


Population and Community Health

# **Consumer, Carer and Community Engagement Framework and Best Practice Guide 2024–2027**



South Eastern Sydney Local Health District  
Locked Mail Bag 21  
TAREN POINT NSW 2229  
Phone: (02) 9540 8181 Fax: (02) 9540 8164

This work is copyright. It may be reproduced in whole or in part to inform people about the strategic directions for health care services in the South Eastern Sydney Local Health District (SESLHD), and for study and training purposes, subject to inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale.

Reproduction for purposes other than those indicated above requires written permission from the South Eastern Sydney Local Health District.

# In this document

1. A message from the Director, Population and Community Health	6
2. About Population and Community Health	8
3. Our principles	9
4. What we mean by consumer, carer and community engagement	10
5. The Framework	12
Level 1: Inform	12
Level 2: Consult	13
Level 3: Involve	13
Level 4: Collaborate	13
Level 5: Co-design and co-produce	13
6. Examples of best practice	14
7. Best practice guide – consumer representatives	15
Our minimum standards	15
Key contacts in each service	16
Recruitment of consumer representatives	17
Communication and support for consumers	17
Orientation and Training	17
Coaching and mentoring	18
8. Paid participation	19
9. Knowing that we are making a difference	20
10. Appendices – resources and useful links	21







# 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: Brendan Broadbent

# 1 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 is an update to our original Population and Community Health, Consumer, Carer and Community Engagement Framework and Best Practice Guide launched in 2022 and provides the 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



## 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:

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



# 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

# 4 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
- Australian Commission on Safety and Quality in Health Care – Primary and Community Healthcare Standards
- South Eastern Sydney Local Health District Consumer Partnership Framework
- Consumer and Carer Representatives - Paid Participation in South Eastern Sydney Local Health District Procedure



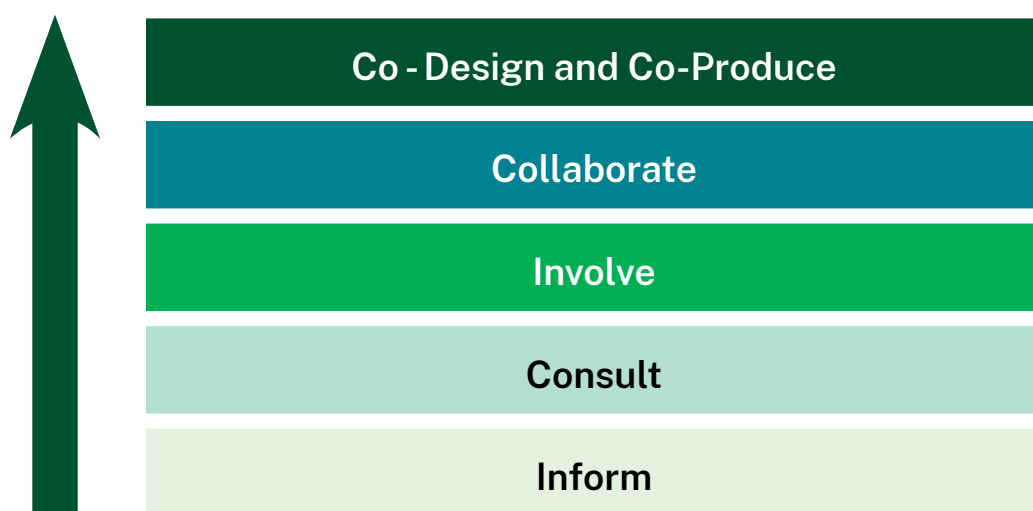
# 5 The Framework

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.



Adapted from [www.sigeneration.ca/co-production/](http://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'.

# 6 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:

## **Child, Youth and 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 and Alcohol Services**

Drawing from lived experience of drug and alcohol challenges, service use, and personal recovery journeys, peer workers provide a non-clinical, holistic approach to recovery. Peer workers share their lived experience to educate, support, and advocate for improved health outcomes for consumers and the community.

## **Equity and Prevention Service**

The service partnered with consumers and community members from the Mongolian community, UNSW and other PaCH services to conduct a needs and assets assessment to support the development and provision of culturally appropriate responsive resources and care. The project worked with consumers and community members to understand their health beliefs, health literacy, and social-cultural factors that impact on health service usage. A community member was trained and supported as a bilingual Research Assistant to coordinate community consultations and surveys which ensured relationships with consumers and community members were in appropriate language and through trusted settings. In response to the project, Mongolian consumers and community members were involved in the development of group programs and resources and the service now employs a Mongolian Bilingual Health Promotion Officer.

## **Oral Health Service**

Consumers and community members from priority populations including people from Aboriginal and Torres Strait Islander communities, young people, and those experiencing homelessness, are supported to provide active feedback and share their personal journey at staff meetings and forums to help improve service delivery.

## **Public Health Unit**

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

## **Sexual Health and 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 - Disability Strategy Unit**

A PaCH Disability Consumer Group was established in a collaborative partnership with the Specialist Intellectual Disability Health Team. Consumers and Carers were consulted on the design of the Group and the content of the sessions. The group was created with the aim of connecting and supporting people with a disability (PWD) and their carers as well as providing relevant and timely information impacting PWD utilising Health services.



# 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 except where a service has employed peer workers.
- 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 Cheryl Brady, Manager Healthy Communities,

who can be contacted at [cheryl.brady@health.nsw.gov.au](mailto: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.

Key contacts are:

Service	Who to Talk To	Contact Details
Child, Youth and Family Services	<b>Shirley Gardiner</b> Quality & Safety Manager	<a href="mailto:shirley.gardiner@health.nsw.gov.au">shirley.gardiner@health.nsw.gov.au</a>
Drug and Alcohol Services	<b>Peter Starr</b> Consumer Engagement Manager	<a href="mailto:peter.starr@health.nsw.gov.au">peter.starr@health.nsw.gov.au</a>
Equity and Prevention Service	<b>Cheryl Brady</b> Healthy Communities Team Manager	<a href="mailto:cheryl.brady@health.nsw.gov.au">cheryl.brady@health.nsw.gov.au</a>
Integrated Care & Strategic Community Health Support	<b>Tony Jackson</b> Deputy Director, Population & Community Health	<a href="mailto:tony.jackson@health.nsw.gov.au">tony.jackson@health.nsw.gov.au</a>
Oral Health Service	<b>Amber Russo</b> Quality Manager	<a href="mailto:amber.russo@health.nsw.gov.au">amber.russo@health.nsw.gov.au</a>
Public Health Unit	<b>Phoebe Wilson</b> Operations Manager	<a href="mailto:phoebe.wilson@health.nsw.gov.au">phoebe.wilson@health.nsw.gov.au</a>
Sexual Health and Blood Borne Virus Services	<b>Julia Purchas</b> HIV and Related Programs (HARP) Manager	<a href="mailto:julia.purchas@health.nsw.gov.au">julia.purchas@health.nsw.gov.au</a>

## 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. This working group is coordinated by the Manager of Healthy Communities, Cheryl Brady who can be contacted at [cheryl.brady@health.nsw.gov.au](mailto:cheryl.brady@health.nsw.gov.au).



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 2024-2027 include:

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

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) and contingent workers also have access to NSW Health's 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 Manager of Healthy Communities, Cheryl Brady, who can be contacted at [cheryl.brady@health.nsw.gov.au](mailto:cheryl.brady@health.nsw.gov.au).

## 8 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

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 policies and guidelines and consistent with NSW Ministry of Health [Remuneration for consumers, carers and community members](#).

Activity Type	Description	Payment Rate
Meeting – member	Committee member involved in formal consultation groups or meetings	Hourly rate (if less than 5 hours) – \$40.00
		Full Day (5 hours or more) - \$220.00
Meeting – chairperson	Appointed chairperson of a SESLHD committee	Hourly rate (if less than 5 hours) – \$60.00
		Full Day (5 hours or more) - \$350.00

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.

## 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.
- 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 Primary and Community Healthcare 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 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

## 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/](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
- My Health Learning –Learn about Teach-Back. Course Code: 409377612
- My Health Learning –Health Literacy and Teach-back. Course Code: 241744958

## All of Us

- A high-level guide to respectful engagement, which contains resources and tools developed by consumers, carers and staff

<https://www.health.nsw.gov.au/patients/experience/all-of-us/Pages/default.aspx>

## Australian Charter of Health Care Rights

[www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights](http://www.safetyandquality.gov.au/consumers/working-your-healthcare-provider/australian-charter-healthcare-rights)

## Co-design Toolkit – Agency for Clinical Innovation

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

## Health Consumers NSW

[www.hcnsw.org.au/](http://www.hcnsw.org.au/)

## National Safety and Quality Primary and Community Healthcare Standards – Partnering with Consumers Standard

[www.safetyandquality.gov.au/standards/primary-and-community-healthcare/partnering-consumers-standard](http://www.safetyandquality.gov.au/standards/primary-and-community-healthcare/partnering-consumers-standard)

