


Population and Community Health

Consumer, Carer and Community Engagement Framework and Best Practice Guide 2022–2024





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Acknowledgment of Country

South Eastern Sydney Local Health District (SESLHD) would like to acknowledge the Traditional Custodians on whose land we stand, and the lands our facilities are located on; the lands of the Dharawal, Gadigal, Wangal, Gweagal and Bidjigal peoples. We would like to pay our respects to the Elders past, present and those of the future. This artwork is 'South Eastern Boundaries' and depicts the lands and waterways of the Traditional Custodians of the South Eastern Sydney area.

The artwork is based on the South Eastern Sydney Local Health District boundary map and replicates the locations of the facilities from Sydney's Central Business District in the north to the Royal National Park in the south.

The Meeting Places (circles within circles) represent The Sutherland Hospital, St George Hospital, Prince of Wales and Royal Hospital for Women, Sydney and Sydney Eye Hospital, Calvary Health Care and War Memorial Hospital.

The lines with dots represent the patient's journey from their homes, to and from the facilities where people access our healthcare services. The other symbols are the local Aboriginal Community Elders, Men, Women and Children who call the South Eastern Sydney area their country and home.

The dark and light blue circles are the strong currents and waves which surround the beautiful coastline of the east coast.

The assortment of coloured dot patterns are of the surrounding Aboriginal Nations which surround and connect all Aboriginal Nations and our people to each other in respect and harmony.

Artist: Brenden Broadbent

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A message from the Director, Population and Community Health

Consumers, carers and community members are at the heart of our health system. In Population and Community Health, we pride ourselves on our commitment to consumer, carer and community engagement.

Consumer, carer and community engagement is about sharing information and decision making between consumers and health services. This includes decisions about each individual's health care as well as how we plan, deliver and evaluate our health services. By working together, we can improve consumer's experiences of the care they receive and the health of everyone in the community.

This framework provides the overall structure for how Population and Community Health engages with consumers, carers and the community. The best practice guide provides practical advice to staff, consumers, carers and community members.

I would like to thank the many consumers, carers, community members and staff that have contributed to the development of this document. Together we can make a meaningful difference to our services and communities.

Dr Marianne Gale
Director, Population and Community Health

Co-design
Meaningful Difference Value diversity
Community Empower Dignity
Decision Making Commitment
Pride Involve Value diversity Collaborate
Consumer Engagement Sharing Information
Working Together Respect
Meaningful Difference
Collaborate Decision Making Empower
Sharing Information Consumer Carer Collaborate
Co-Produce Involve Dignity
Co-design Value diversity Consult
Pride Engagement Carer Working Together Commitment
Decision Making Openness
Community
Respect

2 About Population and Community Health

Population and Community Health is a key part of South Eastern Sydney Local Health District. We work with other key service providers across the district. This includes hospitals and mental health services.

We also work with community organisations and government agencies.

Population and Community Health provides community health services and programs to individuals, families and carers. We also provide population health services that focus on the whole community or key groups within the community.

Some of our key services are:

- Aboriginal Health Unit
- Child, Youth and Family Services
- Drug and Alcohol Services
- Health Promotion Service
- Integrated Care & Strategic Community Health Support
- Oral Health Service
- Priority Populations Unit
- Public Health Unit
- Sexual Health and Blood Borne Virus Services

We also run a range of specialised services and units, including:

- Aged Care Strategy Unit
- Disability Strategy Unit
- Kirketon Road Centre
- Short Street Centre
- Sydney Sexual Health Centre
- The Albion Centre
- The Langton Centre

3 our principles

We are committed to:


Working together to improve our health services and the health of everyone in the community


Recognising each person's knowledge, skills and experience

Treating each person with respect and dignity

Valuing the diversity in our community

These principles are in line with the NSW Health CORE values of:

 **Collaboration**

 **Openness**

 **Respect**

 **Empowerment**

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What we mean by consumer, carer and community engagement

Consumer, carer and community engagement is about communicating, listening and working with people to improve our health services and the health of everyone in the community.

These are some key words and phrases used in this document:

Best practice: ways of working that have been shown to work well and should be done in the future.

Carer: a person who provides unpaid care for family members, friends or loved ones who may be frail aged, living with lifelong disability, a mental health condition, alcohol or drug dependency, dementia, terminal illness, HIV or with chronic conditions.

Community: a group of people who are connected by something they have in common. They may live in the same area, share the same culture, and have similar beliefs, share similar lifestyles or have a similar health condition. Our health services may directly involve community members or involve community organisations that represent or work closely with a community.

Consumer: a person who is a patient or client of the health service or may use the health service in the future. It includes family members, carers and people who have used a health service in the past or who could potentially use the service in the future.

Consumer representative: a consumer who has been identified through an expression of interest process to be involved in consumer engagement activities such as sitting on committees or delivering education and training.

Engagement: when consumers, carers and community members are actively involved in healthcare. This includes ideas around 'working in partnership' and 'consumer involvement'. Engagement can be at many levels. These levels are described in the framework.

Framework: a way of bringing together and organising ideas about consumer, carer and community engagement into one place. It provides a practical summary to guide actions.

Paid participation: consumers, carers or community members are paid for their time when they participate in meetings, committees or delivering training. Examples of paid participation will be described in this document.

Peer worker: a person who has a lived experience of a health condition and is employed by the health service. They work closely with health care professionals to provide extra support to consumers. They also support consumer, carer and community engagement. Peer workers have skills to engage with consumers and help them access the range of health services they need. Peer workers (consumer employees) are either casual employees, temporary employees or permanent employees of the health service.

These are some other words and phrases used that relate to consumer, carer and community engagement:

Health literacy: a person's knowledge and skills about their health and how to access health services. Health literacy is also about health services and their ability to provide information that is easy to understand by consumers. Low health literacy is connected to poorer health.

Partners: people or organisations that work with our public health service to deliver care. This includes healthcare professionals, such as GPs, nurses, pharmacists and allied health professionals. It also includes local councils, government services, non-government organisations, community organisations, schools and community networks.

Person centred care: when a person is placed at the centre of their care, and care responds to the person's needs. It means treating each person with dignity and respect and involving them in decisions about their care. This is also called 'shared decision making'. Person centred care also includes involving a person's family and carers as appropriate.

Patient experience: how a patient or client experiences the care they receive from our health services. Health services work to improve the patient or client experience so patients or clients are more engaged in their care and have better health. Health services ask patients or clients to share their stories to improve health services in the future.

Some of the key documents we used to write this framework are:

- Australian Charter for Health Care Rights
- National Safety and Quality Health Service Standards - User Guide for Measuring and Evaluating Partnering with Consumers
- South Eastern Sydney Local Health District Consumer Partnership Framework 2021-2024
- South Eastern Sydney Local Health District Consumer and Carer Representatives Paid Participation Policy

5 Framework

The framework has five levels of consumer, carer and community engagement. Each level is equally important.

Community health services and population health services have different ways of engaging consumers, carers and community members.

In this section we will use 'people' to include consumers, carers and community members.

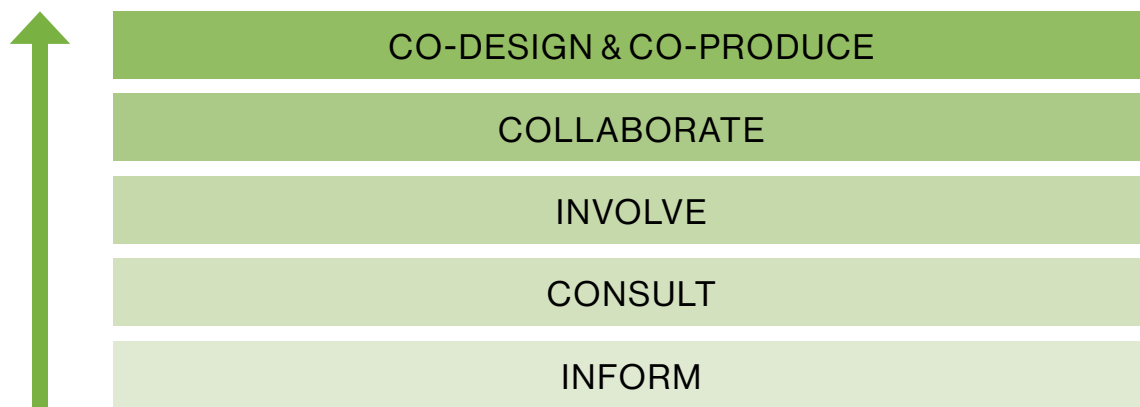


Figure 1: The five key levels of consumer engagement and aspects of care delivered by Population and Community Health services. (Image adapted from www.sigeneration.ca/co-production/)

Level 1: Inform

This level is about **giving people information** about health issues and health services. This may include brochures, newsletters, noticeboards, community information stalls, videos, audio resources, websites and social media.

Some examples include:

- People receive information about their health condition in a way that is easy for them to understand. This includes information in languages other than English and easy read for people with disability.
- People receive information about their rights and responsibilities. This includes how to make a complaint if they are not happy with their healthcare.
- People receive information about the health service they are attending.
- People receive information about healthy lifestyle programs to improve their health and wellbeing.

Level 2: Consult

This level is about people **giving feedback** about their healthcare or new things happening within health services. This may include individual conversations, suggestion boxes, surveys or focus groups.

Some examples include:

- People give feedback on their care and experiences at appointments with their healthcare professional.
- People give feedback about the service they attend.
- People give feedback on new resources being developed. This could include factsheets or social media posts.
- People provide input into new programs or research.

Level 3: Involve

This level is about **sharing information** between people and health services about what is working and not working, and plans for the future. This may include care planning meetings, committee meetings, workshops, forums, and working groups.

Some examples include:

- People discuss their experience of care with their healthcare professional.
- People attend meetings to share ideas about ways to improve services and programs.
- People sit on committees to share ideas about better ways to provide information about health and health services to the community.

Level 4: Collaborate

This level is about **sharing decision making** between people and health services. This may include care planning meetings, committee meetings, workshops, forums, and working groups.

Some examples include:

- People attend meetings with healthcare professionals to make shared decisions about their care.
- People sit on committees or working groups to make decisions about improving the services they attend.
- People attend meetings or workshops to give their opinion and ideas about new programs, resources or research.

Level 5: Co-design and co-produce

This level is about people and health services **working, learning and reflecting together** to plan and deliver activities, resources or services. This may include people working with staff to develop, deliver and evaluate a range of programs, resources or services. This level is described in some documents as 'partner', 'empower' or 'consumer-led'.

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Examples of best practice

We value consumer, carer and community engagement because it makes a meaningful difference to our services and communities. It also improves consumer and staff satisfaction.

Here are some examples of best practice in consumer, carer and community engagement across Population and Community Health:

Aboriginal Health Unit – Supports and facilitates Aboriginal communities to be involved in the co-design of health promotion programs via community forums and planning meetings.

Child, Youth & Family Services – The Narrangy- Booris Facebook page provides a noticeboard for sharing information between health services and Aboriginal and Torres Strait Islander families within the community.

Drug & Alcohol Services – Peer workers are employed through Drug and Alcohol Services to help consumers navigate the health system and support them with clinical visits.

Health Promotion Service – Consumers are engaged with the Health Promotion Service to co-design program resources, strategies, as well as research and quality improvement activities.

Oral Health Service – Consumers and community members experiencing homelessness provide active feedback and are supported to share their personal journey at staff meetings and forums to help improve service delivery.

Priority Populations Unit – Carer representatives have participated in workshops to interpret the findings of research about people who are new to their caring roles. Bilingual community representatives have been trained by the Multicultural Health Service and the University of New South Wales to conduct research in community languages.



Public Health Unit – Aboriginal community members provide feedback in the planning of vaccination clinics and related public health information fact sheets.

Sexual Health & Blood Borne Virus Services – Peer Education and Youth Advisory Committee members work with the HIV and Related Programs Unit to design and provide outreach education to young people about sexual health and harm minimisation when using drugs and alcohol. Consumer representatives are members of Kirketon Road Centre's Quality and Safety Committee and Consumer Participation Group. Consumers have co-produced the 'My Story' project, a series of films documenting the lived experience of people who inject drugs and how they manage the risk of hepatitis C.

Integrated Care and Strategic Community Health Support – A place-based health and social care program has been co-designed with the community to address health issues in social housing communities.

7 Best practice guide – consumer representatives

The best practice guide provides practical advice and examples of consumer, carer and community engagement in the following activities:

- Sitting on a committee
- Participating in meetings, focus groups or workshops
- Providing education and training for health staff and partners
- Providing peer education and training for the community
- Co-designing of resources or service initiatives
- Providing peer support to consumers.

In the following sections we will use 'consumer representatives' to include consumers, carers and community members who are involved in the above activities.

Our minimum standards

We are committed to providing a consistent approach to consumer, carer and community engagement across Population and Community Health. We are committed to working with consumers from diverse backgrounds.

For each service, our minimum standards are:

- Each service has an identified staff member who is the key contact person for the service's consumer engagement.
- For each activity, there is an identified staff member who has the role of communicating with, and supporting consumer representatives. This may be the key contact person for the service, or another member of staff.
- There are easy to follow processes put in place for recruiting consumer representatives to be involved in engagement activities.
- Each service provides consumer representatives with an overview of their roles and responsibilities.
- Consumer representatives are provided with orientation and training opportunities.
- Consumer engagement activities are regularly reported at each service's team meetings.
- A minimum of two consumer representatives are involved in each activity.

- Consumer representatives are provided with a briefing (overview of the activity and what to expect) before the activity and a debriefing (discussion of what occurred) after the activity.
- Consumer representatives are paid for their time when attending the consumer engagement activities.

Key contacts in each service

Consumer engagement is coordinated by the Community Partnerships Officer, Cheryl Brady, who can be contacted at cheryl.brady@health.nsw.gov.au. Each service has an identified staff member who is the key contact person for the service's consumer engagement.

Service	Who to Talk To	Contact Details
Aboriginal Health Unit	Tim Croft Aboriginal Health Manager	timothy.croft@health.nsw.gov.au
Child, Youth and Family Services	Shirley Gardiner Quality & Safety Officer	shirley.gardiner@health.nsw.gov.au
Drug and Alcohol Services	Brendan Crozier Senior Allied Health Manager Senior Clinical Psychologist	brendan.crozier@health.nsw.gov.au
Health Promotion Service	Lynne McCormack Healthy People, Healthy Places Manager	lynne.mccormack@health.nsw.gov.au
Integrated Care & Strategic Community Health Support	Tony Jackson Deputy Director, Population & Community Health	tony.jackson@health.nsw.gov.au
Multicultural Health Service	Joanne Corcoran Multicultural Health Service Manager	joanne.corcoran@health.nsw.gov.au
Oral Health Service	Natasha Desai Quality Manager	natasha.desai@health.nsw.gov.au
Priority Populations Unit	Cheryl Brady Community Partnerships Officer	cheryl.brady@health.nsw.gov.au
Public Health Unit	Phoebe Ng Operations Manager	phoebe.ng@health.nsw.gov.au
Sexual Health and Blood Borne Virus Services	Julia Purchas HIV and Related Programs (HARP) Manager	julia.purchas@health.nsw.gov.au

Recruitment of consumer representatives

Recruitment of consumer representatives is generally through an 'Expression of Interest' process. This is sometimes called an 'EOI'. Advertising of the expression of interest can include:

- Approaching consumers directly or through other consumers
- Emails to existing consumers
- Posters, newsletters or social media posts
- Consumer and community networks
- Working in partnership with community organisations and networks.

The expression of interest process involves the service providing information about:

- The type of activity and time required of consumers
- An overview of the roles and responsibilities
- If and how much the consumer will be paid
- Skills or experience the service is looking for
- Identified staff member who is the key contact person.

Consumers will be asked to provide:

- Contact details
- Their interest in being involved
- Their skills and relevant experience
- Their availability
- How they wish to be paid e.g. e-voucher, gift card or direct bank deposit.

Peer workers are generally recruited as either 'contingent workers' or as health service employees under identified awards (e.g. Health Education Officer). Formal recruitment processes are undertaken in line with NSW Health procedures.

Communication and support for consumers

The identified staff member has the role of communicating with, and supporting consumer representatives.

This includes providing information in advance (e.g. meeting notes and agenda) and a briefing for consumers before the activity which helps consumer representatives know what to expect. The role also includes providing debriefing after the activity which helps staff and consumers to share any thoughts about the experience and improve processes in the future.

Orientation and Training

Orientation and training of consumer representatives is overseen by a working group made up of staff and consumer representatives from across Population and Community Health, and is coordinated by the Community Partnerships Officer.

We have a standardised orientation program for all new consumer representatives that covers:

- Introduction to Population and Community Health and South Eastern Sydney Local Health District
- Principles of consumer engagement
- CORE values
- Our minimum standards
- Consumer engagement activities
- Communication and support
- Coaching and mentoring
- Paid participation
- Evaluation of consumer engagement.

Evaluation of the orientation session occurs at the end of each session and the program is reviewed and updated as required by the working group.

We provide ongoing training opportunities to staff and consumer representatives in relation to consumer, carer and community engagement. Our training is delivered either in person or online.

Training opportunities will be advertised to consumer representatives through the key contact in each service.

Priorities for training programs in 2022 and 2023 include:

- Orientation for new consumer representatives
- Cultural awareness training
- Equity (equitable healthcare)
- Health literacy
- Participating in committees
- Strength based community and consumer engagement.

Population and Community Health will provide funding each year for four consumer representatives to attend the Health Consumer Representative Training held by Health Consumers' NSW.

Peer workers (consumer employees) also have access to NSW Health online learning platform called My Health Learning. There are mandatory training requirements for employees.

Coaching and mentoring

Experienced staff and consumers can provide guidance and advice to others about consumer engagement. They can share their knowledge, skills and experience to help guide staff and consumers who are less experienced with consumer, carer and community engagement.

Coaching and mentoring can be organised through the Community Partnerships Officer.

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Paid participation

We pay consumer representatives for their involvement in a range of activities to acknowledge their valuable contribution. These include:

- Sitting on a committee
- Participating in meetings, focus groups or workshops
- Providing education and training for health staff and partners
- Providing peer education and training for the community
- Being involved in co-design of resources or service initiatives
- Providing peer support to consumers.

Consumers can be engaged as 'contingent workers' if on a formal committee or engaged on a more ad hoc basis to work on specific projects. Consumer representatives are generally paid for attending meetings and forums to which they have been directly invited. This does not include public meetings or forums to which a general invitation has been made to all members of the community.

We pay consumers through the following ways:

- e-vouchers
- Gift cards
- Direct deposit into bank accounts.

Rates of pay are in line with the South Eastern Sydney Local Health District Policy and consistent with the *NSW Public Service Commission's Classification and Remuneration Framework for NSW Boards and Committees. [NSW Public Service Commission Framework](#).

We may also cover some pre-approved out-of-pocket expenses for consumer representatives (e.g. travel expenses). This should be discussed in advance between the identified staff member providing support and the consumer. It is important that consumer representatives keep a proof of purchase (e.g. a receipt) so the staff member can organise reimbursement.

Peer workers (consumer employees) are paid directly into a nominated bank account, in line with NSW Health procedures.

Responsibilities for payments

Population and Community Health holds funds for consumer engagement activities that are administered by the Priority Populations Unit.

Activity Type	Description	Payment Rate
Meeting – member	Committee member involved in formal consultation groups or meetings	1hr – \$30.00 2hr – \$55.00 Half Day* - \$110.00 Full Day* - \$220.00
Meeting – chairperson	Appointed chairperson of a SESLHD committee	1hr – \$44.00 2hr – \$88.00 Half Day* - \$175.00 Full Day* - \$350.00
Presenter at education programs	SESLHD will pay for the preparation, travel and presentation time up to a maximum of 7.5 hours (unless otherwise negotiated) at the rate of a Part Time Health Education Officer Non Graduate as advised in NSW Ministry of Health Information Bulletin - IB2016_049 (p.107)	1hr - \$41.22 Half Day* - \$144.27 Full Day* - \$309.15
Observer at education program	Consumer observing training prior to presenting. This is at the rate of a Part Time Health Education Officer Non Graduate as advised in NSW Ministry of Health Information Bulletin - IB2016_049 (p.107)	1hr – \$41.22
Course development	SESLHD will compensate preparation time up to a maximum of 7.5 hours (unless otherwise negotiated) at the rate of a Part Time Health Education Officer Non Graduate as advised in NSW Ministry of Health Information Bulletin - IB2016_049 (p.107)	1hr – \$41.22
Participating in selection committees	Participation in selection panel meetings	\$30.00 per hour
Attendance at open public forum, meeting or consultation		No payment
Ad-hoc discussions with SESLHD staff		No payment

9 Knowing that we are making a difference

It is important for us to evaluate consumer, carer and community engagement. We value the importance of truly reflecting the diversity of consumers and the important role they play in our consumer partnership and engagement activities. This will help us improve our engagement efforts and our services.

Ways of evaluating consumer, carer and community engagement include:

- Discussions, surveys or interviews with consumers about their experience of consumer engagement activities.
- Surveys, interviews or discussions with staff about their experience of consumer engagement activities. This was last undertaken across Population and Community Health in March 2021 and assisted in developing this document.
- Committee evaluations with consumers about their experience of the committee process, content and consumer engagement activity.
- Review of formal agreements and partnership arrangements between services e.g. Aboriginal communities and community-controlled health organisations.
- Audit of relevant documents and records against the National Safety and Quality Health Service Standards. This is undertaken in preparation for accreditation against the National Standards.

Tools to support evaluation of consumer, carer and community engagement include:

- Consumer Experience Improvement Plan: This is a template that can be used in partnership with consumers as a planning tool to improve the consumer and community experience.
- Partnering with Consumers Reflection Tool: This is a set of questions about how well we partner with consumers to improve and design our services. It is an opportunity to make a plan to actively engage consumers in a way that has not been tried previously.

Evaluation of consumer, carer and community engagement should be co-designed with consumers. Results will be communicated to consumers, staff and through meetings within each service.

10 Appendices – Resources and useful links

SESLHD Consumer Partnerships Framework

https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Community_Partnership_Unit/Consumer%20Partnership%20Framework%202021-2024.pdf

The **SESLHD Consumer Partnership Framework** defines how SESLHD engages with consumers at all levels across our services and programs. The **PaCH Consumer, Carer and Community Engagement Framework and Best Practice Guide** aligns to the SESLHD Framework and provides practical advice to staff, consumers, carers and community members of Population and Community Health Services.

Staff information on SESLHD intranet

- Frequently Asked Questions
- Top Tips for working with consumers
- Application form
- Consumer Experience Improvement Plan
- Partnering with Consumers reflection tool
- You Said We Did template

http://seslhdweb.seslhd.health.nsw.gov.au/Community_Partnerships/SESLHD_Staff_Guidance/

Staff Training Opportunities for Engaging with Consumers, Carers and Community

My Health Learning – Working with Consumers and Community. Course Code: 41749567

My Health Learning – Partnering with Carers. Course Code: 58522287

<https://www.tafensw.edu.au/course/-/c/c/CHC43515-01/Certificate-IV-in-Mental-Health-Peer-Work>

<https://mhcc.org.au/course/certificate-iv-in-mental-health-peer-work/>

NSW Health Code of Conduct

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf

Australian Commission on Safety and Quality in Health Care

<https://www.safetyandquality.gov.au/our-work/partnering-consumers>



Health Consumers NSW

<https://www.hcnsw.org.au/>

Charter of Health Care Rights

<https://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights>

Agency for Clinical Innovation

<https://aci.health.nsw.gov.au/projects/co-design>



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