



SAA_05_CCE	<b>Engagement</b>	<b>POLICY &amp; PROCEDURE</b>
------------	-------------------	-----------------------------------

<b>Applies to:</b>	External stakeholders, all Engagement team staff, volunteers/students and contractors
<b>Specific responsibility:</b>	Engagement Manager Executive Director

<b>Version:</b> 6
<b>Date approved:</b> 2/12/19
<b>Next review date:</b> Dec-21

<b>Policy context:</b> <i>This policy relates to the Health Consumers' Council Strategic Plan 2017-2020</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>



## Contents

Engagement .....	1
Contents .....	2
1. Policy Statement .....	3
2. Purpose and Scope.....	3
3. Definitions / Clarifications.....	4
3.1 <i>Consumer engagement</i> .....	4
3.2 <i>A Consumer Representative</i> .....	4
3.3 <i>Consumer consultation</i> .....	4
4. Procedures .....	4
4.2 Consumer Representatives .....	4
HCC Support for Consumer Representatives.....	5
Support for consumers seeking appointment to Consumer Representative opportunities .....	6
Support for organisations engaging Consumer Representatives .....	6
Performance measures and activities related to Consumer Representatives .....	6
4.3 Consumer consultation .....	7
Performance measures and activities related to Consumer consultation support.....	8
4.4 Requests for HCC staff members to occupy Consumer Representative roles.....	8
4.5 Payment.....	8
4.6 Good practice .....	8
4.7 Consumer Representative/Consultation Payment Table.....	9
4.8 Frequently Asked Questions .....	10
5. Documentation .....	12



## 1. Policy Statement

The Health Consumers' Council ("HCC" or "the Association") is an independent community-based organisation, representing the 'voice' of Western Australian (WA) consumers in health policy, planning, research and service delivery. The HCC is committed to facilitating genuine health consumer consultation and engagement to inform better, more accessible health care which:

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

The HCC Management Committee believes consumer engagement and participation is essential to patient-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 consultation will be supported.

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. Consultation 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 representation and consultation.

To facilitate its aim of supporting effective Consumer Representatives and Consultation, the HCC maintains expertise in modern consumer 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:

- 1) **Consumer Representatives** – The Consumer Representation support aspect of the HCC's Engagement Program, including facilitating recruitment, training and ongoing support of Consumer Representatives. Additionally, HCC's support for consumers seeking appointment to Consumer Representative roles including positions which require "endorsement".
- 2) **Consumer consultation** – Guidelines for support of other types of Consumer consultation.
- 3) Managing requests for **HCC staff to sit on committees**.
- 4) Principles for **reimbursement and remuneration for Consumer Representation and consultation**.



## **3. Definitions / Clarifications**

### **3.1 *Consumer engagement***

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

### **3.2 *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 dominant method of consumer engagement in larger organisations such as the WA Department of Health and WA Health's five Health Services.

### **3.3 *Consumer consultation***

This term is used to refer to consumer engagement 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.

## **4. Procedures**

### **4.2 *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 case to provide an advisory capacity.

Historically, HCC took a central role in coordination of requests for Consumer Representatives, conducting recruitment processes and nominating consumer for Representative roles with the expectation that there would be a continuing support and feedback relationship. As the capacity of the health sector to engage and governance systems has diversified and expanded, HCC no longer plays this central role. Rather, the role is now one of capacity building, support and independent training for both consumers and organisations.



### ***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:

- State (WA) and national level health systems;
  - rights and responsibilities in the health system;
  - the work and philosophy of the HCC;
  - communication, networking, areas of influence and negotiation;
  - voicing consumer concerns; and
  - participating proactively in meetings.
- 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;
    - chairing meetings and managing robust discussions;
    - accessing peak body and other support to strengthen 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 who are HCC Members 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.



### ***Support for consumers seeking appointment to Consumer Representative opportunities***

- The Engagement Program Manager will ensure that HCC Members are informed of Consumer Representative opportunities through multiple channels including HCC electronic and social media, and direct email notification. Notifications will highlight the application process, skills required and closing date for applications.
- The Engagement Program Manager 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 Program Manager 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.

### ***Support for organisations engaging Consumer Representatives***

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

- decision making around use of Consumer Representatives versus other methods of engagement;
- role clarification and identifying skills required;
- recruitment and appointment processes; and
- establishing role and position tenure documentation and processes.

### ***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 Advisory Committee Roundtable 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 Area Health Services to identify areas of support need and to advocate for genuine engagement when utilising Consumer Representatives

#### **4.3 Consumer consultation**

HCC takes a key role in both direct consultation with consumers, and in advocating for and supporting service providers and agencies to undertake their own consultations. Consultation 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 consultation strategies 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 issues for consultation 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.
- Outcomes of the consultative process are reported back to the consultation participants.
- Video and/or phone-conferencing options are provided to enable country consumers' participation in the consultation.



### ***Performance measures and activities related to Consumer consultation support***

- HCC participates in and reports on one (1) Consumer consultation activity with each Area 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 Area 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 (HCC organisational) representation 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.

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 WA. However 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 ratified and 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 \$35 per hour or part thereof (2 hour min)	Advisor \$70 per hour or part thereof*	Consultant \$**
<b>Forums, consultations, workshops or focus groups</b>	General Attendance	Specifically invited to actively participate	Co-design and co-produce	Engaged to lead forum, consultation, workshop or focus group
<b>HCC Committees or Groups with Terms of Reference</b>	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	Chair or Co-Chair of a system, executive or strategic level HCC Committee or Group	Engaged to provide impartial guidance, knowledge and/or expertise.
<b>Recruitment or selection panels</b>	N/A	N/A	Member	Chair
<b>Other Projects</b>	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.

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 based on the fact that 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 reimburse for expenses (e.g., parking, travel, meals) and take it as a given that all organisations do. 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



HEALTH CONSUMERS'  
COUNCIL

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	<a href="\\10.16.160.11\shared\HCC POLICIES AND PROCEDURES\1. INTERNAL\9. SERVICES &amp; ACTIVITIES\SAA_09_CCE Engagement PAYMENT SUMMARY Oct 2018.pdf">\\10.16.160.11\shared\HCC POLICIES AND PROCEDURES\1. INTERNAL\9. SERVICES &amp; ACTIVITIES\SAA_09_CCE Engagement PAYMENT SUMMARY Oct 2018.pdf</a>	
Reviewing and approving this policy		
Frequency	Person responsible	Approval
Every two (2) years	Engagement Manager	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