SO YOU WANT TO START A CONSUMER GROUP ?

THE STORY OF SRCAC.

Southern Region Community Advisory Council

SRCAC

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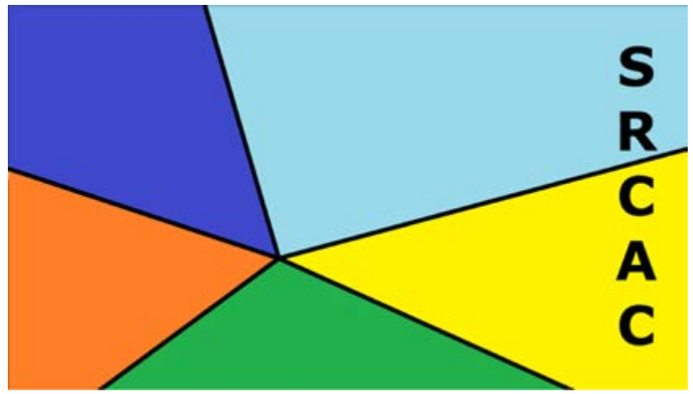
The story of the Southern Region Community Advisory Council (SRCAC)



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This document is a record of the development of the Southern Region Community Advisory Council (SRCAC) and the experiences of the people who have been part of it.

SRCAC hopes it will be a useful resource for anyone wishing to establish a consumer council in the Victorian alcohol and other drug (AOD) sector. The information provided is suitable for professional workers and consumers.

Acknowledgments

SRCAC acknowledges the traditional owners of the land on which we meet - the Kulin Nation. We pay respect to their Elders past, present and future.

Thank you to all the past and present SRCAC members for their valuable contribution to the AOD sector: Anna, Amy, Carla, Belle, Charlotte, Denise, Gene, James, Jan, Jo, Josh, Lexi, Luke, Marco, Nicholas, Rachael, Richard, Russell, Tanya and Tristan.

Thank you also to the Self-Help Addiction Resource Centre (SHARC) for their never-ending hospitality and inclusiveness, to Edita, Miriam and Regina from the Association of Participating Service Users (APSU) for their continuing support and encouragement, the Southern Region Department of Health and Human Services for recognising the importance of consumer participation, and to all service providers involved especially the Salvation Army Bridge Programme, South City Clinic, Southern Dual Diagnosis Service at Monash Health, Taskforce and Windana.

Definitions

Consumer

A consumer is anyone eligible to use alcohol and other drug services and includes their family, friends and significant others.

Service provider

An agency funded by the Victorian Department of Health and Human Services to provide AOD services.

Agency

An agency funded by the Victorian Department of Health and Human Services to provide AOD services.

Acronyms and abbreviations

SRCAC	Southern Region Community Advisory Council
APSU	Association of Participating Service Users
SHARC	Self-Help Addiction Resource Centre
DHHS	Department of Health and Human Services
VAADA	Victorian Alcohol & Drug Association
AOD	Alcohol and Other Drug
SMR	Southern Metropolitan Region
TOR	Terms of Reference

What is the value in consumer groups and consumer participation?

Consumer participation with agencies is vital for the appropriate and effective delivery of services because consumers are receiving and experiencing the system differently to those employed to provide services. Consumers have a wealth of knowledge, experience, and ideas about how a service might operate more effectively, improve communication and be as inclusive as possible.

Consumers need a voice within agencies and the wider AOD sector. Consumers need to work alongside and together with agencies so that service delivery is streamlined and meets the needs of all consumers.

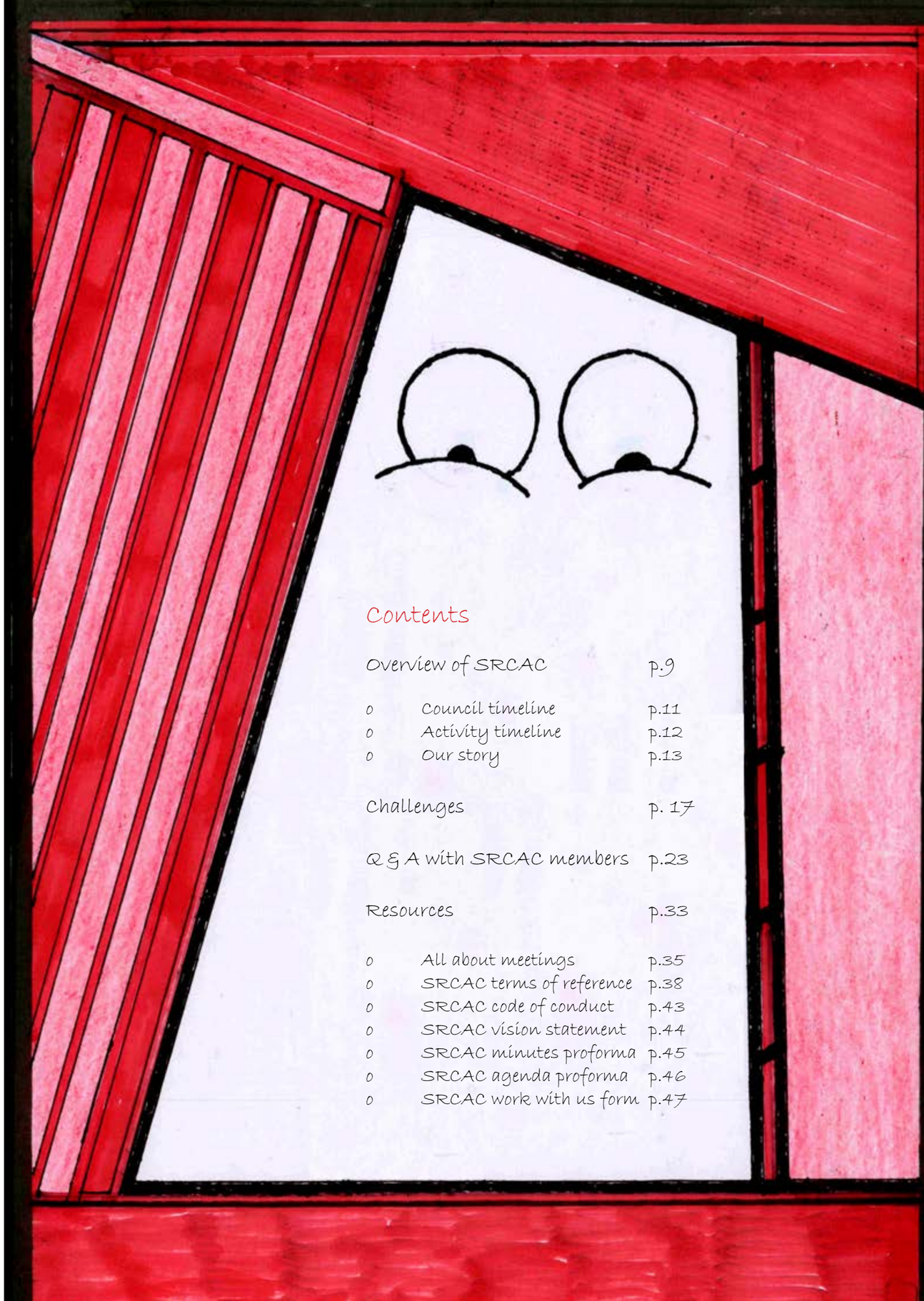
Consumer groups are needed but why do they need to be independent?

Independent consumer voices are important because it's reasonable that people may feel uncomfortable being honest about their treatment experiences when they have an established relationship with a service provider.

The consumer may be aware of limitations created by an agency's resources, philosophies and culture. There is also a power imbalance implicit in any service user-service provider relationship, which can act as a brake on providing full and frank feedback.

The complexities of a therapeutic relationship might also mean that the relationship developed through treatment does not allow for constructive feedback.

Independence allows for the consumer to move from being a client of a service to being an expert in their own experiences, providing a valuable resource for others.



Contents

Overview of SRCAC

Council timeline

- **March – May 2011** APSU receives the 12-month Regional Innovation Grant from Southern Metropolitan Region Department of Health to establish a consumer advisory council with a steering group of service providers. Grant funds allow for a project worker 1 day per week and consumer and carer payments for participation in meetings.
- **May – September 2011** Promotion of council to AOD service providers in the SMR at group and individual meetings with the purpose of establishing partnerships.
- **September 2011 – June 2012** Steering committee of service providers develop project timeline, steering committee TOR, SRCAC purpose and objectives, position descriptions, promotional flyers and other documents.
- **June 2012** APSU receives additional 12-month funding and retains a project worker 1 day per week with continued consumer and carer payments for participation in meetings.
- **July – September 2012** Recruitment and training of consumers.
- **October 2012 –June 2013** A consumer council (SRCAC) is established and operates in partnership with steering committee. Further recruitment, development of SRCAC TOR, aims and objectives, and code of conduct. Two fee for service activities commence - SRCAC members participate in Windana Board meetings and work with South City Clinic on development of resources about pain medication.
- SRCAC presents at VAADA conference and AOD network meetings.
- **June – November 2013** Project worker funding ceases, however consumer payments are provided by SMR and managed by SHARC until June 2014.
- Proposal from Monash Health to assume responsibility for SRCAC as part of Victorian Dual Diagnosis Initiative. Unfortunately the proposal is withdrawn by Monash Health at end of 2013.
- SRCAC continues with regular monthly meetings, but many activities are limited due to the expectation of new direction from Monash Health.
- **December 2013** A communication about SRCAC with email contact information posted on VAADA e-news for service providers.
- SRCAC collaboration with South City Clinic sees resources completed and launched.
- SHARC engages SRCAC to assist with some internal quality activities and conduct an audit on consumer and carers.
- Windana engages SRCAC to advise on consumer participation on their Board.
- **June 2016** SRCAC holds its last formal meeting on the 30th of June 2016 after a decision is made to not seek further funding.

Activity timeline

February 2013	Presentation of SRCAC project to VAADA.
April 2013	Participation in Harm Reduction in Substance Use Advisory Committee at South City Clinic.
May 2014	Provision of consumer feedback audit at SHARC.
July 2014	Development of consumer participation audit protocol for SHARC.
October 2014	Development of intake publicity project at Inner South Community Health.
September 2014	Provision of feedback on pharmacotherapy survey for Bayside Medicare Local.
February 2015	Provision of feedback for family participation manual for SHARC.
March 2015	Development of consumer participation policy and plan for Windana.
June 2016	SRCAC holds its last formal meeting on the 30th of June 2016 after a decision is made to not seek further funding.

Our story

The idea of creating a consumer council to provide services to AOD agencies in the DHHS SMR was first conceived by the then Manager of APSU, Regina Brindle, in 2011. At the time, consumer participation practice within AOD agencies was quite limited and it seemed that by creating a consumer council for the entire southern region, agencies would reap the benefits of consumer input without the need to establish and support their own consumer group. Regina also had strong links with researchers at Monash University and RMIT who could assist in the evaluation of the project.

The service providers group were convinced of the value of a consumer council and a steering committee was established with members from Salvation Army Bridge Programme, Windana, South City Clinic, Taskforce, Southern Dual Diagnosis Service, SHARC and DHHS SMR. Two consumer representatives were also invited onto the steering committee.

The following is from a document describing the project prepared at the time.

> Alcohol and Other Drugs Regional Innovation Grants were offered by the Department of Health to suitable service providers to help develop the skills, attitudes and knowledge of workers when dealing with clients that have alcohol and drug related problems.
>
> The Department of Health regularly includes consumer participation statements in its policy documents, stating their aim is a 'client-centred' system. Yet the AOD sector is lagging behind that of health and mental health arenas in this regard. There has been little direction for services on how to initiate consumer participation or engage with consumers in a meaningful way.
>
> APSU has experienced a myriad of barriers to services engaging in consumer participation yet firmly believes that the best way to provide a truly 'client-centred' system is through the development of consumer participation. APSU envisaged the Council as providing an effective mechanism/system for consumer participation in the Southern Region. To be a resource that assists workers and will further develop the Victorian AOD sector for consumer participation in Australia.
>
> APSU – Association of Participating Service Users – is run by people that have also been consumers of AOD services and has a growing membership of AOD service consumers, family, significant others and service providers.
>
> Based on observations of the sector by APSU through countless promotions and advocacy of consumer participation, it was imagined by APSU that The Southern Region Community Advisory Council will be a 'portal' for workers to effectively tap into consumers*. A system that is available and easy for AOD service workers to access in their efforts to increase consumer participation in their sector.
>
> APSU imagined that participating AOD services and agencies would exist in part-

nership, feeding their consumers into the Council, accessing the Council for their own consumer participation projects, promoting the Council and advocating for the Council within the network as well as sourcing funding for the Council's sustainability.

A number of services in the Victorian and Southern Region have agreed to work in partnership with APSU and are supporting the Council based on the information provided to them.

With increasing awareness of consumer participation being a crucial element in providing a 'client-centred' system, APSU was awarded one of these grants.

APSU is at the forefront of the emerging consumer participation momentum. It is run by people that have also been consumers of AOD services and has a growing membership of AOD services consumers, family, significant others and service providers.

APSU intends The Southern Region Community Advisory Council to be established with the following performance criteria:

1. Networking as an essential feature of planning and implementation of plan.

2. Embedding consumer (including family) participation from the very outset of the project.

3. Establishment of process for the collection of qualitative and quantitative data as to establish evidence for necessary existence of Southern Region Community Advisory Council.

4. Establishment of process for effective support and training of consumers and family participating during the set up and in the running of the community advisory council.

5. Establishment of key community advisory council positions representing: consumers, family, people from CALD communities, youth and First Australians.

APSU believes the best way of providing a truly "client-centred" system is through the development of consumer participation. The establishment by APSU of the Southern Region Community Advisory Council will provide an effective mechanism/system for consumer participation in the region. It will be a resource that not only assists generalist health workers but further develops the Victorian AOD sector for consumer participation in Australia.

**A consumer is anyone eligible to use alcohol and other drug services/mental health services and includes family, friends and significant others.*

In mid-2011 funding was obtained from DHHS SMR Alcohol and Other Drugs Regional Innovation Grants program and a project worker was employed to drive the development of the terms of reference for the SRCAC steering committee and recruitment processes for the consumer council itself.

The first round of recruitment of consumers to the Council took place in July 2012. Candidates were interviewed by the project worker, a representative of the service providers, and a consumer member of the steering committee. A group interview process was used for one round of recruitment and was useful in seeing how potential members worked together as a group, but SRCAC did not continue to recruit in this manner.

The advertisements, job descriptions and interview questions used for recruitment are included in this document. Once SRCAC was fully established, members took on the responsibility of interviewing candidates themselves, as outlined in the TOR.

Training for Council members began in August, and the first SRCAC meeting was held on 27 September 2012. At this time, the steering committee met a fortnight after the Council meeting. Two Council members (one of whom was the chair) attended the steering committee meetings and two members of the steering committee (one of whom was a consumer representative) attended the Council meeting.

The Council began work on designing a logo and developing its terms of reference, code of conduct, and vision statement. It became clear that there was insufficient time to make progress on these during the monthly Council meetings so a number of subcommittees were set up to carry out this work between Council meetings. There was a concern that the budget would not stretch to cover these subcommittee meetings so the Council members volunteered to work unpaid.

A number of Council members recruited in the first intake were unable to continue and the Council decided to try a group interview process, with candidates undertaking a task together as well as answering questions individually, and in discussion. Although this process appeared to work well and had the benefit of being time-efficient, further recruitment to the Council was done by individual interview as vacancies arose.

Work on the foundation documents continued and the first draft of the Council's terms of reference was presented in February 2013. SRCAC's vision statement was prepared in April and a draft code of conduct in July. After further work, final versions of these documents were adopted at the August 2103 meeting. In addition, a logo was adopted at the May 2014 meeting.

Project work followed with a number of local agencies including South City Clinic, SHARC, Inner South Community Health, Bayside Medicare Local and Windana.

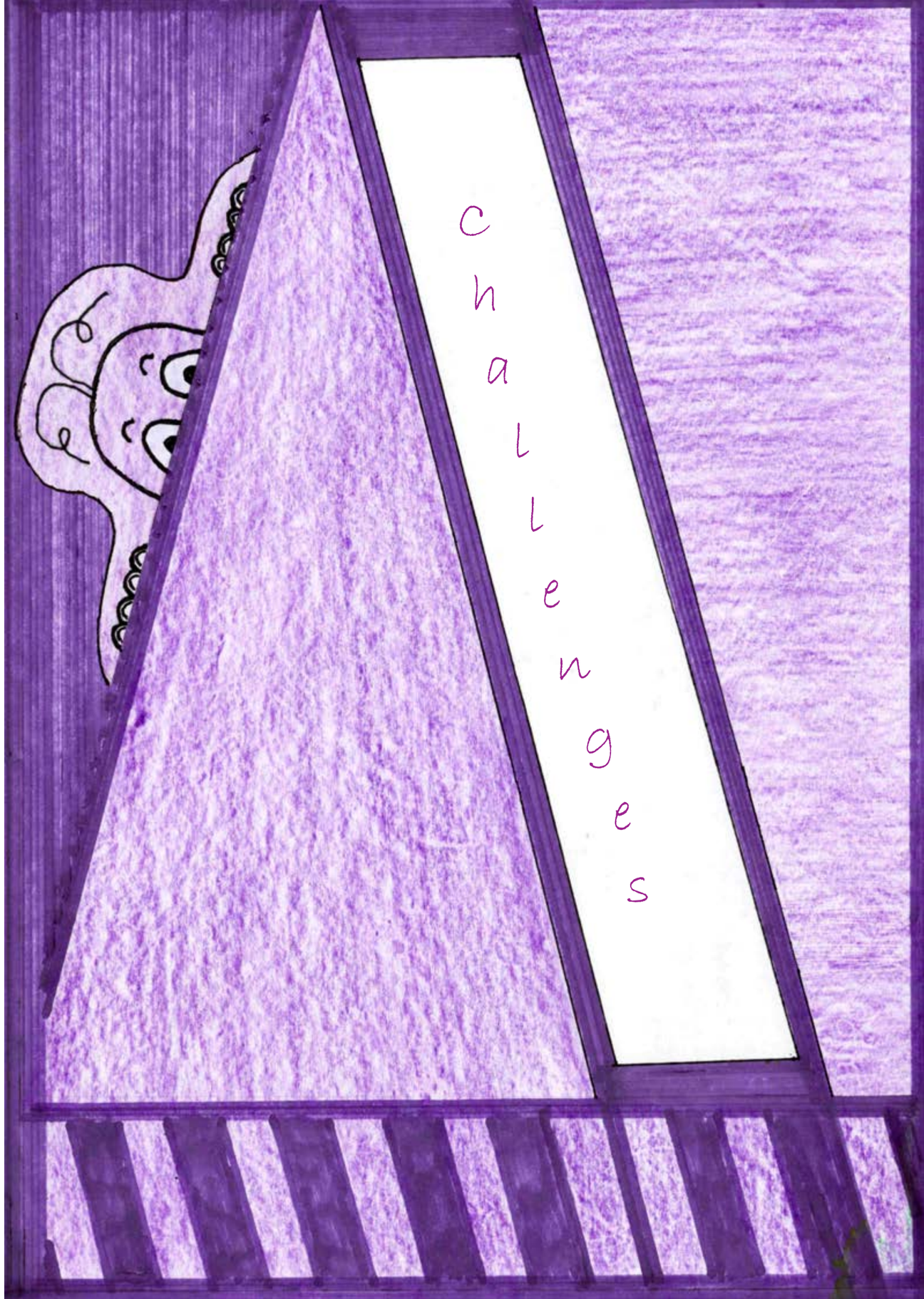
After much discussion, SRCAC held its last formal meeting on the 30th of June 2016. The Council decided that due to a lack of work as well as the creation of new catchment areas as part of the Victorian AOD sector reforms (which meant the "southern region" ceased to exist), SRCAC would not seek further funding.

“Early on I was a little freaked out going to an agency and not being a client. At least as a client I knew that I was there to be helped and taken care of. As a consumer or ex-client sitting on a consumer committee I wasn’t always sure where I fit or how to be in the space.

“A lot of SRCAC’s activities were professional from TOR to meeting structures to liaising with staff members of organisations. It was a little strange for me to be sitting in a professional space as a consumer. I’d had office jobs pre-recovery so I understood professionalism but SRCAC really blurred the line between personal and professional. Recovery and being a consumer is the most personal thing and yet here I was taking the most personal thing in my life and melding it with a professional sense. As a client of a service I felt I was able to be my most vulnerable, least competent, least coping, most in need.

“I found working with other committee members most challenging. Sometimes it took a long time, like months and months for us to all get on the same page in terms of concept and identity of SRCAC. I suppose it can take a long time for culture within groups to develop.”

SRCAC member – Jo



SRCAC relationship with service providers

Relationships were sometimes hindered by physical distance, infrequent meeting attendance, lack of a shared language, questions around trust, and lack of knowledge, value or need for consumer participation which potentially resulted in a lack of productivity for SRCAC.

On a positive note, the service provider 'champions' who assisted us to establish an identity in the SMR were fundamental to SRCAC securing work. With a home base at SHARC, we were always greeted with open doors, listening ears and strong connections.

Lack of opportunities

Although there was support and interest in SRCAC, we received few job requests. SRCAC has concluded that we may have had more opportunities, had there been a worker employed to liaise directly with agencies. A paid worker would have had a physical space in the SHARC office and a presence at meetings, advocating for consumer contributions to decision-making, planning and operations.

Some agencies don't perceive the potential for and benefits of consumer work. Others already have in-house consumer committees so there was no need for an independent council to undertake activities. In some cases, the budget for consumer activities had already been allocated.

It should also be noted that service providers may have been distracted dealing with other issues including reforms to the AOD sector, leaving little time to engage with SRCAC.

Lack of confidence

Consumers come from all sorts of backgrounds and it's not always guaranteed that they will have the communication skills needed to form professional relationships with agencies.

Collectively we needed to be strong advocates and believers in consumer participation, which wasn't always the case as new group members joined, then left quickly. In addition, new people were not always trained in or familiar with consumer participation practice.

Sometimes it was hard to remember that SRCAC had something valuable to offer due to the lack of opportunities presented to us.

Time limitations

SRCAC met for two hours per month so activities were slow to progress. It took a long time

to make decisions and when work requests were made we were limited in how quickly we could respond as a group.

Independent status

SRCAC was unique in its independence and although there is value and strength in this type of group, we found it difficult to engage and form working partnerships with service providers.

Funding

There were times when the main focus of the SRCAC meetings was to apply for funding which limited our scope during those times and the stability of the group to make future plans.

Recruitment of members

Recruitment has always been an issue for SRCAC both in retaining membership and in finding the right balance between family/consumers. In particular it's harder to find family members than consumers. A possible solution may be to recruit a pool of people who can step in when a vacancy arises.

"I was part of a group recruited at a time when things had already started rolling. I think this was when SRCAC was ready to go that extra step …

"Recruitment was a group thing (maybe 12 people divided into groups of 4). The powers that be gave us an activity (Bless Miriam she really was a top person RIP) to work at as a group. It was how to drop an egg without breaking it. We all broke our eggs but that was not the point. It showed how we could work in a group, come to a 'consensus' (which had never been discussed) and basically approach it with enthusiasm. And also, well, how to clean up eggs.

"More importantly in my opinion, sometimes things just don't work, yet no-one gave up or blamed anyone. Everyone tried and participated. The end result was we all had a good time working together.

"Later, whilst we advertised for new members, there became an imbalance of family members and consumers, causing some people to swap hats … I see no problem with that as people had changed.

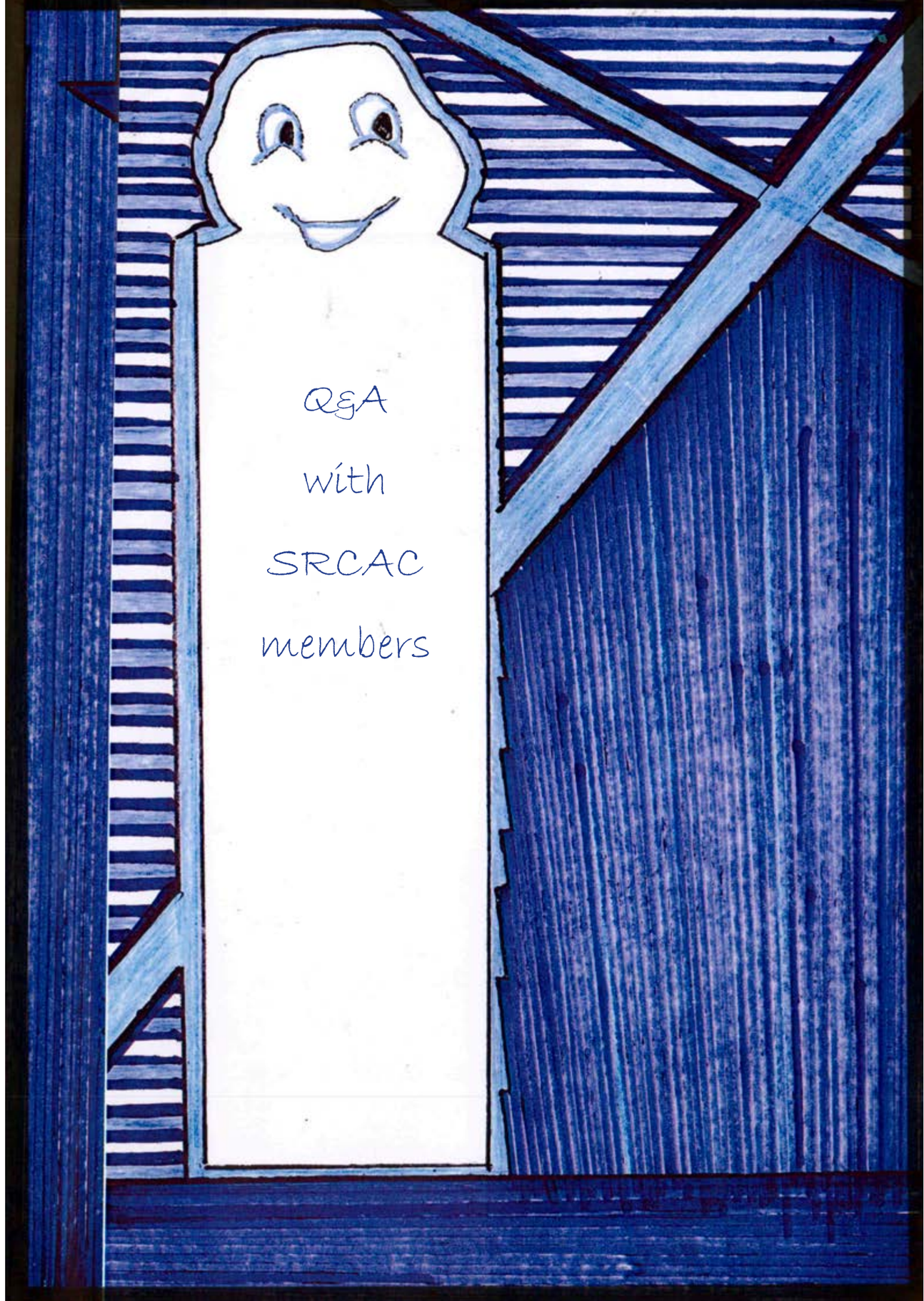
"Despite doing what we could [to recruit new members], I found word-of-mouth to be most effective. We never got the opportunity to do another 12 people at once group thing – it became a process where interviews were conducted by 2 members ... It never amounted to many if any long-term members like it had done with the group because we bonded.

"As some of the latter members have said they were rather confused as to what was going on when they first joined SRCAC. This has been reiterated to me by some people who dropped out who said they had a job now, etc. They just thought it was hot air and $50 payment. Nice but wow. The pity was those were real people who could have been valuable members …

"Perhaps some who stayed just did it for the money. Irregardless of whatever recruitment process you choose, I think it has to be recognised that if you are dealing with consumers or family members, it is a sensitive and fragile environment fraught with danger and people have the right to get a job or digress and that is the nature of the beast.

"The idea of you have to be clean for x months just won't work as anyone can digress at any time. Consumers or family members have and should have themselves and their loved ones a priority. For those that can continue it shouldn't be about the $50. The $50 is a bonus but not why we're there. If anything, I think that was missed in the recruitment process."

SRCAC member – Josh


Q&A
with
SRCAC
members

What kept you involved?

"Hope to make the system better."

"I felt it was good to have a mixture of consumers to be able to talk about a system instead of just people who don't necessarily understand addiction or people who have a different viewpoint i.e. paid staff."

"Determination."

"Usually when people come together to form a committee they have prior knowledge about how to do things. With SRCAC, what brought us together was our lived experienced. Seeing a bunch of people who really only have that in common, their lived experience, and their desire to come together with service providers to help improve service provision."

"Money."

"The challenge. SRCAC isn't just talking about your own personal experience and hoping that someone would get something out of it. The challenge of forming a body which is accepted in the health service sector which could stand by itself, and a place where we could sit down with other service providers and work together rather than just being a guest."

"Self-improvement. I can sit in meetings now and understand what is going on and what can and can't be done. I don't fight the system, I try and understand it and work within it."

"Hope that the work would start mounting up."

Did you feel there was anything you weren't able to achieve that you would have liked to?

"Stronger relationships with some of the service providers, which would bring jobs/work/tasks/assignments."

"To have been approached more often for work. It has been very stop/start."

"More momentum. A profile. Be recognised within the industry. We never had enough work to knock any rough edges off."

"More support from our providers over all."

"SRCAC never lacked enthusiasm or willingness to grow in its understanding to becoming

an acceptable model, which could sit alongside other services in a community world."

"An opportunity to comment and help close the fragmentation of service methods. Make a service more familiar and effective in its presentation."

If you are a member of another council or do other consumer participation work, what are the main differences between SRCAC and that work?

"Others have paid staff members who drive and initiate the workload for consumers. There's a lot more work/consumer participation happening in the services because of this."

What was most rewarding?

"The camaraderie which was finally established within the council."

"Understanding and acceptance that we have about each other."

"Acceptance of others views."

"The experience had bettered me as a person; I have more respect for people even if I don't agree with them."

"The most rewarding part was to meet the challenges put forward by working in an institutional structure."

"Meeting some great people and watching us all grow and learn together."

"Being part of the process and watching it develop."

"Having input as a consumer."

"The reward is meeting the challenges."

"Noticing my own growth, I can tell I am different to the person who was sitting here 4 years ago."

"I have become much more tolerant of other people in recovery."

"Being able to bring some skills to the table, which have been useful."

"To see other people become comfortable in this environment."

"Developing new skills and sharing those I already had."

"Having a monthly commitment, which has allowed me to witness my concentration levels develop and strengthen."

"My understanding about consumer participation has developed enormously from being a part of SRCAC."

"Developing listening skills."

"Building trust of each other."

"Being a family member on the SRCAC council has been a learning experience in so many ways. It educated me in the art of how a meeting is correctly run and what is required to run it. I did not have a great deal of experience in this area. I also felt that at last a voice from consumers might be heard across the agencies that dealt with AOD clients. It also gave me the chance to meet some wonderful people, who shared some of their stories of recovery and achievements. This helped me in my recovery and to have some hope.

"It is disappointing that the plethora of changes in funding, policies and designated zones, mitigated against the council performing its planned role within the various agencies for the benefit of them and their clients."

SRCAC member - Jan

What was most challenging?

"The whole environment was new. We had to establish our culture and how we work with one another as/before/while working with agencies."

"Dealing with the other groups amongst us."

"The meetings – minutes etc."

"Recruitment."

"Getting a balance between consumers and family members and significant others."

"Getting tasks and work from services."

"Time constraints – services not getting back to us and us only meeting once a month."

"Confusion about what our purpose is/would be."

"Hearing about projects and work to be done but not being invited into that space."

"We didn't know how to go and get involved in the work that we were hearing about."

"Our process was for them to hand feed us – fill out a form – and deliver the work to us."

"We heard about work but didn't know how to lobby and push to receive the work."

"To come to each meeting and not have work and try to remain positive."

"Working with people with differing personalities, realities, stages of recovery and goals on the council."

"Interpersonal skills and challenges with working as a member of a team."

"Being part of the group, and coming back each month with improved skills - unity of purpose allows us to develop the skills."

"SRCAC never lacked enthusiasm or willingness. It grew in understanding and self-taught, to become an entity that could sit with the service reps in corporate or community settings, and through the consumer lens, offer advice to help close the fragmentation between the rights and social responsibilities of both service providers and service users.

"With changes afoot in the sector, and as disappointing as that was, there's no surprise in the final decision-making at SRCAC. In the scheme of things though, 'a battle lost, not the war'.

"I look on the experience as one might view recovery. After time spent, I could now critique having seen both sides of the fence. I'm now wiser, better informed, more connected, further educated, my profile has lifted and as a result I believe I am a better person. I am well equipped for my next vocation. Hell, I even got a shot at chairperson for a time!

"The support of a group collective is something special (I could write pages about it). As a single mind we made a decision to wind up and our final act would be to produce this document for the benefit of others, As individuals with these new strengths and skills, there will come other opportunities or pathways which none of us entertained before SRCAC. All good!"

SRCAC member – Russell Chilcott

What was your experience as the lead agency supporting the establishment of SRCAC?

Heather Pickard, CEO of SHARC: *"SRCAC started out in 2012 as a project of APSU at SHARC. Funding was received for a part time project worker through an innovation grant from the SMR DHHS. This was a critical time for the council to have this support as the worker organised meetings to help get agencies on board and establish a secretariat role.*

"In 2013-14, SRCAC emerged as an independent consumer committee, working with approximately five key agencies in the region. It was a collaborative and rich time of learning for everyone. The council developed logos, promotional material, TOR and frameworks for fee for service work (as much of the work needed to be done outside of normal meeting times).

"I was deeply moved by the passion shown by the consumers and family members and heartened by the agencies that supported this. DHHS southern region were true champions for this also.

"In 2015 SRCAC was faced with the split of the southern region catchment. At the same time the whole of the AOD sector started the recommissioning of the treatment sector. Whilst this was a challenge for SRCAC they continued to work in partnership with interested services, however it appeared that agencies weren't fully understanding how SRCAC could assist and enrich their business, and the sector was completely rearranged from a service provider point of view, with many new providers in the southern region and some agencies no longer part of the catchment.

"When funding for council member payments was reaching a close, it became clear that SRCAC was not sustainable as only fee for service, and SRCAC as we knew it ceased to operate.

"Over time, some of the wisdom and experience of these committee members found a legacy in being involved in other consortia or partnership committees within the southern region, however these committees are not independent.

"I believe we have lost something valuable here, although the committees that were re-established are doing some great work."

What was your experience of working with SRCAC on a joint project?

Heather Pickard, CEO of SHARC: *"SHARC utilized SRCAC for several key activities, all of which we found incredibly beneficial.*

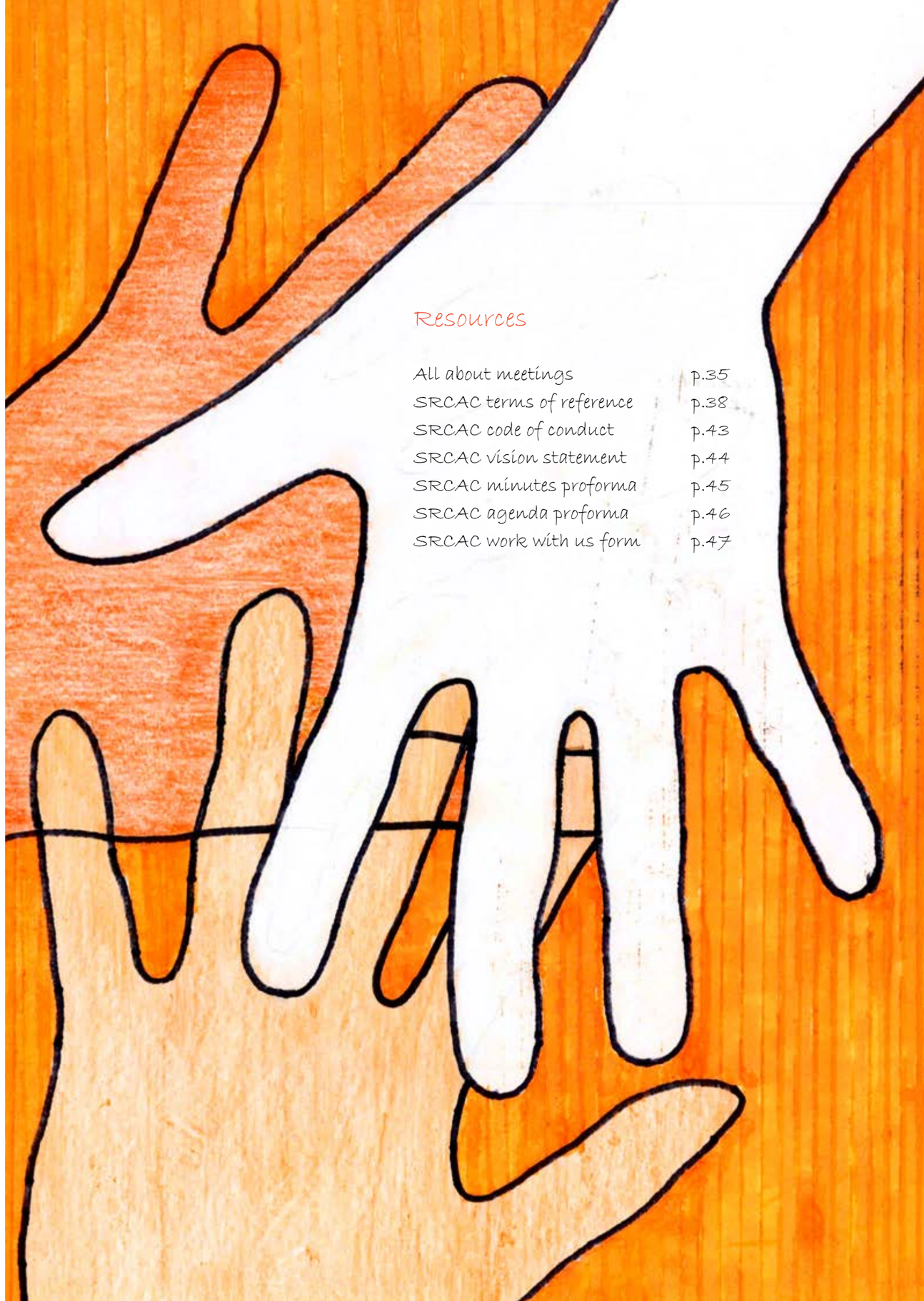
"This included a desktop review of our policies and procedures, including those relating to consumer participation, interviews with current service users, interviews with staff and interviews with management. We got some really helpful suggestions and a unique lens.

"SRCAC also sat in with our quality team in the standard that related to community building and consumer input. This was a truly valuable additive to this committee.

"SRCAC assisted us in the writing of Broadening the Source (a how-to manual for agencies to develop their capacity in family participation).

"I see incredible benefits to having an independent council, because they are autonomous. When council become accountable to, and paid for by an organisation, it can create a conflict of interest. It does not always have this impact, and there is some fabulous work being done currently by councils in this framework. I do think, however, it is preferable to have some independence and I'd go as far as recommending that central office DHHS fund and support an independent consumer council.

"I have thoroughly grown from my work with council, and have been challenged as well as received positive feedback, but always, always, we have grown and been able to improve our practice for the people we are here for."



Resources

All about meetings

Definitions

Agenda

A formal list of things to be discussed at a meeting and the order in which they will be discussed.

Minutes

A record of meeting proceedings, an official record of what is said and achieved during a meeting.

Quorum

Minimum number of people required for a valid meeting or a percentage of members of a committee who must be present before the meeting can conduct valid business, especially voting.

Terms of reference (TOR)

A written document which defines the purpose and structure of the group.

Code of conduct

A set of rules outlining the social norms and responsibilities of the group.

Robert's Rules of Order

A standard used for facilitating discussions and group decision-making.

Consensus decision making

A process whereby every member of the group has input. Consensus is about listening and understanding and accessing the wisdom of the collective. Discussion about an issue or decision occurs until an outcome is reached which every person can support, even if they do not agree with it.

Roles within meetings

Chairperson

The person presiding over a committee, Board or meeting. The chairperson runs the meeting, guides discussion, keeps the meeting focused on the agenda items and keeps to time. The chairperson will listen carefully, allow everyone a chance to contribute, and avoid any one person making all the decisions for the group.

The chairperson sums up from time to time, clarifies action points, and gauges when it is time to wrap up a debate and get consensus. The chair also liaises with the minute-taker to ensure that the wording of the minutes is accurate and easy to understand. At the end of the meeting members should feel heard and that agenda items needing further discussion will be addressed at the next meeting.

Secretary

The secretary takes minutes, collates agenda items and writes the agenda. The secretary circulates the minutes to all group members after a meeting in a timely fashion, and sends the agenda before the next meeting.

What makes an effective meeting?

Timeliness is important. Starting and ending on time and ensuring that all agenda items are addressed.

Objectives are reached. Objectives may include decisions, reports, discussions and plans.

Participants leave feeling like something has been achieved and there is a clear process and direction.

Meeting etiquette

- Be on time.
- Be prepared. Read the agenda and minutes beforehand.
- Be concise and speak succinctly – use as few words as possible. Time can fly in a meeting so use it wisely.
- Listen well and respect other people's opinions.
- Have phones on silent.

How to run a meeting

Name of meeting:

Date:

Open the meeting: Chairperson welcomes everybody and introduces any new people or guest speakers/visitors.

Apologies: Members pass on any messages for people who can't attend.

Last meeting's minutes: Decide whether the minutes of the last meeting are an accurate record of the last meeting or if they need to be changed in any way. Either way, this is then put to a vote or the minutes will be (eventually) accepted when a majority agrees they are accurate.

Matters arising from last meeting's minutes: Briefly discuss what actions were decided upon in the last meeting and if these have been done yet. Don't spend too long on this, especially if these items are covered in general business.

Correspondence (inwards and outwards): Has any communication been received or sent?

Reports: This is an opportunity to find out new information or more detailed information.

General business: These items are usually decided upon before the meeting and meeting members are informed of them via an agenda which states what will be discussed at the next meeting.

Item 1 –

Item 2 –

Item 3 –

The items 1-3 should be voted upon or action to be taken decided upon if possible.

Arrange next meeting: Set a time and date for next meeting.

Close meeting: Chairperson thanks everybody for attending

Source: APSU (2012). The Peer Model Manual - Consumer Participation in Action. Carngie, VIC: Association of Participating Service Users, SHARC.

SOUTHERN REGION COMMUNITY ADVISORY COUNCIL
Terms of Reference

i. Background/context

Consumer participation in the alcohol and other drug sector (AOD), despite being a key policy directive, is lagging behind that in other areas of health and community services. The Southern Region of Victoria's Alcohol and other drug service system is no exception. The Department of Health Southern Region has funded the Association of Participating Service Users at the Self Help Addiction Resource Centre (SHARC) to work collaboratively with Southern Region service providers and consumers to set up a consumer group to assist services in the region to increase their consumer participation. That group has been named the Sothern Region Community Advisory Council, or SRCAC.

ii. Function of the Southern Region Community Advisory Council (SRCAC)

The Southern Region Community Advisory Council (the Council) will be a vital and effective forum for participation in service provision and policy development in this region. The Council has three primary functions:

1. the Council can be used by service providers in the region to obtain consumer feedback regarding information provision, service practices and programs, service development and evaluation as well as providing suggestions for their improvement,

2. the Council will be available to provide input into regional alcohol and other drug issues and policy,

3. the Council may form partnerships with services to improve their consumer participation.

iii. Role of the Southern Region Community Advisory Council

1. The Southern Region Community Advisory Council will focus on improving AOD services in the Southern Region for the benefit of the community by consulting and collaborating with AOD service providers and consumers* from the region.

2. The SRCAC will provide consumer feedback in relation to service delivery and quality improvement.

3. The SRCAC will promote consumer participation in the SMR.

4. The SRCAC will develop processes to measure outcomes of their work and establish feedback protocols.

*A consumer is anyone eligible to use alcohol and other drug services and includes their family, friends and significant others.

SOUTHERN REGION COMMUNITY ADVISORY COUNCIL (SRCAC)
Terms of Reference (Constitution)

NAME OF ASSOCIATION

The association shall be called the "Southern Region Community Advisory Council" (hereafter referred to as "SRCAC").

DEFINITIONS

'Consumer' means anyone eligible to use alcohol and other drug services and includes their family, friends and significant others.

'AOD' means Alcohol and Other Drug.

VISION

SRCAC envision a world where recovery from addiction to alcohol and other drugs is understood, promoted, embraced, and enjoyed; and where all who seek it have access to the support, care, and resources they need to achieve long-term recovery.

CORE PURPOSE

To improve AOD services in the Southern Region for the benefit of the community by consulting and working in partnership with AOD service providers and consumers from the region.

AIMS AND OBJECTIVES

- To improve alcohol and drug services in the Southern Metropolitan Region (SMR).
- To provide consumer feedback to services in SMR.
- To promote consumer participation in SMR.
- Will develop processes to measure the outcome of its work.

VALUES

- We embrace and promote recovery in individuals, families, and communities.
- We respect that there are multiple pathways to recovery.
- We believe that all people deserve to be treated with dignity, respect, and equity.
- We recognise the interconnectedness of individuals, families, and entire communities.
- We value the practice of volunteerism, service, and partnership.
- We strive to end discrimination against people in or seeking recovery.

QUALIFICATIONS FOR MEMBERSHIP OF THE COUNCIL

Membership of the Council is open to past and present consumers of AOD services in the Southern Metropolitan Region of the Victorian Health Department who are able to demonstrate a commitment to the work of the Council, and a capacity to fulfil the requirements of membership.

COMPOSITION AND MEMBERSHIP OF COUNCIL

The Council will consist of ten members:

- Five consumers with personal experience of AOD service use; and
- Five consumers with family experience of AOD service use
- This may be varied to six of one group and four of the other when deemed desirable by the Council

The Council has the following Office Bearers:

- a Chairperson
- a Secretary
- The Council shall appoint the Chairperson and a Secretary from among its members for a period of 1 year.

RECRUITMENT OF COUNCIL MEMBERS

- A Register of people interested in serving on the Council is to be kept by the Chairperson and Secretary
- When a vacancy arises, the Council may interview those on the Register of interested people and/or advertise the vacancy through means such as notices at Agency premises, etc.
- Interviews are to be conducted by 2 Council members and 1 member of the Steering Committee.

APPOINTMENT OF COUNCIL MEMBERS

- Council members are appointed for an initial term of twelve months
- A second twelve month term is granted automatically should the member desire it.
- If a third term is sought, the Council member must reapply for membership.
- Council members serve a maximum of three consecutive terms

SUSPENSION OR EXPULSION OF COUNCIL MEMBERSHIP

A member who fails to attend 2 consecutive Council meetings without communicating

an Apology will be deemed to have resigned from the Council, and their position will be declared vacant at the next Council Meeting.

The Council may remove a member from their position on the Council if they are deemed to have acted contrary to the Council's Code of Conduct.

Any person removed from their position has recourse to the Council's Disputes and Grievances processes (Item 17 of these Rules)

CHAIRPERSON

The Chairperson is responsible for the Council's adherence to these rules, and chairs Council meetings.

SECRETARY

The Secretary is responsible for keeping Minutes of Council meetings and performing other duties imposed by these rules.

The Secretary will distribute Minutes of a meeting to all Council members one week after the meeting being held.

The Secretary prepares the Agenda for Council meetings and must include any items submitted by Council members.

SUBCOMMITTEES, PROJECT TEAMS, TASK GROUPS, WORKING GROUP

When required, the Council will create groups to work on specific issues or tasks. Each group so formed will be governed by the rules of the Council and will have:

A convenor, responsible for:

- arranging meeting times,
- booking venues,
- advising group members of meeting details.

A member nominated to record proceedings and prepare any progress reports for Council (the note-taker).

A statement from the Council describing;

- the role of the group,
- the names of the convenor and note-taker,
- the frequency/number of meetings to be held,

- a time frame for any deliverables the group is responsible for, and
- an end date for the group.

The group shall report its progress to each Council meeting.

COUNCIL MEETINGS

- The Council will meet at least 11 times a year.
- The Chairperson or at least half the Council members may convene a Council meeting at any time.
- At a Council meeting 50 percent plus 1 of active* Council members shall constitute a quorum.
- Decision making by the Council is to be by consensus, anyone who disagrees with a decision may, at their request, have their dissent recorded in the minutes.
- Two members of the Steering Committee are invited to attend each ordinary Council meeting, although they do not contribute to the establishment of a quorum.

*Active members excludes those on leave of absence, Steering Committee members, or other observers.

RULES OF ASSOCIATION

The rules can be changed at any duly constituted Council meeting.

DISPUTES, GRIEVANCES, AND MEDIATION

- In the first instance, an effort to resolve any issues between Council members should be made by the individuals concerned before the next Council meeting.
- If the outcome is unsatisfactory to any party the issue should be placed on the Agenda of the next Council meeting for deliberation. If the Chairperson or Secretary are involved in the dispute they are to relinquish their roles until the issue is resolved.
- In the case that the issue cannot be resolved at the Council meeting, the complaint can be referred to the SRCAC Steering Committee by the person chairing the meeting.

SOUTHERN REGION COMMUNITY ADVISORY COUNCIL (SRCAC)
Code of conduct

1. This Code of Conduct is adopted by all members. The chair will remind everyone of this Code of Conduct before every meeting.

2. This Code of Conduct applies to all SRCAC meetings as well as subcommittee work any occasion when members are representing SRCAC.

3. No member is to attend a SRCAC meeting under the influence of non-prescription drugs or alcohol.

4. Everyone's privacy is to be respected. Nobody's personal information is to be disclosed outside of SRCAC meetings.

5. Mobile phones are to be put on silent during the meetings. However, should someone be expecting an important call they should advise the Council at the beginning of the meeting, and leave the room to answer.

6. All members of the SRCAC should be punctual to meetings. If a member cannot attend or is delayed, they should communicate that to the Secretary, Chair or another member attending the meeting.

7. Discussion in Council meetings should keep to the items on the Agenda.

8. All views and opinions should be respected.

9. One person speaks at a time.

10. All members need to show respect for other members' issues and their journey.

11. Members must not to be judgmental of each other.

12. SRCAC is not a support group and should not be treated as such by any member.

13. SRCAC is not to be used for any purpose that does not relate to its work.

14. Abusive, threatening, or disrespectful language or behaviour are not acceptable.

15. The Council's Complaints procedure needs to be followed in case of any conflict between SRCAC members.

SOUTHERN REGION COMMUNITY ADVISORY COUNCIL (SRCAC)

Vision statement

SRCAC envisages a world where recovery from addiction to alcohol and other drugs is understood, promoted, embraced, and enjoyed and where all who seek it have access to the support, care, and resources they need to achieve long-term recovery.

Values

1. We embrace and promote recovery in individuals, families, and communities.
2. We respect that there are multiple pathways to recovery.
3. We believe that all people deserve to be treated with dignity and respect.
4. We recognise the interconnectedness of individuals, families, and entire communities.
5. We value the practice of volunteerism, service, and "working with others."
6. We strive to end discrimination against people in or seeking recovery.

Southern Region Community Advisory Council

Minutes of Meeting Held

Date:

Time:

at SHARC, 140 Grange Rd, Carnegie

1. Meeting open

1.1 Present:

1.2 Apologies:

2. Minutes of previous meeting

3. General business

Action:

4. Recruitment

Action:

5. Project updates

Action:

6. Request for services

Action:

7. Other business

8. Next SRCAC meeting:

9. Meeting closed:

Southern Region Community Advisory Council

Agenda for Meeting Held

Date:

Time:

at SHARC, 140 Grange Rd, Carnegie

- Meeting open – Phones on silent.
- Welcome and apologies.
- Acceptance of last meeting's minutes.
- Project updates
- Requests for services
- Any other business
- Payment Request forms
- Meeting close – Phones back on.

Southern Region Community Advisory Council
Work With Us
Request Form

To be completed by agency requesting SRCAC involvement.

Date	
Agency name	
Project name	
Project contact details	
Project overview	
What issues is this project addressing?	
What benefits arise from involving SRCAC in this project?	
What are the project start and end dates?	
SRCAC involvement	
Will this project require SRCAC members to work outside of the monthly Council meetings?	
If so, state number of SRCAC members required, hours to be worked, and location(s) such work is to take place.	
Is there a budget to cover payments to Council members?	
Is there any particular expertise required by the SRCAC members who take part in your project?	
Does this project entail any deliverables required from SRCAC?	
Do you have any other information you wish to provide?	

Please email the completed form to contact.srcac@gmail.com
Thank you.