
Consumer Participation

Support for Consumer
Participation in Member
Organisations



Who are Consumers? 3
What is Consumer Participation? 3
Why involve Consumers? 4
What are the direct benefits to consumers and service providers?..... 5
Selecting appropriate strategies 5
What are our local Consumers preferences?..... 6
Local examples of Consumer Participation..... 8
Attachments: 10
 What is Community or Consumer Participation?..... 11
 Consumer Participation Methods - Strategies..... 12
 Tips on Conducting Focus Groups..... 19
 Consumer Charter of Rights and Responsibilities 22

Who are consumers?

- The term 'consumer' denotes both the individual and the collective interest. It refers to consumers, consumer groups and community groups. It distinguishes them from professionals and others providing services.
- The term 'consumer' can also refer to
 - those currently using services
 - potential users of services
 - their carers, family and support people
 - those who need care, but who are poorly provided for by the health and community support system.
- The choice of the word 'consumer' is based on a conscious assertion that service users are individuals who are able to make rational decisions if they have appropriate information. It acknowledges that consumers have legitimate rights, preferences and responsibilities.
- Consumers are as diverse as the community itself: their individual requirements change over time, as do population health needs.
- Consumers vary in their backgrounds and opinions. They are not a homogeneous group. There is no single consumer view, but probably as many views as there are consumers. What they share is the direct experience of the health and community service systems.
- 'Consumer' is also used to convey the broader rights of citizens in using or potentially using services¹

What is Consumer Participation?

Consumer participation can be described as the process of involving consumers in decision making about their own health care, health and community services planning, policy development, setting priorities and addressing quality issues in the delivery of health and community support services.

The term 'participation' usually implies sharing, not only of information and opinion, but also of decision making power. Real participation means joint problem solving, joint decision making, joint responsibility².

Consumer participation can occur across many levels within organisations/services:

- participation in treatment and care
- consumers employed by services as consultants and advocates
- participation in service delivery and evaluation
- participation in policy and planning
- participation in education and training
- participation in staff recruitment

¹ Department of Human Services, Aged, Community & Mental Health Division (2000), *Preparing a Consumers' and Carers' Charter, A draft for discussion*, Melbourne, p. 15

² National Resource Centre for Consumer Participation in Health, Fact Sheet No. 1. An Introduction to Consumer Participation p.1 www.participateinhealth.org.au

Information, Consultation, Partnership, Control

The level to which you want to engage consumers (as set out in your Consumer Policy Statement and Action Plan) will determine the method used for engagement. For example, if you are simply seeking **information** from consumers, then focus groups, community forums and public meetings are some appropriate strategies. If you want to involve consumers in **decision making**, more active participatory mechanisms are required. These can include involving consumers in working groups from the beginning of the process and running workshops where all stakeholders contribute to resolving issues and developing strategies. You might use a combination of information collection and active participation strategies³.

Why involve Consumers?

Obtaining the consumer perspective

- Involving consumers in planning, managing and monitoring services means that you can obtain the consumers' perspectives on your service system.
- Hearing the voices of consumers is the best way for providers to get good information about what needs to be done to improve the quality of their service.

Participation is a right

- Effective participation in primary health and community support services is a right of health consumers.
- Involvement in participatory processes can have a significant positive impact on the quality and safety of health care, and can lead to improved health outcomes and more equitable service provision.
- Other benefits of consumer participation include an enhanced feeling of 'citizenship' in the community, more responsive management practices, and improved decision making.

Effectiveness and Efficiency

- Consumer participation promotes the development of effective and efficient services. Making services responsive and accountable to consumers improves trust and confidence.
- Participation improves service quality and safety and helps gain health and community support service accreditation.

Social Wellbeing

- By treating consumers as citizens with legitimate rights, participation promotes societal wellbeing and assists community capacity building.
- Better health and wellbeing outcomes occur in those societies which have a higher sense of social cohesion.
- Where consumers have some influence in the management of services, they have a stronger sense of responsibility and 'ownership' of services⁴.

³ Association of Metropolitan Authorities, *Quality and Contracts in the Personal Social Services*, 1991

⁴ Department of Human Services, Aged, Community & Mental Health Division (2000) op. cit. p.15

What are the direct benefits to consumers and service providers?

The direct benefits to consumers and service providers that flow from consumer participation in health and community support services include:

- Research shows that consumer involvement is strongly associated with good outcomes for primary health services
- Consumer participation increases the level of satisfaction with services
- Consumer participation builds an environment where individuals are more likely to take responsibility for their own health
- Consumer participation helps make service planning decisions that reflect the needs and wishes of the community
- Consumer participation increases the sense of ownership of services
- Direct participation is more efficient and effective as a means of providing understanding about local needs and issues than indirect or secondary sources
- Consumer participation improves service quality, particularly in regard to access and service responsiveness
- Consumer participation helps to market the service
- Consumer participation helps to attract people interested in working with and supporting services
- Consumer participation injects innovation and creativity into service planning and delivery
- Consumer participation increases the level of social capital in the community⁵.

Selecting Appropriate Strategies

The level to which you want to engage consumers will determine the method used for engagement. If you are simply seeking **information** from consumers, then focus groups, community forums and public meetings are some appropriate strategies.

If you want to involve consumers in **decision making**, more active participatory mechanisms are required. These can include involving consumers in working groups from the beginning of the process and running workshops where all stakeholders contribute to resolving issues and developing strategies.

You might use a combination of information collection and active participation strategies.

A Checklist of issues to think about when developing Strategies for Consumer Participation

- Getting runs on the board early, concentrating on areas of common ground, and where problem solving can produce solutions.
- Health and community support service providers need to use a range of ways - not just one approach, to get input and feedback from consumers and to involve feedback in participation processes.

⁵ Department of Human Services, Aged, Community & Mental Health Division (1999), A Stronger Primary Health and Community Support System, Community Participation in Community Health: A PHACS Information Resource 3, Melbourne, p.6

- Consumer participation needs support from senior management to be effective. Having responsibility for consumer participation in work plans, position descriptions and performance is a cost effective strategy that ensures this is addressed.
- Consumer participation needs involvement of staff across the whole organisation. Training and support for staff and consumers may be required.
- A number of barriers to consumer participation will need to be considered and managed as part of the process. These range from practical considerations to cultural and religious differences.
- Managing consumer participation is a skilled task and those skills need to exist within the organisation (where they do not exist, opportunities need to be created to ensure these skills can be learned)⁶.

Strategy Selector Table⁷

The comprehensive resource guide: *Improving health services through consumer participation – a resource guide* identifies 43 different consumer participation strategies, presenting these in the following Strategy Selector Table. The table includes the degree of participation for each strategy and its key attributes. The guide refers the reader to more detailed explanations of each strategy and case examples.

Refer to Attachment 3 of this document for the strategy selector table.

What are our local Consumers preferences?

Local feedback from Consumers

Focus Group Comments

When planning Consumer Involvement, you will need to be mindful of the following;

- Participants do various volunteering tasks in the community
- Generally not looking to get involved in services and are very much 'sick of meetings'
- Community news and organisation newsletters are valued and useful at communicating with communities
- Volunteering with welfare organisations which leaves little time to get involved anywhere else
- Don't feel confident to provide feedback to organisations
- Don't have time to contribute due to other duties or commitments ie. Work, volunteering etc.
- Participants said that they don't know what services and programs are available to them
- Participants are limited with what they can get involved in due to ailments/chronic disease
- Comments that they were surprised at the amount of services available to them

⁶ Department of Human Services, Aged Community & Mental Health, Primary Care Partnerships: Better Access to Services, Draft Policy Framework for Discussion, July 2000, p.24

⁷ BNPCA Consumer Participation Resource & Training Kit for Service Providers

Survey Results

<p>Participation:</p> <ul style="list-style-type: none">• 16 people participated in the focus groups• 22 people completed the survey• 17 of the 22 surveyed were female; 4 were male
<p>Age Groups:</p> <ul style="list-style-type: none">• 27% were under 25 years of age• 33% aged 56-65 years• 33% aged over 65 years
<p>Responses to question 'which of the following options would best suit you'</p> <p>Preferred/highest responses</p> <ul style="list-style-type: none">• 70% indicated they want to 'Know what services are available to you when you need them'• 68% indicated they would like to 'Complete survey's from time to time'• 64% indicated they would like to 'Receive information from organisations' <p>Approximately one third of respondents said;</p> <ul style="list-style-type: none">• 33% indicated they would like to 'Be consulted on key issues in your community'• 32% would like to 'Be involved in 1-2 discussion forums each year'• 27% would like to 'Be involved in planning and developing services for our community'• 27% would like to 'Be involved in a topic specific discussion ie. Underage drinking, diabetes, environmental issues' <p>One fifth of respondents said;</p> <ul style="list-style-type: none">• 22% would like to 'Be consulted when in public places such as newsagents, supermarket'• 18% would like to 'Advise organisations about plans, developments and services' <p>Least preferred options</p> <ul style="list-style-type: none">• 1% 'Be involved in decision making with an organisation'• 1% 'Receive emails'• 1% 'Participation in regular monthly or bi-monthly meetings'• 0% 'Become a member of a consumer reference panel or advisory committee'

Local Examples of Consumer Participation

Our Best Project

Secondary students and teachers involved in planning process

Student Ambassador Model – students given responsibility to plan and implement parts of the project within their own school

Contact: Campaspe PCP

One & All: Campaspe Inclusion Project

Teachers & parents involved in planning workshop

Contact: Campaspe PCP or YMCA

MEGAPHONE ThinkTank

Shire of Campaspe Youth Council – The Shire of Campaspe is committed to ensuring young people have a voice and can contribute to their community by being formally engaged in Council activities. Youth Council is open to all young people in Campaspe aged 12-25 years. Opportunities include organising events for national Youth Week, attending skill development workshops and providing leadership in the community.

Contact: Shire of Campaspe

Echuca Farmers Market

Spot surveys of shoppers regarding nutrition behaviour and shopping habits.

Contact: Campaspe PCP

Campaspe Murray Mental Health Network

Consumer representative attends meetings regularly which contributes to their mental wellbeing by providing an opportunity for them to participate and be accepted by the broader community.

Contact: St Luke's

HACC Feedback form

The Shire of Campaspe's HACC program provides a Client Satisfaction Survey to all consumers receiving HACC services. Services not only include services which are delivered in the home but also include consumers of Planned Activity Groups and Strength and Balance classes. The survey is sent to consumers yearly with questions regarding the Assessment Process, experience with the office staff and specific questions regarding the type of service they receive from the Shire. Clients are able to score their satisfaction along with any comments they wish to provide. The Survey is used for Quality Improvement processes and ensures consumers are given the opportunity to provide feedback in a manner which is anonymous.

Contact: Shire of Campaspe

District Planning Groups

Community members develop and implement local plans based on community identified issues. This program sets out to fully engage people in shaping the future of their community and local economy. A public community meeting develops the plan for each participating district. The district plan takes into account the strengths of each community. The district plans' priorities cover social, economic, environmental and town planning projects. Council works in partnership with the various groups, working on projects arising from the district plan. Public appointment of a community group steers action on the district plan.

Contact: Shire of Campaspe

Diabetes Resource

Newly diagnosed diabetics have been consulted on which brochures they found most effective in explaining their condition. This has led to consistent use of quality information by diabetes educators across the Campaspe PCP area. This initiative was supported by the Campaspe PCP Service Coordination Steering.

Contact: KDHS

Campaspe PCP Service Directory

Developed following request from consumer representatives through various consultation forums to assist finding services when they need them. The Campaspe PCP Service Coordination Steering Committee formed a working party to develop a client friendly service directory booklet. The draft booklet was 'tested' with health service consumers to gauge usability and ease of use before printing.

Contact: Campaspe PCP

Attachments:

- **What is Community or Consumer Participation?**
- **Consumer Participation Methods - Strategies**
- **Tips on Conducting Focus Groups & Focus Group consent form**
- **Consumer Charter of Rights and Responsibilities**

What is Community or Consumer Participation?


Community is a term that can be used in a variety of contexts. It can refer to a group of people in a geographical location, or a specific community or group of people with particular interests and values

Communities can be involved in their health care through:
 ... volunteering, self-help and self-help groups, control over services and decisions through empowerment strategies, community campaigns and coalitions, consultations, representation and advocacy

Consumer participation is defined as:

The process of involving consumers in decision-making about their own health care, health service planning, policy development, setting priorities and addressing quality issues in the delivery of health services.

Levels of Participation



Degree	Participant's action	Illustrative mode
High	Have control	Organisation asks community to identify the problem and to make all the key decisions on goals and means. Willing to help community at each step to accomplish goals.
	Have delegated	Organisation identifies and presents a problem to the community, defines the limits and asks community to make a series of decisions, which can be embodied in a plan it can accept.
	Plan jointly	Organisation presents tentative plan subject to change and open to change from those affected. Expects to change plan at least slightly and perhaps more subsequently.
	Advise	Organisation presents a plan and invites questions. Prepared to modify plan only if absolutely necessary.
	Are consulted	Organisation tries to promote a plan. Seeks to develop support to facilitate acceptance or give sufficient sanction to plan so administrative compliance can be expected.
	Receive information	Organisation makes a plan and announces it. Community is convened for information purposes. Compliance is expected.
Low	None	Community not involved.

Consumer Participation Methods - Strategies

Strategy	Degree of Participation	Key Attributes
1. Publications, media releases and displays	Supports consumer participation	Written with no requirement for dialogue, but can provide information on how consumers can participate.
2. Information to consumers about service and treatment options	Supports consumer participation	Written and oral information to consumer presented in an accessible and understandable way explaining treatment choices and likely outcomes, with pathways for asking and getting answers to questions
3. Patient charters	Supports consumer participation	Written patient rights and customer guarantees that specify service conditions and provide pathways for complaint and possibly redress for consumers if these are not met
4. Human resource development for consumer participation	Supports consumer participation	Job design, recruitment, orientation and training to support consumer participation
5. Consumer-friendly administrative procedures	Supports consumer participation	Reviewing and reforming administrative communication with consumers to encourage consumer participation and partnerships for health
6. Volunteers	Supports consumer participation	Unpaid workers who also often have close contact with consumers and the opportunity to get consumer feedback. However, training supervision and support will be required as for paid staff
7. Evaluation of services	Supports consumer participation/information seeking	Essential component of consumer participation. Many methods.
8. Project groups	Can be information seeking or consultation	Instigated by organisations to advise on specific issues and/or to guide a project. Time limited. May be used to demonstrate the value of consumer participation to key players.

Attachment 2: Consumer Participation Methods – Strategy Selector Table

Strategy	Degree of Participation	Key Attributes
9. Research	Information seeking	Different models depending on values and approach. Outcomes research, qualitative research, action research and clinical epidemiology can overlap with consumer participation
10. Surveys	Information seeking	Means of gathering information. Agenda set by organisations. Scope of information limited. Quantifiable, but you need to know what you want to ask.
11. In-depth consumer interviews	Information seeking	Extended, semi-structured (usually) face-to-face interviews. Provide rich information from selected consumers. Useful as a follow-up to surveys to explore particular issues and/or for specific population groups, but time consuming.
12. Focus groups	Information seeking	A semi-structured group interview with 6-8 people for 30 minutes to 2 hours. Can be invited on basis of who they are and what they can contribute to discussion. Interactions among participants can help explore issues rapidly and in-depth. Used for information collection focused on a specific issue (not for decision-making). Provides rich information, but may not be representative of all consumers.
13. Submissions	Information seeking	Oral and written presentation of views. Dialogue limited. Can attract consumers who are organised and in a position to put in a submission. But less articulate/literate, non-English-speaking background and/or socially disadvantaged consumers may be excluded.
14. Delphi technique	Information seeking	Formal process using a series of mailed surveys to selected individuals. Used for building consensus across consumers with conflicting views. May be useful for particular groups of stakeholders on specific contentious issues, but relies on good literacy skills.

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Strategy	Degree of Participation	Key Attributes
15. Nominal group technique	Information seeking	Small group process for clarifying priorities. May be useful for consumer involvement in identifying priority issues, allocating scarce resources etc. However, does not allow for much in-depth exploration of the issues.
16. Suggestion boxes	Information seeking	Easy to implement, but may be limited in obtaining useful feedback. May attract negative and unhelpful comment. Only for use in conjunction with other strategies. Limited to those with time and literacy skills.
17. Hotlines and phone-ins	Information seeking	Information gathering. Relies on publicity and the phone being attended. Works best with skilled staff or volunteers to answer. Attracts respondents fairly indiscriminately.
18. Complaints handling	Information seeking/consultation	Response to consumer feedback and complaints. Valuable resource because restricted to consumers who have identified possible area for service improvement. Requires staff understanding of value of complaints.
19. Responding to consumer initiatives	Information seeking/consultation	How your organisation/team responds to inquiries or requests initiated by consumers. Developing clear policies, processes and skills to be 'response-able'
20. Workshops	Information seeking/consultation	Working meeting usually of 8-12 consumers, possibly with providers to share information and to develop a shared approach to a specified issue. Participants usually have been selected on the basis of particular skills, knowledge or experience. Requires informed participants.
21. Consumer advocates/consultants	Information seeking/consultation	Health care organisation employs person to consult with consumers and advocate on their behalf for service improvement.
22. Promotions and campaigns	Information seeking/consultation	Ways to get information out. Can be innovative and creative and can involve consumers, possibly through consultation in planning and partnerships in implementation.

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Strategy	Degree of Participation	Key Attributes
23. Search conferences	Information seeking/consultation	Meeting of 30-50 invited people. Investigates a subject/issue in a planned manner. May use discussion paper as starter. Asks specific search question. Wide range of views canvassed. Answer(s) expected as outcome.
24. Public inquiries and hearings	Information seeking/consultation	Instigated by organisations. Formally set terms of reference. Receives public submissions, oral and written. Formal and possibly intimidating. Likely to exclude views of socially disadvantaged consumers.
25. Discussion papers	Information seeking/consultation	Written presentation of information for discussion. No dialogue involved unless structured. May, however, be used as precursor to public meetings or other discussion.
26. Public meetings and forums	Information seeking/consultation	Audiences usually over 20 people. Meeting structured to canvass views, debate an issue. Representatives nominated by consumer groups/associations. Open to public.
27. Input into needs assessment process	Information seeking/consultation	Cyclical planning process. Input may be requested by organisation using any of the information seeking or consultation strategies listed here. If a permanent planning cycle, then can use standing committees with consumer representatives.
28. Seminars and conferences	Information seeking/consultation	Instigated by organisations to explore ideas/issues. May cost and so be restricted to those who can pay. Audiences over 20 people. Format structured. Informal or spontaneous input may be restricted, tending to give providers/professionals more air-time than consumers/community.

Attachment 2: Consumer Participation Methods – Strategy Selector Table

Strategy	Degree of Participation	Key Attributes
29. Consumer councils and reference groups	Consultation	Structure and role prescribed by organisation. Input to whole of organisation. Made up of consumers who advise the organisation. Need to ensure and support consumer representatives links with appropriate constituency. Reps need to have tenure long enough to learn to be useful, but not so long they become part of organisation.
30. Policy round tables	Consultation	Invitations to discuss policy items. Structured. Convened to advise on the development of specific policy.
31. Consumer representatives on your committees	Consultation	Informing, training and supporting, consumer representatives. Ensuring they have a relationship with their constituency. Clarifying their roles and the terms of reference of the committees they sit on. A medium- to long-term investment.
32. Recruiting consumer representatives	Consultation	Clarifying objectives for having consumer representatives, developing clear and effective processes for finding and selecting the people you need.
33. Consultative/ advisory committees	Consultation	Usually up to about 15 members. Role: to provide input on an issue/subject on the basis of expertise about an issue/ experience. Members can be appointed or elected. Usually limited terms.
34. Patient forums	Consultation	Patients invited to focus on an area/issue. Usually structured.
35. Consumer participation policy	Supporting consumer participation/consultation/ partnership	Consumer participation policies provide an organisational context to support greater consumer participation and guide the development of multiple strategies across the organisation to increase capacity as well as to foster consumer involvement.

Attachment 2: Consumer Participation Methods – Strategy Selector Table

Strategy	Degree of Participation	Key Attributes
36. Access policies and processes	Consultation	Formal process. Participation structured. May be part of planning or resource allocation consultations, or may arise out of lack of use of services which providers believe are needed. Various consultation techniques may be used.
37. Consumer input into organisation/team policy	Consultation	Formal and informal. Includes consumer representatives, management committees, planning groups, planning processes, policy development process. Includes consumer advocacy as 'outsiders' to a policy development process.
38. Facilitating mutual support groups	Supporting consumer participation/consultation/therapeutic partnerships	Support to assist consumers on their terms about their issues. Groups can be consulted about service improvement. Clinicians can enter into partnership with groups as expert advisers.
39. Negotiation partnership	Consultation/partnership	Consumers and providers work together to develop a written agreement as a basis for future process. May be part of a consumer initiated participation. Requires clarity of objectives and good communication skills.
40. Networking	Consultation/partnership	Informal relationship-building with people who have common interests or goals. Will include building links to consumer organisations, advocacy groups etc.
41. Partnership of consumers and providers	Partnership	Structured cyclical planning process with specified role for consumers in shared decision-making with providers. Process and outcomes are a shared responsibility. Usually the result of years of development of consumer participation and a strong consumer focus and culture in the organisation.

Attachment 2: Consumer Participation Methods – Strategy Selector Table

Strategy	Degree of Participation	Key Attributes
42. Community development	Partnership	Organic and flexible. Focus on process as well as outcomes. Scope for creative ways to facilitate participation. Support and partnership with consumers about their own issues. Going where the community energy is.
43. Community control	Community control	Community elects board of directors. Management reports to board. Strong primary health care orientation with public health and social justice advocacy, but likely to involve conflict management

31

Tips on Conducting Focus Groups

Considerations when planning a focus group;

- Consider using an existing group that already is established
- Provide incentives to participate e.g. movie tickets, YMCA admission pass, coffee voucher, etc.
- Ensure group is representative of target audience
- Most people respond best by interacting around a table as relative equals. Participants should feel that the discussions are private, i.e. they cannot be overheard by non-participants. A confidential environment promotes free-flowing discussion, which is one of the main points of a focus group.
- The room should be well ventilated, well lit and of suitable size, and there should be sufficient chairs. If it is to be a long meeting, consider making refreshments available.

Proposed structure for a focus group:

<p>1. Before the session: rehearse the ground rules</p> <ul style="list-style-type: none"> • Aim for equal participation • Display respect for others (let them finish what they're saying, no put downs) • Reflect on potential political or personal conflicts before starting the group • Devise advance strategies for dealing with these; e.g. seating arrangements; pre-group requests • Keep focused • Maintain momentum (don't get bogged down in particular issues) • Get closure on particular questions so far as possible • Allow space for both the 'sacred' and the 'profane'
<p>2. Introduction: starting off</p> <ul style="list-style-type: none"> • Record location, time, date • Welcome participants • Appreciate their time • Review the goal of the focus group • Introductions – around the table
<p>3. Establish agenda: why are we here and what will we do?</p> <ul style="list-style-type: none"> • Review of agenda • Review of purpose: why are we here? • To elicit views on the topic • There is no right answer to the questions • Review of activity: what will we do? • Questions will be introduced and responses encouraged • Explain the means you will use to record the session (tape? scribe?)
<p>4. During the process, 1: formulate your questions carefully and slowly</p> <ul style="list-style-type: none"> • Speak clearly and slowly • Phrase your questions (if different from the prompts given) in a way that is neutral • Do not favour one group over another

5. During the process, 2: monitor and control the politics

- Promote even participation
- Be sensitive to conflicts as they develop during the session
- Make sure you can refer to a ground rule that says 'respect'
- Or cut off when issues get too hot
- But do not stifle political comments because they are at the heart of this exercise

6. Closing the session: wrap up and thanks

- Record duration of the session
- Let people know their comments will be taken seriously and that they will be written up and communicated back to them in the course of the project
- Carefully reflect back a brief summary of what was said and be explicit about what will be formally recorded
- Thank participants for their time and valuable expertise
- Close the meeting

7. After the session: tidying up

- If needed, add any notes to the ones already made during the session
- Write down any observations you can make about the nature of participation, problems, surprises
- Make sure you sift your own opinions from those given by others, and that you summarise not just those that you find important
- Leave the room as you found it.

Source: Conducting Focus Groups • Centre for Clinical Governance Research in Health, University of New South Wales

The following links provide information and guidance on how to run a focus group.

[http://www.med.unsw.edu.au/medweb.nsf/resources/Projects7/\\$file/Conducting+focus+groups.pdf](http://www.med.unsw.edu.au/medweb.nsf/resources/Projects7/$file/Conducting+focus+groups.pdf)

<http://www.health.qld.gov.au/chipp/documents/32372.pdf>

**PARTICIPANT INFORMATION AND CONSENT FORM (PICF)
[INSERT TITLE] FOCUS GROUP [DATE]**

Focus Group Facilitator:

- [insert name, title, organisation]

You are invited to take part in this focus group. This Participant Information and Consent Form tells you about the project and explains what is involved to help you decide if you want to take part.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about it.

Participation is voluntary. If you don't wish to take part, you don't have to.

If you decide you want to take part in the research project, you are asked to sign the consent section below. By signing it you are telling us that you:

- understand what you have read;
- consent to take part in the focus group;
- consent for the facilitators to use your feedback (non-identifiable)

What is the purpose of the Focus Group?

[Insert aim/objective of the focus group]. This will involve a series of questions being asked by the facilitator listed above, and group discussion being held over approximately [insert time expected]. In addition, participants will be asked to complete a short questionnaire that may take an additional 5 minutes of your time.

Information gained from these focus groups will be used to inform [insert rationale/use expectations].

Consent

I have read, or have had this document read to me in a language that I understand, and I understand the purpose and procedures of this project as described within it.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this project, as described.

Participant's name (printed)

Signature

Date

Declaration by Faciliator*: I have given a verbal explanation of the focus group and process involved and I believe that the participant has understood that explanation.

Facilitators name (printed)

Signature

Date



Consumer Charter of Rights and Responsibilities

The charter addresses consumer's rights and responsibilities to produce an integrated and holistic care system, which covers all aspects of a person's life within the Shire of Campaspe. Individuals have fundamental rights to a quality health system containing a holistic, not just clinical, overview.

Written by consumers for consumers in collaboration with the Campaspe Primary Care Partnership.

The Campaspe Primary Care Partnership believes that:

- The term consumer is based on the conscious assertion that service users are individuals who are able to make informed decisions when they have access to appropriate information. Consumers are as diverse as the community in which they live, and have individual requirements which may change over time;
- Health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity;
- The fundamental conditions and resources for good health are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity;
- There is strength, resilience, leadership and intelligence within the communities in the Campaspe Shire and that these communities be given every opportunity to determine their future;
- Consumer participation in the Primary Care Partnership Initiative is an ethical and democratic right; and,
- Consumer-focused services are created by inquiring into, planning, acting and evaluating with the community.

Consumer Rights

Democracy

As a consumer you have the right to;

- receive **support** from the Campaspe Primary Care Partnership to ensure you and the community can fully participate in the activities of the Campaspe Primary Care Partnership;
- **participate** in governing, planning, developing and monitoring the Campaspe Primary Care Partnership activities;
- actively **represent** the community for the development of healthy communities;
- work individually with health services to produce the best **outcomes** for yourself; and,
- have **individual agencies** develop appropriate mechanisms for consumer involvement in governance.

Access

As a consumer you have the right to;

- access all services and **cannot be excluded** on the grounds of gender, marital or financial status, religious or cultural beliefs, particular disability, ethnic background, age, sexual preference or on the grounds of not having a permanent address;
- receive services and not be **denied** them due to **department** and **service boundaries**;
- access to all services and **not be discriminated** against using the service due to lack of **transport**; and,
- **be acknowledged** – A consumer may be a **carer**.

Choice

As a consumer you have the right to;

- choose and receive a service when you have made an **informed choice** and your **consent** is given;
- be **informed** about available services, and **costs** involved, if any;
- choose from available **alternatives**;
- choose an **advocate**; and,
- have **others represent you** with your consent.

Respect for Privacy

As a consumer you have the right to:

- have your individual human worth, dignity and privacy respected;
- decide who will be present during the provision of your health care;
- refuse the presence of other people during the provision of your health care, including health care workers, students, researchers and family members; and,
- feel safe from any form of abuse whilst using health and community care service facilities.

Responsive Service Delivery

As a consumer you have the right to:

- services that are accountable to the community and are cost effective;
- be recognised as a “whole person” using the principals of the social model of health;
- receive services that are flexible and responsive to your needs and have requirements recognised in the context of your environment;
- receive services that encourage and empower you or your advocate to be an active partner in your care planning;
- have agencies work **together** to provide continuity of care;
- receive services that take into account your cultural, religious, social values and beliefs;
- receive services without coercion, harassment or any form of exploitation and in a way that respects your dignity and independence;
- services delivered with reasonable care and skill; and,

- services that meet legal, ethical, professional and other relevant standards.

Communication and information provision

As a consumer you have the right to:

- an advertised and recognised, central place in local communities within the Shire of Campaspe where information is easily accessible to you;
- receive information in a timely and appropriate manner having regard to your capacity to absorb information due to physical, emotional or mental well-being; and,
- have communication take place in an environment that supports open, honest and effective discussion.

Health Promotion

As a consumer you have the right to:

- receive current and clear information on the options available, to help you make choices about maintaining good health and preventing illness;
- accessible, user friendly, culturally appropriate and affordable health promotion services;
- receive information about treatment, drugs and the best way to look after yourself and your particular illness; and,
- information about the health care system including local services, special associations, aids, appliances and facilities, which may be of assistance to you.

Feedback and grievance processes

As a consumer you have the right to;

- pursue any complaint about service provision without fear of retribution and to be given information about where to apply to be heard;
- have the choice and involvement of an advocate;
- have your complaints taken seriously;
- make a complaint in any form appropriate to you;
- be advised of the provider's complaints and appeals procedure;
- be kept informed about the progress and outcome of your complaint; and,
- be advised of the availability of advocates and the Health Services Commissioner (ph. 1800 136 066) to assist with your complaint.

Consumer Responsibilities

Just as care provided to you reflects certain principles you also have a responsibility to assist with your care.

As a consumer you have the responsibility to:

- respect the human dignity and worth of the service provider and other consumers;
- be aware there are demands and limitations on staff of service providers;
- help the staff of service providers by communicating needs with courtesy;
- follow the care plan agreed upon as far as possible;
- provide appropriate information relevant to your care;
- take responsibility for decisions you make and their results; and,
- ensure your complaints follow appropriate grievance processes.