



Engaging Consumer and Carer Representatives Policy

1. Purpose

The WA Country Health Service (WACHS) is committed to partnering with our consumers, carers, and the community in the delivery of safe, reliable, and effective care for rural and remote communities.

The purpose of this policy is to outline the requirement for WACHS services to engage consumer and carer representatives, including recruitment, onboarding, training, remuneration, and support.^{1, 2}

2. Policy

The policy applies to all WACHS services and includes consumer and carer representatives who are engaged to:

- hold membership on a WACHS Committee or Advisory Group
- participate in activities to obtain and promote the carer/consumer experience.

This policy does not apply to:

- the patient and/or carer individual partnership with their clinicians and treating teams
- carers and consumers completing surveys or feedback forms
- other consultancy or partnership arrangements.

2.1 Engagement Principles

The principles that underpin this policy are as follows⁴:

- Purposeful – Driven by our strategic priorities, but remain aware of our stakeholders' objectives, environment, expertise, capacity to engage and level of influence.
- Collaboration and partnership – Strive to build understanding, connections, capacity, and trust; to foster a culture of sharing ideas, knowledge, and resource.
- Clear communication – Facilitation of two-way communication by providing timely information so stakeholders can understand the content and contribute in a meaningful way.
- Inclusiveness – Encourage diverse opinions and use engagement techniques to enable all voices to be heard.
- Transparency – Inform stakeholders of how their input was used to affect decisions.
- Respect – All participants recognise and value each other as equal contributors to build trust and identify shared benefits and outcomes beyond self-interest.
- Commitment – Committed leaders who communicate a strategic vision of partnership and act to facilitate effective engagement.

2.2 Recruitment, Selection, and Appointment

Current employees of all WA Health Service Providers, WA Department of Health and WACHS contracted services are not eligible to participate as consumer or carer representatives.

Recruitment of consumer and carer representatives will be an equitable and transparent process including the following principles:

- It is important that consumer and carer representation reflects the diversity of rural and remote communities.
- When seeking representation from Aboriginal peoples, this should recognise the diversity of the organisations' catchment and should be informed through community consultation including community spokespeople or elders, and Aboriginal Controlled Community Health Organisations (ACCHOs).
- Consumer participation barriers will be addressed at all WACHS sites to facilitate diverse consumer representation and without discrimination.
- Consumer representatives will be subject to a selection process to ensure they understand, agree to and are suitable for the role they are being engaged for.
- Selection process will be conducted in accordance with the WACHS Vision and Values; and in accordance with the principles of the MP 0124/19 [Code of Conduct Policy](#).
- Advertising and recruitment costs must be approved by the relevant executive director or the chief executive and costed to the relevant cost centre.
- Final approval for the recruitment of consumer and carer representatives is the responsibility of the executive sponsor for the engagement activity undertaking the recruitment.

Recruitment and selection will include screening relevant to the position. Consumer and carer representatives will be required to provide:

- relevant reference checks
- Criminal Record Screening is mandatory and will be paid for by the health service – refer to [Criminal Record Screening Policy and Guidelines](#).
- Working with Children Check – refer to MP 0176/22 [Working with Children Check Policy](#) for requirements to complete.
- Aged Care Criminal Screening Check – refer to WACHS [Aged Care Criminal Record Screening Procedure](#) for requirements to complete.
- Other screening requirements as per the WACHS [Volunteer Policy](#) using the applicable WACHS volunteer health screening form and costs incurred will be reimbursed.

Staff overseeing consumer engagement activities are to seek advice from regional Human Resources when determining whether a volunteer role is child or aged care related.

2.3 Induction and Orientation

The staff member responsible for organising the consumer or carer representatives' involvement will ensure that they participate in a formal onboarding and induction program at the relevant WACHS site in alignment with the requirements of the WACHS [Volunteer Policy](#) and WACHS [New Staff Induction Policy](#) – refer to the [Consumer representative orientation checklist](#) for guidance.

Consumer and carer representatives recruited to participate in working parties and focus groups with finite time frames must be orientated to the relevant health service to ensure

their safety, however attendance at formal induction is at the discretion of the recruiting staff member in consultation with the appropriate Tier 4 role.

Identification badges will be provided with the names and roles of the consumers at the specific WACHS sites and services.

Consumer and carer representative identification badges will not provide electronic access to facilities. WACHS staff will be required to assist and accompany consumer and carer representatives through the hospital or health care facility.

2.4 Training and Support

The requirement for mandatory training will be determined based on an assessment of the specific role to be undertaken – refer to the WACHS [Mandatory and Role Essential Training Policy](#).

All consumer and carer representatives will be supported to undertake the Health Consumers Council WA (HCCWA) free introductory and advanced training to consumers; with Carers WA offering free workshops as well as online modules and other training opportunities to carer representatives – for more information see [Health Consumers' Council](#) website and [Carers WA](#) website.

To support engagement of consumer or carer representatives from vulnerable or hard to reach groups it is important to be flexible, recognise diversity, and use appropriate language. This includes representatives who may be:

- children and young people
- Aboriginal people
- culturally and linguistically diverse (CaLD) groups
- people with disability
- people from the lesbian, gay, bisexual, transgender, and intersex (LGBTI) community.

The [Working with Consumers and Carers Toolkit](#) provides information and suggest strategies to enable effective support and engagement with the groups recognised as being harder-to-reach when it comes to engagement with health services.

2.5 Remuneration

Consumer and carer representatives are eligible to receive payment that covers costs incurred from their participation in activities approved by the organisation.

Payment to consumer or carer representatives is acknowledgement of the value of their knowledge and expertise. Representatives are eligible for remuneration in the form of a sitting fee per hour for the following engagement activities:

- committee membership (executive, boards, steering, advisory, reference groups)
- working parties
- forums, focus groups and workshops
- selection, evaluation, and recruitment panels.

The remuneration for time and participation is \$37.50 per hour or part thereof (2 hour minimum) – derived from the HCCWA [Engagement Policy](#): Consumer Participation Payment Table. Carer representatives recruited through [Carers WA](#) are reimbursed by Carers WA.

Consumer representatives will not be separately reimbursed for preparation time, refreshments, paper, or printing costs. Remuneration for parking and travel will not ordinarily be provided except under authorisation of a Tier 3 officer or above.

The following processes are applicable to facilitate remuneration:

- All consumer representatives are required to complete an [ATO Statement by Supplier](#) form annually, for remuneration payments to be processed.
- Staff supporting consumer representatives are to provide and process the [AP3 Consumer Participation Payment Request](#) form. Staff must support the consumer representative to populate the relevant fields and facilitate authorisation by a Tier 4 officer (or above) before submitting the form to HSS for processing.
- Staff submitting the AP3 for payment are responsible for ensuring that the number of hours submitted by the consumer for remuneration are correct, before processing.
- All consumer participation and payments need to be recorded on TRIM including recruitment, payment, and training documentation.
- Consumers can decline the participation payment if they choose.

Consumer representatives are to be made aware that:

- Consumer representatives are responsible for any personal reporting obligations of payments to other entities i.e. Australian Taxation Office, Centrelink.
- It is a requirement of WA Health to include the names of all board and committee members and all remuneration in the annual report.

2.6 Insurance and Care

All consumer representatives are covered under RiskCover for personal accident cover whilst performing their roles as consumer representatives undertaking WACHS approved activities. Consumer representatives have the same access as staff to the employee assistance program and other wellness programs and resources.

2.7 Governance and Reporting

The establishment of any new community advisory group requires the approval of the regional Executive Director or the Chief Executive. All committees and groups will be identified and recorded on the relevant WACHS governance structures.

Existing community advisory networks can only be disbanded with the approval of the regional Executive Director or Chief Executive.

Community advisory groups will have Term of Reference based on the template issued by WACHS Safety Quality and Performance, which need to be reviewed and evaluated at a minimum on an annual basis.

All consumer advisory groups are required to produce an annual summary report, including member attendance, remuneration, and an overview of the activities and actions undertaken in the preceding 12 months. This must be approved by the regional executive director and tabled with the applicable Regional Executive Group – A copy of this submission must also be provided to WACHS Safety Quality and Performance via the patient experience and community engagement (PEaCE) team.

3. Roles and Responsibilities

The **WACHS Board and Executive** are to:

- prioritise consumer and carer engagement as part of WACHS strategic directions and the development of organisational culture
- demonstrate and promote the engagement principles outlined in this policy
- ensure that governance structures and processes to support consumer and carer engagement across the organisation are developed, implemented, and reviewed
- ensure that resources are available to support consumer and carer engagement.

WACHS Executive Directors and Program Managers are to:

- ensure consumer and carer engagement occurs across their region, area, or program in accordance with this policy
- demonstrate and promote the engagement principles of this policy
- ensure that operational structures and processes to support consumer engagement across the organisation are developed, implemented, and reviewed
- report on engagement activities as per the requirements of this policy
- allocate appropriate support and resources to implement effective consumer and carer engagement processes in the WACHS region or program area.

Patient Experience and Community Engagement is to:

- lead the implementation of the WACHS Consumer and Community Engagement Strategy
- provide advice to WACHS services regarding implementation of this policy, partnering with consumer related accreditation queries, and legislative requirements.

Regional Executives are to:

- promote and implement this policy within their teams and ensure they operate in accordance with its principles and processes
- support their teams and staff to build their engagement skills and capacity
- actively enhance an engagement culture by supporting, contributing to and reporting on consumer and carer engagement activities
- develop and maintain their skills and knowledge about best practice in consumer and carer engagement.

All WACHS staff are to:

- apply the principles of this policy
- support consumers and carers to participate in ways that they choose
- develop and maintain their own skills and knowledge about best practice in consumer and carer engagement, relevant to their role.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be. (This statement is not to be removed or altered).

4. Monitoring and Evaluation

4.1 Monitoring

Compliance with the requirements of this policy will be the responsibility of the regional executive groups.

Compliance monitoring is to be reported to WACHS Safety Quality and Performance via the regional patient safety and quality teams; this includes but is not limited to:

- quarterly review of mandatory training data for carer and consumer representatives
- quarterly review of community advisory groups outcomes log
- annual review of consumer representative costing data
- annual *Carers Recognition Act 2004* (WA) compliance reporting.

4.2 Evaluation

This policy will be reviewed and evaluated as required to ensure relevance and currency by the Director Safety and Quality. At a minimum it will be reviewed and evaluated within one (1) year after first issue. The following evaluation measures will be used:

- Annual review of health service committees function and outcomes in accordance with their terms of reference. This should include qualitative submissions from committee members including consumers and carers.
- Review of submissions of the annual *Carers Recognition Act 2004* (WA) compliance reporting.
- Validation of the annual report submissions for payments for consumer and carer representatives against the engagement activity records.

5. Compliance

This policy is in alignment with the National Safety and Quality Health Service (NSQHS) Standards (second edition) set out by the Australian Commission on Safety and Quality in Health Care.

6. References

1. Australian Commission on Safety and Quality in Health Care. [National Safety and Quality Health Service Standards](#). 2nd ed. – version 2. Sydney: ACSQHC; 2021
2. Australian Commission on Safety and Quality in Health Care. [Review of the key attributes of high-performing person-centred healthcare organisations](#). Sydney: ACSQHC; 2018
3. International Association for Public Participation. Quality Assurance Standard for Community and Stakeholder Engagement. Wollongong: International Association for Public Participation; 2015.
4. Health Networks. Working with Consumers and Carers Toolkit. Perth: Western Australian Department of Health; 2023

7. Definitions

Term	Definition
Carer	A person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness, or a mental illness, or who is frail. This includes family members who may not identify as carers. Carers may receive an allowance from government to support them to provide care to an individual.
Person-centred care	Person-centred care involves healthcare that is respectful of, and responsive to, the preferences, needs and values of patients, their families and the community.
Engagement	An informed dialogue between an organisation and consumers/community that encourages sharing of ideas, options and collaborative decision making.
Volunteer	A person who participates of their own free will, without financial reward (not including reimbursement of approved out of pocket expenses) in clearly established tasks, in the planning, development, delivery and evaluation of services, to satisfy various needs of the health service.

8. Document Summary

Coverage	WACHS-wide
Audience	All WACHS staff
Records Management	Corporate Recordkeeping Compliance Policy
Related Legislation	Carers Recognition Act 2004 (WA) Work Health and Safety Act 2020 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Criminal Record Screening Policy and Guidelines • MP 0124/19 - Code of Conduct Policy • MP 0176/22 - Working with Children Check Policy
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Aged Care Criminal Record Screening Procedure • Mandatory and Role Essential Training Policy • New Staff Induction Policy • Volunteer Policy
Other Related Documents	<ul style="list-style-type: none"> • ATO Statement by Supplier • Consumer representative orientation checklist • DoH Working with Consumers and Carers Toolkit • HCCWA Engagement Policy • WACHS Consumer and Community Engagement Strategy 2021-2026 • WACHS Cultural Governance Framework
Related Forms	<ul style="list-style-type: none"> • WACHS AP3 Consumer Participation Payment Request • WACHS Consumer and Community Engagement forms
Related Training Packages	<ul style="list-style-type: none"> • Person centred care e-learning (PCC EL1) • Module 1: Introduction to Family-Centred Practice (AH08 EL1) • Module 2: Strengths-Based Approach (AH09 EL1) • Module 3: Ecomaps (AH10 EL1) • Module 4: Family Stories Putting Knowledge into Practice (AH11 EL1)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2787
National Safety and Quality Health Service (NSQHS) Standards	2.01, 2.02, 2.11, 2.12, 2.13
Aged Care Quality Standards	1, 2, 6.
National Standards for Mental Health Services	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
2.00	21 December 2023	21 December 2023	<ul style="list-style-type: none"> change of title transferred to new policy template. updated links. additional current information added and out of date information removed. Partnering with Consumers Guideline and the Consumer Representative Participation Payment Policy will be rescinded as part of the review of this policy.
2.01	16 January 2024	21 December 2023	<ul style="list-style-type: none"> Minor amendment to wording of section 2.1 and section 5. Compliance Statement

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	NIL
Contact	Manager Patient Experience and Community Engagement
Business Unit	Clinical Excellence and Medical Services
EDRMS #	ED-CO-17-19928
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