



Working with Health Consumer Advocates and Representatives

As the peak health consumer organisation in this state, the Health Consumers Alliance of South Australia (HCASA) calls on health professionals, services, policy-makers and researchers to ensure health consumer advocates and representatives are recruited, trained, engaged and supported in a structured, inclusive, experience and skills-based process that respects the value advocates and representatives bring to health care decision-making for all South Australians.

This position statement outlines the imperative for health, research and other organisations/services to effectively and efficiently partner with consumer advocates and representatives in the codesign, decision-making, monitoring and evaluation and accountability of health and community services.

Consumer advocates support, promote and defend the interests of a consumer or community by supporting an individual or standing up for a just cause. A consumer advocate is able to provide the perspective and/or direct needs, goals and expectations of the person or cause for which they advocate, based on what they have negotiated with the person with whom they are advocating, or their informed position about equity and fairness on a matter.

Consumer representatives voice collective consumer or community perspectives and take part in decision making as a representative of those consumers and communities. Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation.

Recruitment of consumer advocates and representatives to participate in activities as a systemic role should include:

- A formal Expression of Interest and selection process with clear selection criterion including knowledge and skills required; what will be required from the role; how the recruiting organisation will support and share accountability with the consumer selected and what the consumer can expect as outcomes from their participation
- A minimum training requirement: eg HCASA Introduction to Consumer Advocacy Training Program and/or Consumer Leadership Training Program or equivalent
- A consumer advocate role description
- Terms of Reference, which outline as a minimum; scope, role and responsibility, reporting and output/outcome requirements for all members of the group – and the anticipated impact and influence of consumer perspectives

- The number and scope of people on the group (including other consumer appointees)
- Confidentiality and conflict of interest obligations and agreement
- Sitting fees and reimbursement entitlements
- Best practice identifies time-limited appointments and processes to review quality from the perspective of all parties.

Selection, training, support and evaluation of the impact and influence of consumers should utilise a process that is informed by experienced consumer professionals: HCASA can provide this expertise.

Sitting fee rates of payment for this category should be the same for consumers and non-consumer members ie irrespective of position/level of education or usual salary: if every member of the committee/group works under the same terms of reference and they come to the table with the same accountabilities - then the sitting fee should be the same. Reimbursement of costs (eg travel) should be considerate of significant access barriers that would prohibit individuals and communities from participating such as rural and remote communities, people with access support needs, disadvantaged communities.

HCASA identifies a distinct role delineation between consumer advocates in systemic roles and once-off consumer and/or community consultation processes, the latter being where there is no appointment to a group/process and no role description/terms of reference and instead, the individual attends a forum or focus group. Sometimes consultations/focus groups are run by and for consumers.

Consideration should be given to collaborative leadership of any work with/for consumers; explicit induction processes (that include the chairperson as well as the consumers and other committee members); routine (at least annual) review of efficiency and effectiveness including consumer-centred measures of value.

HCASA representation on a committee or advisory body does not constitute nor act as a substitute the role of consumer advocates.

Health Consumers Alliance of SA Inc (HCASA)

Vision:

Consumers at the centre of health in South Australia

Mission:

To engage consumers and health services to achieve high quality, safe, consumer-centred care for all South Australians. We promote and strengthen the voices, wellbeing, rights and leadership of health consumers.

HCASA is the peak body for health consumers in South Australia. Since 2002, HCASA has worked in partnership with individual consumers, carers and advocates; with consumer groups and committees; with communities; and with a rich and diverse range of partners to fulfil our mission.

Together, we advocate at the system level to embed consumer engagement policy and practice across the SA health system. This includes public, private and non-government health and community service providers.

See also

HCASA Statements

- *Consumer Centred Health Care in South Australia*
- *Consumer and Community Engagement in Health Care*
- *Consumer Sitting Fees and Reimbursement*

Refer

- *Health Care Act 2008 (Governance) Amendment 2019*
- *National Safety and Quality Health Service Standards second edition Australian Commission for Safety and Quality in Health Care 2019*

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