



SAA_05_CCE	Engagement	POLICY & PROCEDURE
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Applies to:	External stakeholders, all Engagement team staff, volunteers/students and contractors
Specific responsibility:	Engagement Manager/Deputy Director Executive Director

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Policy context: <i>This policy relates to the Health Consumers' Council Strategic Plan 2021-2023</i>	
Standards or other external requirements	<i>Australian Commission on Safety and Quality in Health Services – Standard Two – Partnering with Consumers ISO 9001:2015 - Quality Management Systems</i>
Legislation or other requirements	
Contractual obligations	<i>Department of Health Service Agreement</i>



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1. Policy Statement

The Health Consumers' Council ("HCC" or "the Association") is an independent community-based organisation, promoting and supporting consumer, carer, family and community partnership, involvement, representation, and consultation¹ ("consumer partnership") in the planning, design, delivery, measurement and evaluation of systems, policies and services. HCC is committed to facilitating genuine health consumer partnership to inform better, more accessible health care which:

- acknowledges and includes the diversity of the community
- partners with health consumers as primary stakeholders
- respects and protects human and legal rights.

The HCC Management Committee believes consumer partnership is essential to person-centred health care. To ensure that health care decision-making and advisory bodies have access to a wide range of consumer-focused views, both formal Consumer Representatives and other forms of consumer partnership will be supported and promoted.

As a peak health consumer organisation, the HCC provides a key training, linkage, and advocacy role in supporting consumers and health related services to work together effectively. Consumer partnership is defined broadly and includes roles which may be formal or informal, ad hoc or longer term.

HCC recognises and values the voluntary nature of consumer contribution, and advocates for remuneration/reimbursement for time and expenses related to consumer participation, representation and consultation.

To facilitate its aim of supporting effective consumer partnership HCC maintains expertise in modern consumer partnership and engagement practices and supports both consumers and organisations to work together effectively.

2. Purpose and Scope

This policy, guidelines and procedures provide a framework for:

2.2 Consumer Representatives

The Consumer Representation support aspect of the HCC's Engagement Program, including facilitating recruitment, training and ongoing support of Consumer Representatives.

¹ We have used the term "consumer partnership" to include a range of activities including engagement, involvement and representation. We use the term "partnership" because we believe it describes a relationship that is mutually beneficial, rather one where there is one party who "engages" and the other who is "engaged". We acknowledge that activities in this field are on a spectrum of participation.



Additionally, HCC's support for consumers seeking appointment to Consumer Representative roles including positions which require "endorsement".

2.3 Consumer partnership

Guidelines for support of other types of consumer partnership and involvement.

2.4 Managing requests for HCC staff to sit on committees.

2.5 Principles for reimbursement

Reimbursement and remuneration for consumer partnership activities.

3. Definitions / Clarifications

3.2 Consumer

While the term "consumer partnership" is regularly used for the convenience of brevity, it is important to recognise that for any partnership activity, it may be important to explicitly seek out people from these different groups to be involved.

- **Consumers:** Consumers can be defined as people who are a potential, current or previous user of health services.
- **Person with lived experience:** Lived experience is expertise gained from having a specific life experience. This 'context expertise' contrasts with academic, 'learned' or 'content expertise'².
- **Carers:** A carer is a person who provides ongoing unpaid care and support to family members and friends who have a disability, a mental illness, chronic condition, terminal illness or are frail.
- **Family:** Members of a family who may, or may not, be in a formal caring role.
- **Community:** A community is a group of people who share something in common, such as a location, interests, culture, language, beliefs, values or traditions.

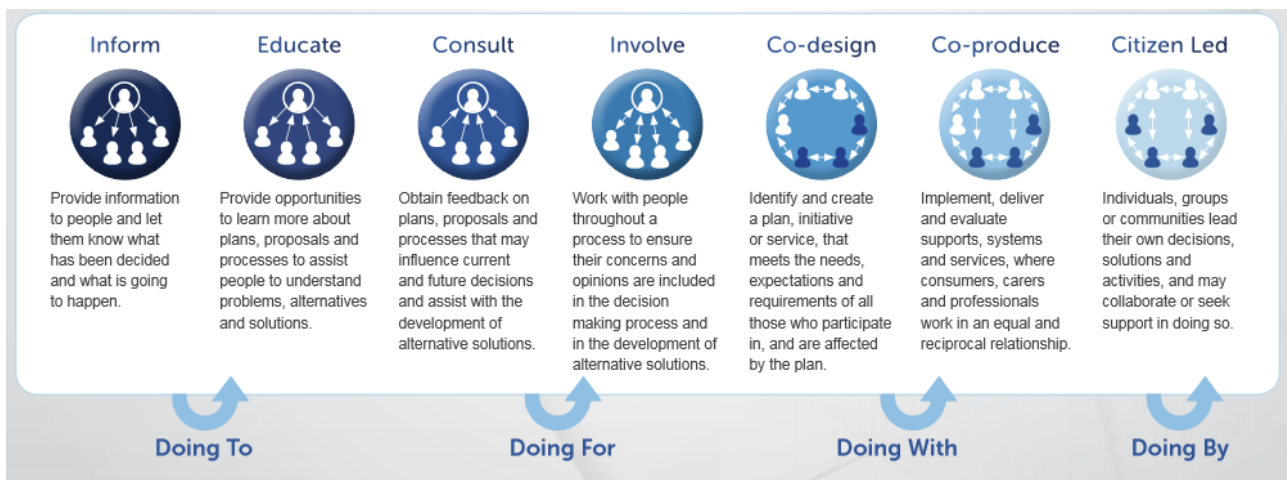
² From the WACOSS Lived Experience Framework, p5, <https://wacoss.org.au/library/lived-experience-framework-principles-practices-lived-experience-partnerships/> last accessed 11/06/21



3.3 Consumer partnership

This is an overarching term which is used in this policy to describe the processes and activities of organisations seeking to interact with consumers for the purpose of including consumer perspective in all stages of policy and service development, delivery and evaluation.

Partnership can take place on a spectrum of involvement. HCC refers to the spectrum that is outlined in the Mental Health Commission's Engagement Framework³.



3.4 A Consumer Representative

This refers to a committee/group member appointed to formally give voice to the consumer perspective. They take part in decision making processes on behalf of consumers and give advice from the consumer perspective.

Including consumers in the decision-making processes of health and other service organisations through formal representative roles has been a common method of consumer engagement in larger organisations such as the WA Department of Health and WA Health's Health Service Providers.

3.5 Consumer consultation

This term is used to refer to consumer partnership activities that are outside of the formal Consumer Representative model. Examples include surveys, focus groups and consultative forums. HCC supports a wide range of consumer consultation strategies through its own direct community engagement, provision of advice, training and consultancy to external services, and system advocacy.

³ Working Together: Mental Health and Alcohol and Other Drug Engagement Framework, p25, <https://www.mhc.wa.gov.au/about-us/lived-experience/engagement-framework-and-policies/> last accessed 11/06/21



4. Procedures

4.1 Consumer Representatives

Consumer Representatives generally have 'lived experience' as consumers of the health care system, or otherwise have appropriate skills, networks and/or knowledge to be in a position to provide a consumer perspective appropriate to their appointed role. Consumer Advisory Councils, program and project steering groups, and other formal committees appoint Consumer Representatives to provide this perspective and, in some cases, to act in an advisory capacity. Historically, HCC had a role in the coordination of requests for Consumer Representatives, conducting recruitment processes and nominating consumers for Representative roles with the expectation that there would be continuing support and a feedback relationship. As the capacity of the health sector to engage has increased, and governance systems have diversified and expanded, HCC's role is now focused on promoting partnership opportunities, and helping to build capacity amongst consumers and health service staff. This is to create meaningful opportunities for partnership which have the potential to result in lasting positive change. We maintain a network of people who identify as being a consumer representative or are interested in being one. HCC also carries out training for both consumers and organisations.

4.1.1 HCC Support for Consumer Representatives

HCC provides introductory training to consumers who are interested in or are newly appointed to Consumer Representative roles. The training supports the development of the understanding of:

- state (WA) and national level health systems
- rights and responsibilities in the health system
- the work and philosophy of the HCC
- the consumer representative role
- potential barriers to participation and how to overcome these
- communication, networking, areas of influence and negotiation
- boundaries, resilience, and self-care.

HCC also offers Advanced training for experienced Consumer Representatives to enhance skills in:

- networking and consultation to inform community representation
- advocating for broader consumer consultation approaches where appropriate
- dealing with conflict and managing robust discussions
- accessing peak body and other support to strengthen the Consumer Representative role and outcomes



Training workshops are promoted via eNews, the HCC's website and social media. All Consumer Representatives, HCC members and people from health-related organisations may attend the introductory training sessions at no charge. Advanced and other training is for Consumer Representatives who have had some experience sitting on committees.

HCC provides ongoing support to Consumer Representatives via the frequent delivery of information (e.g. via email, eNews, social media, and the HCC website). The latest news regarding activities, developments in the WA health system and upcoming courses and events is included in this information.

The HCC can provide assistance for individual Consumer Representatives, including advice and support as well as assistance in planning broader consumer consultations.

Individual mentoring of a new Consumer Representative can be arranged. Consumer Representatives may also receive support from the outgoing Consumer Representative and/or the service/organisation itself.

HCC advocates on systemic issues that are raised by Consumer Representatives wherever possible. We also support the Consumer Representatives in other areas including around remuneration and reimbursement.

4.1.2 Support for consumers seeking appointment to Consumer Representative opportunities

- The Engagement Manager/Deputy Director will ensure that interested people are informed of Consumer Representative opportunities through multiple channels including HCC electronic and social media. Notifications will highlight the application process, skills required and closing date for applications.
- The Engagement Manager/Deputy Director will provide feedback to potential Consumer Representatives on their written application upon request, within operational constraints and subject to Consumer Members supplying a copy to the Program Manager within stated time frames.
- Where committees require "endorsement" of an application (generally applicable to National committees with Consumer Health Forum recruitment) the Engagement Manager/Deputy Director will liaise with the Consumer Member and Executive Director to draft a letter which outlines the skills and experience that can be confirmed by HCC contact with the applicant. It is not possible to "endorse" an applicant whose capacities are not known to HCC staff.



4.1.3 Support for organisations engaging Consumer Representatives

HCC works with organisations as requested to support partnership strategies including recruitment and maintenance of Consumer Representatives. This support includes:

- advice on the use of Consumer Representatives versus other methods of partnership
- role clarification and identifying skills required
- distribution of partnership opportunities through HCC networks to people with an interest in consumer representation.

4.1.4 Performance measures and activities related to Consumer Representatives

- Two (2) Introductory Consumer Representative workshops are held per year (additional sessions may be available on a fee-for-service basis to organisations).
- Two (2) Advanced Consumer Representative workshops are held per year.
- Four (4) Consumer Representative Network meetings per year – these provide a forum where Consumer Representatives may come together to provide peer support, share knowledge and skills, and hear from relevant guest speakers organised by HCC.
- All workshops are evaluated by participants following each session and content is reviewed and updated on at least an annual basis. Review includes incorporating changes to health, policy and other environments, feedback from participants, comparison to other programs in WA and nationally, and with regards to changing media.
- Engagement senior staff develop and maintain relationships with all public Health Services to identify areas of support needed and to advocate for genuine partnership when working with Consumer Representatives.

4.2 Other consumer partnership activities

HCC takes a key role in both direct partnership, engagement and consultation activities with consumers, and in advocating for and supporting service providers and agencies to undertake their own activities. Partnership takes many forms, including face to face meetings, forums and focus groups, surveys, feedback/evaluation processes, and social media.

HCC undertakes regular promotion of its capacity to assist health and other organisations to plan and implement consumer partnership strategies and plans which are matched to the needs of the service changes being considered. Promotion occurs both formally through delivery of education and training workshops, and informally through development and maintenance of networks and ad hoc opportunities.



Key principles of effective consumer consultation to be promoted by the HCC are as follows:

- The purpose of the partnership activity needs to be considered, and clearly communicated. How will the input from consumers be used?
- It may be necessary to do some work internally to prepare internal stakeholders to make changes based on the views of consumers.
- Consumer partnership is essentially a relational activity. By this we mean that it is an activity whereby a person, or a group of people, is in a relationship with another person, or group of people. Remembering to connect with people on a human to human level is key.
- The issues will be presented in plain English. This may include background information and matters that are outside the scope of the consultation.
- The purpose of consumer consultation is to encourage participation and add value to decision making processes by including the perspective of the consumer. Consultation 'after the fact' or without consideration of consumer views expressed is not true consultation.
- Consultations are held in a timely and responsive manner, recognising the many demands on consumers and community members.
- Effective consumer consultation includes partnering with and consulting service providers, representative groups, and other agencies.
- Consultation should support participation from marginalised groups in the community including Aboriginal people, people from non-English speaking backgrounds, people with a disability, prisoners, refugees, and people with low levels of literacy. Alternative/creative processes should be considered to ensure broad consultation.
- Adequate resources should be available for any consultation. This may include childcare, transport and interpreting as well as sufficient staff time.
- Outcomes of the consultative process are reported back to the consultation participants.
- Video and/or phone-conferencing options are provided to enable the participation of people who may not be able to travel to a central Perth location.

4.3 Performance measures and activities related to Consumer consultation support

- HCC participates in and reports on one (1) Consumer consultation activity with each Health Service every two (2) years. HCC will work with the Area Health Services to identify Consumer consultation needs and negotiate the level of HCC involvement in the activity.



- HCC maintains knowledge of consumer consultation projects across WA Health and other service organisations and shares this information regularly through eNews, the HCC's website and social media.

4.4 Requests for HCC staff members to occupy Consumer Representative roles

HCC staff members are regularly invited to join working groups and committees to bring skills, knowledge and experience to the project being undertaken. It is very important to determine whether a request to a staff member is a request for association representation (HCC organisational) or for consumer representation. Where it is established that the request is intended for a consumer, HCC will assist the requesting organisation to develop a recruitment plan.

4.5 Payment

HCC upholds the importance of acknowledging and recognising the value of consumer expertise and input. We contend that payment to Consumer Representatives is a formal acknowledgement of the value of their knowledge and experience. Remuneration in the form of a sitting fee per hour or per meeting is accepted as best practice Consumer Engagement. Where someone is participating in a consumer engagement activity and their time is funded by an organisation (for example, where an HCC staff member is attending in their HCC capacity), they will not generally attract a consumer participation payment.

As outlined by the Mental Health Commission: "As the involvement of consumers, families and carers has increased over the years, there has also been a distinct increase in the variety of levels of expectations of the skills, roles and responsibilities of undertaking engagement activities. These activities are providing a specific service that may not readily available within an organisation.

Higher roles and responsibilities carry extra requirements of training, knowledge, resourcing, and skills which need to be fairly compensated for. No person should be expected to be out of pocket for their contributions and respecting these levels of work and contributions by having an equitable payment approach demonstrates the value and respect for contributions. Remuneration which is fair also provides motivation for consumers, families and carers to provide high quality and consistent engagement."⁴

Recommended rates and out-of-pocket expenses have been derived from the Consumer, Family, Carer and Community Paid Partnership Policy, published by the Mental Health Commission WA⁵. We have also added a separate category for virtual activities. This is in recognition of the fact that consumers attending activities in person must spend time and resources getting to and from the

⁴ Lived Experience, MHC website: <https://www.mhc.wa.gov.au/about-us/lived-experience/> last accessed 11/06/21

⁵ <https://www.mhc.wa.gov.au/media/3614/paid-participation-policy-consultation-completed-amended-policy.pdf>



activity. We have noted a two-hour minimum payment rather than a three-hour minimum should apply. See the table in Section 4.7 for recommended payment rates.

4.6 Good practice

Payment policy and procedures need to be explained to Consumer Representatives as part of their introduction to a committee. The name and contact details of the staff member allocated to this task should be made available to the Consumer Representative.

Consumer Representatives may require reimbursement for travel expenses prior to attending the meeting or activity, such as a cab-charge voucher. It is recommended to discuss this with them in advance. Payments after consultations need to be made promptly.

4.7 Consumer Representative/Consultation Payment Table

Tier → Activity ↓	Attendee (no payment)	Active Participant \$37.50 per hour or part thereof	Advisor \$75 per hour or part thereof*	Consultant \$**
In person forums, consultations, workshops, focus groups or interviews	General Attendance	Specifically invited to actively participate (2 hour min)	Co-design and co-produce	Engaged to lead forum, consultation, workshop or focus group
Virtual forums, consultations, workshops, focus groups or interviews	General Attendance	Specifically invited to actively participate (1 hour minimum)	Co-design and co-produce	Engaged to lead forum, consultation, workshop or focus group
HCC Committees or Groups with Terms of Reference	N/A	Member of a service or system level, executive or strategic level HCC Committee or Group Chair of a service level committee or group (2 hour min)	Chair or Co-Chair of a system, executive or strategic level HCC Committee or Group	Engaged to provide impartial guidance, knowledge and/or expertise.



Tier → Activity ↓	Attendee (no payment)	Active Participant \$37.50 per hour or part thereof	Advisor \$75 per hour or part thereof*	Consultant \$**
Recruitment or selection panels	N/A	N/A	Member	Chair
Involvement in activities requiring a lot of work outside of formal meetings	N/A	It is recommended that an estimation of the time involved in agreed between partners and that payment is made on an hourly basis for the work carried out between meetings		
Root Cause Analysis committees	n/a	n/a	Member	Chair
Other Projects	N/A	Special Projects or Duties	Special Projects or Duties	Engaged to lead the development of a policy, process, procedure, resource, etc

- In addition to the suggested remuneration above, it is recommended that consumer participants be reimbursed for travel expenses/parking and that refreshments appropriate to the meeting time are provided. If expected to print out meeting papers, it is recommended that an allowance is also made to cover that expense.
- If significant preparation time is required prior to a meeting the HCC recommends organisations pay an additional amount that appropriately reflects the preparation hours required. Written materials to be provided in hard copy format (mailed) in addition to email wherever possible, in recognition of the high cost of printing.
- For Root Cause Analysis (RCAs) Committees, these require that members have received specific training on the RCA process. It is recommended that participation in this training is also funded. Further, it is recommended that Health Services ensure there is sufficient support available to consumer members of RCA panels, including the opportunity to debrief and access something like an Employee Assistance Program.



- There may be activities where feedback is being sought as part of an existing program – i.e. staff attending a regular meeting of a group, but with the intent to seek feedback. It is recommended that there is a financial contribution offered to recognise where the activity is predominantly based on seeking feedback from the participants, rather than providing information to the participants. This is to be determined on a case by case basis.

Activities that do not attract the offer of a participation payment include:

- Open invitation forums and consultations.
- Ad hoc discussions and communications with HCC.
- Activities and participation that have not been agreed upon prior to engagement.
- Time taken to travel to an activity.
- Communication with HCC as part of an open consultation process e.g. submissions, surveys, feedback.
- People supporting consumers e.g. families and carers attending engagement activities.

** Consideration may be given to offering payment to recognised Aboriginal and Torres Strait Islander Elders at a higher level to reflect their standing in their community and their specific cultural knowledge. The same applies to offering payment to other community leaders, particularly from Culturally and Linguistically Diverse and/or new and emerging communities.*

*** The hourly rate is determined by the prospective Consultant in response to a request to quote.*

4.8 Frequently Asked Questions

(Adapted from the [Change Foundation “Should Money Come into It? Report”](#))

Q: When should the decision around payment be made?

A: We recommend that this is decided upon before recruiting for an engagement activity. Before people sign on, they need to know whether they will be paid.

Q: If paying, how much to pay?

A: Our rate is derived from the rates in the Mental Health Commission’s Consumer, Family, Carer and Community Paid Partnership Policy which was developed with input from consumers, families, carers, WA Government, and other stakeholders. This is because Health Consumers’ Council is a non-profit organisation with a limited budget. This may be different for your organisation.



Q: What about reimbursement for expenses?

A: We generally recommend reimbursing for expenses for participation in consumer partnership activities (e.g., parking, travel) in addition to participation payments. Whether to pay for participation is a separate question.

Q: If an organisation pays participants in some projects, must it do so in all projects?

A: At Health Consumers' Council, we consider each project on a case-by-case basis. We see this as a valid approach for other organisations too. We recommend that a consistent approach to decision making is followed each time in the interests of transparency.

Q: If payment is offered, can a participant refuse it?

A: Yes.

Q: What are the “pros” of offering payment?

A: Some “pros” are that payment shows respect and appreciation; it is usually the most successful way to attract people; it's a way to be “accountable” to participants; it may make it easier—or even possible—for low-income people to take part; and it may increase a sense of equity at the table, since professionals and staff are being paid for their time.

Q: What are the “cons”?

A: Again, there are many. People might sign up for money rather than genuine interest; volunteerism could be harmed (i.e., growing expectations of payment, for roles with the same organisation or beyond); possibility of bias (participants feeling less independent and feeling loyal to the organisation and its views); and, in the case of government-sponsored activities, added costs for the healthcare system.

Q: What is the Health Consumers' Council position?

A: Our concern is to work within the principles of fair, equitable and barrier-free public engagement. This is why we decide on a case-by-case basis.



5. Documentation

Documents related to this policy		
Related policies	S:\HCC POLICIES AND PROCEDURES\1. INTERNAL\ORG_04_COC Code of Conduct	
Forms, record keeping or other organisational documents		
Reviewing and approving this policy		
Frequency	Person responsible	Approval
Every two (2) years	Engagement Manager/Deputy Director	Executive Director

Policy review and version tracking			
Review	Date Approved	Approved by	Next Review Due
1	December 2001	Board of Management	2003
2	December 2007	Board of Management	2009
3	December 2010	Board of Management	2012
4	December 2017	Executive Director	2019
5	October 2018	Executive Director* updated in view of external stakeholder feedback.	2020
6	December 2019	Leadership Team	2021
7	July 2021	Leadership Team	2023