

# Health Matters

Health Consumers' Council (WA) Inc. Magazine  
November 2019

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HEALTH CONSUMERS'  
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## Values



**Respect:** valuing diversity and seeking everyone's contribution. *Respect is the foundation we build our relationships on.*



**Kindness:** considering other people's world views, experiences and emotions. *Kindness and listening to validate can have far-reaching positive effects*



**Equity:** advocating for the whole community *We challenge ourselves to look beyond stereotypes and meet people where they are*



**Working together:** collaborating to achieve positive outcomes *We can go further and faster in partnership*



**Integrity:** aligning actions with our values and measuring outcomes to continuously improve *We reflect on what we do and why we do it. We transparently report on our outcomes.*



**Empowerment:** sharing knowledge and resources to support informed choice and positive change *We believe in informed choices and the importance of lived experience to drive positive change*



HEALTH CONSUMERS'  
COUNCIL

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Cover image: Health Consumers' Council: Community Conversations



## Foreword

Welcome to the November edition of Health Matters. This edition explores consumer engagement, a subject very close to our heart. We believe that authentic, productive partnerships in healthcare are essential to creating person-centred, effective health services.

### New Ways of Engaging

The Sustainable Health Review's Recommendation Four heralded the opportunity for "new ways of engaging" and we are keenly awaiting the chance to be part of implementation innovation in engagement. We saw this edition of Health Matters as an opportunity to reflect on current models that are working well and set out our stall for what's important, such as really doing co-design in services, rather than undertaking consulting and dressing it up as co-design. We acknowledge that engagement is a complex, iterative process, and that's why we wanted to highlight some of the engagement efforts that are achieving great things.

Recently conversations have been emerging about "what's next?" after Patient Opinion. The short answer is, we need to stick with it in order to see the change over the long term that we want to see. It will take time to really build the momentum of the number of stories, and a great step forward is the state's Dashboard of Patient Opinion stories which can be seen here: [https://healthywa.wa.gov.au/Articles/N\\_R/Patient-Opinion-Dashboard](https://healthywa.wa.gov.au/Articles/N_R/Patient-Opinion-Dashboard)



*Drumming and Yarning in the park for Mental Health Week*

We are also excited that 2020 will see Australia adopt Care Opinion, which amalgamates both our Patient Opinion and lesser utilised Care Opinion into a more inclusive moderated platform for both health and human services. We absolutely believe in the importance of transparency to transform how consumers can influence the health and safety of our services.

### Getting involved

We envision a "positive, effective community movement in health", we want people who are interested in becoming part of creating a better health system to think like a "critical friend" – someone who provides important feedback on being a health consumer, but also someone who gives constructive feedback and builds a positive conversation. Someone who can tell their own story effectively, but also move beyond their story to speak up for the people who may not be at the table. This edition includes lots of resources for anyone interested in becoming a consumer, carer or community representative, and I hope it inspires you to become more actively involved in the health system.

### Mental Health Week

For the second year in a row, we celebrated Mental Health Week with Drumming and Yarning in the park. Together with Yorgum Aboriginal Corporation, Yokai Healing and Spirit, and Derbarl Yerrigan Health Service, we invited our local community to Wellington Park to join us for a BBQ, a drumming session, and the opportunity to meet and yarn with those who work, live and play near us. It was a wonderful, relaxing afternoon, and those who came along commented how nice it was to get out of the office to spend their break in the sunshine connecting with community members.

### Values

The votes are in! We have completed an update of our values, which have been endorsed by our Management Committee.

**Pip Brennan**  
Executive Director





# Want to influence WA's health system?

## Become an engaged consumer with these resources

At Health Consumers' Council, we believe consumers play a vital role in the continuous improvement of healthcare. We work to increase the capacity of consumers, carers and the community to influence the future direction of health care and to make informed choices, and one way we do this is by ensuring consumers have the ability and the opportunity to participate in decisions about their health and health services.

If you would like to get involved, the first step is to become an advocate for your own health – this was discussed in the last edition of Health Matters, but you can find out more here:

[www.hconc.org.au/consumer/being-involved-in-your-own-health/self-advocacy-resources/](http://www.hconc.org.au/consumer/being-involved-in-your-own-health/self-advocacy-resources/)

If you want to take your consumer engagement to the next level, here are some useful resources:

### Health Consumers' Council

Our Engagement Program offers support, education and networking opportunities for health consumers, carers and community members as well as healthcare providers, to encourage ongoing improvements in healthcare delivery, a more person-centred healthcare system and better informed consumers. We believe in the importance of authentic, productive partnerships in healthcare to create the WA health service we all aspire to.

We regularly reach out to our consumer communities with opportunities to provide feedback or otherwise engage with health services – if you're interested you can join our mailing list here: <https://bit.ly/2o8EjEg>

If you are from a culturally and linguistically diverse background you can join our CALD community mailing list here: <http://eepurl.com/gCcOTT>

### Consumer Representative workshops

We offer a range of different workshops to support you in your journey to becoming an effective, engaged consumer representative.

We also support health care staff through our workshops to develop skills, awareness and strategies for engaging with health consumers.

Find out more about our workshops at [www.hconc.org.au/what-we-do/workshops/](http://www.hconc.org.au/what-we-do/workshops/)



### Health Engagement Network

Health Engagement Network (HEN) aims to foster a community of like-minded people committed to developing the practice of consumer, carer and community engagement in the health sector.

Through an online forum and in-person events, HEN provides activities that add value to this purpose and inspires and sustains the collective work of consumers and health services. By sharing information, resources and experiences with other members of the community, HEN helps to develop understanding and improve practice.

To get involved, visit [www.healthengagement.org.au/](http://www.healthengagement.org.au/)

### Source: Connect, Learn, Share

Source is a Facebook group moderated by HCC for experienced, active, or upcoming consumer representatives.

Source will provide you with links to relevant resources about consumer representation and the health care sector to build your knowledge; consumer representative opportunities; training and education notifications; and consumer representative events.

You can join Source at [www.facebook.com/groups/hccsource/](https://www.facebook.com/groups/hccsource/)

### Consumer representative networking events

We also support Consumer, Carer, Family and Community Representatives with events.

These networking events are a mix of informal and structured elements, with time for networking, interactive working sessions and facilitated learning around good practice in consumer, carer and community engagement.

[www.hconc.org.au/what-we-do/consumer-involvement-program/consumer-carer-family-or-community-representative-network/](http://www.hconc.org.au/what-we-do/consumer-involvement-program/consumer-carer-family-or-community-representative-network/)



# Communication and kindness

DEB LETICA, CONSUMER REPRESENTATIVE

## Using my voice as a consumer and carer

Life is an interesting journey that unfolds before us, sometimes leading us to opportunities that we never considered.

I have mostly enjoyed a good quality of health so far. It was not until I had some health issues such as Graves' Disease, over prescribed thyroid medication, emergency appendicitis and discovering my much-loved younger brother had a rare genetic neurogenetic disease called a leukodystrophy that I became passionate about health.

My lived experience motivated me to become involved in the health sector, starting out as a member of the Consumer Advisory Council at my local hospital.

I attended Health Consumers' Council consumer training to understand how the health system works and why my voice as a consumer/carers was important. I learnt how to use my experience to have a strong voice for systemic improvement in the health system.

From those small beginnings I have grown in confidence and contribute in a systemic way at a state level with the Department of Health (DoH), South Metropolitan Health Service (SMHS), and WA Primary Health Alliance (WAPHA), and on a national level in training health professionals.



Deb Letica, Consumer Representative

I've learnt how the systems operate, the rigorous safety and quality standards, the NSQHC Standards, accreditation of our hospitals, and the importance of training our health professionals of the future. On a personal level I've learned how to better navigate the sector, how to advocate on my own behalf and on the behalf of people I care about.

Integrated care is important to me. I think that many vulnerable people fall through the gaps when they are the ones that can teach us so much more. Even when we are diagnosed with a chronic health issue trying to navigate the two systems when you're not feeling too well can be overwhelming. In fact, it was a complete surprise to me to discover that integrated care wasn't the norm!

Communication is one area that needs improving when it comes to consumer engagement. Consumers/carers just want CARE (Communicate, Access, Respect, Experience) for a good patient experience. The key to enabling this to happen is kindness. Kindness enables conversations to happen about things that matter to us, what's important to us. Put us at the centre of the care team and please all communicate with each other!

Kindness doesn't cost anything, but it can make a profound difference to others. It gives consumers and carers the confidence to ask questions, increase their understanding and health literacy, and it makes them partners in the planning of their care.

Kindness is life changing – it builds trust which then builds collaboration and partnerships. Kindness builds teams which then increases patient safety. It breaks down barriers and changes mindsets.

Kindness is the enabler for everything that matters to each of us.

I strongly encourage everyone to become involved in the health sector as a consumer/carers rep. It's important to give back to our community, to make the world a better place for us all.



# True consumer engagement

JANE PEARCE, CHAIR OF THE EMERGENCY DEPARTMENT CONSUMER ADVISORY GROUP, FIONA STANLEY HOSPITAL

## Partnering for the development of healthcare

I am Chair of the Emergency Department Consumer Advisory Group (EDCAG) at FSH, which has been in existence for three years now. The aim of this group is to help design an Emergency Department service that is responsive to the needs of consumers, carers and the community, and we believe this group is unique in Australia. I am also Deputy Chair of the Consumer Advisory Council at Fiona Stanley Hospital.

I think it's important to engage with consumers who bring a diversity of perspectives and backgrounds, and also to involve people who are well-informed beyond their own personal health context.

A degree of autonomy on the part of the consumers is also vital, as is an openness on the part of staff to involve consumers as equal partners. It is easy to pay lip-service to consumer engagement by having consumers represented on committees, but for true engagement I think you need some deeper relationships that involve consumers as partners in the development of healthcare provision.

Consumer engagement works well where healthcare professionals have fully embraced the value of consumer representation and there is growing evidence that this is happening.

One lesson coming out of the work of the EDCAG is around the importance of clinical staff 'buying-in' to the idea of consumer engagement. Four of the 10 members of the EDCAG are senior clinical staff who take consumer engagement seriously and give the group significant legitimacy with the ED. The presence of senior staff has been crucial in ensuring positive responses to the group's work from staff across the ED.

The value of consumer autonomy is another key lesson. The majority of the EDCAG's work is problem-based project work and takes place outside of meetings. Consumers are given considerable autonomy to select and develop projects under the broad aims of the EDCAG.

Over the next few years, I hope to see an increase in 'co-designed' projects involving consumers and health professionals as equal partners. This approach has been central to the work of the EDCAG, and has the potential to develop deep and long-standing productive relationships between consumers and healthcare professionals. For me, this is true consumer engagement.

For the consumer or community member, having a voice and being able to use it to exercise consumer power in productive ways is transformative. I have become a better-informed, more confident advocate for my family/friends due to my better understanding of health systems.

Organisations get great benefit from hearing different, informed voices that bring new perspectives to problem solving.

I would like to see more imaginative approaches to consumer engagement that look beyond the standard committee structures or consumer 'reference group' and explore the possibilities of a co-design approach across the system.





# Community Conversations

KAREN LIPIO, CULTURAL DIVERSITY ENGAGEMENT COORDINATOR, HEALTH CONSUMERS' COUNCIL

## Connecting with people from Culturally and Linguistically Diverse backgrounds

In recent months, Health Consumers' Council has had the opportunity to engage with people from culturally and linguistically diverse (CALD) backgrounds through our Community Conversations events.

These forums offer practical information on health literacy and provides opportunity for participants to ask questions about accessing healthcare. It has been an enriching experience having the opportunity to share information, listen and learn from community members.

I wanted to share some of the things we have tried and a few things that we learned along the way, and the different approaches we take to these sessions.

### Tapping into existing groups

This is usually done working in partnership with a non-government or community organisation that delivers regular ongoing sessions with people from CALD backgrounds. Organisers and facilitators usually have already built good relationships with their participants, which means that we have a more captive audience.

Time may be limited because the group usually has a set agenda or for the session. Prior to meeting the group, we discussed with the organisers some details about the group such as their cultural and ethnic background, their English language proficiency, and the language they understand and speak. We also asked for some tips on how to best deliver information to the group.

### Visiting community groups

This is usually done in partnership with community leaders or community groups. We first discussed our intention with a community leader and gathered their feedback. They might want to take the lead in organising a venue and invite their community members, and it is a big win if this happens. We have learned to be mindful to offer and organise food. Some community groups have their own community centres, and they might invite you into their gatherings or meetings. In most cases, they are happy to organise and let you experience their traditional food. Also discuss

with them how to best communicate if some community members have difficulty understanding your language, and try to learn and say hello and thank you in their own language.

### Open invitation

When we take this approach, Health Consumers' Council organises the event and promotes it through the website and email. This is effective with people who have every day and easy access to their emails and the internet, have sufficient English proficiency, and are already involved in community events and programs. But targeting community members from CALD backgrounds who may not have this access and capacity is a different story.

It is important to promote the event through word of mouth with community leaders or representatives. People will usually attend if they knew someone attending, know the organiser, or if it has been endorsed by someone they knew. Check the English proficiency of those attending, especially if invited by others, and organise bilingual workers or interpreters when necessary. Offering a transport and creche service would also be an advantage but this would involve more resources.

### Overcoming language barriers

Since most of our community conversations were done with community members who have limited English proficiency, language has been a barrier. With these, we worked closely with volunteer English teachers and facilitators. Some parts of the session were small group discussions which allowed volunteer facilitators and teachers and attendees to go through the topic slowly. Topics were also written in short, easy English words and phrases coupled with pictures and images.

*If you have any questions, input or feedback on organising a Community Conversations session with people from CALD backgrounds, please email karen.lipio@hconc.org.au*



PIP BRENNAN, EXECUTIVE DIRECTOR, HEALTH CONSUMERS' COUNCIL

## The power of patient stories to improve healthcare

Patient Opinion was founded in the UK in 2005. It's now known as Care Opinion and provides a moderated, transparent, public platform for consumer feedback on both health and human services.

Patient Opinion Australia was established in 2012 and Western Australia was the first state to implement its use in all public hospitals in Western Australia. It allows for a public conversation on the safety and quality of services people use, and publicly documents what changes may have been implemented in response to stories. There is also a Care Opinion platform for human services, which is still in the early stages of uptake, but has been of great interest to the panel of the Aged Care Royal Commission.

Hospitals and health services pay a subscription to have access to Patient Opinion and its report and alerting functions. Consumers can sign up for free as watchers and choose to see stories of interest to them. Community Advisory Council and District Health Advisory Council members could for example sign up to be watchers for the hospitals and health services that they are connected to.

The platform works on a creative commons licence and the stories remain the consumers and can be taken down at any time. It is an easy and intuitive platform to use, allowing the consumer to tell their story without having to fill in complicated forms. The consumer remains anonymous and the service is identified. The independent moderation of the platform supports a positive conversation and maximises the opportunity for service improvements to occur.

Many readers may have experienced the process of making a complaint to a health service and receiving a carefully worded letter 30 days later which often does not address the issue raised. The transparency of Patient Opinion platform is a game changer. It disrupts the process-heavy, but often outcome-poor complaints process. Stories told on the platform will be shared with front-line health staff, patient liaison, executives, board members, even the Minister for Health's office.



In August this year I met Scotland's Jason Leitch, who is the National Health Service's Program Director for the person-centred care initiative. This initiative is about breaking down the barriers between providers of health and social care to provide care that is personalised, co-ordinated and enabling. In July he went on record as saying Care Opinion "is the single most important thing the health and care system in Scotland has done on our journey to more person centred care in the last ten years".

In 2020 Australia will amalgamate Patient Opinion and Care Opinion into one platform for health and human services. On 11 and 12 May 2020 we will host the UK and Australian CEOs of Care Opinion and will virtually host Jason Leitch who will be in Victoria and NSW attending events and meetings. We are currently in the planning stages of leveraging these visits to continue the transformation of how we talk about quality and safety of health and human services.





# Engaging families in research

CLARE MULLEN, ENGAGEMENT MANAGER, HEALTH CONSUMERS' COUNCIL

## The ORIGINS project at Telethon Kids Institute

The ORIGINS Project is a ten-year research project looking at the impact of prenatal and early childhood health on long-term health. The consumer and community engagement activities for the project are managed by Lisa Gibson, a health researcher at the Telethon Kids Institute.

The goal of the ORIGINS Project is to reduce the rising epidemic of non-communicable diseases through 'a healthy start to life'. Pregnant women and their partners planning to deliver their baby at the Joondalup Health Campus are eligible to participate in ORIGINS and the study will recruit 10,000 families.

The project team uses a range of formal and informal consumer engagement mechanisms and activities in line with the Institute's guiding aim of "consumer-driven research".

### Consumer-driven research in practice

From the outset, the project team spent time meeting with community groups and peak bodies working with the study's target audience. The project team has established several groups to inform how the study works in practice.

The formal groups include a community reference group, made up of people in the geographical area of the study; and the participant reference group, made up of people who are involved in the study. This group discusses what is working, not working, and what the team needs to know about the experience of being a participant in the study.

There is also a stakeholder and scientific committee, which includes local government, local child and parent centres, local primary care providers and other local service providers. Lisa commented that being able to engage with a number of these stakeholder groups in advance of recruiting participants was valuable.

The informal consumer engagement includes casual, drop-in "Coffee and connect" sessions, which were set up as a trial at the prompting of research participants who wanted to connect with other participants. Lisa said, "the project team wanted to give something back to the participants – this is genuinely just for them to meet each other in a relaxed environment". Participants can also chat with research staff, as well with early childhood workers from the City of Wanneroo, who can provide them with information about the various services in their area.

### The impacts of consumer and family engagement

Consumer input is used in multiple ways throughout the project. Consumers and community members provide input into how the study runs, what happens with the data, and which intervention studies might be developed and implemented.

The project team have worked hard to build relationships with a range of groups, so some of the participants in this study come from groups that might otherwise be "hard to reach" for some interventions. "Hearing about local community services in a relaxed informal environment may be more likely to reach some people who perhaps would not engage with 'psychological services'," Lisa said.

Due to the nature of the research, the project team are also considering whether participation in engagement activities has any impact on the health outcomes of study participants.

\*This article was originally published on the Health Engagement Network



Lisa Gibson, health researcher



# Valuable consumer contributions

## Real-world examples of consumer and community engagement

When given the opportunity, consumers and the community can make valuable contributions towards improving health services, including service planning and designing service evaluation.

Each project will have its own mechanisms in place to actively engage with consumers and the community in order to best meet the needs of the project, but what we have found is that listening to consumers and really taking their feedback onboard is a key element regardless of the project or how the engagement is carried out.

There are many ways to involve consumers and communities in projects beyond asking for their opinions via surveys or as consumer representatives. By establishing thoughtful ways of working with people and communities, as in the examples on the next few pages, projects gain unique insights with tangible benefits that flow into the community.

## Community Cafes: WA Country Health Services - South West

NOEL CARLIN, WACHS SOUTH WEST HEALTH EXECUTIVE CONSUMER REPRESENTATIVE

Community “Cafes” are events facilitated by the South West Regional Director, and more recently co-facilitated with our District Health Advisory Councils, which invite community members in towns across the region to a morning tea where they can talk about their experiences of using and interacting with the region’s health services.

They’re a really low-key way of getting people engaged, and we make the commitment to listening to people’s problems, deal with them as constructively as possible, and get back to them with the strategies and processes we’re looking at to resolve the issues they’ve raised and find ways to better communicate with communities and individuals generally.

### How was the engagement planned? What made you decide to use the approach you did?

A couple of years ago we held a workshop in Bunbury where we were looking at more in-depth community and consumer involvement in health care. What we discovered at that event was that community members were happy to be involved in providing information on services that they had experienced, but they were somewhat reluctant to engage in what we now would call co-design or in any detailed planning.



It was actually a hospital volunteer who suggested that we try something like a “café” morning, where we bring community members into a more casual setting, rather than a structured workshop, and begin to discuss with them their experiences and interactions with health.

As a consumer representative, I see the cafes as a transition state before we move to full co-design processes. They will help us to create more informed, confident and competent community participants and improve our own skills in consumer participation.



### How did it go?

We've held eight or nine cafes to date across the South West. There has been quite a bit of success both at an individual and community level. Regional executives and managers listen to individual community member's problems or concerns, and pursue them so they can get the individual a satisfactory response around their health care issues. We have improved the navigation of the health system for local communities and produced simple service directories that provide contact details and availability of local services.

### What did you learn through this project?

We've learnt a lot about engaging people from different cultural backgrounds, and how difficult they find navigating the health system.

What has been interesting is that while the cafes began as ways of simply talking to the community, they've become a way of empowering our staff and nurturing staff participation in consumer engagement.

The other important part has been our ability to help improve health literacy. Health care in Australia can be quite confusing for consumers, so the cafes have been good exercises for us to explain to communities how the Australian health care system works.

## WA School-aged Health Services Review: Child and Adolescent Health Services

SIOBHÁN CADOGAN – CONSUMER ENGAGEMENT COORDINATOR, COMMUNITY HEALTH

MARIE TYRRELL-CLARK – PROJECT LEAD, SCHOOL-AGED HEALTH SERVICES REVIEW PROJECT

The project started in 2018, with the aim of improving school-aged health services across WA. This included reviewing how and when services are offered, the role of nurses working with school-age children and young people, and how we support our Community Health Nurses to deliver quality health services.

The review stage of the project looked at the available research, best practice models, data about current school health services in WA, and how other states and countries deliver school health services. This happened with input from the Department of Education and feedback was provided by a range of stakeholders, including community health staff, school principals, community agencies, parents and carers of children and young people (aged 3 to 18).

The review information was combined to provide recommendations to improve the service. A phased implementation of the recommendations has begun,

### What advice would you give to others considering doing something similar?

The South West's regional leadership team has got to take ownership of the project.

**“There's no point even having a café if the senior executives are not going to be there, be accountable, and fully participate in the process.”**

The second thing which is absolutely essential if you're having a café: leave your ego at the door. It can be uncomfortable to listen to what consumers have to say, but you have to listen and see them as consumers, rather than as patients.

The second one is very hard to do. But if you can get past that then you can really start to talk and listen.

### For more information:

Noel Carlin, Consumer Representative, WA Country Health Service – South West Executive on [noelcarlin@bigpond.com](mailto:noelcarlin@bigpond.com) (author)

Kerry Winsor, Regional Director, WA Country Health Service – South West on (08) 9781 2350 or [kerry.winsor@health.wa.gov.au](mailto:kerry.winsor@health.wa.gov.au)



with input from two consumer working groups – one parent and one youth, who have been meeting monthly to inform the service changes. The implementation will continue into 2020.

### What were you hoping to achieve through engaging with consumers and community members?

By working with consumers from the very beginning, we hope to end up with a service that meets the needs



of families. We wanted to really understand the detail of how our service could be most effective, how it could change to suit today's families, and what we need to do to get it to that point.

### **How was the engagement planned? What made you decide to use the approach you did?**

We began planning our engagement by speaking to consumers and asking them how we should go about it. We met with the Child and Adolescent Health Service Consumer Advisory Committee and our online Parent and Family Network and sought their advice. From there, a consumer consultation plan was created and approved by the project steering committee. In the first phase of the project 1,530 people across Western Australia responded to an on-line survey and 22 young people and parents have participated in our monthly focus groups during phase two.

### **How did it go?**

It's not finished yet! But so far feedback from consumers involved has been really positive.

### **What did you learn through this project?**

We learned a lot about how families would like our service to work. Parents and young people have been

really clear that they want access to reliable information. Having a service that meets everyone's expectations is going to be challenging but in line with our proportional universalism approach, the aim will be to find ways to provide easy access to a broad range of reliable information and support for all. This will enable Community Health staff to focus their efforts on those families who need more support.

### **What advice would you give to others considering doing something similar?**

Working in partnership with consumers is fundamental to ensuring the delivery of person/family-centred care, and to ensuring consumers have a say in shaping the care they receive. This means welcoming children, young people, parents, carers and families to partner in planning, designing, delivering and evaluating services. My advice would be to prioritise this...right from the beginning!

### **For more information:**

[https://healthywa.wa.gov.au/Articles/S\\_T/School-health-services](https://healthywa.wa.gov.au/Articles/S_T/School-health-services)

## **Depth of Field: Exploring Minds, Heart & Voice, University of Western Australia**

CARLI SHEERS, MENTAL HEALTH CONSUMER CONSULTANT AND LIVED EXPERIENCE EDUCATOR

Depth of Field: Exploring Minds, Hearts & Voice is a University of Western Australia (UWA) Faculty of Health & Medical Sciences, School of Allied Health Exploratory Research Project funded by Healthway.

Depth of Field: Exploring Minds, Hearts & Voice is a reflective learning resource using art and stories to shift mental health stigma and promote empathy within healthcare professionals. Human-centred education design approaches will be used to foster reflection.

### **What were you hoping to achieve through engaging with consumers and community members?**

Part of the National Standards for Mental Health Services is to engage people with mental health issues as genuine partners in the development, planning and evaluation of services. This includes consumers leading mental health education developments at individual,

community and service systems levels across Australia. This research was transformed when the lived experience was valued as 'legitimated expertise' on the research team.

How was the engagement planned? What made you decide to use the approach you did?

Engaging consumers as equal partners in the preliminary research stages inspired critical reflection that challenged traditional and outdated language and misinterpretations of mental health issues, creates innovation, and transformed the culture of the research team to enable best practice in mental health research.

This was essential in this project as the research aims to co-produce and deliver a human centred educational tool designed to shift current and future health professionals' attitudes, stigma and/or discrimination towards people experiencing mental health issues.



The research team worked with six WA mental health consumers to share their 'real life' and diverse stories of mental health issues, stigma and recovery, and drew on narrative medicine and verbatim theatre methodologies to translate and communicate research findings through the development of a series of interactive research vignettes based on consumer voice.

### How did it go?

Depth of Field: Exploring Minds, Hearts & Voice was launched at The Perth Town Hall on 8th October during Mental Health Week. A public exhibition of the artwork was held from 9th to 11th October, and the images appeared on the Digital Towers in Yagan Square during WA Mental Health week.

Dr Gabrielle Brand and Mrs Carli Sheers will also deliver an Empathy Workshop Strengthening Consumer Voice: Using art and stories to shift mental health stigma and promote empathy on 5th December at the University of Technology Sydney.

### What did you learn through this project?

Dr Gabrielle Brand appointed Mrs Carli Sheers as an Associate Investigator and Consumer Representative on the research team. Dr Brand benefited from Carli's involvement in the project in a host of ways, and said:

"Carli has assisted us with recruiting and meeting the consumers for the project, which helps to build trust, and is why we are co-producing some really powerful tools to challenge health professional stigmatic attitudes."

"The importance of language and reframing our academic, at risk/deficit and sometimes diminishing dialogue to strength and recovery-based dialogue that promotes hope, dignity and respect. She is always pulling me up on using more inclusive and contemporary language."

"But I think most of all, Carli has brought humanness to our research team. For example, in one of our early drafts I wrote that consumer participation in research was complex (and provided several scholarly references to support my statement). In the meeting Carli questioned why I wrote that it was complex – she said it is not complex at all, it is simple "Listen to me". These insightful wise words ground the team and reminds us WHY we became researchers."

### For more information:

<https://www.visitperth.com.au/events/depth-of-field-exploring-minds-hearts--voice-exhibition>

## The 15 Steps Challenge: Kalgoorlie Health Campus

HAYLIE DOWSON, DEPUTY CHAIR OF THE NORTHERN GOLDFIELDS DISTRICT HEALTH ADVISORY COUNCIL



The 15 Steps Challenge is an observational challenge that looks at quality from the patient's perspective.

It originated in England, when the mother of a young girl who was a regular inpatient said "I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward". What she meant was that

you can quickly gain a sense of how someone will be treated on a ward based on first impressions of the ward area.

The 15 Steps Challenge uses these impressions to provide feedback on what is working well and what can be improved, after viewing the ward through the eyes of a patient.

### What were you hoping to achieve through engaging with consumers and community members?

The aim of this 'challenge' was to gain real perspective from consumers. How did the approach to the area of the hospital make them feel? Were the directions adequate? Using a broad focus of asking 'what can you see that you could change or make better', 'what works well here', 'what is your first impression' and 'what are your immediate observations of this space'.



We wanted to give the consumer confidence to walk in and give as little or as much feedback as they wanted to share. The opportunity to assess their observations gave us great power in seeing things in a 'patient first' light. This allows us the opportunity to create positive change and assess where actions could be addressed for a better overall experience.

### **How was the engagement planned? What made you decide to use the approach you did?**

Our site invited consumers in at different times and across a few areas of the hospital. Once on site the consumer was allocated a staff member to walk with them and actively take down their thoughts and feelings, answering questions along the way.

The consumer was able to document any thoughts and feelings and also have time (where appropriate) to evaluate the areas and make further suggestions if they wanted to.

This approach was casual, thought provoking and interesting. The challenge allowed free thoughts, conversations and observations that sometimes get missed when you are working in clinical settings routinely.

### **How did it go?**

Overall a very positive and interactive exercise that resulted in a number of small changes with big results.

It was a very well received activity providing valuable information to the staff, management and other consumers. The most powerful result was re-inviting the consumers back after making changes and adding improvements, so they could report on the changes that their feedback provided.

It was a fantastic and effective balance of time with a great outcome for both sides.

### **What did you learn through this project?**

The power of consumers is not to be feared, it should be embraced and built on. Change doesn't always need to be about paint on the walls or structures, it's as simple as the wording on the signs, how the space makes you feel, and small changes can make a massive difference in the experiences that patients have whilst using the health services.

Consumers love giving constructive feedback and we love being able to show them that their time and suggestions are valued.

## **Kimberley Aboriginal Suicide Prevention Trial: WA Primary Health Alliance, Country WA PHN, KAMS**

The Kimberley region is one of 12 sites across Australia selected by the Australian Government to participate in The National Suicide Prevention Trial. The 12 locations have a higher than average suicide rate and this trial aims to find the most effective approaches to suicide prevention for at-risk populations and share this knowledge across Australia.

The Kimberley Aboriginal Suicide Prevention Trial is helping to develop a model of suicide prevention that meets the needs of the region's Aboriginal communities. A strong cultural framework underpins all its activities, and community decision-making on suicide prevention strategies in local communities is a priority.

The Trial is community driven through representation on the Working Group which is co-chaired by the Minister for Indigenous Australians Ken Wyatt and Kimberley Aboriginal Medical Services (KAMS) Deputy CEO, Rob McPhee. WA Primary Health Alliance, Country WA PHN, has commissioned KAMS to provide local leadership and coordinate on-the-ground activities.

The Trial covers the entirety Kimberley region with nine sites chosen to develop local community-led responses: Balgo, Broome, Bidadanga, Dampier Peninsula, Derby, Fitzroy Crossing, Halls Creek, Kununurra, and Wyndham.

Preventing suicide is a complex problem and a one-size-fits-all strategy for dealing with the challenge may not be the best approach. This is exactly what this prevention trial is all about.



### What are you hoping to achieve through engaging with community members?

- Acknowledge the strengths of diverse communities across the Kimberley
- Build on these strengths to support and empower communities to determine their own solutions to suicide
- Empower Aboriginal community members to have a strong voice alongside federal, state and local governments, GPs, health professionals and community health workers, all of whom are essential to tackling suicide in the region
- Employ local Aboriginal people to support community-led projects and responses to suicide

### How was the engagement planned? What made you decide to use the approach you did?

In 2016 the Kimberley Aboriginal Suicide Prevention Trial Site Working Group was formed. This group looked at evidence-based and informed approaches and decided to trial the Aboriginal Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).

The ATSISPEP Framework was chosen as it is culturally informed, and culturally appropriate in its approach. It provided opportunities for diverse responses to different communities within the Kimberley.

In 2017 the Working Group nominated members to form the Kimberley Aboriginal Suicide Prevention Trial Site Steering Group to make operational decisions within the scope of the ATSISPEP Framework.

### How did it go?

The Kimberley Aboriginal Suicide Prevention Trial is still in progress and will be evaluated by the University of Melbourne as part of a national evaluation to inform the Federal Government. A local evaluation to better understand outcomes for the Kimberley will also be conducted to support communities in future planning.

### What advice would you give to others considering doing something similar?

Working with community requires significant lead-time to identify good representation from a range of communities and to establish trust. Dedicating time to empowering local people to feel heard and respected regarding their local and cultural knowledge has resulted in better working relationships. We anticipate this will result in improved outcomes.

Needs in a community can change. Having the openness and flexibility to change direction when required promotes innovation and better outcomes for all involved.

## Improving collaboration: Increased involvement from consumers and community

The Consumer & Community Health Research Network (CCHRN) is a platform of the Western Australian Health Translation Network. CCHRN works on the ground to support nine partner organisations of the WA Health Translation Network to involve consumers and community members in research projects.

Ben Horgan is a Consumer and Community Involvement Coordinator working for the WA Health Translation Network. He has also recently commenced with The Health Departments Research Development Unit in addition to his existing role at Curtin University.

The opportunity to work strategically with the Research Development Unit to improve collaboration between researchers, health consumers and the community will enable The Health Department to ensure the voice of the people using the health system are heard through evidence-based research using Consumer and Community Involvement best practice models.

As mentioned in WA's Sustainable Health Review "Consumer and clinician engagement through partnership is recognised as the most effective and enduring catalyst for sustainable change".

"The results will enable increased levels of involvement from health consumers and community, more relevant health research, plus increased rates of translation into health service delivery," Ben said.

Health Consumers' Council Engagement Team recently held a strategy session with CCHRN to explore future strategies given our overlapping focus on consumer and community engagement in healthcare. We are excited about the possibility of joining forces in big and small ways to increase our positive impact in the community. The shared expertise and passion in the room was a sign of great things to come.

The session was facilitated on a pro-bono basis by Olivia O'Connor.



# CroakeyGO

## Walking and talking for collaborative health content

Social journalism project Croakey is taking a unique approach to gathering consumer input on health with CroakeyGO. The project brings people together to walk and talk about health issues and to collaboratively produce social media and other editorial content.

In August, North Western Melbourne Primary Health Network (NWMPHN) supported a mental health CroakeyGO, #NavigatingHealth, following the footsteps of a patient journey through the mental health system. Consumer feedback gathered during the partnership project will help guide mental health commissioning and inform the PHN's Regional Plan for mental health.

The event involved about 100 people from diverse backgrounds. The group stopped at four different locations: a public hospital ED, an Aboriginal health service, a community health service, and a general practice. It looked at the issues faced by different parts of the mental health system and how a person's care journey is impacted by where they first seek care.

There were speakers at each stop, but importantly all participants were given the opportunity to be interviewed about their own issues and concerns. This was supplemented by hundreds of people engaged with the event and conversations via social media.

"First and foremost, we wanted to listen to our community about what they think is needed in our mental health system," Mary-Anne Toy, NWMPHN Director of Strategic Relations, said.

"What was working well, what was not working, and how we could make the system fairer and better. We wanted to get as many perspectives as possible. We also wanted to share our work and approaches and build new connections so that we can work together to create better care for our community."

NWMPHN recognised that collaborating with CroakeyGO would have the potential to have greater impact, reach and engagement than previous meetings or consultations.

"It went even better than we hoped. We had twice as many people as we'd calculated would turn up in real life. And people loved participating, from our own staff to consumers, carers, service providers and academics. From people who knew us to people who didn't really know what a Primary Health Network was but turned up because they cared about our mental health system," Ms Toy said.

"What surprised us was how much our own staff loved the event. It reminded everyone that we're all in it together and how important it is to get out 'on the ground'.

"Listening to people at the four partner stops talk about what they did was illuminating – even for those of us working in the field, there's so much we don't know about the system and hearing people's stories is always powerful and humbling."





# Co-design: Join the new dance craze



SAMANTHA JENKINSON, EXECUTIVE DIRECTOR, PEOPLE WITH DISABILITIES WA

“Everybody’s doing a brand new dance now!” Kylie sang in 1988, repeating a song and dance craze from Little Eva in 1962. Co-design is a bit like ‘The Locomotion’. It is a core concept which keeps coming back in slightly different packaging. It is also a term at risk of being taken up as the new craze while still doing the same side by side shuffle.

The core concept of co-design is to involve the people who use or are impacted by a service or product at the design phase, to get the best design or outcomes. The idea has been around since the rise in understanding of active citizenship<sup>1</sup> in the 1950s and later in the 1970s with co-production as the tool.<sup>2</sup>

Co-design is also a tool that, when done well, changes the provider-client relationship. It’s more than just gathering responses through consultation; co-design recognises that users are ‘experts’ of their own experience, and are central to the design process. The ‘co’ goes all the way to deciding which solutions will be taken up.

Co-design is not a replacement for consultation, and often a draft developed through co-design will go out for consultation before coming back for further change.

As a peak consumer representative organisation co-design resonates with the mantra ‘Nothing about us, without us’. People with Disabilities WA (PWdWA) wanted to know what co-design meant for people with disability. What better way to find out than to bring together a diverse group of people to explore co-design, and co-design our own guide and toolkit on co-design.

**It is a term at risk of being taken up as the new craze while still doing the same side by side shuffle.**

According to the PWdWA co-design project group, the key success factors are:

- Active and meaningful involvement – everyone is taking it seriously and has equal power
- Involvement of people with a diversity of experiences – all experiences are valid
- Willingness to share – trusting in each other to listen and contribute
- Purposeful collaboration and partnerships – knowing why you are involved, having a shared objective
- Being inclusive, flexible and open minded – listening and being prepared to change
- A cultural shift that values the co-design principles – decision makers trusting the process

The role of facilitation is an essential component of a successful co-design project. Facilitators provide ways for people to engage with each other, share insights and test out new ideas. Having an independent facilitator keeps the power relationships balanced.

The PWdWA co-design group based the model<sup>3</sup> they developed and many of the tools in their toolkit on the Waitemata District Health Board, New Zealand, Health Service Co-design<sup>4</sup>. The model works through a cycle of engaging, exploring, developing and deciding on change. Critically, the model enforces there is no one way to co-design. The process confirms a focus on people’s experiences using a variety of different tools to inform decisions and implement change.

The evaluation of the PWdWA co-design model showed that there were three elements which made the trial a success – the process adopted, the tools used, and most importantly, the diverse people with lived experience. Like ‘The Locomotion’ it is the unique moves of the people involved that makes co-design so engaging and effective

The ‘Connect with Me’ co-design guide and toolkit are available on the PWdWA website.

<sup>1</sup> Brenton Holmes 2011 “Citizens’ engagement in policymaking and the design of public services” Research Paper no. 1 2011–12, Politics and Public Administration Section, APH Parliamentary Library

<sup>2</sup> ibid

<sup>3</sup> PWdWA Co-design guide and toolkit [https://www.pwdwa.org/our\\_campaigns/connect\\_with\\_me.html](https://www.pwdwa.org/our_campaigns/connect_with_me.html)

<sup>4</sup> <http://www.healthcodesign.org.nz/index.html>



# HCC Updates

## My Pregnancy WA

We are excited to announce that after months of initial discussions and planning, we are working with WA Country Health Service, Women's and Newborns Health Network and Change Choice Continuity's Kylie Ekin to create a pregnancy app for WA women. The initial conversation women have with their GP on discovering they are pregnant usually goes something like this: "Congratulations! You're pregnant! Do you have private health insurance? Which obstetrician would you like?" This is not a conversation which includes all the options for women, and this app will help women connect more easily with the services in their area that suit their situation and circumstances. We are in the early stages of its design, working with Reach Health Promotion Innovations and Lateral.

If you would like to find out more or become involved, email [info@hconc.org.au](mailto:info@hconc.org.au) and put My Pregnancy WA – Attention Pip Brennan in the subject line. Or you may be interested in joining our Facebook Group Health Consumers Council Maternity Consultation WA

## Health Engagement Network

The Network is an online community for people interested in the practice of consumer, carer and community engagement. The next meeting will be held during November (date TBC, please keep an eye on our website for further details). The upcoming event will focus on co-design, looking at what is involved and how to address possible obstacles.

## Aboriginal Justice Project

HCC is working with George Newhouse, Principal Lawyer for the Sydney-based National Justice Project, as well as Aboriginal Health Council of WA and Bila Muuji Aboriginal Corporation Health Services, to design a training package to help address some of the barriers to healthcare faced by Aboriginal people. The training package is almost complete, and we are in the process of organising two sessions, one for late 2019 and a second in term two of 2020.

During August, we held an inaugural meeting for the WA Aboriginal Health Justice Body, with plans to meet four times per year to keep an eye on the health equity issues we know are falling through the cracks in our regulation. Topics such as Traditional Healing in the mental health system, the need for more Aboriginal

health staff, and the health complaints strategy were discussed.

## HCC signs Memorandum of Understanding (MOU) with Aboriginal Health Council of WA



We are delighted to have formalised our positive relationship with the Aboriginal Health Council of WA and have signed an MOU to support our ongoing work together.

## WA Ambulance Services Project

The WA ambulance services consumer feedback survey that we developed with the Behaviour Change Collaborative for the Department of Health received 452 responses. Seven community consultations with recent ambulance users were conducted in September and October and we obtained valuable feedback together with some excellent suggestions as to how systems and processes could be improved. This feedback is being provided to the Department of Health Procurement Department in order to assist them with the next round of contract negotiations early in 2020.

## CALD Community Panel

We've recently established a CALD community panel – an online database of community members from CALD backgrounds who we can contact to invite to consultations and opportunities to provide feedback on health resources, plans and policies; invite to be part of working groups and committees in healthcare; and invite to provide input and feedback on HCC projects and activities involving people from CALD backgrounds.

If you would like to join the panel, you can do so at <http://eepurl.com/gCcOTT>



## Partners in Change – Obesity Collaborative

HCC has been working with the Department of Health and the WA Primary Health Alliance to provide opportunities for consumers and community members with lived experience of weight management and obesity to inform the development of the WA Healthy Weight Action Plan. This work included a survey, focus groups, an online brainstorm, a private Facebook group and the opportunity for consumers to volunteer to be involved in a photoshoot for images to be included in the plan. At the time of going to press, the Action Plan is being finalised and will be launched in spring/summer 2019.

The Plan outlines seven areas for action with a commitment to continuing to involve consumers and community members in the implementation alongside clinicians and other health service staff. Initial actions include establishing a WA Obesity Collaborative and a Community of Change to drive and facilitate the work required across the community and health services.

More information is on the HCC website at [www.hconc.org.au/projects/partners-in-change-obesity-collaborative/](http://www.hconc.org.au/projects/partners-in-change-obesity-collaborative/)

You can join the Facebook group at [www.facebook.com/groups/248123835784261/](https://www.facebook.com/groups/248123835784261/)

# Sector Updates

## Voluntary Assisted Dying

Some of you may be aware that this Bill has progressed through the Legislative Assembly and has made its way to the Legislative Council. We have released this statement of support.

Our vision is for equitable, person-centred, quality healthcare for all West Australians. Our support for the introduction of Voluntary Assisted Dying legislation is consistent with this vision, and we acknowledge the efforts of those community groups who have advocated for this over many years. We have heard powerful stories from carers and family members who have been traumatised by the unrelieved suffering of their loved ones in their final days.

We would contend that focus on Voluntary Assisted Dying legislation has a very welcome side-effect of increasing focus and funding on palliative care. This is because access to enhanced palliative care will impact many more West Australians than access to voluntary assisted dying. We also acknowledge the concerns of people with disabilities and their families, in response to the ableism they can encounter in our health system. We understand this would be an area for careful oversight should this legislation pass and will maintain a key interest in this area.

## Palliative Care

On 26 August there was a Summit held on Palliative Care. A key insight from the day was that it should be considered “Base Camp” rather than a Summit. If you want to watch the presentation given on the day, you can watch it on You Tube: [www.youtube.com/watch?v=tUPoG9lfHcc](https://www.youtube.com/watch?v=tUPoG9lfHcc)

As noted above there is a tendency for funding for palliative care services to have increased funding when Voluntary Assisted Dying is under discussion, and WA is no exception. We have just been approached by the Cancer and Palliative Care Network to discuss the progress of recommendations in relation to evaluating existing models of palliative care. This potentially could create the greatest practical positive change for WA people out of this whole reform.

## Sustainable Health Review

HCC is actively working with the Oversight Committee and will be meeting with the Sustainable Health Review Implementation Unit again in November.

## Independent Oversight Committee:

All the members of Independent Oversight Committee for the Sustainable Health Review have been announced.

- Professor Hugo Mascie-Taylor – Chair
- Dr Richard Choong – Clinical Representative
- Ms Margaret Doherty – Consumer Advocate
- Ms Meredith Hammat – Employee Advocate
- Mr Tim Marney
- Ms Lesley Nelson – Regional and Non-Government Representative
- Ms Elizabeth Prime – Clinical Representative
- Professor Fiona Wood – WA health system clinical representative



## Digital Health Strategy



This document has finally been released! The Foreword notes that “An electronic medical record (EMR) system is the foundation for many of these new and innovative digital technologies and we will be seeking to implement a system with this functionality as a key priority.” This is distinct from an individual’s health record which moves across and between systems. Having an electronic medical record within a health service is considered necessary to achieve all the outcomes. You can read more here: [ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Digital%20strategy/Digital-Strategy-2020-2030.pdf](http://ww2.health.wa.gov.au/~media/Files/Corporate/Reports%20and%20publications/Digital%20strategy/Digital-Strategy-2020-2030.pdf)

## Health Leadership Strategic Intent



This document sets out the 10-year strategy for health leadership. It is of great interest to HCC, as the foreword from WA Health’s Director General states: “Leadership within health systems across the world is now widely recognised to be the primary influencer of organisational culture, staff satisfaction and ultimately patient care.” The ambition to create leaders who are “courageous, values aligned, collaborative and system focused” is positive.

The opportunity to engender parallel leadership development in the consumer representative sector is something we are currently exploring.



# We're Stronger Together





# Health Equity Symposium

Achieving better health outcomes for people from culturally and linguistically diverse backgrounds

The Health Equity Symposium brings together people from the WA health system, other government agencies, non-government organisations, community organisations and consumers to share knowledge, connect ideas and ask questions about health matters as they relate to people from culturally and linguistically diverse backgrounds (CaLD).

The Symposium aims to address a recommendation from the Sustainable Health Review, which is to reduce inequity in health outcomes and access to care for people from CaLD.

The day will focus on:

- what health equity means for people from CaLD backgrounds
- key elements that contribute to achieving health equity
- examples of current work that showcase good practice
- consumer-centred care and improving health literacy
- shared responsibility through new or existing partnerships.

## Keynote presenter

Demos Krouskos CEO, North Richmond Community Health and Director, Centre for Ethnicity and Health

Demos migrated to Melbourne in 1954 and has held a number of senior positions in the healthcare sector. His professional interests include health and cultural diversity, health issues affecting refugees and migrants, improving the health of socially and economically disadvantaged communities, health equity and human rights, health of Aboriginal Australians, the development of ethical health care practice and improving the consumer experience of healthcare.

The program will include the first showing of the 'Voices for health equity' video, a 'good practice' marketplace presented by a range of WA agencies and breakout workshops.

**Date:** Wednesday, 13 November 2019

**Time:** 8:30am for 9.00am

**Venue:**

**Postponed to 2020**

(or) <https://www.tsh.org.au/about/contact-us/>

**Registration:** Friday, 6 November 2019

Book your place <https://www.eventbrite.com.au/e/health-equity-symposium-registration-55953407147>

For more information, call the Cultural Diversity Unit on 9222 4377 or on 9222 4373.

## Co-Convenors:



[health.wa.gov.au](http://health.wa.gov.au)



# Dates for the Diary

## Community Conversations

Monday 11th November, 10am – 12pm at Bentley Library

Monday 2nd December, 10am – 21pm at Riverton Library

Find out more and RSVP at [www.hconc.org.au/what-we-do/diversity-culture/](http://www.hconc.org.au/what-we-do/diversity-culture/)

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## Health Consumers' Council Annual General Meeting

Tuesday 12th November, 5pm at Room D103, North Metropolitan TAFE, 140 Royal Street, East Perth

Calling all HCC members to come along to our AGM. This year we celebrate 25 years, looking back and looking forward to what's next. As well as the formalities, we will be sharing updates and insights from the last year, sharing plans for the future and seeking your feedback on what you think we should focus on next.

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## Health Equity Symposium

Wednesday 13th November, 8:30am – 4pm at Bendat Parent and Community Centre, 36 Dodd Street, Wembley

The Symposium seeks to provide a venue to discuss what health equity is about for people from Culturally and Linguistically Diverse backgrounds. Be inspired by guest speaker Demis Krouskos from Victoria's Centre for Ethnicity and Health. For more information, see the flyer for the event in this edition or call the Department of Health Cultural Diversity Unit on 9222 4377 or on 9222 4373.

Register at [www.eventbrite.com.au/e/health-equity-symposium-registration-55953407147](http://www.eventbrite.com.au/e/health-equity-symposium-registration-55953407147) or follow the ticket link from the Facebook event [www.facebook.com/events/408653159796249/](https://www.facebook.com/events/408653159796249/)

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## Consumer, Carer and Community Change Agent Networking

Wednesday 4th December, 10am – 12pm at Victoria Gardens, 10 Royal Street, East Perth, WA 6004

As we approach the end of the year, this session is an opportunity to meet and connect with fellow consumer, carer, community and family change agents in a relaxed natural environment. There will be shade (in the shape of a gazebo and the trees) and please feel free to bring a camp chair or something else comfortable to sit on. To help minimise waste, please bring a reusable water bottle. We will bring some folding chairs. There are public toilets close by.

We will be asking you to shape what you'd like to get out of these sessions in 2020 and beyond, so come along with some ideas.

Register at [www.eventbrite.com.au/e/consumer-carer-family-and-community-change-agent-networking-dec-2019-tickets-74368856251](http://www.eventbrite.com.au/e/consumer-carer-family-and-community-change-agent-networking-dec-2019-tickets-74368856251)

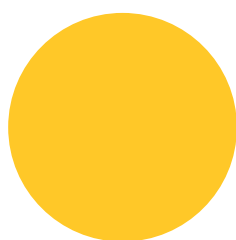


# Engagement Outcomes

## Workshops for Consumer Representatives

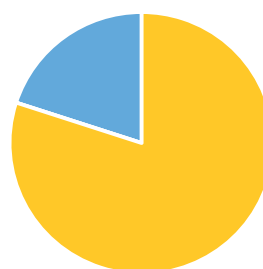
HCC facilitates an Introductory Consumer Representative Training Workshop and an Advanced Consumer Representative Workshop. All consumers indicated they agreed that they were supported to better engage and work effectively in their roles and that they had been supported to build their skills and knowledge by attending the session.

After attending this workshop, I will be better able to engage and work effectively in my role



- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

I identified ways to build on my current skills and knowledge



- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

## Consumer representative networking sessions

HCC hosted two networking sessions for consumer representatives.

Everyone that attended either agreed or strongly agreed they had the opportunity to connect with other consumer, carer, family or community reps across the health system in WA.

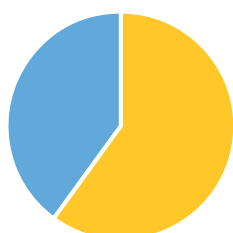
OVER  
**92%**

Agreed or strongly agreed they had learned something they could apply in their role.

**70%**

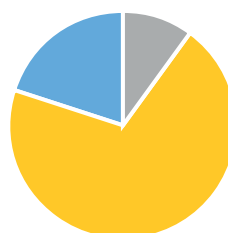
Agreed or strongly agreed they'd had the opportunity to discuss the implications of the Sustainable Health Review on their work.

I had the opportunity to connect with other consumer, carer, family or community reps across the Health system in WA



- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

I learned something I can apply in my role as a rep



- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



# CONGRATULATIONS

to the Health Consumers' Council for 25 years of incredible service to WA consumers and the community.

**Telethon Kids Institute** is proud to work closely with the Health Consumers' Council, particularly in the development of our consumer engagement and involvement program.



**TELETHON  
KIDS  
INSTITUTE**  
Discover. Prevent. Cure.



HEALTH CONSUMERS'  
COUNCIL

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Opening hours

Monday - Friday 9.00am - 4.30pm  
Closed Public Holidays