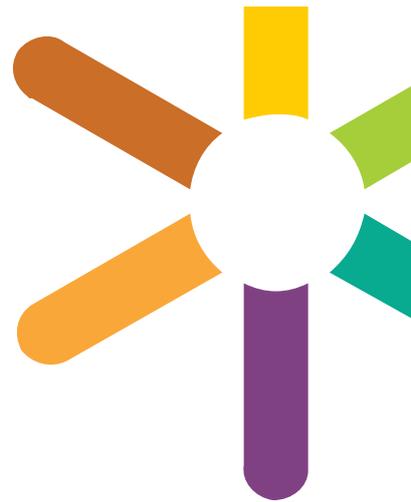




Government of **Western Australia**
Mental Health Commission



Consumer, Family, Carer and Community Paid Partnership Policy



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1.2	01/08/2018	Amended to align with National Health and Medical Research Council's Guidelines National Statement on Ethical Conduct in Human Research 2007 (Updated May 2018)
2.0	08/05/2019	Two year review – delayed due to development of the Statewide Engagement Framework and Toolkit

Next Review Due	April 2020
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Contact for enquiries and proposed changes	
All queries and changes regarding this document should be directed to	
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Table of contents

Table of contents	2
Introduction	3
Background	3
Purpose	4
Scope	4
Feedback and Contacts	5
Support and Assistance	5
For MHC Employees:	5
For Participants:	6
External to the MHC:	6
Who is eligible?	6
Who is not eligible?	7
Engagement Activities and Types of Participation	7
Note on offering payment to participants involved in evaluation and research:	8
Tiered Participation Approach	8
Participation Payment and Timeframes	9
Operational Procedures for MHC Employees	9
Good practices include:	10
Alternative Means of Payment	10
Regional, Rural & Remote Engagement	13
Diverse Participation	13
Out of Pocket Expenses	13
Which Out of Pocket Expenses are Reimbursed?	14
Travel expenses	14
Printing, Stationery and Postage	15
Communication expenses e.g. phone calls and internet	15
Child care or carer respite costs	16
Tier Definitions	17
Active Participant	17
Advisor	18
Consultant	19
Department of Finance, Procurement Practice Guide	20
Contacts for Professional Services	20
Engagement of Consultants	20
List of Supporting Documents	23

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.

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025(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.

Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018 – 2025 [insert web link] suggests:

- For consumers, families and carer to be treated in an equitable and equal manner, a paid participation and out of pocket expenses policy should be implemented and supported.

Nationally, the Fifth National Mental Health and Suicide Prevention Plan [insert web link] states:

- Examples of supporting on-going and active involvement of consumers and carers include collaboration on design and planning, implementation, monitoring and evaluation of policies and actions, as well as capacity building among organisations that support consumer and carer participation and recognition of the contribution of consumers and carers to the Fifth Plan implementation supported by paid participation.

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, Peer Based Harm Reduction, Health Consumers Council WA, Department of Health (Office of Mental Health) and consumers, families, and carers.

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 within the Integrated Services 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 continue to be evaluated and reviewed annually by the Engagement Team, with approval by the Corporate Executive, where changes to payment rates or significant amendments are recommended. 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.

This Policy applies to all persons whether in paid employment, on contract or undertaking voluntary services for the MHC (hereinafter referred to as employees).

¹ Identify and create a plan, initiative or service, that meets the needs, expectations and requirements of all those who participate in, and are affected by the plan. Working Together: Working Together: Mental Health And Alcohol and Other Drug Engagement Framework 2018-2025.

² Implement, deliver and evaluate supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship. Working Together: Working Together: Mental Health And Alcohol and Other Drug Engagement Framework 2018-2025.

Feedback and Contacts

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

- **Email:** engagement@mhc.wa.gov.au
marked “Attention Engagement Team” 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 Engagement Team in the Planning, Policy and Strategy (PPS) Directorate can provide clarification and practical guidance in applying this Policy as well as provide practical assistance with engaging consumers, family and carers.

The Working Together: Mental Health, Alcohol and Other Drug Engagement Framework 2018-2025 and Toolkit outline five guiding principles and associated strategies and practices, aiming to assist organisations to engage effectively.

In addition, a suite of documents including templates, forms, guidelines and flow charts has been developed to assist with consumer, family and carer engagement at the MHC in the areas of:

- Developing an Engagement Strategy;
- Inviting Consumers, Family and Carers to a Consultation;
- Recruitment of Consumers, Family and Carer Members;
- Participation Payments and Out of Pocket Expenses; and
- Reference Documents.

The full list of these helpful supporting documents including TRIM references can be located in **Attachment 3**.

For Participants:

Within the MHC:

- The Engagement Team can provide guidance and advice to prospective participants regarding completing Expressions of Interest and Application forms. They can be contacted at engagement@mhc.wa.gov.au or by phone (08) 6553 0600.
- The MHC Officer leading, managing or coordinating the engagement activity (i.e. committee, group, meeting, forum, consultation etc.) is the main contact point for participants.
- The Integrated Services Consumer Committee offer training and support for consumers of Integrated Services and Next Step. They can be contacted on aodconsumercommittee@mhc.wa.gov.au.

External to the MHC:

- Organisations including Consumers for Mental Health WA (CoMHWA), the Health Consumer Council, Carers WA, Helping Minds, Mental Health Matters 2 and the Alcohol and other Drug Consumer and Community Coalition provide 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 Engagement Team 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 personal experience of mental health and/or alcohol and other drug issues, irrespective of whether they have a formal diagnosis or have accessed services and/or received treatment.
- **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.

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 proceeding 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.

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 (boards, expert, steering, advisory, reference, working groups etc.);
- Consultations, forums, focus groups and workshops;
- Selection, evaluation 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, workshop, forum, survey or consultation tool etc.;
- Presenting – as a guest speaker or co-facilitator;
- Reading – in preparation for an engagement activity;
- Researching – to gain a wider or better understanding of the issue at hand;
- Consulting and networking – with other people;
- Discussing – before or after an activity for the purpose of preparing, clarifying or debriefing;
- Reviewing or evaluating – policies, reports, communication content and resources;
- Assisting MHC employees in preparing for an engagement activity;
- Working with MHC employees to co-design and co-produce an activity, project or program; and
- Evaluation and Research – sharing experiences or opinions to determine the effectiveness or quality of an activity such as a service, program, event or process.
- Training – there may be occasions where people will be invited to attend training relevant to and in support of their participation role.

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

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

Acknowledging people's time and expertise is important. The National Health and Medical Research Council (NMHRCS) states that people have a right to involvement in research and can make a valuable contribution. However offering payments to people invited to participate in evaluation or research could be perceived unethical and an attempt to incentivize participation and influence their responses.

Careful consideration should be made at the planning stage to determine if the offer of participation payments (including vouchers) will be made to people invited to participate in research and evaluation. If an offer of payment is to be made, it should be *after* the evaluation or research activity has been completed, that is; participants will not be aware or receive a participation payment until after their involvement in the research or evaluation activity

Payment that is disproportionate to the time involved is considered ethically unacceptable. However it is important not to devalue participation in evaluation and research. 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. Decisions about payment or reimbursement in kind, whether to participants or their community, should take into account the customs and practices of the community in which the research is to be conducted.

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.

The participation payment table on page 12 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

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.

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.

If the engagement activity is cancelled or postponed within 24 hours of the scheduled activity, the agreed participation payment will be honoured, including any out of pocket expenses. It is important that MHC staff are proactive in contacting participants regarding changes to timing for an engagement actively as soon as practicable.

Participation Payment and Timeframes

Operational Procedures for MHC Employees

The Guideline and Flow Chart for Selecting, Recruiting, Appointing and Supporting Consumer, Family and Carer Members Process (MHC14/8165) and the Process for Participation Payment Consumer, Family & Carer and Out of Pocket Expenses (MHC14/8338) can be located in TRIM.

With regard to participation payments, it is important to note that:

- Approval to offer participation payments (including confirmation of cost centre and account code) should be sought from a MHC Director or above 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. A letter template is located at MHC14/8334.
- Participants should be provided with the Frequently Asked Questions (MHC148155) that includes information about Centrelink and tax implications.
- Although payment is offered, participants may decline, if they wish to do so. If payment is declined, it should be documented (Declined Offer Template MHC14/8171) by the MHC employee initiating the engagement.
- Participation payment requests and out of pocket reimbursement claims should be submitted as soon as possible after the engagement activity. Difficulties in payment may arise if claims are submitted by participants more than three months after the activity and/or more than six weeks outside the financial year.
- MHC employees must ensure requests for payment are:
 - made on the AP3 Consumer Participation Payment Request form (MHC14/8340) or through Health Point under the Forms tab;
 - signed by a Tier 3 staff member (or above) in line with the MHC Schedule of Appointments, Delegations and Authorisations⁶; and
 - scanned (for record keeping) and a hard copy promptly submitted to the MHC Finance Department for processing through Health Support Services (HSS). **Do not send the AP3 Form directly to HSS.**
 - Accompanied by a 'Statement by a Supplier' ATO form on the first occasion a participation payment request is completed for a consumer and annually thereafter.

⁶ MHC Schedule of Appointments, Delegations and Authorisations (MHC17/58926), page 14, Consumer Participation Payment Authorisation, Tier 3.

- AP3 forms are processed within 14 – 30 days. Payment is made directly into a nominated bank account or by cheque.

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:

- Ensuring the participant is clear about what agreed participation payment and out of pocket expenses are being offered (clarify in writing) including the expected time for payment.
- 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.
- 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.
- Completing and submitting the AP3 form electronically is an option and doesn't require a hand written signature.
- Submitting the completed AP3 form to MHC Finance for payment within two working days and following up if necessary to ensure payment has been made in a reasonable time (14 days).
- Providing participants with a copy (electronic or hard copy) of the completed AP3 form for their records as well as Centrelink, tax, and/or business purposes.
- 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.

Alternative Means of Payment

The offer of retail vouchers is an effective means of acknowledging people's time, contribution and small out of pocket expenses as there are circumstances when offering payment via a bank account may discourage engagement. The MHC is not able to provide cash directly to participants and completing forms and providing personal contact and banking details can be onerous on mental health and AOD consumers and carers who:

- are experiencing homeless or do not have a permanent address;
- would prefer the MHC, as government department, not to hold or record their bank details;
- have difficulty understanding and completing the payment forms because of low levels of literacy and/or language barriers;
- for a variety of reasons cannot readily provide banking details; and
- cannot access a bank account or their personal funds.

The offer of retail vouchers is suitable, but not limited to:

- one off activities like a focus group or a forum where the process of ensuring payment to a group of individuals may be onerous on the MHC; and
- engagement activities that involve children and young people where providing funds is not appropriate;

Sectors such as marketing and research use retail vouchers to acknowledge people's contribution as normal course of business. However, it is important to note:

- Retail vouchers should not be used as a substitute for regular participation payments for example a member of an ongoing committee or group.
- The offer of retail vouchers is in line with this Policy in regard to participation and retail vouchers should not be offered as prizes or gifts at engagement activities.
- The value of the retail voucher should not exceed the appropriate amounts outlined in the participation payment table (page 12). However, a lesser amount can be offered.
- Extra consideration is required when offering retail vouchers to people invited to participate in evaluation or research (see note on page 8).

Considerations regarding retail vouchers:

- Retail vouchers can be purchased in a physical card form or electronically (eGift) for such things including groceries, petrol, clothing, entertainment, stationary supplies, electronics, home and hardware.
- Retailers such as Coles, Woolworths, Target, K Mart, Big W, Myer JB HiFi, Bunnings, Office Works, Harvey Norman, Event Cinemas, Caltex, Shell etc. offer vouchers also known as gift vouchers.
- Retail vouchers that have the potential to access alcohol directly or indirectly should not be offered, for example Coles Myer with First Choice Liquor, Liquorland and Vintage Cellars Access or Woolworths Wish with Cellarmasters, BWS and Dan Murphy's access.
- Woolworths offer vouchers for the purchase of 'essentials' (including groceries, petrol, Big W) or 'groceries' only and cannot be used to purchase tobacco and alcohol.
- Coles Group and Myer eGift (electronic) cards prevent the purchase of tobacco and alcohol.
- Young people may prefer an entertainment, music, gaming, clothing, movie or a telecommunications voucher.
- Consideration should be given to identifying retail vouchers that reflect the demographic of the participant, for example as some people may not be able to access some retailers either in person or on line.

The Process for the Purchase and Provision of Retail Voucher (MHC16/30904[v2]) can be found in TRIM. In summary:

- Retail vouchers should be managed like cash processes and stored securely.
- The [Insert Position], in Corporate Services is responsible for the purchase and provision of retail vouchers including updating a Retail Voucher Register (MHC19/xxx).
- The offer and subsequent purchase of retail vouchers requires the approval from a Director or Assistant Commissioner, form MHC16/24443[v2] provides the relevant information required for approval and purchase.
- It is important to confirm that participants have received vouchers, an acceptance sheet template can be found at MHC16/49846 [v2].
- All retail voucher documentation should be stored in TRIM file MHC19/xxxx.

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 \$70 per hour or part thereof	Consultant \$**
Activity ↓	(no payment)	\$35 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.

*** Consumer, family or carer Co-chairs of strategic or executive committees should be offered a four hour minimum (rather than 3 hour) to reflect the additional responsibilities in the Co-chair role. This includes time taken before and after the meeting as well as and out of session tasks, in conjunction with the other Co-chair to progress the work of the committee.

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.

These alternative methods also attract the offer of a participation payment. 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 such children and young people, culturally and linguistically diverse communities, aboriginal people, people with disabilities (including intellectual) and the Lesbian, Gay, Bi-sexual and Intersex (LGBTI) community have access to participation in its activities (for example interpreter services, specific venues, support persons, age appropriate activities 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.

With regard to out of pocket expenses, it is important to note that:

- 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 same AP3 Consumer Participation Payment Request (not AP2) with the exception of travel expenses using a private vehicle, use AP6 Consumer Participation Payment Kilometre Form (MHC15/22689).
- All forms must be signed by the relevant MHC Director, Next Step Manager or Assistant Commissioner. Payment forms can be accessed through the Health Point website.

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.

- **Taxi**

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 the claim for reimbursement.

- **Privately owned vehicles**

Use of privately owned vehicles is in line with the Government Guidelines and 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 Committees⁷ 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"⁸ rate set by the Australian Taxation Office for the shortest practicable route, provided such 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.*

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.

⁷ 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

⁸ 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/>

- **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.

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 Committees⁹ which states:

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

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.

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.

Printing, Stationery and Postage

The MHC will provide hard copies of electronic documents at the 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.

⁹ 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

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.

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 6).

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.
5. Invited to provide feedback or input (verbal or written) on a pamphlet or brochure.

*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 developing and delivering 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.

Department of Finance, Procurement Practice Guide

Contacts for Professional Services

Engagement of Consultants

(Version August 2018)

The engagement of consultants is appropriate when specific skills, knowledge or expertise are required to carry out certain functions and are not available within an organisation or elsewhere within the public sector.

It is generally not appropriate to engage consultants:

- For management or decision making as these tasks are the responsibility of the public authority's executive;
- Where it is reasonably believed that a conflict of interest could develop;
- To resource long-term projects or ongoing core activities;
- To perform tasks which would be more cost-effective and appropriately resourced in house; or
- Where the appropriate expertise exists and is available within the public sector.

In May 2016 the Premier issued Premier Circular 2016/02 – Contracts for Services –Consultants which sets out Public Authorities' obligations with respect to engaging consultants. For Contracts for Services for consultants providing strategic advice for Government to act on with a total estimated value of \$50,000 (including GST) and above, public authorities are to obtain an approval from Department of Premier and Cabinet (DPC) prior to commencing procurement processes associated with the establishment of contractual arrangements with external parties.

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.

Costing profile

To facilitate the comparison of the various consultants' responses to your tender (their offer), it is necessary to ensure that all offers are based on the same pricing structure.

Wherever possible, a fixed cost for a specific task should be sought from prospective consultants. This pricing framework makes it easier to compare various bids in the selection process, to manage the consultancy and to make progress payments at appropriate milestones if outlined in the consultancy brief.

Prospective consultants can be asked to provide a breakdown of their offer into basic fees and other costs (e.g. travel, accommodation, equipment hire). This breakdown should indicate the number of hours or days represented by the basic fee. If a breakdown is not possible, as the overall time required could not be estimated, fees and payments should be based upon established milestones or deliverables as a basis for control and as a means for maintaining the project schedule.

If hourly rates are specified, as might be the case for panel or period arrangements, then the hours should be capped to a maximum total for the project.

Requesting that the proposal contain a schedule of fees may be more appropriate for some consultancy tasks or professions, e.g. the legal profession. It is critical to ensure that the costing requested can be compared during the selection process.

Rates for out of pocket expenses and reimbursement arrangements should be agreed to and set out in the conditions of contract prior to awarding a contract. Typical expenses may include travel and accommodation costs, however, any resemblance to salary or wages or other forms of remuneration must be avoided.

The employer- employee relationship

When engaging an individual or individuals - as opposed to a corporation or partnership – the relationship will be either a contract of personal service (employment) or a contract for the provision of services (independent contractor).

When engaging consultants, public authorities must ensure they do not inadvertently create a contract of employment when it is intended to establish a contract for the provision of services.

The service required should be related to a single task, wherever possible, rather than an ongoing working relationship and the contract must state that the engagement is for a fixed and limited time frame.

Consultants should not be paid by way of salary, wages, annual remuneration, award rates or anything similar. They should also provide their own plant, equipment, tools etc. and take out their own personal sickness, accident, workers compensation, public liability and professional indemnity insurance.

Determining the correct employment status of individuals who provide services to a public authority is important as penalties may be imposed on the employer for failure to deduct or remit tax as required under the Income Tax Assessment Act (1936). Bona fide corporations or partnerships cannot become employees of a public authority therefore PAYE tax is not applicable.

Under the Income Tax Assessment Act (1936) and other legislation such as Workers Compensation and Injury Management Act (1981) and the Superannuation Guarantee

(Administration) Act (1992) individuals primarily providing skill/labour may be deemed to be “employees” even if the arrangement is called a contract for the provision of services (as opposed to an employment contract).

Intellectual Property

Intellectual property (IP) includes all copyright and rights in relation to inventions (including patented inventions), industrial designs, registered and unregistered trademarks, plant varieties, confidential information (including trade secrets) and circuit layouts.

- Examples of IP that may be produced during the course of a consultancy include:
- Computer source code (computer programs) which are considered literary works;
- Graphics or logos;
- Reports, publications, videos, multimedia products, photographs, plans and construction drawings; and
- Patentable inventions.

IP created during the consultancy

It should be noted that even if a public authority has paid the consultant, it does not necessarily mean that the public authority will own any IP created in the course of that consultancy. For this reason the public authority’s and the consultant’s rights in relation to IP should be clearly stated in the quotation or tender specification and conditions of contract.

List of Supporting Documents

#	TRIM Reference	Document Name	Description
Developing an Engagement Strategy			
1.	MHC18/90884	Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018 – 2025	Outlines five guiding principles and strategies and how to implement them
2.	MHC18/90883	Working Together: Mental Health and Alcohol and Other Drug Engagement Framework Toolkit	Toolkit to guide the implementation of the Engagement Framework
Inviting Consumers, Family and Carers to a Consultation			
3.	MHC14/8642	A Guide to Inviting Consumers, Family, Carers and Community to Consultation, Forum or Workshop	Process and flow chart
4.	MHC14/8437	Checklist for Developing an Event Flyer (e.g. forum, consultation, workshop)	Guide and Checklist
5.	MHC14/8640	Consultation Flyer Example	Examples
6.	MHC14/8641	Registration Form Template	Example
Recruitment of Consumers, Family and Carers Members			
7.	MHC14/8328	Request for Consumer, Family, Carer, Community Participation Form (Internal)	Form
8.	MHC14/8165	Selecting, Recruiting, Appointing and Supporting of Consumer, Family and Carer Members Process	Guideline and Flow Chart
9.	MHC14/8335	Terms of Reference Template	Template
10.	MHC14/8341	Committee Registration Form	Form
11.	MHC14/8154	Expression of Interest for Consumer or Family and Carer Participation – Active Participant Tier	Provides information to prospective applicants.
12.	MHC16/24251	Expression of Interest for Consumer or Family and Carer Participation – Advisor Tier	Provides information to prospective applicants
13.	MHC/14/8163	Application Form for Consumer or Family, Carer Representative (including Guidelines)	Form

14.	MHC14/8155	Frequently Asked Questions for Consumers, Family and Carers	Information
15.	MHC15/21264	Template Applicant Short Listing Matrix – Active Participant Tier	Template
16.	MHC18/63139	Template Applicant Short Listing Matrix – Advisor Tier	Template
17.	MHC14/8334	Successful Appointment Letter	Template
18.	MHC14/8169	Information regarding Criminal Records Screening Check for Consumers, Families and Carers (Volunteers)	Information
19.	MHC14/8167	Public Sector Code of Ethics	Policy
20.	MHC14/8292	Mental Health Commission Code of Conduct	Policy
21.	MHC14/8337	Unsuccessful Appointment Letter	Template
22.	MHC14/8168	Confidentiality Statement for Consumers, Families and Carers	Form
23.	MHC14/8171	Declined Offer of Consumer, Family, Carer Participation Payment and Out of Pocket Expenses	Form
24.	MHC14/8336	Thank You Letter	Template
Participation Payments and Out of Pocket Expenses			
25.	MHC14/8338	Process for Participation Payment Consumer, Family & Carer and Out of Pocket Expenses	Guidelines and Flowchart
26.	MHC16/29803	Statement by Supplier ATO (when no ABN is provided – completed once a year only)	Form
27.	MHC14/8340	AP3 Consumer Participation Payment Request Form (when claiming payment and out of pocket expenses)	Form
28.	MHC15/22689	AP6 Consumer Payment Kilometre Form (when claiming for private car travel) https://healthpoint.hdwa.health.wa.gov.au/forms/Lists/Forms/DispForm.aspx?ID=19	Form
29.	MHC16/49846	Attendance Sheet and Voucher Acceptance	Form
30.	MHC16/30904	Retail Voucher Purchasing Process	Guideline and

			Flowchart
31.	MHC16/24443	Retail Voucher Authorisation and Acceptance Form	Form
Reference Documents			
32.	MHC-02195/001	Response to Various Community Queries Templates	Information and Templates
33.	N/A	Riskcover PDF	Insurance Information
34.	N/A	ATO Cents per KM rate (D1) (to determine \$ for private car travel)	Information
35.	N/A	Guidelines for the Successful Partnerships between Public Sector Agencies and Volunteers (Department of Communities)	Insurance Information
36.	N/A	State Government Boards and Committees 2010/02 (Definition)	Government Policy Information
37.	N/A	Reimbursement of Travel Expenses for Members of Government Boards and Committees 2009/20	Government Policy Information
38.	N/A	Guidelines for Official Travel by Government Officers 2014/02	Government Policy Information
39.	N/A	Integrated Services Consumer Participation Policy	Next Step and Integrated Services Policy