have a higher decision-making responsibility, as a women's health service we felt it was important not to make assumptions about what women might consider to be meaningful and valuable forms of participation. As such, we devised our own 'spheres of participation' model to guide our work in this area.

Providing information

- Information is exchanged between clients and community women and staff, to inform about a problem, topic, concern, service, outcome, event or result
- No opportunity to influence organisational decision-making or outcomes

Education

- Clients and community women and staff engage in education; facts and information are provided to increase knowledge and skills about a particular topic
- No opportunity to influence organisational decision-making or outcomes

Consultation

- Clients and community women's feedback, opinions and ideas are sought on a topic predefined by the organisation
- Feedback will be considered by the organisation in making decisions; however final decision-making sits with the organisation

Planning together

- Clients and community women are actively involved in helping to define topics, shape ideas and develop alternatives
- Active participants in developing ideas and suggestions; however final decision-making sits with the organisation

Deciding together

- Clients and community women directly and actively involved in every aspect of the decision-making process
- Final decision-making shared jointly by the organisation and community women/clients

Independent initiatives

- Clients and community women develop ideas and set up projects – organisation plays support role only
- Final decision-making rests solely with clients and community women

Figure 3. Source: Women's Health West (2012) *Spheres of participation model,* adapted from Homeground and Rural Housing Network (2008) *Degrees of participation model* and Manitoba Family Service and Housing (2011) *Community engagement mode*

3.5 Audit of current practices/initiatives at Women's Health West

Over the course of August-October 2012, a client and community participation audit was conducted with Women's Health West's (WHW) family violence, communications and health promotion departments, and overseen by the CCP working group. An audit tool was developed by the working group and staff in different departments were asked to report on where client and community participation was currently occurring in their work, team processes, and in organisation level planning, governance, policy and procedures. Staff were also asked to nominate the sphere of participation that best categorised specific activities. This approach was informed by the Consumer Focus Collaboration's *Improving health services through consumer participation: a resource guide for organisations* (Commonwealth of Australia, 2000).

Questions	Yes	No	Please provide details	Supports CCP*	Reactive CCP	Active CCP	Sphere of participation
Programs and services							
Do clients and/or community women inform your ideas for new programs, services or priorities?							
Are clients and/or community women involved in planning the projects/programs your team delivers?							
Are clients and/or community women involved in decision-making in the implementation of your services/programs?							

Questions	Yes	No	Please provide details	Supports CCP*	Reactive CCP	Active CCP	Sphere of participation
Have clients and/or community women participated in the development of any resources used or created by your team?							
Are clients and/or community women involved in evaluation or feedback processes for your services?							
Are there other activities where client and/or community participation currently occurs in your team, or in your role?							
Team/department level processes							
Is client and/or community participation incorporated into position descriptions in your team?							
Are client and/or community participation activities incorporated into the performance management/appraisal processes for members in your team?							
Does your team report back on its client and/or community participation activities?							
Organisational level: values, philosophy and commitment to participation							
Has your organisation identified who its							

Questions	Yes	No	Please provide details	Supports CCP*	Reactive CCP	Active CCP	Sphere of participation
community and clients are?							
Has community and client participation been incorporated into your organisation's vision or mission statement?							
Does your organisation's strategic plan recognise and promote community and client participation?							
Does your organisation have policies on:							
Community and client participation?							
Community and client access to information?							
Consumer rights and responsibilities?							
Making a complaint?							
Addressing barriers to access?							
Organisational level: processes and strategies							
Do community members and clients participate in making key organisational decisions? (E.g. are they represented on any committees or governance structures?)							

Questions	Yes	No	Please provide details	Supports CCP*	Reactive CCP	Active CCP	Sphere of participation
Does your agency have strategies to target marginalised groups?							
Does your agency have processes for clients and community members to find out about ways to participate in your organisation?							
Does your organisation have a process for recognising the contribution of clients and community members?							
Does your agency have systems in place to seek and act on client and community feedback?							
Organisational level: orientation, education and training							
Does your agency provide an orientation program, education/training to clients and community women to support its participation activities?							
Does your agency provide an orientation program, education/training to staff to support its participation activities?							
Are community and client participation principles reflected in staff position							

Questions	Yes	No	Please provide details	Supports CCP*	Reactive CCP	Active CCP	Sphere of participation
descriptions?							
Are any staff identified as champions who are delegated with the task of promoting client and community participation?							
Organisational level: evaluation							
Does your organisation have a process to report on its community and client participation activities?							
Does your agency have a process to evaluate the effectiveness of its community and client participation activities?							

Organisational level: current policies and procedures					
Title	**Where it occurs**	**Elements relevant to CCP**	**Supports CCP***	**Reactive CCP**	**Proactive CCP**
Title of the policy or procedure	Human resources, Finance etc.	Is participation mentioned in the policy or procedure?			

References

Abrahams, N. (1996) 'Negotiating power, identity, family, and community: Women's community participation', *Gender and Society*, vol. 10, no. 6, pp. 768-796.

ACT Council of Social Services (2003) *Client participation: tools and strategies for developing a positive culture for meaningful client participation: proceedings from the Consumer Participation Forum*, 9th April 2003, ACT, pp.1-44.

Arnstein, R. (1969) 'A ladder of citizen participation', *JAIP*, vol. 35 no. 4, pp. 216-224.

Australian Human Rights Commission (2009) *Let's Talk About Rights: National Human Rights Consultation Toolkit*, Australian Human Rights Commission, Sydney.

Bathgate, T. and Romios, P. (2011) *Consumer participation in health: Understanding consumers as social participants*, Health Issues Centre, Melbourne.

Bess, K., Prilleltensky, I., Perkins, D. and Collins, L. (2009) 'Participatory organisational change in community-based health and human services: From tokenism to political engagement', *American Journal of Community Psychology*, vol.43, pp.134-148.

Bond, L., Holmes, T., Byrne, C., Babchuck, L. and Kirton-Robbins, S. (2008) 'Movers and Shakers: How and why women become and remain engaged in community leadership', *Psychology of Women Quarterly*, vol.32, pp.48-64.

Brodie, E., Cowling, E., Nissen, N., Paine, A., Jochum, V. and Warburton, D. (2009) 'Understanding participation: A literature review', *Pathways through Participation*, United Kingdom.

Campbell, C. and McLean, C (2002) 'Ethnic identity, social capital and health inequalities: factors shaping African-Caribbean participation in local community networks', *Social Science and Medicine*, vol.55, no.4, pp.643-57.

Consumer Focus Collaboration (2001) *The evidence supporting consumer participation in health, Consumer Focus Collaboration*, Melbourne.

Department of Human Services Victoria (2003) *Integrated health promotion resource kit*, State Government of Victoria, Melbourne.

Department of Human Services Victoria (2006) *How to develop a community participation plan*, State Government of Victoria, Melbourne.

Department of Human Services Victoria (2009) *Doing it with us not for us: strategic direction 2010-2013*, State Government of Victoria, Melbourne.

Department of Human Services Victoria (2012) *Department of Human Services Policy and Funding Plan 2012-2015,* State Government of Victoria, Melbourne

Department of Health Victoria (2011a) *Victorian Public Health and Wellbeing Plan 2011-2015*, State Government of Victoria, Melbourne.

Department of Health Victoria (2011b) *Victorian Health Priorities Framework 2012–2022,* State Government of Victoria, Melbourne

Department of Health Victoria (2011c) *Australian Charter of Healthcare Rights in Victoria,* State Government of Victoria, retrieved 12 July 2012 at: <http://health.vic.gov.au/patientcharter/charter.htm>

Dominelli, L. (1995) 'Women in the community: feminist principles and organising in community work', *Community Development Journal*, vol.30 no.2, pp.133-143.

Doyle, L. and Hill, R. (2012) *An overview of approaches for philanthropic investment in Aboriginal women and girls,* NSW: AMP Foundation, accessed on 24 December 2013 at: <http://apo.org.au/sites/default/files/The%20Best%20of%20Every%20Woman%202012.pdf>

Eversole, R., Brumby, S. and Jack, E. (2007) 'Towards responsive community services: client participation in a rural counselling service', *Rural Social Work and Community Practice*, vol.12, no.1, pp.15-28.

Gregory, J. (2007) 'A framework of consumer engagement in Australian health policy', *Health Issues*, vol. 91, pp.22-27.

Hardina, D. (2011) 'Are social service managers encouraging client participation in decision making in organisations?' *Administration in Social Work*, vol.35, pp.117-137.

Healy, K. and Walsh, K. (1997) 'Making participatory processes visible: Practice issues in the development of a peer support network', *Australian Social Work*, vol.50, no.3, pp.45-52.

Homeground Services and Rural Housing Network (2008) *Consumer participation resource kit for housing and homelessness assistance services*, Homeground Services and Rural Housing Network, Melbourne.

Ife, J. (2002) *Community development: Community-based alternatives in the age of globalisation*, Pearson Education Australia Pty Ltd, New South Wales.

International Association for Public Participation Australasia (2004) IAP2 'Core Values', retrieved 17 May 2012 at: <http://www.iap2.org.au/resources/list/asset_id/3/cid/1/parent/0/t/resources/title/IAP2%20Core%20Values>

Johnson, A. and Silburn, K. (2000) 'Community and client participation in Australian health services – an overview of organisational commitment and participation processes', *Australian Health Review*, vol.23, no.3, pp.113-121.

Kaufman, M. (1997) *Community power and grassroots democracy: the transformation of social life*, Atlantic Highlands, London.

Kudva, N. and Driskell, D. (2009) 'Creating space for participation: the role of organisational practice in structuring youth participation', *Community Development,* vol.40, pp.367-380.

Lennie, J. (1999) 'Deconstructing gendered power relations in participatory planning: towards an empowering feminist framework of participation and action', *Women's Studies International Forum*, vol.22, no.1, pp.97-112.

Mayoux, L. (1995) 'Beyond naivety: women, gender inequality and participatory development', *Development and Change*, vol.26, pp.235-258.

McCue, H. (2008) 'The civil and social participation of Muslim women in Australian community life', retrieved 11 July 2012 at: <http://www.immi.gov.au/living-in-australia/a-multicultural-australia/national-action-plan/_attach/participation-muslim-women.pdf>

Monash City Council (2011) *Celebrating and empowering women in our community: the Monash women's leadership and participation strategy 2011-2013*, Monash City Council, Melbourne, retrieved 11 July 2012 at: <http://www.monash.vic.gov.au/publications/women-leadership.htm>.

National Resource Centre for Consumer Participation in Health (2008) 'Information Series: Methods and models of client participation', retrieved 12 July 2012 at: <www.healthissuescentre.org.au>

Northern Territory Department of Children and Families (2012) 'Participation and leadership', *Northern Territory Government*, retrieved 11th July 2012 at: <http://www.childrenandfamilies.nt.gov.au/Office_of_Womens_Policy/Participation_and_Leadership/index.aspx>

OzBorne, K., Baum, F. and Ziersch, A. (2009) 'Negative consequences of community group participation for women's mental health and well-being: implications for gender aware social capital building', *Journal of Community and Applied Social Psychology*, vol. 19, pp. 212-224.

Ponic, P., Reid, C. and Frisby, W. (2010) 'Cultivating the power of partnerships in feminist participatory action research in women's health', *Nursing Inquiry*, vol. 17, no. 4, pp. 324-335.

Queensland Government Department of Communities (2011) 'Engaging Queenslanders: a guide to community engagement methods and techniques' Queensland Government, Queensland.

Queensland Health (2002) *Client and community participation toolkit*, Queensland Government, Queensland.

Romios, P., McBride, T., and Mansourian, J. (2007*)* 'Client participation and culturally and linguistically diverse communities: a discussion paper', *Health Issues Centre*, Melbourne.

Rowlands, J. (2009) 'The right to be heard: an overview' in Van der Gaag, N., and Rowlands, J. (eds), *Speaking out: case studies on how poor people influence decision-making*, Practical Action Publishing, United Kingdom.

Talbot, L. and Verrinder, G. (2005) 'Promoting health: the primary health care approach', *Elsevier Australia*, New South Wales.

Taylor, J., Wilkinson, D. and Cheers, B. (2006) 'Is it client of community participation? examining the links between 'community' and 'participation'', *Health Sociology Review*, vol. 15, pp. 38-47.

Tritter, J. and McCallum, A. (2006) 'The snakes and ladders of user involvement: moving beyond Arnstein', *Health Policy*, vol. 76, pp. 156-168

United Nations (1979) 'United Nations Convention on the Elimination of All Forms of Discrimination Against Women', *Office of the High Commissioner for Human Rights,* retrieved 12 July 2012 at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CEDAW.aspx>

Women's Health West (2013) *Working in a Feminist Organisation: An Audit*, Women's Health West, Footscray.

World Health Organisation (2002) *Community participation in local health and sustainable development: approaches and techniques*, World Health Organisation, Copenhagen.

Yoshihama, M. and Summerson-Carr, E. (2002) 'Community participation reconsidered: feminist participatory action research with Hmong women', *Journal of Community Practice*, vol.10, no.4, pp.85-103.