



## Consumer Advocacy Network (CAN)

The Consumer Advocates Network was established in 2013 to better inform the consumer voice in HCASA's systemic advocacy and policy. HCASA Consumer Advocates had prioritised the need for more support and networking opportunities in their growing role. The initial Terms of Reference identified the role of the CAN as a community of practice and support group for HCASA Consumer Advocates.

The CAN was been incorporated into the HCASA Strategic Directions 2012 – 2016 and the HCASA Service Agreement 2013-16. The purpose of the HCASA-CAN was to:

1. Develop a HCASA CAN Community of Practice (CoP)
2. Enhance and increase the effectiveness of our practice as health consumer advocates
3. Identify best practice ways of working together between consumers and clinicians
4. Provide opportunities for mutual support and learning and growth for consumers
5. Provide opportunities for collaboration on advocacy campaigns and projects
6. Provide feedback and advice to HCASA on consumer leadership, networking and advocacy activities
7. Expand our advocacy evidence base
8. Provide a shared strategic and supported approach to increase our influence.

The HCASA CAN did not have decision-making role in relation to HCASA's governance, policy and advocacy, and management but provided invaluable experience, perspective, values and priorities to inform the work, strategic directions, policy and practice of the organisation.

The first meeting was held on 14 March 2013. The Agenda included a round table discussion for consumers to inform the new HCASA 2012-2016 Strategic Directions; developing a framework or active consumer participation and the establishment of the Partnering with Consumers Advisory Group. CAN meetings have been held quarterly since this inaugural meeting with 31 meetings being held up to HCASA closure in September 2020. HCASA, at the time of closure, had 230 registered CAN members.

Consumer Advocacy Network members have made a significant contribution to the work of HCASA over the past eight years. As a virtual network, access to trained, experienced consumers who provide advocacy support across broad health and community services and diverse roles and responsibilities, has meant that HCASA has been well positioned to get almost real time feedback and input into policy and project priorities and also to be able to link consumer advice and suggestions to other key stakeholders. The CAN network has added credibility and legitimacy to the work of HCASA.