

# Communication and Engagement Strategy for Statewide PCP Strategic Workforce Planning Project

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## Purpose

This communication and engagement strategy will identify and establish the stakeholder management processes to be implemented to support the successful achievement of the project objectives and includes a stakeholder analysis which is essential for the effective management of multiple stakeholder relationships throughout the project.

Too often relationships with stakeholders are conducted in an ad hoc or intuitive manner.<sup>1</sup> A strategic approach (a plan with clear objectives, milestones and an evaluation) builds better ongoing relationships and is more likely to realise the benefits for the project partners and the stakeholders.

The strategy consists of two parts: A. Stakeholder Analysis and B. Stakeholder Communication and Engagement Plan. The document will facilitate best practices in communication and engagement during the course of the project so key stakeholders needs, expectation and levels of influence are identified and addressed, and that they are involved, informed and committed to the project methodology and outcomes.

## Definitions

**Stakeholder:** any individual or group who has a vested interest in the outcome of a body of work.

**Key stakeholder:** any stakeholder with significant influence on or significantly impacted by the work and where these interests and influence must be recognised if the work is to be successful.

**Clients:** people who use PCP programs and services or are subject to PCP regulation.<sup>2</sup> Clients should be included in PCP's key stakeholder grid as a major category of stakeholders. Direct clients of PCPs are those receiving PCP services directly e.g. partner or member agencies and funding bodies such as Department of Health or Department of Justice. Indirect clients of PCPs are those users of PCP partner or member services or other population/community groups that are indirectly affected by PCP initiatives such as people experiencing chronic disease.

**Project Team:** refers to the lead PCP, Inner East Primary Care Partnership employees and/or sub-contractors involved in the operationalising of the project plan.

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<sup>1</sup> © Stakeholder Engagement Practitioner Handbook Published by the National Communications Branch of the Department of Immigration and Citizenship; Stakeholder Engagement Section, Strategic Policy Group, Implementation and Stakeholder Engagement Branch. Version: 2.0, May 2008

<sup>2</sup> Ibid.

## Stakeholder Engagement Principles

There are two distinct levels applying to stakeholder engagement principles: **Strategic** and **Operational**.<sup>3</sup>

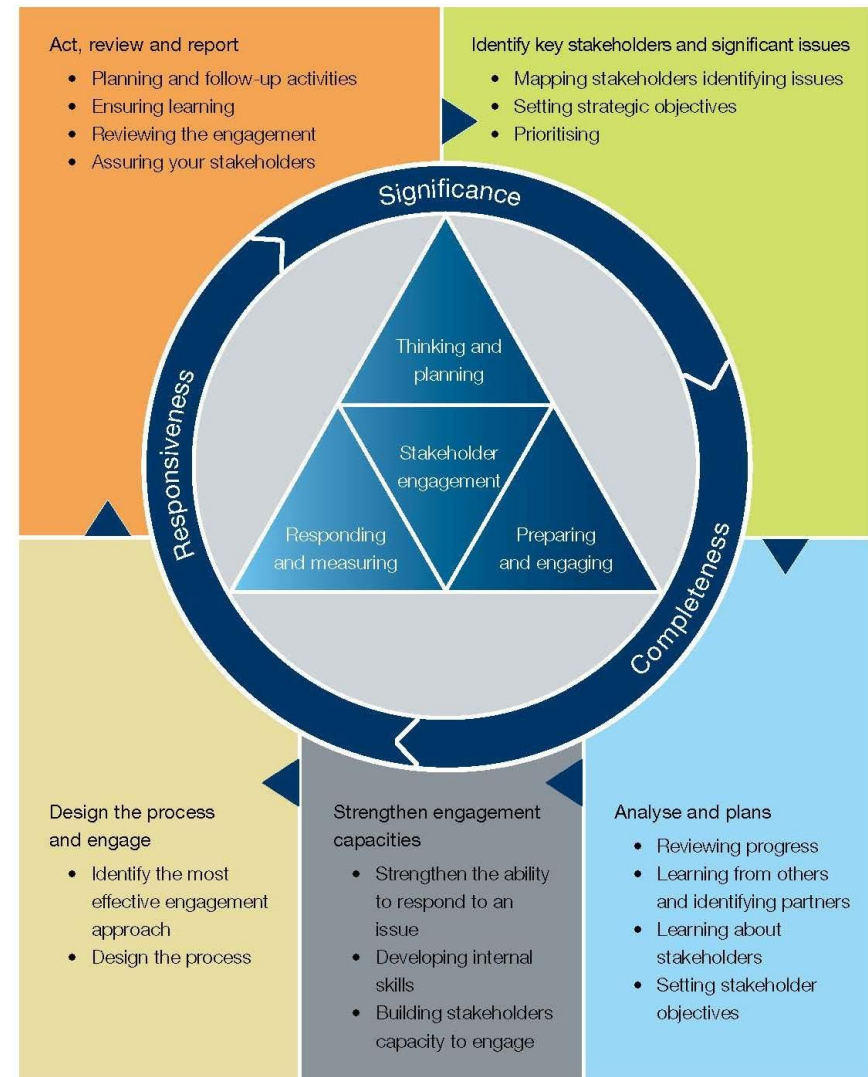
The strategic level refers to a higher level understanding and structuring of stakeholder engagement and involves identifying stakeholders, significant issues and expectations. These principles are:

1. **Significance:** The project team will deal with issues of significance to stakeholders and the project partners;
2. **Completeness:** The project team will endeavour to understand the concerns, views, needs and expectations of stakeholders;
3. **Responsiveness:** The project team will respond coherently and appropriately to the concerns, views, needs and expectations of stakeholders.

Operational principles concern the action of dealing with stakeholders, for instance the stakeholder engagement plan and consultation processes. These principles are:

1. **Communication:** Open and effective communication means the project team listening and talking with stakeholders;
2. **Transparency:** Clear and agreed information and feedback processes will be evidenced;
3. **Collaboration:** The project team works to seek mutually beneficial outcomes where feasible;
4. **Inclusiveness:** The project team recognises, understands and involves stakeholders in the process;
5. **Integrity:** The project team undertakes stakeholder engagement in a manner that fosters mutual respect and trust.

Both levels of principles are applied in this strategy and are reflected in the 5 Stage Stakeholder Engagement Model developed by the Department of Immigration and Citizenship which is reproduced in Diagram 1.



Adapted from Stakeholder Engagement Standard AA1000SES (Institute of Social and Ethical Accountability 2005)

Diagram 1: 5 Stage Stakeholder Engagement Model

<sup>3</sup>© Stakeholder Engagement Practitioner Handbook Published by the National Communications Branch of the Australian Department of Immigration and Citizenship; Stakeholder Engagement Section, Strategic Policy Group, Implementation and Stakeholder Engagement Branch. Version: 2.0, May 2008

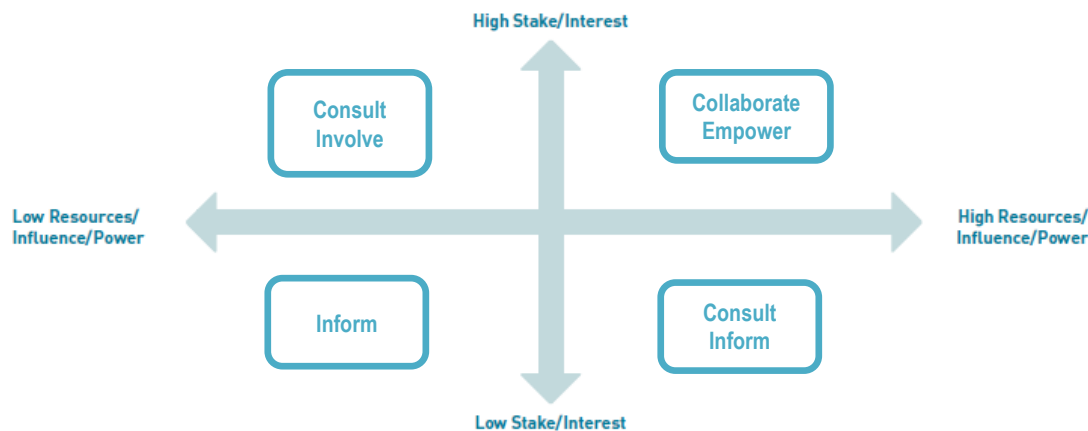
## A. Stakeholder Analysis

Stakeholders tend to fall into one or more of three main categories:

1. **Accountability stakeholders** are those bodies or persons to whom IEPCP are accountable for direction and performance e.g. Department of Health (to whom IEPCP is primarily accountable as the project sponsor/funder) the Project Advisory Group and IEPCP Executive Committee (governance group).
2. **Suppliers:** people who provide or authorise resources to the project, supply expertise to the project and/or work on the project team e.g. Department of Health, Project Advisory Group, PCP ICDM workers, Project Consultant, PCP's who have current volunteered to participate in the pilot project including:
  - Central Victorian Health Alliance
  - Campaspe PCP
  - Northern Mallee PCP
  - Central West Gippsland PCP
  - Central Hume PCP
  - Upper Hume PCP
  - Lower Hume PCP
  - Goulburn Valley PCP
  - Inner North West PCP
  - Inner East PCP
3. **Clients/consumers or users** of the project who will have use of, and/or will benefit from, the project outcome e.g. PCPs and ICDM related workforce within their partner agencies and clients accessing ICDM care services.

The key principles applying to this stakeholder analysis include:

- Determining who is to be involved (based on the list above)
- Determining the methods and level of involvement of the different stakeholders ('communication and engagement' grid)
- Clarifying roles, expectations and accountability of the various stakeholders
- Developing mechanisms and processes for dealing with problems and conflicts amongst stakeholders and project managers in a timely and effective manner ('issues and risk management')



This stakeholder analysis includes mapping the level of resources, influence or power the project stakeholders can access to support or oppose the project.<sup>4</sup> The quadrant chart opposite indicates the level of engagement appropriate to stakeholders depending on their location in a quadrant e.g.

High Stake/High Resources (H/H)	Collaborate, Empower
High Stake/Low Resources (H/L)	Consult, Involve
Low Stake/High Resources (L/H)	Consult, Inform
Low Stake/Low Resources (L/L)	Inform

<sup>4</sup> Adapted from Department of Sustainability and Environment 2007, *Community Engagement Planning: Fundamentals training pack (edition 2)*.

Stakeholder (SH)	Level of Resources/ Influence /Power	SH interest in or requirement/s from the project	What the project needs from them	Perceived attitudes/ risks in relation to project	Level of Involvement
<b>Department of Health (Central)</b>	<b>H/H</b>	Funding body and project sponsor interested in having a tool, widely applicable, that facilitates effective WFD planning by PCPs.  Providing significant funding to ensure high quality, sustainable, effective and efficient outcomes.	Provide funding.  Ensure project team compliance with Funding Agreement & accountabilities.  Participate in Advisory Group.  Provide an authorising environment for participation by all Vic PCPs.  Engage in a two-way conversation about the outcomes and recommendations from the final project report.	Strongly supportive of project.  Potential differences in expectations regarding the long term uptake and sustainability of the use of the "Training Needs Analysis Kit" (TNA)	<b>Collaborate</b> <b>Consult</b> <b>Inform</b>
<b>Department of Health (Regions)</b>	<b>L/L</b>	Understanding of TNA goals, process and benefits. Interest in data outputs re training needs locally.	Support TNA implementation by PCPs in member agencies locally.	Supportive.  No significant risks identified.	<b>Inform</b>
<b>Project Advisory Group</b>	<b>H/H</b>	Representatives from Vic PCPs and Project Sponsors providing expertise and advice in the governance of the project.	Commitment of time and expertise to review project documents, monitor progress, track issues and impacts and provide feedback/advice during course of project.  Champion benefits & outcomes of project to other PCPs.  Participate in evaluation of project management processes incl. SH engagement, partnership quality.	Strongly supportive of project.  Unable to participate consistently.  Does not actively or positively promote project goals and outcomes.	<b>Collaborate</b> <b>Empower</b> <b>Consult</b> <b>Inform</b>
<b>Inner East PCP Executive Committee</b>	<b>L/L</b>	Overarching governance responsibilities for IEPCP performance and ensuring EO meets accountability requirements.	Endorsement of consultancy agreement.  Champion benefits & outcomes of project to own and other PCP member agencies.	Strongly supportive of project.  No significant risks identified.	<b>Inform</b>
<b>IEPCP Project Team</b>	<b>H/H</b>	Project team requires SH expectations to be clear, achievable and realistic.	Quality project management, data collection and analysis, compliance with reporting requirements and effective communication/engagement of all stakeholders.  Meeting all deliverables as agreed.  Managing financial resources efficiently.  Monitoring services provided by 3 <sup>rd</sup> party consultant according to Service Agreement.  Payment of consultancy fees as per agreed schedule.	Committed attitude to achieving project goals and standards.  Risks relating to achieving appropriate performance standards identified & addressed.	<b>Collaborate</b> <b>Empower</b> <b>Consult</b> <b>Inform</b>

Stakeholder (SH)	Level of Resources/ Influence /Power	SH interest in or requirement/s from the project	What the project needs from them	Perceived attitudes/ risks in relation to project	Level of Involvement
<b>Victorian PCP Executive Officers</b>	<b>L/H</b>	<p>Creating an authorising environment within their PCPs and catchment to support the sustainability and uptake of the TNA Toolkit.</p> <p>Supporting their ICDM workers to implement the TNA and use the data to inform WFD planning in their catchments and to evaluate impacts/outcomes on an on-going basis for continuous improvement purposes.</p>	<p>Approval for their PCP to participate pilot</p> <p>Authorisation for allocation of PCP resource i.e. ICDM worker time and expertise, to:</p> <p>Provide information via survey, focus group and/or individual interview</p> <p>Provide feedback when requested on project a) process and b) outputs</p> <p>Pilot the TNA tool</p>	<p>Don't have the capacity to contribute to the project;</p> <p>WFD may not currently be a priority for their PCP and / or in line with their current ICDM plan; (therefore using a TNA is not relevant at this time).</p> <p>They may already have a TNA they use that meets their needs &amp; may not see any necessity to change.</p>	<b>Consult, Inform</b>
<b>Victorian PCP ICDM Coordinators</b>	<b>H/L</b>	<p>End users of TNA tool interested in having a single tool, applicable across PCP catchments, agencies and ICDM related professions that will provide them with information about training needs as a basis for planning targeted WFD activities.</p>	<p>Providing information as requested during course of project e.g. registered providers and other providers survey;</p> <p>Provide constructive feedback on the TNA tool during development and piloting stages;</p> <p>To be a fully active participant;</p> <p>To assist the development of the "Training Needs Analysis Kit"(TNA);</p> <p>Participate and attend toolkit launch.</p>	<p>Supportive of project.</p> <p>Potential risks: Staff Changes Unforeseen constraints affecting capacity to implement on continuing basis</p>	<b>Consult, Involve</b>
<b>Pilot Phase Volunteer PCPs</b>	<b>H/L</b>	A/A	<p>Use Toolkit &amp; provide feedback re what works, what doesn't, suggestions re improvements to Project Consultant/Team</p>	<p>Interest indicated.</p> <p>Potential risks: Unable to recruit representative sample for pilot</p>	<b>Consult, Involve</b>
<b>PCP Partner Agencies Senior Management and Staff Development Managers</b>	<b>L/H</b>	<p>TNA data can inform their internal continuing education programs and professional development activities.</p>	<p>Provide authorisation for participation in TNA by their workforce.</p>	<p>Don't see the organisational benefit;</p> <p>Don't have the resources to free up workforce to attend PCP initiated training programs.</p>	<b>Consult, Inform</b>
<b>PCP Partner Agencies ICDM Workforce</b>	<b>L/L</b>	<p>TNA data can inform their training needs as a basis for pursuing professional development activities to address the gaps.</p>	<p>Participate in TNA conducted by local PCPs and support resulting WFD initiatives through attendance.</p>	<p>Don't see the personal benefit;</p> <p>Don't have the time;</p> <p>Don't have the support of management.</p>	<b>Inform</b>

## B. Stakeholder Communication and Engagement Plan

Stakeholder Group/s	Level of Engagement and Strategies	Communication Type	Timing	Responsibility
<b>Department of Health (DoH)</b>  <b>Project Advisory Group</b>	<b>Collaborate, Empower, Consult, Inform</b>  Project progress, quality and issues/risk management, governance. Reporting key milestones and deliverables, impacts. Provide ongoing reports which will inform the department about the current project work.  Disseminate information through the advisory group meetings.  Demonstrate effective communication; verify with valid, reliable data.	Formal written Project Interim and Closure reports.  Project Advisory Group meeting attendance.  Written TNA Pilot Outcomes Report.  Ad hoc email/phone contacts  Timely, accurate meeting minutes confirming endorsement of decisions made and support of group re project management.  Clear agendas, appropriate period of notice re meeting dates/times/venues.	<u>Reports Due:</u> #1: 20 Dec 2011 #2: 7 Mar 2012 #3 17 July 2012 Final: 2 Oct 2012 <u>Meetings:</u> #1: 18 Nov 2011 #2: 7 Mar 2012 #3: 17 July 2012 Final: 2 Oct 2012 <u>Pilot Outcomes Report:</u> end of July 2012	Project Consultant IEPCP Project Team
<b>IEPCP Executive Committee</b>	<b>Inform:</b> Project progress, quality and issues/risk management.	Project updates incorporated to regular internal reports by IEPCP Executive Officer (EO)	Monthly: Oct 2011- Oct 2012	IEPCP Executive Officer
<b>Regional DoH PASAs</b>	<b>Inform:</b> Promote key messages re progress.	Via IEPCP Executive Committee meetings; EO reports	Bi-monthly: Oct 2011-Oct 2012	A/A
<b>IEPCP Project Team</b>	<b>Collaborate Empower Consult Inform</b>  Sustain regular internal communications b/w EO, ICDM worker, 3 <sup>rd</sup> party consultant, DoH  Internal project team meetings aligning with reporting schedule and Advisory Group meetings.	Scheduled meetings with Project Consultant (TBA)  Ad hoc phone and email contacts	<u>Meetings:</u> Bi-monthly: Feb, April, June, Aug, Sept 2012	Project consultant IEPCP Project Team
<b>Victorian PCP Executive Officers; Chairs Executive</b>	<b>Consult, Inform:</b> Communicate effectively with EOs via Statewide meeting  Maintain effective engagement of EOs in project i.e. communicate during project initiation, provide updates re progress.  Focus on key messages re benefits and mitigate issues in a timely and effective manner as they arise.  Recruitment to scoping survey collecting initial data about current TNA practices & tools used by PCPs.	Verbal updates: Statewide PCP EOs meetings.  Verbal updates: Statewide Chairs Exec.  Project Communiqués posted to Vic PCP website via Statewide PCP EO	Bi-monthly as per schedule (1 <sup>st</sup> Thursday, even months 2012)  As requested. <u>Communiqués due:</u> #1: 23 Dec 2011 #2: 8 Mar 2012 #3: 18 July 2012 Final: 3 Oct 2012	IEPCP Executive Officer   IEPCP Project Team member/s (ICDM worker or EO)

Stakeholder Group/s	Level of Engagement and Strategies	Communication Type	Timing	Responsibility
<b>Victorian PCP ICDM Workers (however named)</b>	<p><b>Consult, Involve</b> Recruitment to scoping survey collecting initial data about current TNA practices &amp; tools used by PCPs. Support high return rate to ensure validity/reliability of data re current status of TNA amongst Vic PCPs. Promote key messages re progress</p> <ul style="list-style-type: none"> <li>• Circulate project communications;</li> <li>• Maintain Google Group information &amp; Vic PCP website</li> <li>• Recruit PCPs to pilot toolkit;</li> </ul> <p>Build capacity of ICDM workers to undertake TNA effectively and efficiently incl. using data to develop training programs</p>	<p>Verbal updates: Statewide PCP ICDM Network Meetings</p> <p>Project Communiqués dist.:</p> <ul style="list-style-type: none"> <li>• Vic PCP website via Statewide PCP EO (position currently</li> <li>• Direct email ICDM network</li> </ul> <p>Statewide ICDM Google Group</p>	<p>14 Mar 2012; 8 Aug 2012; 14 Nov 2012 (final)</p> <p>As previously listed.</p> <p>Ad hoc</p>	<p>IEPCP ICDM worker &amp; EO</p> <p>(Informed by Project Consultant)</p>
<b>Pilot Phase (Volunteer) PCPs (EOs and ICDM Workers)</b>	<p><b>Consult, Involve, Empower</b> Recruitment to pilot of Toolkit.</p> <p>Provide clear guidelines re piloting process and requirements.</p> <p>Provide supporting document/templates for completion by participating PCPs incl. evaluation form.</p> <p>Provide feedback re outcomes and improvement activities deriving from pilot &amp; ensure information is technically/scientifically sound and relevant.</p> <p>Communicate effectively re benefits, costs of participation in pilot.</p>	<p>Direct verbal briefing</p> <p>Written guidelines re roles, responsibilities, pilot methodology</p> <p>Provision of other written documents and/or templates as necessary to support pilot implementation and evaluation.</p> <p>Written TNA Pilot Outcomes report.</p>	<p>21 May- July 2012</p> <p>End of July 2012</p>	<p>Project Consultant</p> <p>(in collaboration with IEPCP Project Team)</p>
<p><b>PCP Partner Agencies Senior Management</b></p> <p><b>Staff Development officers (or equivalent) within partner agencies.</b></p>	<p><b>Consult, Inform</b> Promote benefits of participation to organisation and workforce;</p> <p>Engage the support of senior management for TNA to be conducted in their agencies.</p> <p>Develop a sustainable, authorising environment to support participation in TNA on continuing basis.</p> <p>Understand agency capacity to participate and incorporate this into planning the TNA.</p>	<p>Written Briefing/covering letter of TNA benefits, process, projected costs (time, in-kind support etc.).</p>	<p>On-going basis following close of project</p>	<p>All Victorian PCPs</p>

Stakeholder Group/s	Level of Engagement and Strategies	Communication Type	Timing	Responsibility
<b>PCP Partner Agencies ICDM Workforce;</b>	<b>Inform</b> Identify appropriate individual and contacts within agencies to ensure the right people are engaged. Ensure these contacts are representative of the target learner group (people providing chronic illness care). Understand individual & group capacities to participate and incorporate this into planning the TNA. Prepare workforce and engage effectively to achieve high levels of participation. Address concerns & provide information re process for completing TNA and use/disclosure/disposal of information gathered. Engage & prepare workforce to ensure TNA reach/scope & high response rates to TNA. (Supports validity & reliability of TNA data). Provide feedback on TNA results and activities deriving from those findings.	PCPs to use existing internal communication methods & networks within own catchments. Provide written outcomes to stakeholders following TNA data analysis. Report outcomes/issues re TNA via ICDM network on continuing basis.	On-going basis following close of project	All Victorian PCPs

## Evaluation of Stakeholder Communication and Engagement Planning

The success of the stakeholder analysis and communication/engagement strategies will be evaluated as part of the overarching project evaluation framework with an emphasis on measuring the level to which the five operational principles of communication (bilateral, clear, accurate, relevant, timely), transparency and collaboration, inclusiveness and integrity (as listed on page 2 of this document) have been addressed.

A sample checklist for assessment of stakeholder engagement and communications processes based on these five operational principles, adapted from Appendix 1 in the Department of Immigration and Citizenship resource used throughout this document as a key reference, is attached here for reference.



Checklist for  
Evaluating Stakeholder<sup>5</sup>

<sup>5</sup> © Stakeholder Engagement Practitioner Handbook Published by the National Communications Branch of the Department of Immigration and Citizenship; Stakeholder Engagement Section, Strategic Policy Group, Implementation and Stakeholder Engagement Branch. Version: 2.0, May 2008, Appendix 1, pp 26-29