

HCOQ

**HEALTH
CONSUMERS**
QUEENSLAND



A Guide for Health Staff

Partnering with Consumers

Acknowledgement of Traditional Owners

Health Consumers Queensland acknowledges the First Nations peoples who are the traditional custodians of the land on which we live, work, and play. We pay our respects to Elders past and present of the Aboriginal and Torres Strait Islander peoples as cultural authorities of the world's two oldest living cultures.

Use of term First Nations

Health Consumers Queensland has chosen to use the term First Nations to refer to Aboriginal people and Torres Strait Islander people throughout this document. The authors recognise and respect the differing opinions held by Aboriginal people and Torres Strait Islander people about terminology used to describe their culture and has chosen the term First Nations for inclusivity.

Health Consumers Queensland recognises the difference between Aboriginal peoples and Torres Strait Islander peoples' culture and the diversity within language groups, clans and tribes within Australia.

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Contents

| | |
|---|-----------|
| Introduction | 2 |
| What is consumer partnering? | 3 |
| Who is a health consumer representative? | 4 |
| The role of a consumer representative | 5 |
| Legislation and policies on consumer partnering | 6 |
| How to use the Consumer and Community Engagement Framework | 8 |
| Making consumer partnerships possible | 11 |
| Enablers for effective consumer partnering | 11 |
| Challenging the barriers to consumer partnering | 12 |
| Health literacy in consumer partnering | 14 |
| Partnering with Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse Communities | 15 |
| How to partner with consumers | 19 |
| Planning consumer partnerships | 19 |
| Identifying and recruiting consumer representatives | 21 |
| Preparing consumer representatives for success | 26 |
| Working with consumer representatives | 30 |
| Evaluation of consumer partnering | 33 |
| Thinking about the future | 34 |
| References | 36 |

Introduction

About Health Consumers Queensland

Health Consumers Queensland is the peak body representing consumers of the health system, their loved ones and carers in Queensland. By elevating and amplifying the diverse voices and lived experiences of consumers, and by advocating on their behalf, we are building more responsive public and private health services and systems for all Queenslanders.

Health Consumers Queensland is a leader in consumer engagement and participation. We represent and include the lived experiences of diverse groups of people who come from different backgrounds, cultures, genders, sexualities, bodies, and abilities, recognising that these perspectives are essential in shaping our health service delivery, planning, and evaluation.

We are committed to building and supporting a network of consumer representatives that reflects our community's richness—including rural, regional, and remote areas; varied faith, language, educational, and socio-economic groups; and all ages. In particular, we uphold strong,

respectful, and genuine partnerships with Aboriginal and Torres Strait Islander communities, ensuring that First Nations voices remain at the forefront of decisions affecting their healthcare.

Under the National Safety & Quality Health Service Standards, leaders of a health service organisation are to develop, implement and maintain systems to partner with consumers. Health Consumers Queensland will grow and strengthen partnerships with health and care sector organisations, governments and health system leaders to support the health system to engage well with consumers in the planning, design, delivery, measurement and evaluation of care.

Health Consumers Queensland is one of many organisations within the health sector and the broader community collectively seeking to improve access and quality of healthcare. We will grow and strengthen our partnerships and relationships with other organisations that share our vision of consumer-centred healthcare for their members and communities.

Purpose of the Guide

This Guide has been compiled to help health staff develop effective consumer partnerships and complements our *Consumer and Community Engagement Framework*.

Our consumer-focused guide, *A Guide for Consumers: Partnering with Health Organisations*, provides helpful information for health consumer/carer representatives. Together, the Guides provide advice and practical information to make consumer partnerships more productive and effective.

This Guide can be used by staff in any area and at any level of a health organisation to support partnering with consumers.

How to use the Guide

Use this Guide as a quick reference tool and dip in and out as you need. It has been written to be read a section at a time.

The first two sections focus on the context of consumer partnering: what it is, the standards and frameworks that guide it and some primary considerations for partnering including cultural capability and barriers and enablers.

The third section details how to partner with consumers when recruiting for formal consumer representative roles, including how to recruit, orient and support consumers.

What is Consumer Partnering?

Consumer partnering is known by many names including consumer engagement, consumer participation, consumer collaboration and co-design, but the term 'partnering' best describes the intention of the activity.

There are many ways consumers can partner with health organisations. This may include ongoing membership of a committee or in one-off activities such as focus groups, surveys, or as speakers at training. Partnering with consumers improves the outcomes, experiences and the delivery of health care by drawing on the knowledge, skills and experiences of users of health services.

Consumer partnerships exist when health consumers and carers participate in the way health organisations plan, organise, deliver, monitor and evaluate their work. Partnerships need to be two-way, equal, respectful and cooperative.

Your role as a staff member is to enable consumer partnerships.

Why partner with consumers?

Health consumers expect accountability and transparency from health organisations. Many are motivated to improve their health and wellbeing as well as that of their families and communities.

Research shows that partnering with consumers delivers positive results for both health organisations and health consumers/carers, better health outcomes for all and more accessible and responsive services.



For more detailed information on the benefits of partnering with consumers please see HCQ's *Consumer and Community Engagement Framework* (<https://www.hcq.org.au/guides>).

Consumer partnerships support the fundamental concept that the people affected by a decision have a right to participate in making that decision.

The role of consumers in clinical or governance investigations and reviews

Involving consumer representatives in clinical or governance investigations about adverse health service delivery or clinical events is a critical feature in improving health outcomes. This practice aligns with **Standard 2 – Partnering with Consumers, National Safety and Quality Health Service (NSQHS) Standards** which provides health consumers an opportunity not only to raise an objective viewpoint but lead questions from an independent and lived perspective.

Adverse events which arise from health service or healthcare delivery are events in which a consumer and/or their family have experienced harm directly arising

from care plans or omissions in care rather than the harm or injury caused by an underlying illness or injury. The Safer Care Victoria resource *Consumer Representatives on adverse event reviews – A guide for health services* is a recommended resource for all health services due to its specificity and comprehensive approach to involving consumers in these processes.¹

Where a health consumer representative is involved in a clinical or governance investigation or review their time must be remunerated with the amount to be negotiated based on their expertise and technical skills.

Who is a health consumer representative?

A health consumer or carer representative is someone who has taken up a formal role to advocate on behalf of health consumers, with the overall aim of improving healthcare for all.

Anyone who has ever used the health system can be a consumer representative. The insights and observations of consumer representatives can come from their lived experience and by sharing the collective experiences and views of other health consumers.

Ensuring that the right people are at the table is one of the keys to

successful consumer partnerships. Ideally, you want consumer representatives:

- who have expressed a desire to create change in the health system and are solution focused
- whose primary experience is in receiving care or being a carer of a person receiving health care
- who are past, present or potential users of the service
- who come from all walks of life with varied health and life experience
- have an interest or lived experience in the area of health that is the

focus of the activity. For example, a consumer with vision impairment is a consumer partner to co-design a service specifically for people with a vision impairment.

Health Consumers Queensland uses the term consumer representative, but health consumer roles may be referred to in a number of ways, including consumer advocate, consumer advisor, and community representative.

Health staff as consumer representatives

We are all users of the health system. Health consumer representatives come from the community and their primary experience is that of *receiving* care. They bring fresh perspectives and ask questions that others within the system may not think to ask.

Conflict of interest

It is strongly recommended that staff do not take on the role of a consumer representative within their own health organisation.

A staff member serving as a consumer representative would have a conflict of interest between their organisational role and their consumer role.

This may prevent them from seeing barriers and solutions to issues and make it difficult to speak up when other staff are present. It may also cause confusion for other consumer representatives and committee members if it is not clear whether the feedback or ideas come from the perspective of being a consumer or being a staff member.

The role of a consumer representative

A consumer representative's role is to provide feedback and advice to health organisations to influence healthcare services, policy, systems and service change and reform from the consumer perspective.

You can expect a consumer representative to:

- centre health consumer issues in all discussions
- provide a perspective which reflects both their health journey and the collective experience of health consumers
- raise consumer concerns and views, ask questions, test assumptions and identify gaps
- assist the health organisation and health professionals to see beyond the clinical perspective
- be connected and provide feedback to their own formal and informal networks
- maintain confidentiality and disclose any conflicts of interest
- speak up when they disagree, raise their concerns and have this formally acknowledged in the minutes or record of the activity.

You should not expect a consumer representative to:

- have a technical background or understand complex clinical or technical jargon
- undertake formal consumer consultation that would normally be carried out by a member of staff or a paid consultant
- be a lone consumer representative on a highly clinical or technical committee, or committee with a significant number of clinical staff such as a clinical governance steering group, investigation or review (see panel page 4).

“Having a consumer on our committee has added a whole lot of merit. It opens conversations that otherwise wouldn’t happen.”

Keppel Schafer,
Nursing and Midwifery Service Director,
Women’s and Children’s, Sunshine Coast
Hospital and Health Service

Legislation and policies on consumer partnering

There are a number of charters, frameworks and standards on consumer partnerships that guide and support staff to partner successfully. These resources provide a deeper understanding of the history and context of consumer partnerships.

More information on the legislative and policy context of partnering is in Health Consumer Queensland's *Consumer and Community Engagement Framework*.

Australian Charter of Health Care Rights

The *Australian Charter of Health Care Rights (2nd ed)*² states that consumers have a right to be included in decisions and choices about their care and the right to participate in health service planning. It specifies 7 key rights of patients and consumers when they are seeking or receiving healthcare services. The second edition has an increased focus on person-centred care, shared decision-making and empowering consumers to take an active role in their healthcare. The Charter applies to all health settings in Australia (private or public hospitals, general practice and other community environments).

National Safety and Quality Health Service (NSQHS) Standards

Australian hospitals and health services, including day hospitals and dental clinics, are accredited against the *National Safety and Quality Health Service Standards*.³ These Standards were last updated in 2021, and are under review once again from 2025. Their primary aim is to protect the public from harm and improve the quality of health service provision.

Standard 2: Partnering with Consumers aims to ensure that consumers are partners in planning, design, delivery, measurement and evaluation of systems and services, and that patients are given the opportunity to be partners in their own

care. All actions are mandatory, and there is a revised focus on health literacy, clinical governance and quality improvement, partnering with patients in their own care and organisational design and governance. (For more information on health literacy please see page 14.)

National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health

This user guide defines 6 actions that specifically meet the needs of Aboriginal and Torres Strait Islander peoples within the National Safety and Quality Health Service Standards. One of the 6 actions is partnerships with communities. It acknowledges the importance of partnerships to providing safe and high-quality care to Aboriginal and Torres Strait Islander peoples. The guide provides specific strategies health organisations can engage in to achieve these partnerships.⁴

National Standards in Mental Health Services

Specific health service standards exist that can be applied to all mental health services, including government, non-government and private sectors across Australia.

Within the *National Standards for Mental Health Services 2010*,⁵ Standard 3: Consumer and carer participation has 7 criteria aimed at consumers and carers being actively involved in the development, planning, delivery and evaluation of services.

The Australian Commission on Safety and Quality in Health Care (the Commission) released 2 new resources in 2018:

- the *National Safety and Quality Health Service Standards User Guide for Health Services Providing Care for People with Mental Health Issues* includes examples of approaches to providing optimal health care for people with comorbid mental and physical health issues; and

- *Map of the second edition of the National Safety and Quality Health Service Standards with the National Standards for Mental Health Service matches actions within the second edition of the NSQHS Standards with actions in the National Standards for Mental Health Services (NSMHS).*

This demonstrates to mental health stakeholders the extent of alignment between the 2 sets of national standards.⁶

Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033 – Policy and Accountability Framework

This overarching policy guides the Queensland Government's efforts towards closing the gap in health outcomes for Indigenous Queenslanders to 2033. As health staff, you can use the Making Tracks Framework to help you to appropriately establish and foster long-term authentic relationships and support effective and culturally safe partnerships with Aboriginal and Torres Strait consumer representatives and communities.⁷

Queensland Government: Hospital and Health Boards Act 2011

The *Hospital and Health Boards Act 2011* (Qld) mandates that a health service has a consumer and community engagement strategy and must consult with consumers and community in its development. The strategy should guide and support the engagement of community and patients across the organisation and must be published and accessible to members of the public.⁸

“I became a member of the Mackay HHS Consumer Advisory Partners group to be the voice for our rural hospital. This has helped me to understand and contribute to the future of our healthcare services across the region, particularly in the rural areas.”

Christine Marteene,
Consumer Advisory Partner, Mackay
Hospital and Health Service

“Christine has worked with us (Mackay HHS) on a range of projects through her roles on the Consumer Advisory Partners group and the Clermont Health Advisory Network Team. She provides a vital link to our rural facilities and services, and supports connection and information sharing between the HHS and the local community. Her advocacy for rural and remote consumers helps ensure their needs and wants are always considered in our service programs and projects.”

Jenny Pircher,
Mackay Hospital and Health Service
Community and Consumer
Engagement Officer

Health Consumers Queensland's Consumer and Community Engagement Framework

Health Consumers Queensland's *Consumer and Community Engagement Framework* (the Framework) orients health organisations to what underpins successful consumer and community engagement and partnerships.⁹

How to use Health Consumers Queensland's Consumer and Community Engagement Framework

Health Consumers Queensland's *Consumer and Community Engagement Framework* (the Framework) outlines the building blocks for partnerships between staff in organisations and their consumer representatives. There are 4 elements of the Framework you can use to enable and guide partnerships with consumer representatives:

1. Where partnering can happen
2. When to partner
3. The engagement spectrum, and
4. The engagement principles.

Where partnering can happen

Consumer partnerships can happen across an organisation and system simultaneously on many different projects and initiatives. The Framework breaks down the partnership opportunities into 4 levels:

1. **Individual** – Engagement in individual care sees consumers as partners in their own (or their loved one's) healthcare and treatment. It is often called person-centred care
2. **Service** – Service level engagement is focused on partnerships that impact programs and services at a facility level in a Hospital and Health Service or a unit within the Department of Health
3. **Network** – Regional engagement processes as health organisations seek input into broader plans across their service area, and
4. **System** – Engagement on health policy, reform and legislation that influences and changes the health system across state and federal jurisdictions.

When to partner

Partnering should take place across planning, implementation/delivery, evaluation and review, and is an integral part of continuous improvement processes. Good partnering happens early, at the priority setting and planning phase and can (and should) continue through to evaluation and review.

When to involve consumers

These are some examples of the actions you can take at each stage of a project. Many of these actions are possible across multiple stages.

Needs analysis. Organisations can gain insights into the specific issues consumers may be experiencing, and identify the needs of the community to help address the right problems and find the right solutions.

Priority setting. This involves making decisions about which issues or projects should be done first based on their urgency, impact, and resources. A health organisation can work with consumers to understand local health needs and available resources before deciding on what services may help the most.

Development. Designing and creating the service or resource so it is ready for launch and available to community. Consumer representatives can provide their perspective, recommendations and advice.

Implementation. When bringing a project plan to life and launching a new service, program or policy consumers can provide guidance on the project through any potential challenges which could occur.

Evaluation. Consumer representatives should be engaged in the monitoring and assessment of a new service or resource. They can help identify areas for improvement and advise on how the service or resource can meet the needs of community.

Why partner across all stages of the project?

- It ensures you are talking 'with' consumers and not 'to' or 'at' consumers.
- It enables more safe and efficient new services, models of care and facilities (often costly) that meet a diverse range of consumers' needs and wishes.
- It leads to better person-centred care, and more appropriate and user-friendly services.

Levels of engagement

Consumer and community partnership activities vary according to the level of influence that consumers have over the process, in defining the problem and its solutions, and outcomes.

The IAP2 Public Participation Spectrum, developed by the Engagement Institute, is commonly used across the Australian health system for consumer partnering¹⁰.

Each 'level' on the IAP2 spectrum (shown below, adapted with approval to reflect the specific and active role of consumers), from Inform to Consumer-Led, increases the level of influence from passive to active. Different levels of influence will be appropriate for specific activities, and a health organisation that is partnering meaningfully will have activities taking place across all levels of the spectrum, with more occurring at the more active levels.

When you are partnering

- Use the spectrum when planning to partner with consumers to identify the level of influence consumers could bring throughout the life of the project.
- Ensure the consumers are informed about the level of influence aligned to the project.
- Be open to increasing the level of influence, if identified by the consumers, as an opportunity to deliver better outcomes.

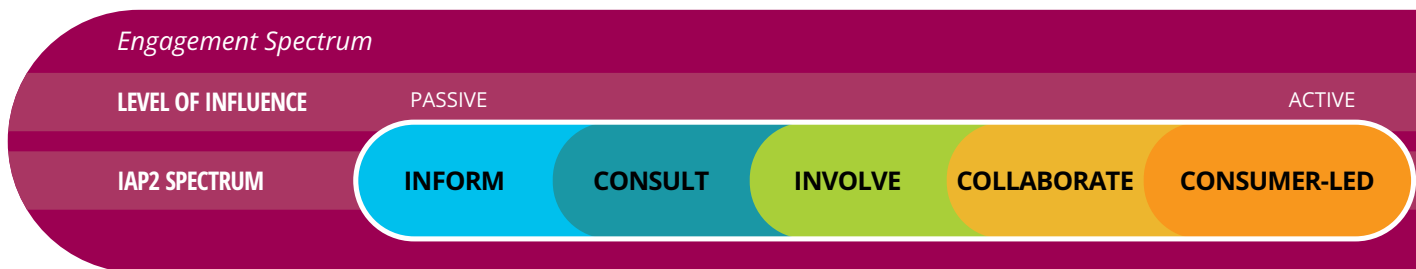
Principles for partnerships

The Framework has 4 guiding principles to underpin all consumer and community partnerships:

1. Intentional
2. Respect and dignity
3. Inclusion
4. Improvement

Intentional Partnering is not a one-off event but rather an ongoing process integrated into the everyday work of health organisations. Partnership activities are carefully considered, and all participants are working with a shared purpose and understanding about outcomes.

Respect and dignity is essential between engagement



partners who value each other's perspectives, knowledge and beliefs and develop relationships based on clear and open communication, transparent processes and shared goals. Partnerships focus on solutions and support the participation of consumers and community.

Inclusive Engagement processes are accessible, flexible and designed to promote partnerships with populations that reflect the diversity of their communities and identified health needs. The health service engages through outreach and is respectful of existing community resources and expertise.

Improvement occurs when engagement activities are evaluated by health staff and consumers and findings implemented. Ongoing training and development opportunities are provided to support the capability building of all engagement partners.

Using the principles for partnerships can lead to:

- stronger foundations that support consumer representatives to be more informed and engaged to have influence over outcomes
- clearer expectations so there is an understanding of what is required of everyone involved
- organisational culture change.

When you are partnering

- Ensure that staff and management are in agreement with, and have an awareness and understanding of, the principles for partnerships. You may choose to develop your own in collaboration with consumer representatives
- Incorporate the principles into the development of your consumer and community engagement strategy
- Let the principles guide your consumer partnering activities.

“As an inpatient nurse I saw that health care professionals have more power in the hospital environment. However, as a researcher, involving health consumers has been very different. We are working together, there was no power imbalance in the research environment. I felt we were all equal.”

Nicole Gavin,
Cancer Care Nurse Researcher,
Royal Brisbane & Women's Hospital

Making consumer partnerships possible

Enablers for effective consumer partnering

Leadership

Organisations with successful consumer partnerships have strong leadership and demonstrated buy-in from executive, board members and the people who can make change happen. It needs to be an organisational strategic priority with budget, staff and resource allocation.

Commitment

A genuine commitment to consumer partnerships needs to be demonstrated through engagement activities that are not tokenistic and share decision-making between staff and consumer representatives. Both parties must listen to and respect each other.

Values

Partnerships have to be values based: mutual respect, inclusive, transparent and respectful of diversity. All staff can and should play a role in supporting and upholding the values that promote partnerships.

Processes, training and support

Policies, procedures, training and processes that support consumer partnerships are critical to the success of engagement. By providing the right training for consumers and health organisation staff and putting in place the right strategies to engage with a broad cross section of consumers, you are helping to set up your organisation for successful engagement.

Staff qualities needed for effective partnerships

Partnering with consumers effectively and respectfully requires establishing and maintaining healthy relationships. Consumers have identified the qualities in staff that contribute to great partnerships:

Be open to different ideas, ways of working and to critical feedback. Consumer partnerships can challenge existing ways of working. Staff who are self-reflective and able to be open can work through these challenges with consumers and find solutions and incorporate new ideas.

Listen and reflect back what has been said. What did the person feel and experience? Staff can play a role in assisting other partners with different frames of reference to hear the stories and perspectives of consumer representatives around the table to ensure shared understanding.

Facilitate autonomous decision-making. Staff can enable consumer representatives to make informed decisions by ensuring they provide detailed information on areas for discussion. This may include providing the history or context of a contentious issue. Consumer representatives must be trusted to be involved to tackle difficult issues.

Advocates and mentors. Staff who advocate for consumers and consumer partnerships and speak up in support of consumer partnerships among staff are invaluable to consumer representatives. Staff can also serve as mentors and provide strong guidance to consumer partners through sharing content and system knowledge.

Open to change. Staff must be willing and able to make changes to models of care, systems, policies and organisational culture to ensure consumer partnerships achieve outcomes.

Challenging the barriers to consumer partnering

Partnering with consumers may be new to your organisation. You will likely encounter barriers to implementing partnerships, but these can be overcome. Identify the change makers in your organisation who can assist you to remove barriers and work in collaboration with consumers – consumers can be powerful allies.

Some of the primary barriers identified by health staff and ideas on how you can challenge them are:

No time, budget or resources

A considered and planned investment of time, resources and budget allocation will result in savings and improvements far greater than the investment.

Attitudes toward partnering

You may encounter staff that believe this work is too time consuming or not a priority. The vision and values of your health organisation can be used to advocate partnering with consumers. The requirements of Standard 2 can also be a tool to support embracing partnerships. The goal is to build a culture that consumer partnering is part of everyday processes.

Lack of skilled consumers

You can play an important role in developing and supporting consumers so they gain confidence and experience. Every consumer you consider 'experienced' started with no experience.

Not sure how to access the right consumer

There is also no such thing as the 'right' consumer. There are usually a number of consumers who would be a valuable 'fit' for what you are looking to achieve. You can be instrumental in the recruitment, training and retention of consumer representatives to support your health organisation. You want to develop a range of active consumer voices across the organisation and not rely on a few individuals to speak for the community. Refer consumers to relevant health consumer organisations such as Health Consumers Queensland to gain support for consumers partnering with health services.

“It’s not enough to attend a training on consumer engagement, there needs to be a whole organisational culture change about working with consumers.”

Consumer representative

Need for training and support to partner

Identify your health organisation's partnering policies and procedures and familiarise yourself with your organisation's consumer and community engagement strategy. This will help clarify what the organisation has committed to doing or is doing. Know who are the engagement staff who can support your partnering as they are your first point of contact for any partnering opportunities and advice. Be aware that their role title may not have the words engagement or partnering in it. Sometimes quality, clinical governance, communications and public relations roles are responsible for engagement and partnering initiatives. Health Consumers Queensland runs regular training and information sessions with health services on partnering with consumers.

Lack of leadership support

Consumer partnering needs to be supported and championed by organisational leadership including boards, executive and middle management. No matter what your role, you can be a leader too. Take the opportunity to ask how consumers will be involved in the roll-out of a new policy or program, or advocate for consumers to be involved in the recruitment and orientation of new staff in your work area.



Fear of feedback

Receiving feedback on a project you have invested in can be difficult. Try not to take any critical feedback personally, see it as an opportunity to optimise the results. Reflect on your role in partnerships and how you can contribute to positive relationships. Ensuring the involvement of consumer representatives from the beginning of a project or process avoids rethinking work you have already completed. Strong relationships and processes with consumer representatives will support them to give frank and constructive feedback.

Health literacy in consumer partnering

Low levels of health literacy affect an individual's ability to make informed decisions, which then may have a negative impact on their health outcomes.

It also impacts consumer representatives in their roles. Health organisations have a responsibility to provide information and support that facilitates health literacy to ensure that consumer representatives can participate fully in partnerships.

Building health literacy in organisations and the community leads to productive reciprocal relationships.

"Partnerships with consumers are essential for both individual health and health care and for the development of better healthcare systems. Improving health literacy ensures that consumers can fully participate in these partnerships, and that the health system and healthcare organisations are oriented to support such partnerships."¹²

While 60% of adults found it easy to navigate the health system, 14% found it difficult with people aged 18–24 finding it more difficult (19%) than those aged over 65 years.¹¹

Definition of health literacy

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy is important because it shapes people's health and the safety and quality of health care.

In its paper *Health Literacy: Taking action to improve safety and quality*¹² the Australian Commission on Safety and Quality in Health Care separates health literacy into 2 components:

1. Individual health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.
2. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way in which people access, understand, appraise and apply health-related information and services.

What you can do

- Involve, support and collaborate with consumer representatives, as they can play a key role in health literacy by informing and supporting the design of better health information.
- Identify health literacy as a key role in position descriptions of staff. All staff can take an active role to improve the health literacy of consumers and community.
- Use plain language and limit clinical terminology and acronyms where appropriate. Use of jargon at meetings and in meeting papers must be minimised. The use of colloquialisms is also culturally specific and can impact the understanding of culturally and linguistically diverse consumer representatives.

Partnering with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities

Both consumers and staff have identified the need for more work to deepen and support engagement when partnering with people from culturally diverse communities. For health organisations to authentically partner with culturally diverse communities, a genuine and meaningful commitment is required. This includes time, resources, and development opportunities for staff to enhance their cultural competence and capability.

Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse (CALD) communities often have histories of discrimination and misuse of power by authorities. They will require time and true co-collaboration to develop relationships and foster understanding. It is important to factor this into your overall partnering strategy.

Culturally and linguistically diverse and First Nations peoples are distinct groups with rich histories and cultures. In Australia these disparate groups experience marginalisation and are required to access a health system that is not tailored to their needs. Staff can use specific engagement approaches to engage these groups.

Increase your cultural capability

While it is important to prepare and support First Nations and other culturally diverse consumer representatives so they feel safe to partner, it is equally important to prepare your organisation. When working with people from culturally diverse backgrounds, especially if they differ from your own, there are considerations to keep in mind to ensure a positive and productive collaboration.

A culturally competent staff member:

- is strong in one's own culture and how it shapes their attitudes, perceptions, bias and behaviours

- has a willingness to value diversity and learn about other cultures
- is comfortable engaging in self-reflection to assess and improve cultural competency and capability
- is capable of developing skills to feel comfortable and communicate effectively with people from diverse cultural backgrounds
- is able to recognise that stereotyping individuals from certain cultures or ethnicities is not valuable
- is aware of cultural considerations such as attitudes towards health and illness, religion, customs, and views on systems and authority, as well as community versus individual participation
- is able to adopt a learning mindset to understand culture and diversity through reading and research
- is open to feedback on cultural competency and capability from others
- participates in training focused on cultural capability, competency, and communication
- understands that one-off training is a good start, but ongoing effort is needed to develop deeper cultural competency and capability.

The goal is to progress from cultural competency to cultural capability. Building cultural capability is an ongoing process of learning, applying and evaluating, knowing, doing and being. It aims to create a workforce and system that are responsive, innovative, and reflective. While achieving competency means reaching a certain level of knowledge and skill based on specific benchmarks, building capability is a continuous journey. Competency suggests an endpoint, like ticking a box, whereas capability involves ongoing development. When engagement activities, consultations, and negotiations are culturally informed, better outcomes are achieved.

What you can do

Methods of partnering with culturally diverse communities

Engagement approach

- First, ask what the most effective way is to partner with particular communities. Go to their community rather than bringing people into your space where they may feel unfamiliar and disempowered. Be open to meeting under a tree, by the river, in a community hall, or a religious or spiritual meeting space. A safe meeting place enables authentic sharing of information and experiences.

Health policy knowledge

- As health organisation staff, you need to be knowledgeable about health policy frameworks and specific services aimed at increasing access and health outcomes for different population groups.

Cultural competence is a framework designed to enhance health service delivery for consumers from culturally diverse backgrounds, including First Nations peoples.

It encompasses a set of behaviours and policies that enable health staff to work more effectively in cross-cultural environments especially where that applies to First Nations and other culturally diverse communities.¹³

Protocols

- Cultural Protocols: find out what is appropriate and understand there may be cultural protocols. For example, young people may not represent their elders, and men may not represent women.
- Communication Protocols: familiarise yourself with communication protocols that convey respect and demonstrate a genuine commitment to connecting and building relationships. This might include learning how to greet people, appropriate ways of referring to people, and identifying the most appropriate individuals to approach within a community.

Relationships

- Building Relationships: allow and spend time to build relationships and rapport. This means listening and understanding the true needs of the community.
- Intent to Connect: have the intention to connect. Understand that the first meeting will not be the last.
- Consumer-Led Guidance: let the consumers take the lead and guide you on what is most important to them.
- Honesty and Feedback: be honest about expectations and always provide feedback on what you intend to do or cannot do.
- Cultural Timeframes: be aware that the concept of time varies from culture to culture and may differ from your organisation's and project's timeframe. Build this contingency into your budget and project plan. If challenged, explain the risks of not doing this on outcomes and relationships in the community.

Organisational considerations

- **Diverse Workforce:** create a culturally diverse workforce through the recruitment, retention, and training of First Nations and culturally diverse staff, especially within the health workforce (not just administrative or operational staff).
- **Health Literacy:** ensure your health organisation is health literacy aware. Consider health literacy levels and tailor messages for clearer communication.
- **Multidisciplinary Teams:** work with a multidisciplinary team where diverse ideas and perspectives are encouraged, making consumer partnerships an important voice.

Language

- **Interpreter Support:** ensure that interpreters are available to support communication, if required.
- **Avoid Jargon:** avoid the use of jargon and acronyms.
- **Non-Verbal Communication:** keep in mind that non-verbal communication accounts for approximately 70% of communication. Aboriginal and Torres Strait Islander and culturally diverse communities may have different non-verbal cues and may interpret non-verbal communication differently from you.

Specific considerations when partnering with Aboriginal and Torres Strait Islander peoples

The persistent shortfall in the life expectancy and health status of Aboriginal and Torres Strait Islander peoples partly reflects the ongoing impact of centuries of discrimination and marginalisation. These historical colonial policies have negatively impacted the health and wellbeing of Aboriginal and Torres Strait Islander peoples and have led to the loss of land, family, and community connections, and denied free cultural expression and growth across generations. The lasting impact of these policies is evident in the health disparities between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians.

Aboriginal and Torres Strait Islander peoples define health as encompassing not just physical wellbeing, but also emotional, social, and spiritual dimensions. They have the right to feel confident and safe when accessing the Australian healthcare system, and the system must respond to their unique needs and wishes. Health organisations need to

tailor their work and services to be inclusive of the needs and wishes of Aboriginal and Torres Strait Islander peoples.

Service provision must be equitable, with patient needs driving access to the level and range of care. Authentic and effective partnerships with Aboriginal and Torres Strait Islander consumer representatives will enable health organisations to address all aspects of safety including clinical, cultural, emotional, and spiritual.

There is a tendency to start consultations with “we will co-design for the mainstream and then adjust it for Aboriginal and Torres Strait Islander peoples”. However, if we design health services, programs, and research specifically for Aboriginal and Torres Strait Islander peoples, we increase the chances of developing a holistic, integrated, person-centred service that meets the needs of all health consumers and their families. This approach helps us get it right the first time.

What you can do

- Ensure that you have Aboriginal and Torres Strait Islander consumer representatives as part of your project or working group, as each group will not speak for the other. Effective partnering means asking them what their health priorities are.
- Consider the best way to engage and who can best help. Think about individual representatives versus a group (advisory group). Would an individual feel comfortable sitting on a committee, or is it more appropriate to have an advisory group? Who would be more appropriate: Elders, women, men, or young people?
- Ensure that your representative is part of the Aboriginal and Torres Strait Islander community that your health organisation services.
- Ensure that your timeframes are flexible or build in contingency, as time needs to be invested in developing authentic relationships for effective partnering.
- If there are pre-existing relationships with the local Aboriginal and Torres Strait Islander peoples within your health organisation, build on these relationships to support your work.
- Use the 6 actions in the *National Safety and Quality Health Service Standards – User Guide for Aboriginal and Torres Strait Islander Health*⁴.

“Developing an effective partnership is a long road which begins with the first step of building relationships; it’s taking the time to understand each other’s world views and motivations with a strong focus on working together towards mutually beneficial outcomes.”

Jermaine Isua, Aboriginal and Torres Strait Islander Health Division, Queensland Health

How to partner with consumers

The following advice is designed to assist health staff who have identified the need to partner with consumers with specific skills and experience for a committee, working group or project.

If your organisation has a consumer and community engagement team or staff member, involve and work with them throughout the partnering process. They have the expertise to guide your activity. Health Consumers Queensland is available to support you with training, strategic advice and access to a statewide network of consumer representatives.

Planning consumer partnerships

Before you begin a recruitment process, you should be clear about the purpose of the activity and the role consumer representatives will play. Here are some of the questions you can answer to plan your activity.

- What is the purpose of the partnering activity, project, or working group?
- What financial and other resources are required?
- What method of partnering will achieve the best outcomes?
- Why are you partnering with consumer representatives?
- How will they add value to the particular project?
- Why would consumers want to be involved?
- Where is the partnership occurring within the organisation?
- What level of influence will the partnership have (see page 9)?
- Where will the activity take place? Is it accessible for



consumers? If the location limits consumer involvement, consider ways you can overcome this, such as offering video-conferencing facilities.

- When during the project cycle will you involve consumer representatives (see page 8)?
- When is the best time to start this process? Relationships and trust must be established to create effective partnerships.
- When will you schedule the activity? Some things to consider include school holidays, religious events, harvesting or tourist high season.
- Who will be involved (consumers, stakeholders and staff)? An effective partnering process needs to identify and include a range of people for it to be successful. What lived experience or cultural diversity do you need to consider?

Elements of an effective Consumer Advisory Council

Consumer Advisory Councils are often used by health and aged care organisations. Below are the elements of an effective Consumer Advisory Council. They have:

- a clear purpose and aims
- consumers or carers with relevant lived experience
- decision makers are members and have responsibility for action
- consumers that feel they have a voice and are able to affect change
- effective reporting channels into the organisation
- a profile across the organisation and staff understand their role
- have a work plan in place
- periodic reviews which check progress and impact.

Examples of different partnerships

As you plan for partnering here are some different ways for you to consider.

Consumer representation on a working group

- Developing a new model of care or clinical guidelines/policy
- Service planning, evaluation
- Building (re)design/refurbishment
- Patient Safety and Quality committee
- Awarding of scholarships and grants.

Consumer representation on a steering committee

- High level oversight of projects including budgets and policy development
- Ensure consumer engagement occurs, and consumer needs are taken into consideration
- Participate in presentations on the initiative.

Consumer Advisory Council member

- Part of a group of consumers advising a health organisation – often more strategic
- Can be chaired by a consumer
- Consumer participant on a co-design/co-production project.

Other ways

- One-off participation in a focus group or round of focus groups on the same subject
- Participate in training/professional development/orientation of staff and volunteers
- Staff recruitment shortlisting and selection panels
- Develop a patient journey map – a diagram summarising the service experiences patients have
- Co-presenting at forums and conferences
- Involvement in research design and development, including translational research.

Identifying and recruiting consumer representatives

Consumer skills and experience

You can identify the consumer representatives who will be most appropriate for your project based on the outcomes of the questions on page 19. To help determine the skills and experience you want in a consumer representative, consider the following:

| Questions | Considerations |
|---|---|
| What skills and experience do consumer representatives need to have? | <ul style="list-style-type: none">● Lived experience of a specific medical condition and experience receiving health care, if relevant, from a particular facility.● Experience as a carer, especially important when working within services for children, older people, disability and mental health.● An interest and ability to think strategically and from a systems perspective, for example for statewide roles.● Representing a 'group' of consumers, e.g. cultural background, age, region.● A range of experience – from significant experience to no experience. |
| What networks and links to the community should the consumer representatives be able to demonstrate? | <ul style="list-style-type: none">● Networks are relationships and connections to groups or individuals within communities. They can be formal or informal. For example, a local walking group is informal whereas the Australian Pain Management Association, or the Pasifika Women's Association are formal networks.● Is a part of their role to connect with others to seek their views? |
| Are the right people at the table for the purposes of your work? | <ul style="list-style-type: none">● Include consumers in partnership activities who reflect the diversity and demographics of people accessing the service.● Is there a specific demographic that must have a voice in this activity? Who is not accessing your service? Are they from a particular region, culture or profile? You will get vital information on the barriers they face to accessing your service.● If you are seeking consumers who may have lower literacy levels or English as a second language, consider how this might affect the recruitment process and the method of partnering chosen.● Would it be better to design outreach processes that connect the health organisation with the community, rather than bringing consumers into the organisation for partnership activities?● Are there key stakeholders you need to involve who may have access to appropriate consumers such as community-based organisations or Aboriginal community-controlled health services, local councils or other levels of government? |

Recruitment of consumer representatives

Consumer representatives can be recruited for an individual consumer perspective (lived experience), or for their ability to provide organisational advice.

Many organisations represent and have knowledge of the opinions of their consumer members, for example, Maternity Choices Australia, Cancer Voices Australia, Kidney Health Australia.

You must be clear about what will be most useful and appropriate for your activity and recruit accordingly.

Once you have completed the planning stages (what, why, where, when and who) and identified the skills and experience you are seeking from consumer representatives, you can begin the recruitment process.

Some additional considerations to keep in mind:

- Health Consumers Queensland recommends that at least 2 consumer representatives are recruited for each activity in order to provide support to each other, provide skills development and mentor more people to take on these roles.
- Recruitment processes provide health organisations with a valuable opportunity to grow their network of consumer representatives and stakeholders for future engagement opportunities. Distribute invitations to join the health organisation's network with recruitment advertisements.
- Staff must ensure recruitment processes are confidential to only those directly involved.

“At Gold Coast Health we know that our consumer partners must represent the community we serve. When recruiting, we focus on diversity to ensure we have people of various ages, genders, cultural and linguistic backgrounds, and health service experiences, helping to keep us at the forefront of what the Gold Coast community wants and needs.”

Professor Cindy Shannon AM, Board Chair,
Gold Coast Hospital and Health Service

Payments to consumer representatives

Please make yourself aware of your health organisation's policies and procedures in relation to payments, including remuneration and reimbursement. Health Consumers Queensland's Position Statement on Consumer Payments is available on our website. Share these documents with your consumers as well.

While most consumers volunteer their time and experience, some consumer representatives engaged by health organisations may be considered employees, or receive a benefit which could be taxable or affect Centrelink or Veterans' entitlements.

It is a consumer's responsibility to identify the impact of payments for representative roles on their other income and taxation.

Health organisation staff should refer consumer representatives to the Australian Taxation Office, the Department of Veterans' Affairs or Centrelink or to seek their own legal or financial advice from a qualified person. Free legal advice on Centrelink matters in Queensland can be sought from Basic Rights Queensland, 1800 358 511 and www.brq.org.au.

Referral information can be provided to consumers in their orientation materials.

Health Consumers Queensland's position on payment of consumers

Health Consumers Queensland recommends that no consumer should be financially disadvantaged as a result of their contribution to a health organisation.

At a minimum, the organisation should cover out-of-pocket expenses such as travel, accommodation, child-minding, respite care costs, or printing.

Health Consumers Queensland further recommends that consumers receive payments rewarding them for their time, expertise and contribution.

Our Position Statement on Consumer Payments can be viewed online at www.hcq.org.au.

Create a vacancy request for consumer representative role

Advertisements for consumer representative positions should include all the information required for someone interested to make an informed decision about participating, including:

- the purpose, aims and scope of project or committee's work
- information on the service unit or team responsible
- staff and stakeholders involved
- the specific target group or health population being sought
- detail of the date, location, time commitment and frequency of the activity
- the skills, experience and knowledge base the consumer representative requires
- the scope of the consumer representative's role and number of representatives sought
- whether remuneration and reimbursement will be paid to consumer representatives
- a timeline and description of the recruitment process
- a contact person and their contact details.

For certain positions such as committees, advisory councils or working groups, a draft Terms of Reference should be made available to consumers interested in the position. Upon appointment, the consumer representatives should also have input into the final agreed Terms of Reference.

Choose an appointment process

There are multiple ways to recruit consumers for partnering opportunities.

1. **Expression of Interest (EOI)**

An expression of interest is a transparent method of recruitment for health organisation activities. It also gathers demographic details and identifies any additional requirements that need to be in place for the individual to participate.

- Use the skills and experience identified in planning to develop the selection criteria.
- Try to limit EOIs to between 3–5 questions.
- Ensure questions are appropriate for all populations. Questions may need to be specially tailored for some populations. Ensure it is clear and in plain English.
- Provide more than one way of completing the EOI, for example, online, mailed, or an opportunity to complete the form with the assistance of staff where required.
- Allow sufficient time for the closing date, at a minimum 2 weeks.

2. **Direct recruitment**

In limited circumstances, health organisations may directly appoint a consumer representative without completing a recruitment process. This may occur where a consumer's unique lived experience and skills perfectly match with an opportunity, and there is a tight timeframe involved. However, direct recruitment is discouraged as it:

- decreases the diversity of consumer opinions if the same consumers are often used
- can lead to the selection of consumers not effectively representing or reflecting the community
- may result in the perception that the health organisation has interest in only a small number of opinions and favours people who have existing relationships with staff
- can lead to consumers disengaging from participating in the organisation.

3. **Recruitment through external organisations**

When a health organisation has not yet built a network of consumers, or has been unsuccessful in their recruitment process internally, external community and consumer organisations such as Health Consumers Queensland can assist in recruitment.

- Health Consumers Queensland can provide a full recruitment service of consumers from our statewide consumer network which includes promoting the opportunity, receiving Expressions of Interest, and shortlisting a final selection for your organisation to choose from.
- An EOI process mitigates the risk of inappropriate outcomes and allows for a transparent process ensuring the selection of the best possible person for the role.

Whatever appointment method is chosen, communicate timelines with consumers participating in the recruitment process and inform them of any delays to processes as soon as possible.

Interview considerations

In some situations, you may want to have more than an informal phone conversation with shortlisted consumers and invite them to a formal interview.

- Wherever possible involve consumers already partnering in your health organisation in the selection process, for example shortlisting candidates or sitting on the interview panel.
- Ensure any support considerations for the interview are in place. For example, is a translator required, do they require hearing loops or a captioner, are there any mobility issues?
- Consider the person's personal circumstances. If the consumers need to travel significant distances for the interview, a phone interview or online meeting might be an alternative.
- Ensure the consumers are informed of the names and roles of the people on the interview panel, how long the interview is expected to be, and details for a contact person.

Post recruitment

Once a decision has been made and the successful consumers advised, inform all unsuccessful consumers as soon as possible and give feedback on their expression of interest. Invite all who applied for the role but were not successful to be part of your health organisation's community of interest group. They might be a good candidate for a future opportunity.

“Sometimes consumer representatives will share things that can be really challenging. I’m often the person in the middle, between the consumer and the health professionals. To maintain relationships, I have learned to keep an open mind, make no assumptions and no excuses.”

Graham Reeks, Principal Engagement Officer, Sunshine Coast Hospital and Health Service

Preparing consumer representatives for success

Supporting consumer representatives means enabling them to be more effective in their role. Lay the foundations for successful partnerships before they start their roles.

There are several touch points that you can use to ensure that you are gathering the necessary information to ensure you have the resources in place to support consumer representatives.

Orientation

What you can do

- Provide a structured and comprehensive orientation to the specific long-term activity the consumer representative will be involved in.
- Provide orientation to the health organisation as well as an opportunity to meet with key people.
- Orientation is best done face-to-face but if this is not possible then aim for alternatives via phone, video link or even a short video.
- Develop an orientation checklist for all your partnering activities.
- Find out if they need any additional support to participate fully and allow time to answer their questions and concerns.

Always ask the consumer representatives about their needs – some needs are often invisible. “Is there anything else you need? What can I do that would help you perform your role as a representative better?” This demonstrates your support and desire to help them succeed.

Why orientation is important

- Well-oriented consumers will quickly become effective partners.
- Effective orientation allows consumer representatives to understand the organisation, the role and responsibilities of the position.
- Consumers have the information and resources to talk about their role and the health organisation to community members, e.g. how to use the complaints/feedback system.
- Ensures any additional supports required by the consumer representatives is budgeted for and in place.

Training and support for staff

What you can do

- Provide all health organisation staff with resources, training and support to work effectively with consumer representatives, including established committees who are new to consumer representatives.
- Ensure that all staff know the contact person for consumer partnering within the organisation.
- Showcase all partnering activities within the health organisation in the organisation’s communiqué and websites.

Why training and support is important

- Staff become the champions and change agents for consumer partnering.
- Embeds partnerships in the health organisation’s culture.
- Training increases job satisfaction for staff.

Before the first meeting

Brief consumer representatives before their first meeting of any committee or working group.

Ensure the consumers and staff involved in the activity are feeling comfortable and have everything they need to participate fully. Ask if there is anything consumers are not clear about or any additional support they might need.

What you can do

- Provide maps and directions on how to get to the meeting venue. Better still, meet them at the door.
- Ensure you have catered to their needs, for example hearing loop, dietary requirements, medication breaks.
- Check whether there are any cultural protocols that may support respectful and effective communication and interaction.
- Ask if they would like documentation printed and mailed to them. When emailing documentation, include documents as proper attachments rather than as embedded documents.
- Identify a staff member to be the consumers' mentor/ buddy. If the consumer prefers to mentor with a certain staff member, they can nominate their own. They can support the consumer by increasing their knowledge and understanding of the technical aspects of discussions.
- For pre-existing committees, provide previous meeting notes and project plans.
- Ensure other staff on the committee know the role of the consumers and their limits.





At the first meeting

What you can do

- Ensure the Chair welcomes the consumer representative(s) to the first meeting and explains the consumer role to the whole committee. Allow the consumer representative(s) to introduce themselves to other committee members and vice versa.
- Invite the consumer to sit next to their mentor or someone who can answer their questions.
- Cut out the jargon, do not use acronyms, simplify technical language and explain in full what you are talking about. Consider providing a glossary of terms with the agenda.
- Slow your speech down if content is complex. Check in with the consumer representatives during the meeting, asking for their feedback on each agenda item and checking if they need any clarification.

After the meeting

What you can do

- Check in with the consumer(s) and ask: “How did we do?”, “What can we do better to support you?”, or “Are there any questions you would have liked to ask during the meeting?”
- You can do this after each meeting to ensure the lines of communication are open between the committee and your representatives.
- You might offer to arrange a pre-meeting phone conversation with the consumer representatives a day before the next scheduled meeting to clarify any issues or answer any questions.

Things to consider

Recognise that there is a **power imbalance** between clinicians, health organisation staff and consumer representatives. Acknowledge this openly and find solutions together for consumer representatives to make a valuable contribution.

Close the **feedback loop**. You said, we heard, we did. Too often consumers spend time giving feedback and never hear about the outcomes of their work.



Be explicit about how you will inform the consumers about outcomes. Ask the consumer representatives how they would like to receive feedback. It

could be a standing item on an agenda, a report with infographics, or a direct email. Consumers who have finished partnering with you should still be contacted to close the loop.

Inform consumers of project delays or when you have not achieved the outcomes you hoped for.

If you do not close the feedback loop, the next time you are recruiting consumers they may be reluctant to invest their time.

Working with consumer representatives

Consumer representatives might be involved in a longer-term activity (more than 6 months) and over that time there are strategies you can use to strengthen the partnership.

What you can do

- Offer additional training and development opportunities. Invite the consumer representative to attend relevant forums and conferences to increase their expertise and awareness.
- Continue mentoring the consumers and strengthen relationships.
- Look out for opportunities to showcase consumer contributions in newsletters and other communiques; have a celebration at the end of the year to recognise any successes.
- Consider how you are planning to evaluate your organisation's consumer and community engagement. Involve consumer representatives in the design and development of your evaluation process.

Health organisation staff and committee members should expect that consumer representatives:

- are independent and bring a perspective that only a consumer with lived experience can bring
- will ask for clarification and more information if they do not understand
- are entitled to disagree and have this noted in official meeting records
- are not out-of-pocket for participating
- need to be supported so that effective partnering can take place

- able to talk to other consumer representatives about the committee.

How to end partnerships

Projects or sitting terms end. Thinking about how to end partnerships is important. Think about the succession planning of consumer representatives who have supported your organisation for a long time and how the consumer's knowledge can continue to contribute to your service.

What you can do

- Be clear about the length of the representative commitment and the process for re-advertisement or re-appointment of the role. Ensure that it is an open, transparent and a fair process.
- Build and foster strong relationships so that you both feel comfortable to discuss any issues.
- Develop ways to recognise the new skills gained, for example with training certificates or letters of support.
- Offer to become a referee for future positions.
- Explore the possibility of your experienced consumer representatives to mentor new and emerging consumer representatives.

Why this is important

- All parties understand the length of the partnership and this manages expectations around 'ownership' of positions.
- Ensures the right people with relevant experience are at the table.
- Allows opportunities for consumer representatives to share their experience and to hear new voices.

Improving communication for all consumers

Peter Lindley*, a health consumer representative for more than 10 years, shared how communicating effectively for people with hearing loss assists all staff and consumers to connect better.

“When people are anxious, tired and unwell it is important to slow down your speech and face them. This is essential for someone with hearing loss. It is also useful for everyone else including people who may not speak English as their primary language, who have a cognitive impairment or for people who are simply feeling overwhelmed at that moment.

“In our time poor society, we are always rushing, and we often rush through what we have to say. Most of the time we do not communicate what we really want to because of the rush and pressure to meet deadlines and fit everything in!

“The basics of communication is that slowing



our speech not only lessens the listener’s stress levels but helps them to hear with clarity. The added benefit is that, as the person talking, you get the chance to really think through what you have to say. You can also support consumer representatives by using assistive devices like hearing loops and real time captioning. Best thing to do is to ask what kind of support they need.”

**Peter Lindley passed away in December 2024 and this quote is shared with permission from his family*

When it's not working

Regular reflection may indicate that a partnership between your health organisation and consumer representative is not working for one or both partners. If this is the case, you can do a number of things.

What you can do

- The first step is to have a discussion with the consumer representative(s) and relevant staff members to identify the issue.
- Maintain a focus on solutions.
- Reflect if an independent mediator

or support person for the consumer representatives and/or staff members will help the situation.

- Contact Health Consumers Queensland for support and advice.

Below are some questions you can ask to identify the issue(s).

| Questions regarding partnering process | Questions for staff | Questions for consumer representative |
|---|--|---|
| <ul style="list-style-type: none"> ● Is there any confusion surrounding the consumer representative role and responsibilities? ● Was the recruitment process appropriate and are procedures in place to support the consumer representative? ● Did the consumer representative(s) receive an orientation to their role and to the organisation? ● Were any committee members involved in the recruitment process? ● Were there opportunities for regular debriefs? Could you have identified and resolved the issue earlier? | <ul style="list-style-type: none"> ● Did staff have enough support and knowledge on partnering with consumers? ● Do other staff and experienced consumer representatives have any ideas and suggestions for how to resolve the issue (while maintaining the confidentiality of the people involved)? ● Have they been supported to develop the necessary skills of reflective listening, hearing criticism/ feedback without defensiveness and synthesising criticism into actions? ● Can they provide opportunities and access to training and resources for staff to develop strong partnering relationships? ● How can they encourage and foster a culture of consumer and community partnerships? | <ul style="list-style-type: none"> ● Is there any specific support that the consumer representative requires? ● Is their health affecting them? Do they not feel heard, or do they have trouble with the role or its responsibilities? ● Have they been supported to develop the necessary skill of constructively sharing feedback? ● Do they feel the need to tell their story repeatedly? ● Provide options for consumers to contact whom they wish, to get external support. |

Evaluation of consumer partnering

Evaluating the impact of your consumer partnerships on health outcomes and what the experience was like for all is essential to assess how successful the process was and where improvements can be made. Evaluations can reflect upon the outcomes at the end of the project or activity. Better still, you can implement processes that look at all stages of your project and ensure a reflective awareness throughout. This approach allows for the unexpected, such as illness that can affect your consumer partnerships, project timelines and outcomes.

There are 3 levels of evaluation you can use to assess the impact of consumer partnering: **Evaluation of the Process, Impact and Outcomes**. In collaboration with the consumer partners, you can evaluate, measure and analyse the results for all the elements of the project, program or activity. Consumers are focused on making a difference and will want to see the impact and outcomes of their partnering.

Process – Focus on the processes of partnering, and the immediate impacts. For example, how was the experience for consumers and staff, who else was involved, and their relevance to the process and levels of satisfaction.

Impact – Focus on the short-term impact of partnering, measuring against the aims and objectives of your project. Also, consider any unanticipated effects and how you navigated these.

Outcomes – Focus on the long-term outcomes, and the overall goals with a broader outlook.

Did the partnering fulfil its purpose? Did you achieve what you set out to do?

What you can do

- Ensure that consumer representatives are part of your evaluation process from design to analysis.
- Regular reporting on successful strategies and the key

“Consumer partnership is a two-way street of learning how to collaborate and set things up for success in order to do things better together.”

Elizabeth Miller,
Consumer Partner,
Metro South Health

learnings must be shared at an organisational level.

- Have a common location on your local intranet listing all projects focused on consumer and community partnerships so that other departments/services can benefit from your experience, knowledge and learnings.
- Consider publishing your engagement processes and outcomes, to contribute to the body of research evidence to support engagement.
- Share your learning through submitting to awards and presenting at conferences.

Why this is important

- To know how effective and productive your consumer partnering has been.
- Ensures that you have the right resources and processes in place to optimise consumer partnering.
- Supports continuous improvement and innovation.
- Accounts for resources committed and establishes a case for future partnering.

Thinking about the future

Consumer partnerships are crucial to maintaining a healthy, person-centred, balanced and effective health system.

If you are partnering with consumers for the first time, consider starting with a small project to give yourself the chance to find your feet. Consumers will be willing teachers on your journey as will more experienced staff members. The most important thing to do is to start and to give it a go. Consumer representatives easily identify staff who are interested in working with them in a meaningful and effective way and value this.

If you are more experienced, find ways you can strengthen your partnerships to be more collaborative, influential and towards the more active end of the engagement spectrum. Do you have a mechanism to hear and act on ideas/suggestions coming to you from consumers and your community? Or are your partnerships always one-way? Can you offer consumers the opportunity to identify some priorities they would like to work on with you?


The ways in which we currently partner will look dramatically different in 10 years' time. When everyone involved (consumer representatives and staff) have grown and refined their

Think about supporting consumers with less experience to ensure that you are building capacity for the future.

partnerships, we will be more innovative, trusting and courageous. We don't know what consumer partnerships will look like in a decade or two – but we can be assured the ways in which we partner will be limited only by our imagination.

Partnering with consumers is rewarding and can be very powerful.

Consumers can often unlock doors and opportunities that staff may not be able to. To make the most of these symbiotic partnerships, you need to invest time in the relationships and increase the knowledge of the consumers about the health system and the area of health they are working in. At the same time, consumers will be increasing your understanding of the issues and challenges faced by them and their communities.



On behalf of Queensland's consumers and their families, we thank you for your commitment to making a difference in people's lives. All the best with strengthening your partnerships with consumers in your daily work.

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