



Consumer Engagement Framework

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1.0 Introduction

SHQ's engagement with consumers is shaped by our vision, values, and the communities we directly target.

Our Vision

Sexual health and wellbeing for all Western Australians.

Our Values

- ▶ We promote human rights
- ▶ We support social justice
- ▶ We support personal autonomy and choice
- ▶ We strive for excellence in all we do
- ▶ We ensure confidentiality and privacy for all clients
- ▶ We value and respect diversity
- ▶ We aspire to work collaboratively

Our priority groups

- Young people
- Aboriginal people
- People living with intellectual disability
- Sex workers
- People from CaLD communities
- People from regional, rural and remote communities

Our Commitment

We are committed to seeking the views of those who use our services, or could potentially use our services, such as individuals, their families and carers, members of the community, and representatives of advocacy committees relevant to their areas of expertise.

We also actively seek partnerships with stakeholders that help us to deliver on our promise to the community.

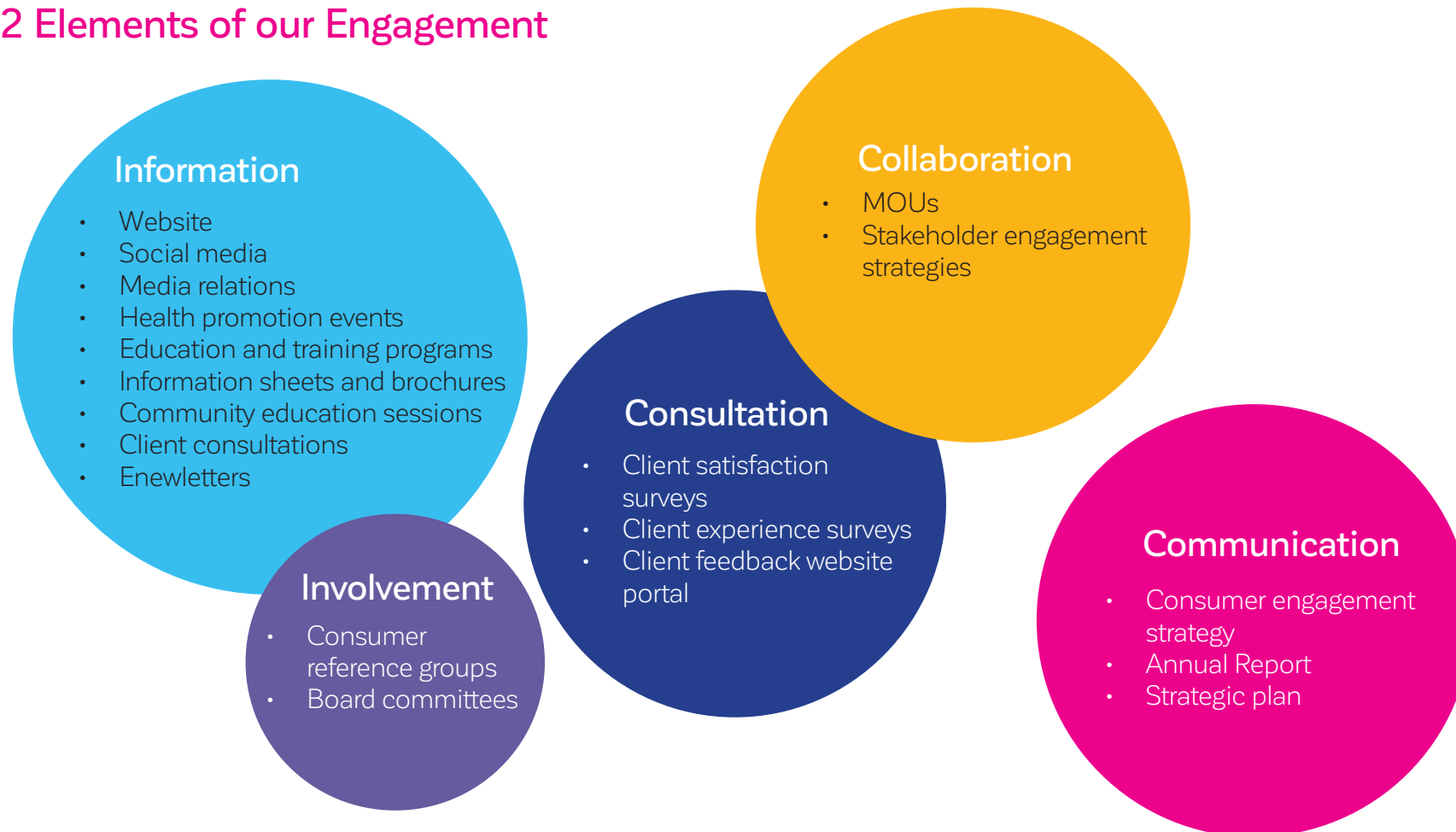
2.0 Monitoring and Reporting

This consumer engagement framework is available on our website, is audited annually, and is reported to the SHQ Board and in our Annual Report.

2.1 Levels of Engagement

- ▶ Individual healthcare
- ▶ Service and program delivery
- ▶ External and stakeholder relationships

2.2 Elements of our Engagement



3. Individual Healthcare

What we will do

- ▶ Promote the rights of everyone to quality reproductive and sexual health care
- ▶ Place the needs of the whole person at the centre of our work
- ▶ Provide equity of access to our services
- ▶ Value and respect diversity without judgement
- ▶ Promote freedom of choice which reflects individual differences and preferences

How we will do it

- ▶ Ensure our services meet the needs of communities, including people from CaLD and Aboriginal and Torres Strait Islander backgrounds, people with disability, young people, LGBTIQ people and people from rural and remote communities
- ▶ Ensure our communication is culturally appropriate and delivered in a way the consumer understands
- ▶ Engage our clients in decisions about their care

Mechanisms

- ▶ Establish consumer reference groups with terms of reference to reflect our engagement
- ▶ Ensure our consumer reference groups represent the diversity of the populations we serve
- ▶ Measure the consumer experience through regular client satisfaction surveys (clinic, counselling, text message and helpline)
- ▶ Report the outcomes of client satisfaction surveys to clients through website, social media and our Annual Report

- ▶ Report outcomes of client satisfaction surveys to staff through monthly reports
- ▶ Promote consumer engagement on our website and social media channels
- ▶ Invite individuals attending our services to provide feedback through our feedback forms available in the waiting room, on brochure stands and through the feedback portal on our website
- ▶ Leverage social media profiles to encourage consumers to comment on and engage with our activities
- ▶ Respond to individuals providing feedback in a timely and constructive manner, indicating the action that will be taken as a result of their feedback
- ▶ Equip clinicians to openly engage with clients to support timely communication, including when clinical plans change
- ▶ Train staff to ensure a consumer focus on care delivery, the use of satisfaction surveys, open disclosure and other communication tools
- ▶ Report on consumer engagement through our Annual Report
- ▶ Compile quarterly consumer engagement progress reports to track progress
- ▶ Include consumer involvement in our project plans and ideas briefs
- ▶ Conduct health promotion activities and community education relevant to our target populations
- ▶ Support clients to actively engage with their clinician
- ▶ Provide information and resources that are easily understood and accessible, in printed and electronic format
- ▶ Update policies and procedures to reflect our engagement
- ▶ Ensure that informed consent is obtained for clinical interventions

4. Service and Program Delivery

What we will do

- ▶ Develop and use best practice and evidence-based approaches in all our services
- ▶ Design and deliver optimal services to the community
- ▶ Build the capacity of our organisation, and the skills of other professionals, and the community
- ▶ Promote professionalism and continuous improvement in the way we work
- ▶ Foster innovation and creativity in all of our work
- ▶ Ensure high standards in all of our work

How we will do it

- ▶ Establish governance structures to facilitate partnerships with consumers
- ▶ Involve consumers in the design and delivery of our services
- ▶ Communicate with and educate our workforce on the value of, and ways to, facilitate consumer engagement
- ▶ Inform and involve consumers in our approach to safety and quality performance
- ▶ Inform and involve consumers in the evaluation of client feedback to ensure continuous quality improvement
- ▶ Maintain involvement with Health Consumers Council of WA
- ▶ Involve consumers in the design and evaluation of our clinical (health promotion) resources

Mechanisms

- ▶ Maintain a Clinical Advisory Committee
- ▶ Promote and maintain organisational membership of SHQ
- ▶ Involve consumers in our strategic planning
- ▶ Report on our consumer engagement activities in our Annual Report, newsletters, social media channels and website
- ▶ Promote our consumer engagement activities through our newsletters, social media channels and website
- ▶ Update policies and procedures to reflect our engagement
- ▶ Investigate appropriate training opportunities for staff around consumer engagement
- ▶ Ensure project reports and evaluations reflect consumer engagement
- ▶ Ensure internal and external publications committees monitor consumer engagement in the development of resources
- ▶ Ensure consumer strategies reflect our consumer engagement

5. External Stakeholder Relationships

What we will do

- ▶ Work in collaboration through partnerships to strengthen our services and programs
- ▶ Be advocates for the community
- ▶ Work with our partners to optimise outcomes across our priority populations
- ▶ Make efficient and effective use of funds provided to us

How we will do it

- ▶ Establish governance structures to facilitate partnerships and innovative partnership models
- ▶ Involve our partners and stakeholders in the development of our clinical (health promotion) resources
- ▶ Seek partnership opportunities to ensure we efficiently and effectively allocate our resources to meet the needs of the populations we serve
- ▶ Work with our partners and stakeholders to develop strategies and advocacy plans which reflect the needs of our consumers

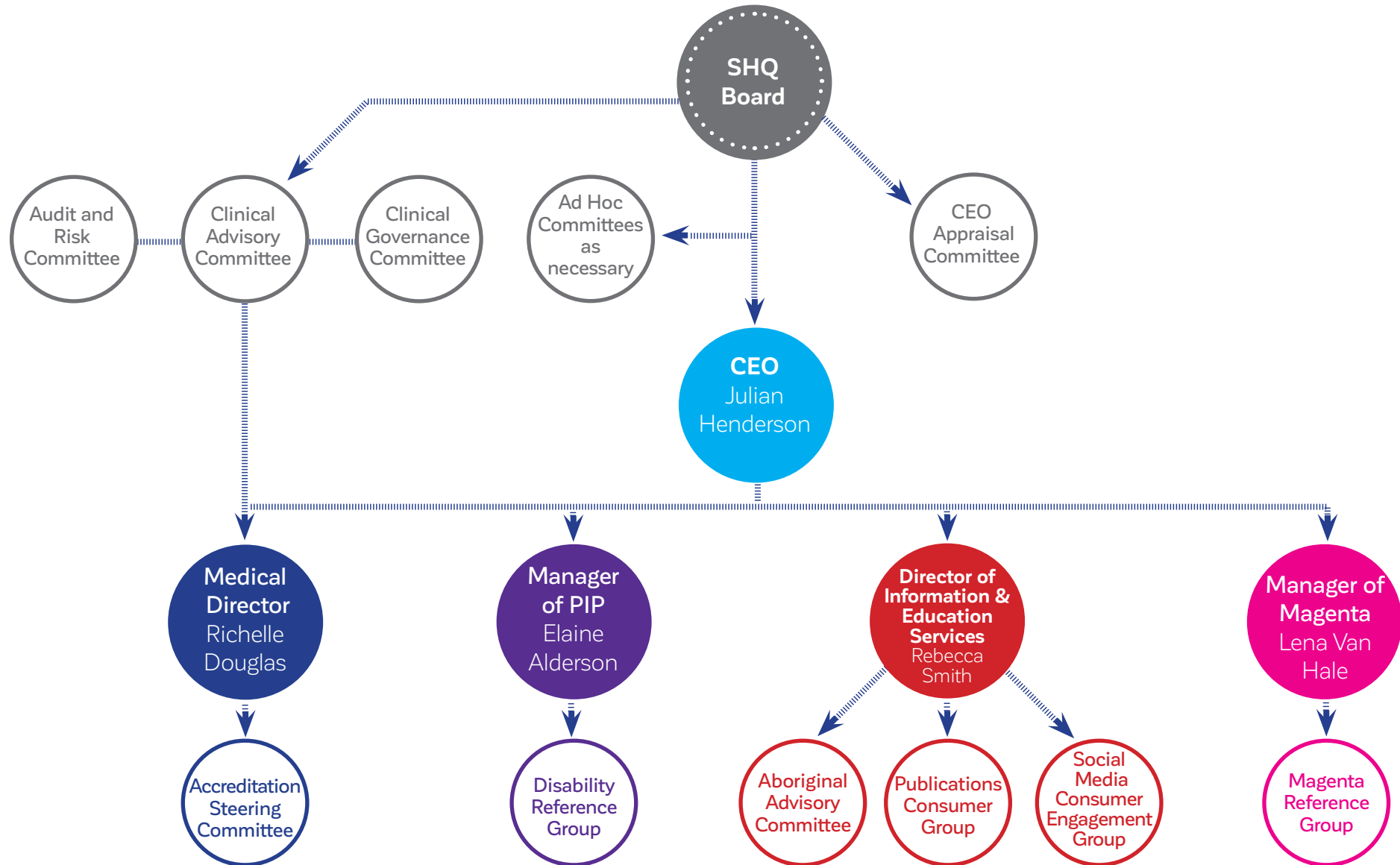
Mechanisms

- ▶ Establish consumer reference groups for people with a disability, people from Aboriginal and Torres Strait Islander backgrounds and sex workers
- ▶ Involve our partners and stakeholders in our advocacy activities, and seek feedback on our advocacy strategies
- ▶ Report on our consumer engagement in our Annual Report
- ▶ Reference the involvement of our partners in our work

- ▶ Engage in reciprocal promotion of partner services that benefit the communities we serve through our website and social media channels
- ▶ Update policies and procedures to reflect our engagement
- ▶ Maintain involvement with Health Consumers Council of WA
- ▶ Maintain involvement with youth-specific groups such as YACWA and Headspace to allow opportunities to utilise wider reference groups to seek feedback on our resources
- ▶ Use social media channels to promote partnerships that benefit our priority populations

6. SHQ Consumer Engagement Governance

Our consumer engagement is embedded in our governance structure and led by the SHQ Board



7. Subcommittees and Reference Groups

7.1 Clinical Advisory Committee

The Clinical Advisory Committee's (CAC) objectives are:

- To advise the Chief Executive Officer (CEO) on the medical and nursing aspects of the clinical services of SHQ
- To consider and if appropriate make recommendations on clinical matters referred by the CEO
- To review clinical management guidelines relating to medical and nursing practices at SHQ
- To review and advise on proposals for quality and safety and research activities initiated by and /or implemented at SHQ.

The Medical Director shall advise the CEO and Executive Committee of significant matters of interest arising from CAC meetings, and shall inform the Committee on any occasion where the CAC's advice is not accepted and the reasons for this.

Membership

The Committee shall compose of:

- Medical Director SHQ
- Nursing Consultant SHQ
- At least two medical practitioners who are members of, or are employed by, at least one of the following organisations: The Royal Australian College of General Practitioners, The Royal Australian College of Obstetricians and Gynaecologists, the AMA, the University of Western Australia (UWA), or Notre Dame University (NDU)
- At least one person with a clinical background representing a major funder of SHQ
- At least two nurses employed by one of the following organisations: NDU, Murdoch University, Curtin University, Edith Cowan University, or any other appropriate medical or nursing organisations at the discretion of the CEO
- At least one member actively involved in the teaching of medical and/or nursing students, post-graduate doctors, or nurses

The Committee may also co-opt other persons as members from time to time, for particular purposes or issues relevant to other specialties.

The Medical Director and Nursing Consultants are permanently appointed to the Committee. Other members of the Committee will be appointed for two years, but their appointment may be renewed. The Committee shall convene quarterly.

7.2 Aboriginal Advisory Committee

The purpose of the SHQ Aboriginal Advisory Committee is to provide high level advice to assist SHQ to work in a culturally competent manner both internally and externally to promote Aboriginal and Torres Strait Islander sexual and reproductive health.

Membership

The SHQ Aboriginal Advisory Committee will be comprised of approximately 6 – 8 members from internal Aboriginal and non-Aboriginal staff members and external Aboriginal community members. Non-Aboriginal SHQ staff members will be appointed by the CEO based on their capacity to progress recommendations from the Aboriginal Advisory Committee. All SHQ Aboriginal staff will be invited to join the Aboriginal Advisory Committee, but participation will not be compulsory. The committee will convene quarterly.

7.3 Disability Reference Group

The Disability Reference Group's objectives are to:

- Review service policies and procedures before implementation
- Review service brochures before implementation
- Steer the future direction of the service.

Membership

The Group comprises of a People 1st Programme (PIP) peer educator, as well as other interested consumers who have been past clients of PIP. A carer position is also always sought. The Group will meet quarterly.

7.4 Magenta Peer Advisory Committee

Magenta's Peer Advisory Committee provides constructive and relevant feedback about Magenta's projects and values, and expert information on emerging issues for Australian sex workers.

Membership

- The Committee is open to anyone who self identifies as a sex worker and is currently working (committee members self-identify whether their experience is recent or considerable enough to consider themselves currently working. This is assessed on a case by case basis).
- The Committee is comprised of six representatives (and six doubles to be invited when representatives are unavailable) from diverse key populations within sex worker communities. These positions are as follows:
 - ▶ Cisgender Female Sex Worker
 - ▶ Male Sex Worker

- ▶ Trans Sex Worker
- ▶ Street Based Sex Worker
- ▶ Chinese Sex Worker
- ▶ Substance User.

Holding any position on the Magenta Peer Advisory Committee does not restrict a committee member from doubling for other roles when necessary. Meetings are held quarterly.

7.5 Online Consumer Reference Groups (Publications and Consumer Engagement)

SHQ's online consumer reference groups provide feedback about resources and forms (Publications) and have input into the design, delivery, evaluation and improvement of SHQ services (Consumer Engagement).

Membership

- The groups are open to anyone who has an interest in improving sexual health services in WA
- Members must reside in WA
- Member numbers aren't capped, but aimed at a combined minimum of 25 at any given time.

8. Membership of SHQ

The ability to become a member of SHQ is advertised on our website.

Engagement with members includes:

- An invitation to the Annual General Meeting (AGM) and other extraordinary meetings, and the opportunity to vote and participate in decision making

9. Consumer Engagement in Action

- Examples of SHQ's consumer engagement can be found at shq.org.au/you-said-we-did
- SHQ's consumer approved logo can also be found on all 'consumer approved' publications
- Consumers are also welcome to provide feedback via the portal on our website.



SHQ

Sexual Health Quarters

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shq.org.au

SHQ (Sexual Health Quarters) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of country throughout Australia.

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