



Government of **Western Australia**
WA Country Health Service

Partnering with Consumers Guideline





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Our Values: Community, Compassion, Quality, Integrity, Justice

Our Vision:

Healthier country communities through partnerships and innovation

Our guiding principles:

- Consumers first in all we do
- Safe, high-quality service and information at all times
- Care close to home where safe and viable
- Evidence based services
- Partnerships and collaboration

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Definitions

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.

Community: members of the public, including future users of health services, volunteers, community agencies and people who live in a defined geographical location and/or who share a sense of identity or have common concerns.

Consumer (Health): a person who is currently using, has previously used, or will potentially use a health service (including individual patients, their families and carers, and community members).

Consumer-centred care: Patient or consumer-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers, and puts the consumer in the centre of all health care decision making.

Consumer feedback: Formal and informal, written or verbal input, comments, suggestions, complaints, and compliments.

Consumer groups: those groups that share a common health care experience, including consumer organisations, carer groups, and advocacy, self-help and consumer network organisations.

Consumer/carers representative: an individual who has a lived experience as a health service consumer or carer, who voices consumer/carers perspectives and takes part in the health service decision-making processes on behalf of consumers/carers.

Consumer/carers participation: encompasses the paid and voluntary contribution by consumers, family members and carers in a range of activities with WACHS such as attendance at forums, participation on committees, meetings and other formal functions.

Engagement: an informed dialogue between an organisation and consumers/community that encourages sharing of ideas, options, and collaborative decision making.

Health literacy: the extent to which consumers can obtain, process and understand information about health care, services, and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health.

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.

Acknowledgement of country and people

The WA Country Health Service (WACHS) acknowledges the people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal¹ Elders both past and present and pays respect to Aboriginal communities of today.

Foreword

Partnering with consumers and carers is fundamental to WACHS achieving service improvement and reform that places consumer health needs central to its core business and values, and everyday actions.

Our vision for healthier country communities through partnerships and innovation is a team effort that requires effective and meaningful engagement between all health service providers, staff, communities, consumers, and carers.

The WACHS Consumer and Carer Engagement Policy provides significant scope for consumers and carers to influence health service planning and improvement: from supporting consumers to manage their own health care and making informed decisions, to listening and learning from the experiences of consumers to improve the safety, quality, and efficiency of our services.

This guideline supports the WACHS Consumer and Carer Engagement Policy by outlining the engagement and governance processes to be used by all WACHS staff to strengthen and improve the ways that we listen to and work with consumers and carers across our health services.

Consumer- centred care and engagement can happen anytime, anywhere, with **all** WACHS employees playing an important role in providing a positive health care experience for all country Western Australians.



Melissa Vernon
CHIEF OPERATING OFFICER, STRATEGY & REFORM
WA Country Health Service

¹ Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

1. Types of consumer engagement

Engagement with consumers and carers can be sought in many ways, formally or informally, and approaches may vary across WACHS regions and districts to suit local needs and populations.

Examples of the types of activities that may occur along the engagement spectrum are shown below.

The key is to be open, creative, and flexible.

INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
<p>One-way exchange We will keep you informed about the things that are important to you and your health knowledge.</p>	<p>Two-way exchange We will seek your opinion and feedback to ensure your needs and views are heard and understood, and keep you informed of the outcome.</p>	<p>Input into decision-making We will invite you to be involved in our decision-making processes to provide your perspective and input.</p>	<p>Shared decision-making We will work with you as equal partners to develop solutions and include your advice and views into decision-making as much as possible.</p>	<p>Ownership of decision-making We will implement what you decide.</p>
<ul style="list-style-type: none"> · Clinical staff informing consumers about their care and condition. · Patient fact sheets · WACHS website · Hospital displays and noticeboards · Media releases · Health promotion activities · Community open days · Sharing safety and quality data to inform discussion. 	<ul style="list-style-type: none"> · Focus groups · Patient/client surveys · Community consultation forums · Feedback and suggestions boxes · Open disclosure processes · Compliments and complaints processes · Online feedback platforms such as Patient Opinion 	<p>Consumer as partners in/as:</p> <ul style="list-style-type: none"> · Policy development · Program planning · Service planning forums · Hospital volunteers · Patient advocates · Development of patient information publications · Quality improvement activities 	<p>Consumers as partners in:</p> <ul style="list-style-type: none"> · Advisory Committees · Governance Committees · Infrastructure Reference Groups · Staff training development and delivery · Shared decision-making in patient care and self-management planning 	<p>Consumers as partners in:</p> <ul style="list-style-type: none"> · Decision-making bodies such as the WACHS Board, Project Steering Committees · Service programs designed and run by consumers (i.e. Mental Health Peer Workforce)

2. The engagement process

Some types of engagement require more planning and coordination than others, particularly activities that are further along the engagement spectrum.

Regardless of the engagement activity, it is vital that consumers are fully supported to participate in the way that they choose.

For more complex forms of engagement, it is important to clearly plan and scope your engagement activity, using a PLAN, ACTION, and EVALUATE approach:

PLAN

Define the purpose, objectives, and scope of engagement

Identify the consumers/groups you want to engage and the factors that may impact their ability to participate such as: health literacy, ethnicity, locality, health status, disability, age, carer/family support and commitments, language, past experiences of engagement, employment status.

Assess resources and time available, and capacity of your staff/team

Identify the type of engagement and the role of the consumer

Develop an implementation plan, including appropriate engagement methods

ACTION

Clearly communicate the aim of the engagement activity, roles of staff and consumers to all involved.

Provide the support, training, and orientation needed for consumers and staff to fulfil their engagement role.

Collate input and report on the decision/outcome. It is important that participants know how their contribution has made a difference. They will feel valued and this will assist to build the relationship of trust and respect, and increase the likelihood of them participating in the future.

EVALUATE

Evaluate the engagement activity/process from a consumer and organisational perspective.

Share any lessons learned: To inform and improve future activities.

Change management: Implement lessons learned.

Use the **Consumer Engagement Checklist (Appendix A)** to assist you Plan, Action, and Evaluate engagement activities most suited to your consumers, project, service, district or community.

3. Consumer communications and information

How effectively we communicate with, and provide information to, consumers has a direct impact on health service safety, quality, and efficiency. This can include:

- verbal information provided in person, over the phone, or via Telehealth – either as clinical or non-clinical staff
- patient information publications such as brochures, booklets, posters, fact sheets
- facility signage and way-finding
- forms (for completion by consumers or carers)
- website or video information
- written letters and emails (such as appointment letters, discharge letters)
- written responses to consumer feedback (compliments and complaints)
- public presentations
- agendas, minutes, and discussion papers for meetings involving consumer representatives.

When communicating with consumers and carers, always consider the following:

1. The **health literacy** of the consumers, carer, or community group
2. The **accessibility** of information and publications
3. **Consumer rights and responsibilities.**

Health literacy

Health literacy is the degree to which an individual has the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions. Health literacy depends on individual and system factors:

- Communication skills and capacities of consumers and health professionals
- Consumer and health professional knowledge of health topics
- The consumer's cultural background
- Demands of the healthcare and public health system
- Demands of the situation/context.

Health literacy affects people's ability to:

- navigate the healthcare system, including filling out complex forms, locating providers and services, and way-finding in health facilities
- share personal information such as health history with providers
- undertake self-care and chronic-disease management
- understand mathematical concepts such as probability, risk, and measuring medications.

Accessibility

Ensuring information is accessible to consumers in ways that meet their needs is fundamental to supporting and addressing consumer health literacy.

WACHS and its staff are obliged by law² to ensure that people with a disability receive information from our services in a format that will enable them to access the information as readily as other people are able to.

This includes any verbal, printed, audio, visual, and web-based information.

Consumer rights and responsibilities

Everyone who is seeking or receiving care in the Australian and Western Australian Health system has certain rights regarding the nature of that care.

Being aware of, and understanding your rights and responsibilities as a health consumer can be helpful in any engagement activity, and in making decisions about health care.

Information about health consumer rights and responsibilities should be made easily accessible and understandable for all WACHS consumers, including:

- [Australian Charter of Healthcare Rights](#)
- [Mental Health Act 2014: Charter of Mental Health Care Principles](#)
- [WA Public Patients' Hospital Charter](#)
- [WACHS Comments and Complaints process](#)
- [WA Health Open Disclosure Policy](#)

Resources for health literacy and accessibility

The tools below can help to ensure that your communications with, and information for, consumers are accessible and understandable:

- [WA Health Language Services Policy Support Toolkit](#)
- [Office of Multicultural Interests I Need An Interpreter Card](#)
- [Finding and contacting interpreters and translators](#)
- [National Relay Service](#)
- [Tasmanian Department of Health and Human Services Communications and Health Literacy Workplace Toolkit](#)
- WACHS Editorial Style Guide (available on the [WACHS Communications intranet page](#))
- [WACHS Style Guide for Corporate Visual Identity](#)
- [WA Health Writing Style Guide 2015](#)
- [WA Health Web Guidelines 2013](#)
- [WA Health Style Guide for Corporate Visual Identity: Accessibility Checklist](#)
- [WA Health System Language Services Policy](#)
- [SMOG readability formula](#)

² [Disability Services Act 1993](#)

4. Involving consumers in developing publications

The best way to know whether information and publications will be understandable, useful and accessible for consumers is to involve them in the development and design process.

All WACHS publications developed for the purpose of consumer information must incorporate consumer input.

Before developing any consumer information or publication, consider the following:

- What is the purpose of the publication?
- Who is the information being written for?
- What is the information that needs to be conveyed?
- Have you reviewed existing material/publications on the subject?
- Would any existing publications be suitable to adapt/use for WACHS consumers?
- Have you discussed the project with your manager and secured support and budget?
- Who else needs to be involved?
- Which consumers will be part of the writing/review group?
- What format best suits the information?

If there is still a need for a new publication, then progress with the steps below:

1. Form a small working group of health professionals and health consumers.
2. Confirm your target group, be specific, and assess their needs.
3. If there are existing publications that may be suitable for your purpose, review these as a group. Current publications produced by the Department of Health or another service may be used or adapted (with relevant permission), as long as they meet the needs of your WACHS consumer target group.
4. Plan your approach, develop objectives, consumer engagement strategies, timeline, and budget as well as plan for the distribution of the publication.
5. Before publishing, contact WACHS Communications via WACHS.Comm@health.wa.gov.au and include information about your proposed publication and details of how consumers have been engaged in the development or review of the material.
6. All final publications must display the [WA Country Health Service Consumer Approved Logo](#) (right) so that consumers can easily identify publications that have been developed with consumer input. The logo and instructions on how to use it are available on the WACHS Communications [intranet page](#).



5. Involving consumers in policy development

Consultation is the most important aspect of any policy development process and should occur at all stages of the policy document development cycle.

Who will be affected by the policy and in what way, should be determined during the research and analysis stage, and will influence the level and scope of consultation required.

Involving consumers in policy development can be a way for consumers to:

- provide unique perspectives and ideas to the policy development team
- provide input on policies and policy directions that are likely to affect them
- encourage consumer-centred discussion among and with stakeholders



Consultation may be with consumers, carers, families, specific consumer population groups, consumer or carer representatives, consumer or carer organisations, or consumer advisory groups such as DHACs or Hospital User Groups.

The WACHS [Policy Development Policy](#) provides further information on the policy development process and consultation requirements.

6. Involving consumers in workforce training

If you are planning to develop, review or deliver clinical or non-clinical workforce training, you should consider whether engaging consumers or incorporating the consumer voice into these activities will be useful and appropriate for all involved (staff and consumers), and that you have the capacity to ensure consumers are well-supported in their role.

Consumer perspectives and experiences can be incorporated in many ways including:

- consumer stories
- consumers as educators/trainers
- reviewing training materials as part of a Program Development or Review Team
- consumer feedback
- as actors in simulated patients/scenario-based learning exercises

Staff should refer to the WACHS [Engaging Consumers in Workforce Training Guideline](#) which provides specific details on:

- the types of training that would benefit from consumer involvement
- case studies
- roles and responsibilities of staff and consumer
- checklists
- methods for involving consumers to enhance staff training and education.

7. Recruiting consumers

Consumer participants and representatives should be recruited from a diverse range of backgrounds, which reflect the demographics of the WACHS' populations.

Who are your consumers and communities?

Before recruiting consumers, make sure you identify who your local consumers and communities are. Consider your local health populations and demographic profiles. Who currently experiences barriers to accessing health services? Where else in the community do people find support for their health needs and issues?

Who do you want to hear from / connect with?

- Active consumers: current health service clients, patients, and target audiences
- Families and carers: families and carers of active consumers
- Community members: past and potential users of health services
- Community and consumer groups: for example, Local Health Advisory Groups (LHAGs), Hospital User Groups (HUGs), Mental Health or Aboriginal Consumer Advisory Groups (CAGs), Health Consumers Council WA, volunteers.
- District Health Advisory Councils (DHACs).

Connecting with “hard-to-reach” consumers and groups

In line with the [WA Health Substantive Equality Policy](#), it is important to consider the different needs of client groups and identify ways to include representation from hard-to-reach groups in your region or district, for example people who:

- are Aboriginal
- are from culturally and linguistically diverse backgrounds
- are from low socio-economic backgrounds
- are from remote communities
- have a disability
- have a mental illness
- are homeless
- identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ)
- do not have access to computers or internet
- are victims of domestic violence or abuse
- are refugees.

Hard-to-reach groups are often the ones who also experience significant health issues and barriers to accessing health services, so seeking their input and perspectives is vital.

Consider the following:

- **Partner with existing experts/groups/networks** in your area that have experience in engaging with specific population groups (e.g. Aboriginal Medicals Services, Aboriginal Elders, Aboriginal Liaison Officers, community leaders, disability networks, migrant support groups).
- **Partner with existing health/education intervention programs** that are working well and learn from them.
- **Always remember to engage with people “where they are”**, both geographically and in their own lives and circumstances. Go to them; do not expect them to come to you.
- **Ask consumers how they would like to be involved or consulted.** Some hard-to-reach groups may feel uncomfortable or anxious about attending meetings in health service offices. Find a neutral or familiar venue for these consumers and consider more informal approaches to consultation.
- **Provide information in first language**, use interpreters and provide translated written information where needed.
- **Use a variety of communication mediums**, such as face-to-face, written and audio-visual materials, and storytelling.
- **Familiarise yourself** with the basic historical, social, political, and economic factors affecting these groups.
- **Be mindful of consultation burnout**, especially among Aboriginal stakeholder. Where possible, consolidate consultations about a number of health issues into one meeting.

Recruitment strategies

Identify and recruit consumers by using any or a combination of the following:

- Direct invitation to current patients and service users.
- Advertising in local papers for individuals to be involved on committees.
- Advertising in local newsletters and noticeboards.
- Displaying flyers or posters in health service waiting rooms, pharmacies, libraries etc.
- Contacting your local District Health Advisory Councils.
- Contacting local health support groups and networks.
- Contacting the WA Health Consumers Council or Carers WA.
- Advertising via local groups such as community resource centres, multicultural resource centres, Aboriginal health organisations, local government.
- Promotion through WACHS internal and external newsletters and websites.

What skills, experience, or background will a consumer need?

This will depend on the type of activity and level of involvement.

You might consider:

- a lived experience in receiving health care or services, relevant to the engagement activity.
- an ability to look beyond their own experience (i.e. able to generalise their experience when thinking about consumer issues more broadly).
- willingness to participate and share their experiences, even if they are personal, negative, or uncomfortable
- confidence in sharing their story or speaking in group settings
- a good understanding of the health service/system
- having links with consumers and consumers/community groups outside of the health service to keep in touch with consumer views and issues.

It is also important to seek consumers with different opinions, experiences and expertise to ensure that a range of voices and views can be heard.

Selection

The selection process will be similar to that for a staff member – i.e. if there are many applicants, prepare a short list of the most suitable candidates, and assess the skills and experience of consumer against the requirements of the role or activity.

During this process, consider the following:

- Do the consumer's experience, knowledge and skills fit with the position description and Terms of Reference of the group?
- Does the consumer have any relevant professional experience that might also assist them in the role?
- If the role is not appropriate for the consumer, are there other consumer roles within our organisation which might be a good fit for them?

Consumer Representative Register

WACHS regions and sites may consider building a local consumer engagement “pool” or register of consumers who have expressed interest in being involved in service improvement activities. The register could be used to record consumer contact details, their skills and areas of interest and how they wish to participate.

A consumer engagement flyer template is available on the [Consumer Engagement page](#) of the WACHS intranet for regions to use or adapt.

The flyer may be used by health services to recruit consumers or raise awareness of consumer engagement opportunities. It may be given to patients and families in hospital, services, on discharge, available in waiting rooms, or distributed to consumers and community groups via local DHACs, or at public forums.

8. Involving consumers in formal roles and health service governance

Consumers already make a valuable contribution at high levels of WACHS: there is a consumer member on our Board, as well as on governance groups such as the WACHS Clinical Governance and Patient Safety Committee.

WACHS regions and program areas are to involve consumers in formal groups and governance bodies such as:

- policy and strategy development groups
- infrastructure reference groups
- safety and quality committees
- publications and forms review groups
- workforce training development groups.

In these cases, it is useful for the consumer member to have a good knowledge of health issues and health service delivery. Our District Health Advisory Council Chairs and members are a good source for these roles, depending on their existing workload.

The selection of consumers to participate on formal working groups and committees should be undertaken in a fair and equitable manner.

A position description should be developed that includes:

- background information about the group or committee
- the role of consumers in WACHS as a whole
- the specific role and responsibilities of the consumer in the group
- length of commitment
- what kinds of skills, experience, and attributes are required
- information about the application process.

It is recommended that wherever possible, committees involving consumers and carers will have more than one such member. This ensures a level of peer support for the representatives as well as a back-up should the representative be unable to attend a meeting.

Appointment to formal roles may be through a public call for Expressions of Interest or by direct invitation. Appointment and selection processes should be accessible, equitable, and transparent.

Further information, checklists, and templates for supporting consumers on formal committees and working groups are available from the [Consumer Engagement page](#) on the WACHS intranet.

A **Consumer Participation Role Description template** is available from the [WACHS Consumer Engagement intranet page](#).

How do we formalise consumer participation?

To ensure that consumers are well-supported and their participation is transparent and equitable, it is useful to formalise their participation.

This is most applicable to consumers who are engaged in more formal or long term activities such as hospital volunteers, project, publication, or policy working groups, advisory groups, governance committees, or staff training/education programs.

In these instances:

- .. **Get their consent**, including disclosing:
 - The purpose, aim, expectation and conditions of participation
 - The level of participation
 - How they will be supported (*see Section 5 for further details*)
 - What you will do with the information consumers give you?
 - How you will inform them of any outcomes of the work you do together?
 - How their story or photo may be used for training purposes (if applicable)
 - Whether their real name or an alias will be used (if applicable).

- .. **Provide a mechanism for withdrawing** from participation.

- .. **Confirm all these details in a letter** to the consumer.

- .. **Ask them to sign** a [WA Health Volunteer Agreement](#) (includes confidentiality agreement).

- .. **Apply for relevant clearances and records checks.** Depending on the level of partnership, consumer representatives, members and participants may be required to undergo a Criminal Record Screening, or apply for a Working with Children Check or Aged Care Criminal Record Screening. This will be at the discretion and cost of the relevant WACHS area or region, as per the [WACHS Volunteer Screening Process](#).

9. Support for consumer representatives and participants

The WACHS is responsible for providing orientation, training, support, safe environments, insurance cover, and reimbursement for approved out-of-pocket expenses to volunteers and consumer representatives as outlined in the [WA Health Volunteer Policy](#) (OD 0619/15).

Orientation

Consumers must be provided with appropriate orientation so they can fulfil their participation / engagement role, including the following:

- .. Be clear about the role and expectations of the consumer, and the level of support, feedback and communication they can expect to receive from the health service.
- .. Provide contact details of where and who they can seek support from during their participation: i.e. a nominated and consistent health service staff member/s, the Health Consumers' Council, Carers' WA, or other consumer representatives.
- .. Provide background information to the health service, facility, committee, or project that will be under discussion.
- .. Provide Terms of Reference and a list of common acronyms that may be referred to during meetings.
- .. Provide background information on the organisation/health service, such as district demographics, WACHS Values, Strategic Direction and Organisational Structure.
- .. Introduce them to staff, other consumers and stakeholders relevant to the engagement role/activity.
- .. Provide information on consumer rights and responsibilities ([Australian Charter of Healthcare Rights](#), [WA Public Patient Hospital Charter](#), and [WA Carers Charter](#)).
- .. Provide the WACHS Guidance for Consumer Representatives document (available from the WACHS [Consumer Engagement](#) intranet page).

Accessibility

To enable easy access and maximise participation by consumers, consider the following:

- The time and location of meetings/engagement activities.
- Proximity of transport.
- Participation by phone, video-conference, Skype, or Scopia.
- Alternating between face-to-face and online attendance to reduce travel, if feasible.
- Ensuring meeting information is in a format that is accessible and understandable.

Training

Initial and ongoing training and development may be required to support consumer/s to fulfil their engagement role. Consider the following:

- Provide access to consumer and carer representative training via the [Health Consumer Council](#) and [Carers Association of WA](#).
- Provide relevant safety information such as Fire and Evacuation and Hand Hygiene instructions.
- Identify other training and education that may support the consumer representative's role, such as communications training, safety and quality education, cultural competency training.
- Evaluate any training provided to consumers to ensure it meets their needs.

Reimbursement and payment

Travel and other costs can sometimes be a barrier to community and consumer participation. The following payment and reimbursement policies apply:

- WACHS regions may consider reimbursing approved out-of-pocket expenses for volunteers and/or consumers undertaking more complex forms of engagement (i.e. participation in governance committees, working groups, training and education of staff, etc.), as per the [WA Health Volunteer Policy](#).
- Participation payments are applicable **only** to formally appointed community and consumer representatives of District Health Advisory Councils (DHACs), and the Wheatbelt and Great Southern Aboriginal Health Advisory Councils. The WACHS [Consumer Participation Payment Policy](#) provides further details regarding these payments and applies the [Health Consumers' Council recommended sitting/participation fees](#), and the Australian Taxation Office travel cost reimbursement rates.

Ongoing support

- Ensure any meeting papers, agendas, or pre-reading documents are provided to consumers in a timely and accessible way, so they can effectively prepare for meetings.
- Ensure they are treated as an active member of the group and valued for their participation: support them to ask questions, ask for clarification, and provide comment.
- Provide briefing and de-briefing opportunities before and after meetings if required.
- Consider having a trial period to allow the consumer or carer representative to decide if the role is suited to them or to determine whether any additional support, training or guidance is required.

Conflict Resolution

- Conflict is best addressed in a confidential and open conversation between the parties to determine the reason for the conflict and how best to address it.
- Where conflict cannot be resolved within the committee/group with the Chair there should be a discussion with the relevant area or Operations Manager and Regional Director. The Chief Operating Officer, Strategy and Reform can provide advice on the process and escalation where required.

Indemnity

- Volunteers and consumer representatives in formal roles are regarded as employees under the *Occupational Safety & Health Act 1984* and each region is to provide appropriate safety training during orientation.
- Insurance cover is provided under the RiskCover policy for board or committee members, volunteers, work experience persons and other specified persons as declared to and approved by RiskCover while engaged in any official business, activity or duties arranged and authorised by the agency, anywhere in the world (including direct travel during such work or between their place of residence and place of work). This includes bodily injury, death or disability, whether permanent, partial or temporary, caused by an accident.

Code of conduct

- Volunteers and consumer representatives on formal WACHS committees, working groups and bodies must comply with the [WA Public Sector Code of Ethics](#) and the [WA Health Code of Conduct \(MP 0031/16\)](#).

10. Staff support

Ongoing learning and development in consumer centred care and engagement is essential to ensure that our health service leaders and staff (clinical and non-clinical) are well supported to undertake effective engagement with their consumers and communities.

The following e-learning programs are available on the WACHS Learning Management System (LMS):

- Consumer Centred Care Orientation Guide for Clinical Staff (CCCOG EL2)
- Consumer Centred Care Orientation Guide for Non-Clinical staff (CCCOG EL1)
- Consumer Centred Care: What you can do as a leader.

Creating a health service that is truly consumer-centred and which values the consumer perspective also relies heavily on nurturing an organisational, leadership, and team culture where the consumer experience is front and centre of all that we do.

To ensure consumer engagement and consumer-centred care are integral to WACHS core business, directors and managers should support staff undertake the following as part of their learning and development programs:

- Aboriginal Cultural Learning (LMS)
- Collecting and using patient stories
- Communicating with patients (teach back method etc.)
- Communication and Interpersonal skills
- Complaints Management
- Customer Service (for PATS clerks, reception, administrative staff)
- Disability Access and Inclusion (LMS)
- Health literacy
- Leadership development
- Open Disclosure (LMS)
- Partners in Care: Team Values Workshop Toolkit (LMS)

WACHS consumer engagement tools and resources (available on the [WACHS Intranet Consumer Engagement page](#)):

- WACHS [Engaging Consumers in Workforce Training Guideline](#)
- WACHS Consumer Engagement Case Studies
- Information for WACHS Committees with Consumers Representative
- Guidance for Consumer Representatives
- Health literacy tools
- Tools for Collecting Consumer Stories

11. Evaluation and shared learning

Evaluation of consumer engagement activities and strategies should be an ongoing process to ensure that activities are meaningful and effective for consumers and health services. See the EVALUATE section of the checklist at [Appendix A](#), for points to consider during evaluation.

Consumer Engagement Activity Register

Regions/districts and program areas may establish and maintain a Consumer Engagement Activity Register that centrally records all consumer engagement activities undertaken.

This could be used as a tool for tracking and evaluating consumer engagement activities as well as a means of compiling ongoing evidence to support accreditation against national standards, and the annual reporting requirements of the WACHS Disability Access and Inclusion Plan, and Carers' Recognition Act 2004.

The register could record the following:

- date, location, and type of engagement activity
- numbers and details of the types of consumers involved (this would assist the assessment of diversity of engagement, or in some cases *over-engagement* of particular groups)
- positive outcomes or lessons learned from the engagement (this would assist staff to identify which activities might be appropriate to develop into case studies for shared learning).

12. Supporting documents

- Australian Commission of Safety & Quality in Health Care (2012). [National Safety & Quality Health Service Standards](#).
- Australian Government, (2010), [National Standards for Mental Health Services](#)
- WA Country Health Service (2013). [WACHS Strategic Directions 2015-2018: Healthier Country Communities through Partnership and Innovation](#)
- IAP2 International Association for Public Participation, [Public Participation Spectrum](#)
- WA Country Health Service [Publications Style Guide](#)
- Australian Commission on Safety and Quality in Health Care (2008). [Australian Charter of Healthcare Rights](#)
- Department of Health (2016). [The Western Australian Public Patients' Hospital Charter](#)
- WA Country Health Service (2015). [Advisory Council Participation, Payments, Reimbursement of Expenses and Support Policy](#)
- Health Consumers' Council (WA) (2011). [Consumer Representative Payment Policy](#)
- WA Health [Aboriginal Health and Wellbeing Framework 2015-2030](#)
- Public Sector Commission (2012) [WA Public Sector Code of Ethics](#)

13. References

This WACHS Partnering with Consumers document has been developed with reference to the following publications:

- Health Consumers Queensland & Queensland Government (Feb 2012), *Consumer and Community Engagement Framework*
- Government of South Australia, South Australia Health (2013), *Guide for Engaging with Consumers and the Community*
- American Hospital Association (Jan 2013), *Engaging Health Care Users: A Framework for Health Individuals and Communities*. AHA, Chicago
- Mental Health Commission, Western Australia (Feb 2013), *Support Consumer, Family and Carer Engagement Policy and Guidelines*
- Victorian Integrated Cancer Services (2012), *Consumer Participation Toolkit*
- WA Child and Adolescent Health Service (Jan 2012), *Consumer and Carer Engagement Policy*
- Paediatric Integrated Cancer Service (May 2013), *A Toolkit for Consumer Participation and Engagement*
- Outer East Health & Community Support Alliance, (May 2003), *Consumer, Carer and Community Engagement Strategy*
- Cancer Australia (2016). *Consumer Involvement Toolkit*
- Tasmanian Council of Social Services (2012), *Consumer Engagement Handbook for HACC Services in Tasmania*.

14. Related Policy Documents

- WA Country Health Service (2012). [District Health Advisory Council Guidelines](#)

15. Related WA Health Policies

- Department of Health (2013). [WA Health Web Guidelines](#)
- Department of Health (2011). [WA Health Style Guide for Corporate Visual Identity: Accessibility Checklist](#)
- WA Health (2017) [WA Health System Language Services Policy](#)
- WA Health (2015) [Open Disclosure Policy](#)
- Department of Health (2015). [WA Health Substantive Equality Policy](#)
- Department of Health (2015). [WA Health Volunteer Policy](#)
- Department of Health (2016). WA Health [Code of Conduct](#) (MP0031/16).

16. WA Health Policy Framework

[Communications Policy Framework](#)

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on request for a person with a disability**

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Appendix A: Consumer Engagement Checklist*

Use this checklist to help plan, implement, and evaluate your consumer engagement activities, with key questions and ideas to consider.

Engagement Step		Key questions	Ideas/Examples
PLAN	Define purpose, objectives, and scope	<ul style="list-style-type: none"> • Why are we engaging consumers? • What do we hope to achieve from the engagement? • What matters need to be discussed or decided? • What information is to be sought from the process? • Why is engagement taking place now? • What are the risks/benefits? • Does the engagement need to be made sustainable? 	<ul style="list-style-type: none"> - To assess acceptability of or satisfaction with services - Improve service delivery - Evaluate some aspect of service - Design a service, program, or facility - Assess consumer/community needs - Increase democracy - Improve health outcomes
PLAN	Identify the consumers/groups you want to engage	<ul style="list-style-type: none"> • Who are our consumers? • Which consumers/groups do we want to engage? • Who should be involved? • Do particular population groups need to be targeted? • Have consumers been involved in the past? • Are there other potential stakeholders/partners? • Are there links with DHAC activities? • Who are our “hard to reach” consumers? 	<ul style="list-style-type: none"> - Broad community involvement - Specific consumers groups (i.e. ethnic, issues based, locality, consumer status, carers etc.) - Previous consumers/groups used in the past (for benchmarking/continuity) - Health populations and demographic profiles - Marginalised and/or disadvantaged groups - Other health/community services groups - Primary Health Networks, Local Government - Health Consumers Council//Carers WA
PLAN	Assess capacity of your health service/team	<ul style="list-style-type: none"> • What needs to be done to build commitment? • What needs to be done to maintain support? • What staff expertise/training is required? 	<ul style="list-style-type: none"> - Leadership and staff supportive of consumer participation. - Are staff confident, experienced in engaging consumers? Are there skills that could be further developed? What do staff need to support them?

Engagement Step		Key questions	Ideas/Examples
PLAN	Check time and resource parameters	<ul style="list-style-type: none"> What are the implications for the time frame and resource levels for the consumer engagement strategy you have chosen? What is the timeframe for engagement? Is this a one-off, or ongoing engagement activity? 	<ul style="list-style-type: none"> Do you need to act now? Is this a short, medium or long term process Consider resources that might be need for consumer engagement – staff, venue hire, technical equipment, sitting fees, catering etc.
PLAN	Identify type of engagement and the role of the consumer	<ul style="list-style-type: none"> Based on the above, what is the most appropriate form of engagement? What is the role of the consumer in this engagement? What skills, experience, and knowledge do they need? Have the limits and objectives of the engagement been clearly defined? Are there legal/ethical issues to consider? E.g. privacy/consent/confidentiality? 	<ul style="list-style-type: none"> Refer to WACHS engagement Model/IAP2 Spectrum of engagement for examples of types of engagement. Consider the health literacy and accessibility requirements of the identified consumers?
PLAN	Develop a implementation plan	<ul style="list-style-type: none"> How will consumers be recruited, selected, and orientated to their role? How will stakeholders (staff, consumers, and others) be made aware of the engagement activity? What resources are required? (staff, venue, technical equipment, catering) Set meeting times and deadlines for feedback. 	<ul style="list-style-type: none"> Consumer Representative Register Consider accessibility, flexibility, health literacy, diversity.
ACTION	Communicate	<ul style="list-style-type: none"> Communicate the aims and roles of the engagement activity to stakeholders. Ensure consumers and staff involved in the activity are kept up-to-date with progress, changes, and are able to raise concerns and ideas. 	<ul style="list-style-type: none"> Global emails to staff Scheduled meetings Internal newsletters Updates to teams and groups
ACTION	Provide support	<ul style="list-style-type: none"> What support, training and orientation will consumers need to fulfil their engagement role? 	

Engagement Step		Key questions	Idea/Examples
ACTION	Collate and report on consumers input/decision	<ul style="list-style-type: none"> What are the feedback mechanisms for this engagement? How will we report back to consumers? 	<ul style="list-style-type: none"> Survey tools, collating and analysing written consumer/community feedback, whiteboards, interviews. In person, via email, via published report, forum, meeting Remember to communicate to participants how their input influenced/affected the decision, and to acknowledge, and thank the input of consumers in the development of project/outcome.
EVALUATE	Evaluate the engagement activity/process	<ul style="list-style-type: none"> What are the lessons learned from partnering with consumers? Did we achieve our objectives? What was the consumer experience of the engagement activity/process? What could we have done differently? What needs to be improved? What was the consumer experience of the training provided? 	<ul style="list-style-type: none"> Consumer Engagement Activity Register Evaluation surveys Direct feedback from consumers Suggestions/comments for future engagement Team/staff reflection
EVALUATE	Share and educate	<ul style="list-style-type: none"> How can we share what we have learned in the consumer engagement activity/process? 	<ul style="list-style-type: none"> Discussing with other teams Case studies Asking consumers involved in activity/process to be part of staff education on consumer engagement: presenting their experience/story.
EVALUATE	Change management	<ul style="list-style-type: none"> How will we implement the lessons learned from engaging with consumers? Who needs to be involved in the change? Who will implement the change? 	<ul style="list-style-type: none"> Making changes to the way we present information to consumers. Team discussion as to how consumer engagement can be improved in the future.

* Adapted from Queensland Health *Consumer and Community Engagement Strategy Checklist*, and SA Health *Checklist for Engaging with Consumers and the Community*.



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