



HEALTH ENGAGEMENT NETWORK

Consumer, carer and community change agent networking

Wednesday 20th March, 2019

North Metropolitan TAFE, 140 Royal Street
East Perth, WA



Caption: Wordcloud based on people's responses to the opening session



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

Session aims:

- Provide an opportunity for consumer, carer or community reps and members to connect with other reps across the health system in WA
- Hear updates on key issues in the health sector and from Health Consumers' Council
- Build capacity by including a facilitated learning opportunity
- Discuss how consumer reps across WA health services can use the Health Engagement Network to promote best practice and build capability in consumer/carer engagement and participation across the health sector in WA

Outline agenda

9am	Arrival and registration – tea/coffee available
9.30am – 10.55am	<ul style="list-style-type: none">• Welcome and introductions• Overview of Health Engagement Network<ul style="list-style-type: none">○ Discuss how consumer, carer, family and community reps could use the platform
10.55am – 11.10am	Break – light refreshments available
11.10am – 12.30pm	<ul style="list-style-type: none">• Overview of systemwide issues• Open plan discussion of topics from the list suggested by attendees - everyone can choose one of three topics<ul style="list-style-type: none">○ Communication, relationships and collaboration○ Use of networks○ From tokenism to impact• Sharing highlights from the three topics• Conclusion
<i>Facilitators: Juanita Koeijers, Tim Benson, Clare Mullen</i>	

Discussion Session Responses

Collaboration, Communication and Relationships

Understanding that the nature of our communication affects our relationships which affects our capacity for collaboration

- Be authentic, transparent, assertive
- Bringing others along/opening opportunities for more introverted people. Safe space for all
- Define purpose – listen to recommendations
- Styles: verbal, written
- Language – varying levels and contexts
- Power relationship: remove ego/arrogance
- No consequences for medical practitioner
- Face-to-face benefits (presence)
- Social prescriptions
- Story telling projects
- Multidisciplinary student projects (medical practitioners, nursing, allied health, public health, policy/legal)
- Venue location
- Relationship – understanding on the applicable level (e.g. parent)
- Social impact
- Remove stigma.

Use of networks

What can we do to have more effective networks ?

- Use our professional skillsets;
- Where do you find a use for contacts and knowledge? Who/what are your contacts and how do you use them effectively to promote the issues i.e. effective use of people
- Overcoming “divide and conquer” mentality – too many small organisations (need to unite). Try to get different groups with similar goals to work together for a stronger voice
- Poor engagement methods – inappropriate communication. Choose the methods of communication that are most suitable for different situations.
- Break down demographic silos and define appropriate tools. Use influencing tools that encourage communications across organisations.
- Actually finding people – many CaLD people are not involved in organisations. Often the appropriate people aren't aware of the influence and skills that they can bring to discussions - often due to social isolation.
- Need to revisit mission of HSP to include patient-centred care. All HSPs should be encouraged to incorporate patient-centred care into their missions and then staff need to have it mandated for them.
- Change attitude at GP/specialist level to overcome hospital bias; Often doctors who practice externally and within hospitals do not adopt the culture of the hospitals towards patient inclusion.

- Importance of team approach to care (including the patient);
- Committees should have strong CCC representatives. Often committees have token reps - it is important to have consumers, carers, community reps who make themselves heard.
- Utilise individuals' skills (develop skills register);
- Matching skills with the needs of the committee;
- Be prepared with solutions – not just issues. Raising problems without having a suggested solution is not as effective as proffering a solution.
- Need to expand networks – increase volume. The more people that you have in your network the better contribution you can make.
- Have direction and unified goals. Make sure that you know where you are going, how to get there, and ensure all your targets are aligned.
- Open doors to senior clinicians/admin. Develop relationships at high levels, so you can take issues to levels where they can be decided and not just put into the mix.
- Appropriate autonomy. Make sure that committees are not stifled by bureaucracy and that they are able to do their job without pressure from the organisation.
- Need for resources within WA health to engage CaLD clients. Organisations need to be proactive in involving people from non-English backgrounds to encourage appropriate cultural & linguistic materials.

Reducing tokenism

➤ Advice for consumer, carer, family or community reps

- Responding to tokenistic sessions:
 - Don't be a wallflower – speak up and make your point
 - Involve other people in the response – cc'ing to others (in one example, this created an opportunity to discuss in person with someone else)
 - Finding an opportunity to talk to people
 - Be tenacious
 - Gather evidence to support your perspective – provide data/photos
 - Think about different ways to present information – videos, photos, role plays, summaries of key points from other resources
 - Form a relationship with the staff team – be positive/not defensive
 - Be quick and relevant
 - Be non-reactive to feedback (either positive or negative feedback)
 - Remember the culture staff are working in – consumer engagement sometimes not taken seriously
 - Connect with consumer engagement leads or other champions at health services who can support/coach
 - Be realistic – focus on what's achievable
 - Be clear about your focus and purpose in engaging in the opportunity – stay focused
 - Know your facts – i.e. if your role is to hold people accountable to the Mental Health Act and or the National Safety and Quality Health Service Standards then be sure you understand them
 - Get educated
 - Ask the question/have the discussion – discuss with staff how feedback *could* have more of an impact.

➤ Advice to services

- Be clear and honest up front – manage people's expectations about what will happen with their feedback
- Give time for response/considered feedback – don't squeeze the consumer part:
 - Example where someone had 45 minutes to respond
- Give enough context and information for people to give a full response
- Give positive feedback where feedback has added value – close the loop
- Remember to consider what you're saying to whom and where:
 - One person overheard the chair of their committee telling another staff member that the "consumer is an irritant"
- Think how you would want to be treated – remember the value of the person's time
- Don't consider consumers as "seat warmers" – people are giving up their time because they want to make a positive difference
- If you don't work in consumer engagement day to day, connect with consumer engagement leads in your Health Service to get support.