



Government of **Western Australia**
Mental Health Commission

Consumer, Family, Carer and Community Paid Partnership Policy



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Introduction

Involving all stakeholders in the Mental Health Commission's (MHC) work is essential if improvements in mental health, alcohol and other drug (AOD) outcomes are to be achieved. The MHC recognises the valuable contribution that consumers, families, carers and community members make to the planning, implementation, delivery and evaluation of mental health, and AOD programs and services.

Five key principles underpin the MHC's ten-year strategic policy *Mental Health 2020: Making it Personal and Everybody's Business* include:

- *Respect and Participation*
- *Engagement*
- *Diversity*
- *Quality of Life*
- *Quality and Best Practice*

A key Principle in the Drug and Alcohol Interagency Strategic Framework for Western Australia 2011 – 2015 (currently being revised) states:

- *Promoting stakeholder participation – consumer, community and key stakeholder participation is essential in the development and implementation of policy and strategy to facilitate the ongoing development of appropriate responses.*

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives (Plan) states that a number of principles underpin decisions regarding implementing the Plan including:

- *Consumers, families, and carers will be supported to be fully involved in co-planning, co-designing, co-delivery and co-reviewing of policies and services.*

The MHC also recognises that consumers, their families, carers and community members are to be engaged as genuine partners at individual, service, system and strategic levels across Western Australia. As genuine partners they should be remunerated in a manner that is equitable with other stakeholders at the decision making table.

Background

This Consumer, Family, Carer and Community Paid Partnership Policy (policy) builds and extends on the progress the MHC has made in recent years with involving consumers, families, carers and community members as part of its core business and decision making processes. The MHC will partner with consumers, families, carers and community members who can contribute various experience, knowledge levels and skill sets.

This policy was developed in collaboration with key stakeholders including Consumers of Mental Health WA, Carers WA, Mental Health Matters 2, Western Australian Substance Users Association, Health Consumers Council WA, Department of Health (Office of Mental Health) and consumers, families, and carers.

This policy supersedes the MHC's Consumer, Family and Carer Interim Engagement Policy (November 2014) and the former Drug and Alcohol Office Consumer Participation Payments Policy (102).

However this policy does not replace the MHC's Integrated Services Consumer Participation Policy which specifically guides Integrated Services and Next Step employees in developing opportunities for consumer, family and carer participation at those service sites.

Purpose

This policy affirms the commitment of the MHC to working with consumers, families, carers and community members and outlines the circumstances when payments and out of pocket payments can be offered for participation in MHC activities. This policy informs MHC employees who engage consumers, families, carers and community members in their projects, programs and services.

This policy aims to support the actions of the Plan, regarding system-wide reform in the area of co-production¹ and co-design² with consumers, families, carers and community.

This policy will be evaluated and reviewed one year from endorsement by the MHC Corporate Executive. Evaluation will include quantitative and qualitative information as well as anecdotal evidence around consumer, family and carer engagement at the MHC.

Scope

The policy relates to engagement activities hosted or convened by the MHC or co-hosted or co-convened in partnership with other government agencies and/or non-government organisations. This policy is an internal MHC document and does not apply to other government agencies, non-government organisations or community groups, regardless of whether they are funded by the MHC or not.

Participation payments may be offered to consumers, families, carers and community members who are invited to contribute as an active participant, advisor or consultant. This policy allows MHC employees to offer participation payments and reimbursement for out of pocket expenses. Prior approval from the MHC is required before claims for payment and expenses are processed.

This policy does not cover people who are engaged on an agreed volunteer basis at the MHC. However the policy does apply to activities people undertake that are additional to their volunteer duties.

Regarding engaging and remunerating community members for cultural ceremonies such as Welcome to Country and Smoking Ceremonies, please refer to the MHC Cultural Protocols Document.

¹ A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities. Co- production in mental health. A literature review. Commissioned by Mind. <http://www.neweconomics.org/publications/entry/co-production-in-mental-health-a-literature-review>

² Co-designing a service involves sharing decision-making power with people. This means that people's voices must be heard, valued, debated, and then – most importantly – acted upon. A literature review. Commissioned by Mind. <http://www.neweconomics.org/publications/entry/co-production-in-mental-health-a-literature-review>

Feedback and Contacts

For external stakeholders who would like to provide feedback on this policy, please contact the MHC by:

- **Email:** ContactUs@mhc.wa.gov.au
 - marked "Attention Consumer Advisor" in the subject line
- **Phone:**
(08) 6553 0600
- **Fax:**
(08) 6553 0400
- **Mail:**
GPO Box X2299
Perth Business Centre WA 6847
- **In Person:**
Level 1, Workzone, 1 Nash Street, Perth, Western Australia 6000
(adjacent to Mclver Train Station)

Support and Assistance

For MHC Employees:

The Consumer Advisor in the Planning, Policy and Strategy (PPS) Directorate can provide clarification and guidance regarding the implementation of this policy as well as provide practical assistance with engaging consumers, family and carers. A suite of documents including templates, forms, guidelines and flow charts has been developed to support this policy. A list of these documents can be found in HPE Records Manager folder MHC-02195.

For Participants:

Organisations including the Health Consumer Council, Carers WA, Consumers for Mental Health WA (CoMHWA), Helping Minds and Mental Health Matters 2 provide consumer, family and carer representative training, support and networking opportunities. The Western Australian Association for Mental Health (WAAMH) and the Western Australian Network of Alcohol and Drug Agencies (WANADA) are peak bodies that support the community managed sectors, undertake systemic advocacy and representation. The Consumer Advisor in the PPS Directorate can provide further information and assist with contacting these organisations.

Who is eligible?

Consumers, families, carer and community members are offered payment when they have been invited to significantly contribute to the work of the MHC.

- **Consumers:** people with a lived experience of mental health issues and/or experience of AOD use, who may or may not access mental health and /or AOD services and supports.
- **Family:** people who may or may not be related to a consumer but who identify as being close enough to be recognised as a family member or next of kin.
- **Carers:** (unpaid) families, friends and others, who have experience of providing ongoing care and support to someone experiencing mental issues and/or AOD use. Carers may or may not be in receipt of a Carers Allowance, but are not in formal paid employment as a support worker.
- **Community members:** people who may not identify as consumers, family members or carers but who can contribute to the work of the MHC through their community involvement and cultural heritage experience, knowledge and understanding. This is

particularly important to Aboriginal³ or Torres Strait Islander peoples and peoples from culturally and linguistically diverse (CaLD) backgrounds or diverse groups.

- **Children and young people (under 18 years):** who meet any of the above criteria.

Who is not eligible?

- External Consumer or Family/Carer Peer Workers⁴ who participate at the MHC during their *paid* work time.
- Employees at the MHC and external agencies who are representing their organisation or agency during their paid work time.
- People who are funded by an alternative organisation, group or council for the purposes of representing them at the MHC.
- People who are engaged on an agreed volunteer basis at the MHC. However the policy does apply to activities people undertake that are additional to their volunteer duties.
- People who are attending MHC training programs unless otherwise agreed.

Engagement Activities and Types of Participation

Engagement Activities include but are not limited to:

- Committees (steering, advisory, reference, working groups etc.);
- Consultations, forums, focus groups and workshops;
- Selection and recruitment panels; and
- Special projects.

Types of participation include but are not limited to:

- Attendance and participation in an approved activity (including by video or teleconference);
- Writing – reports, resources, articles, brochures, newsletters;
- Designing and facilitating – a discussion group, activity or event;
- Presenting – as a guest speaker to provide their perspective;
- Reading – in preparation for an activity;
- Researching – to gain a wider or better understanding of the issue at hand;
- Consulting and networking– with other people;
- Discussions – before or after an activity for the purpose of preparing, clarifying or debriefing;
- Reviewing or evaluating – information, material, reports;
- Assisting MHC employees in preparing for an engagement activity;
- Working with MHC employees to co-design and co-produce an activity or project; and
- Training – there may be occasions where people will be invited to attend training relevant to and in support of their participation role.

Note on offering payment to participants involved in evaluation and research:

Offering payments to people invited to participate in evaluation or research (that is: sharing their experience or opinion to determine the effectiveness or quality of an activity such as a service, program, event, process) could be perceived as an attempt to influence their responses.

³ The terms Aboriginal; Aboriginal and Torres Strait Islander; and Indigenous; in describing the first Australians, are used interchangeably to maintain accuracy with respect to other preceding documents and initiatives, and the term Aboriginal, more broadly used here, should be taken to mean Aboriginal; Aboriginal and Torres Strait Islander and Indigenous peoples.

⁴ Consumers, family members or carers as who are engaged (whether paid or unpaid) to utilise their lived experience to inform their work.

Careful consideration should be made to determine if the offer of participation payments (including vouchers) should be made *after* the evaluation or research opportunity has been completed. Payment that is disproportionate to the time involved is considered ethically unacceptable.

However, it is generally appropriate to reimburse the costs of taking part in research and evaluation, including costs such as travel, parking and carer expenses. Reimbursement should be made to the participant (or ideally paid for directly by the MHC) as soon as practicable to allow participation to take place.

The National Health and Medical Research Council's Guidelines: National Statement on Ethical Conduct in Human Research 2007 (updated May 2018) provides further guidance regarding ethical considerations⁵.

Tiered Participation Approach

Consumers, families, carers and community members contribute to the work of the MHC at individual, service, system and strategic levels. A tiered payment approach acknowledges the variety of knowledge, skills and experiences required for genuine and meaningful participation within these levels.

The tables in **Attachment 1** provide an overview of each tier and outline the requirements and activities that reflect the roles of an:

- Active Participant;
- Advisor; and
- Consultant.

The MHC acknowledges the work of the 'In Community' project in developing the definitions.

Participation Payment Table and Timeframes

OPERATIONAL PROCEDURES FOR MHC EMPLOYEES

Participation payments should be approved by a MHC Director or Assistant Commissioner before payment or out of pocket expense is offered. MHC employees must clarify and confirm in writing with participants what payments and out of pocket expenses are being offered **prior** to participation taking place.

Although payment is offered, participants may decline, if they wish to do so. If payment is declined, it should be documented (see TRIM record MHC14/8171) by the MHC employee initiating the engagement.

MHC employees must ensure applications for payment are made on the official AP3 Consumer Participation Payment Request form (available through the Health Point website <https://healthpoint.hdwa.health.wa.gov.au/forms/Lists/Forms/DispForm.aspx?ID=16>), signed by the relevant MHC Director or Assistant Commissioner and promptly submitted to the Health Support Services (HSS) for processing. AP3 forms are processed by HSS within 14 – 30 days. Payment is made directly into a nominated bank account or by cheque.

Participation payments and out of pocket reimbursement claims should be submitted as soon as possible after the engagement activity. Difficulties may arise if claims are submitted by participants

⁵ National Health and Medical Research Council's Guidelines: National Statement on Ethical Conduct in Human Research 2007(updated May 2018), Reimbursing participants, 2.2.10 and 2.2.11.

more than three months after the activity and/or more than six weeks outside the financial year.

It is important that MHC employees understand sensitivities regarding the participation payment process. MHC employees should aim to be proactive and respectful in their approach to paid participation from start to finish.

Good practices include:

1. Ensuring the participant is clear about what agreed participation payment and out of pocket expenses being offered (clarify in writing).
2. Pre populating the AP3 form as much as possible (e.g. name, address, date, committee/meeting name, type of meeting and agreed total remuneration amount) before providing to the participant *prior* the engagement activity.
3. Being mindful of discussing and asking participants to complete the AP3 form in front of others, 'pay and work conditions' tend to be private matters for most people.
4. Completing and submitting the AP3 form electronically is an option and doesn't require a hand written signature.
5. Submitting the completed AP3 form to HSS for payment within two working days and following up if necessary to ensure payment has been made in a reasonable time (14 days).
6. Understanding that completing forms and following up on non-payment may not be a priority for some participants for a variety of reasons. MHC employees may need to follow up with both the participant and HSS to progress finalising the participation payment.

The participation payment table overleaf shows the tier, engagement activity and hourly rate (or part thereof) offered. The minimum payment time is three (3) hours. The maximum payment time is limited to seven and half (7.5) hours in any one day. The payment time may include a combination of the different participation types with in the same engagement activity (e.g. 45 minutes of reading time in preparation for a 1.5 hour meeting with a 15 minute debriefing, totals 2.5 hours, payment total is 3 hours). Payment time does not include time taken to travel. This participation payment table allows scope for the exercise of judgment on case by case basis to be approved by a MHC Director or Assistant Commissioner.

Alternative Means of Payment

The offer of retail vouchers is an effective means of acknowledging people's time, participation and small out of pocket expenses. This method is particularly suitable for one off activities like a focus group or a forum and even more so for engagement activities that involve children and young people. Sectors such as marketing and research use this method in the normal course of business. However, please see note on page 7 regarding if and when it is appropriate to offer vouchers to people invited to participate in evaluation or research. The value of the voucher should reflect the appropriate tier in the payment table. The MHC is not able to provide cash directly to participants.

The MHC may offer retail vouchers for those one off engagement activities as described above. Vouchers should not be used as a substitute for regular participation payments i.e. a member of an ongoing advisory group. Retail vouchers can be purchased using MHC corporate credit cards and can be accessed through Administration Officers attached to Directorates. Administration Officers require approval from the relevant Director or Assistant Commissioner prior to purchasing the retail voucher(s). The offer and acceptance of the voucher should be recorded for auditing purposes. If the engagement activity is in partnership with a non-government organisation (NGO) it may be more practicable to request the NGO to provide the retail vouchers and then invoice the MHC.

Participation Payment Table

Activities that do not attract the offer of a participation payment include:

- Open invitation forums and consultations;
- Ad hoc discussions and communications with the MHC;
- Activities and participation that have not been agreed upon prior to engagement;
- Time taken to travel to an activity. This is in breach of whole of the [Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees](#). However, travel expenses may be reimbursed (see below, Out of Pocket Expenses);
- Communication to the MHC as part of an open consultation process e.g. submissions, surveys, feedback; and
- People supporting consumers, families and carers to attend and participate in engagement activities, however out of pocket expenses may be considered.

Tier →	Attendee	Active Participant*	Advisor	Consultant
Activity ↓	(no payment)	\$35 per hour or part thereof	\$70 per hour or part thereof	\$**
Forums, consultations, workshops or focus groups	General Attendance	Specifically invited to actively participate	Co-design and co-produce	Engaged to lead forum, consultation, workshop or focus group
MHC Committees or Groups with Terms of Reference	N/A	Member of a service level MHC Committee or Group	Member or Co-Chair of a system, executive or strategic level MHC Committee or Group	Engaged to provide impartial guidance, knowledge and/or expertise.
Recruitment or selection panels	N/A	N/A	Member	Chair
Other Projects	N/A	Special Projects or Duties	Special Projects or Duties	Engaged to lead the development of a policy, process, procedure, resource, etc.

* Consideration may be given to offering payment to recognised Aboriginal and Torres Strait Islander Elders at a higher tier to reflect their standing in their community and their specific cultural knowledge. Regarding engaging and remunerating community members for cultural ceremonies such as Welcome to Country and Smoking Ceremonies please refer to the MHC Cultural Protocols.

Consideration may also be given to offering payment to other community leaders particularly from diverse groups.

** The hourly rate is determined by the prospective Consultant in response to a request to quote. As a guide, the MHC has previously accepted quotes for lived experience consultants, between \$100 and \$250 per hour, depending on the nature, complexity and scope of the work involved.

Regional, Rural & Remote Engagement

Where engagement is state wide or regionally targeted, the MHC will endeavour to facilitate face to face engagement activities and participation in partnership with local stakeholders and communities. Time and costs associated with engagement in regional, rural and remote areas may inhibit the MHC's reach in relation to engagement practices.

Where face to face engagement is not feasible, alternative methods of engagement may include:

- Video and conference calls;
- Web casting or webinars (streaming an event through the internet); and
- Online platforms such as forums and surveys.

Where people have specific knowledge and skills that would greatly assist the work of the MHC, the MHC will meet costs associated with their participation as per out of pocket expenses outlined in this policy. An estimate of costs must be made prior to participation and approved by the relevant MHC Director or Assistant Commissioner.

Diverse Participation

The MHC is committed to respectful, sensitive and culturally secure engagement and will ensure diverse groups have access to participation in its activities (for example interpreter services, specific venues, support persons etc.).

The Plan states, 'Consumers, families and carers can participate in working groups, forums, advisory councils, boards; and in the co-production and co-design of new policies, programs, initiatives and legislation. Appropriate training and support is essential to enable consumers, families and carers to feel confident in their role and feel supported to contribute. In addition, particular emphasis needs to be given to innovative and effective ways to engage with marginalised groups, including Aboriginal and Torres Strait Islander people and CaLD people, to ensure they are supported to fully and actively participate'.

Out of Pocket Expenses

People should not be unreasonably left out of pocket when participating in engagement activities. MHC employees must clarify and confirm in writing which out of pocket expenses will be reimbursed before engagement takes place.

Out of pocket expenses should be directly connected to an engagement activity that has been approved by the relevant MHC Director or Assistant Commissioner before offering reimbursement. Applications for reimbursement must be on the AP3 Consumer Participation Payment Request (not AP2) with the exception of travel expenses using a private vehicle (AP6 Consumer Participation Payment Kilometre Form). All forms must be signed by the relevant MHC Director or Assistant Commissioner. Payment forms can be accessed through the Health Point website <https://healthpoint.hdwa.health.wa.gov.au/search/pages/formresults.aspx?k=ap6>.

Which Out of Pocket Expenses are Reimbursed?

Travel expenses

The use of public transport is highly encouraged when travelling to and from approved engagement activities; however the MHC is aware that this form of transport may not be practical or accessible to everyone, therefore alternative means of transport such as private vehicles and taxis may be considered.

The MHC must approve taxi travel prior to the activity and where possible taxi vouchers will be provided. In situations where vouchers are not available, fare receipts (or copies) are required to be submitted with claim for reimbursement. Use of privately owned vehicles is in line with the Government Guidelines as described in the next section.

Agreement for payment for parking must be approved by the MHC prior to attendance of activity. Parking receipts (or copies) will be required for reimbursement.

Long Distance Travel and Accommodation

Where participants are travelling long distances it may be necessary or preferable to travel by coach, rail or plane as well as an overnight stay. Travel and accommodation costs and arrangements will be made by the MHC within its budget. Aligning with Western Australian Government policy, the MHC carries the responsibility to secure the purchase of economical and efficient bookings and standard baggage allowances apply. Airfares will be economy class for participants. Changes to accommodation or coach/rail/flight must be made through the MHC. Any additional baggage requirements must be negotiated with the MHC and approved prior to booking. It is noted that pre-booking additional baggage is a less expensive option than checking it in on the day of the flight.

Meal expenses will be arranged with the accommodation provider so the participant is not out of pocket. Any meal expenses external to the accommodation provider will need prior approval by the MHC. The MHC will not pay for alcohol or in room mini bar expenses.

The MHC is bound by WA government guidelines: reimbursement of travel expenses shall be made in accordance with Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees⁶ which states:

Reimbursement is based on the most economical means of transport available.

Where a member of a board or committee uses a privately owned vehicle to travel between the member's residence, or normal place of business, and the place of the board or committee meeting; the member should be paid a motor vehicle allowance at the current "cents per kilometre car expense payments"⁷ rate set by the Australian Taxation Office for the shortest practicable route, provided such

⁶ Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees. http://www.publicsector.wa.gov.au/sites/default/files/documents/2009-20_reimbursement_of_travel_expenses_for_members_of_govt_brds_and_ctees_0.pdf

⁷ Australian Taxation Office "cents per kilometer car expense payments" <https://www.ato.gov.au/Individuals/Income-and-deductions/In-detail/Deductions-for-work-related-expenses/Claiming-a-deduction-for-car-expenses-using-the-cents-per-kilometre-method/>

travel:

- is greater than a round trip of 50 kms to and from the meeting venue; and
- is for the purpose of attending an official meeting of the board or committee.

Where a scheduled commercial air service could have been used for the travel referred to in the previous paragraph, the motor vehicle allowance payable shall not exceed the commercial airfare. If air, rail or coach travel is used, the cost will be reimbursed, subject to the provisions of Premier's Circular 2014/02 and the provisions of the Public Sector Commissioner's Circular.

As the most 'economical means of transport available' is the guiding principle, where rail or coach travel is available and it is reasonable to use in the circumstances, then that should be the preferred means of transport.

Printing, Stationery and Postage

The MHC will provide hard copies of electronic documents at time of engagement or will post or courier documents when requested. People can request relevant additional documents be provided to them, in support of their role. Reimbursement of printing, stationery or postage costs will not be made without prior approval by the MHC.

Communication expenses e.g. phone calls and internet

Reimbursement for communication expenses that are directly related to engagement activities will be considered on a case by case basis. Reimbursement of phone calls and internet will not be made without prior approval by the MHC. If approved, receipts and call/bill details (or copies) will need to be provided.

Child care or carer respite costs

The MHC understands that people have commitments and responsibilities that may limit their participation in engagement activities. Reimbursement for child care or carer respite expenses that directly relate to their participation in engagement activities will be considered on a case by case basis. If approved, receipts will need to be provided.

Relevant Policies

Mental Health 2020: Making it personal and everybody's business.

http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/MHC_strategic_plan_V16_1.sflb.ashx

Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives.

http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/The_Plan_81215_3.sflb.ashx

Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015.

<http://www.dao.health.wa.gov.au/vsu/resources/www.dao.health.wa.gov.au/DAO%20Interagency%20Framework%202011-15.pdf>

Mental Health Commission (formerly Drug and Alcohol Office) Integrated Services Consumer Participation Policy.

MHC Cultural Protocols Document

Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees.

http://www.publicsector.wa.gov.au/sites/default/files/documents/2009-20_reimbursement_of_travel_expenses_for_members_of_govt_brds_and_ctees_0.pdf

ATTACHMENT 1

Tier Definitions

Active Participant, Advisor and Consultant.

The MHC acknowledges the work of the 'In Community' project in developing the definitions.

* Definitions for can be found in the 'Who is Eligible' part of this policy (page 5).

Active Participant

Overview: An Active Participant is specifically invited to bring an individual consumer, family, carer or community perspective to discussion and decision making to the topic at hand and when required, expressing the concerns of others who have similar experiences.

Consideration may be given to offering payment to recognised Aboriginal and Torres Strait Islander Elders at a higher tier to reflect their standing in their community and their specific cultural knowledge.

Consideration may also be given to offering payment to other community leaders particularly from diverse groups.

Requirements:

1. Be a consumer, family member, carer or community member.*
2. Understanding, knowledge, skills or experience of the topic at hand e.g. lived experience of the justice system, accommodation or housing issues, lived experience of involuntary treatment etc.
3. Be able to listen respectfully and work with others.
4. Be able to contribute a consumer, family, carer or community perspective into discussions and decision making.
5. May be required to consult with their relevant networks (formal or informal) and express or represent others views.

Example of Active Participant role:

1. Consumer or family member or carer on a committee tasked with service level improvements.
2. Invited to participate in a focus group road testing consumer resources.
3. Invited to participate in at a consultation regarding improving system navigation.
4. Invited to participate in a workshop to draft an accommodation strategy.

Regarding engaging and remunerating community members for cultural ceremonies such as Welcome to Country and Smoking Ceremonies please refer to the MHC Cultural Protocols Document.

Advisor

Overview: An Advisor is specifically invited to bring an informed and objective consumer, family, carer or community perspective to discussion and decision making to the topic at hand and presents the views and concerns of others at a systemic and strategic level. An Advisor is required to bring an in-depth level of knowledge and skills that extends beyond a lived experience. Skills may include but are

not limited to facilitation, presentation, report writing, researching, project management, objective decision making etc.

It should be noted that the Advisor tier is generic and as such the information below should be read in the context of the specific role and project brief.

Requirements:

1. Be a consumer, family member, carer or community member who has been able to integrate their experiences of mental distress and/or AOD use into their lives, retain value from their lived experience and have wisdom to share with others.
2. Ability and willingness to consult within a network of consumers, families, carers or community members and sufficiently confident to be able to present their views in discussions and decision-making.
3. Good understanding of matters that effect people with mental health problems and/or AOD use and their families, carers and community including marginalisation issues, stigma and discrimination. Understanding of the rehabilitation and recovery paradigm and the value of consumer, family, carer and community participation.
4. Well-developed interpersonal skills including the ability to give constructive input, maintain good working relationships with stakeholders, listen objectively, negotiate and make reasoned judgements. Demonstrated ability to use these skills to achieve results.
5. Knowledge, skills and/or experience with training and education, participation on committees or other decision-making processes, familiarity with and input into the development of policy and procedure documents.
6. Specific skills or knowledge related to the relevant committee/activity here e.g. lived experience of the justice system, accommodation or housing issues, lived experience of involuntary treatment etc.

Example of Advisor role:

1. Consumer, family member, or carer Co-chair on Steering Committee or similar group.
2. Consumer, family member, or carer member or representative on Steering Committee or similar group at a strategic or executive level.
3. Invited to assist with facilitating a focus group road testing consumer resources.
4. Invited to facilitate a discussion session at a consultation to draft an accommodation strategy.
5. Co-produce and/or co-design a workshop.
6. Member of a selection or recruitment panel.
7. Specifically invited to provide input and written feedback into a policy, process, procedure or resource.

Regarding engaging and remunerating community members for cultural ceremonies such as Welcome to Country and Smoking Ceremonies please refer to the MHC Cultural Protocols Document.

Consultant

Overview: A Consultant, who is a consumer, family member, carer or community member, is engaged to undertake projects that require a specific outcome and draw on expertise and/or objectivity from an external source. They are engaged under the same processes and protocols as other external consultants at the MHC, as per Department of Finance, Procurement Practice Guide (Attachment 2 - Department of Finance, Procurement Practice Guide - Appendix, Contacts for Professional Services – Engagement of Consultants), which states:

Public authorities may engage consultants when there is:

- *insufficient or unavailable expertise in the relevant area within the public sector at the time of need;*
- *a requirement for neutrality, impartiality and a high level of objectivity (external to the public authority or the public sector); and*
- *a need to draw on expertise and specialised skills available only from external sources.*

When engaging consultants, a public authority should develop specifications that should include elements such as:

- *description/objectives of the project and function and boundaries of the consultancy;*
- *outcomes/deliverables (e.g. reports, recommendations, seminars, workshops);*
- *project time frame, including milestones, deadlines and completion date;*
- *project methodologies and management requirements;*
- *required knowledge, expertise, experience, interpersonal skills;*
- *costing requirements e.g. fixed cost, daily or hourly rates, incidentals etc.;*
- *proposed payment schedule;*
- *professional indemnity, public liability and workers compensation insurance;*
- *intellectual property; and*
- *quality requirements.*

Requirements:

1. Can address the specifications in the request for quote or tender.

Example of Consultant role:

1. Lead a forum regarding a consumer, family and carer engagement framework.
2. Facilitate a contentious agenda item on a committee and draft a report on the outcome.
3. Chair of a selection or recruitment panel.
4. Develop a consumer handbook regarding navigating health services.
5. Provide training and/or up skilling to further develop consumer, family and carer engagement.

Regarding engaging and remunerating community members for cultural ceremonies such as Welcome to Country and Smoking Ceremonies, please refer to the MHC Cultural Protocols Document.