



Consumer Engagement Framework



Contents

1	Our Vision and Values	2
2	Monitoring and Reporting	3
2.1	Levels of Engagement	3
2.2	Elements of our Engagement	3
3	Individual Healthcare	4
4	Service and Program Delivery	6
5	External Stakeholder Relationships	8
6	SHQ Consumer Engagement Governance	10
7	Subcommittees and Reference Groups	11
7.1	Clinical Advisory Committee	11
7.2	Aboriginal Advisory Committee	12
7.3	LGBTIQA+ Advisory Reference Group	12
7.4	Participant Reference Group	13
7.5	Magenta Advisory Committee	14
7.6	Consumer Reference Group	14
8	Membership of SHQ	15
9	Consumer Engagement in Action	15

Parts of this document reproduced from Family Planning NSW Consumer Engagement Framework 2014-18, with kind permission.

Our Vision

Sexual health and relationship wellbeing for all.

Our Purpose

Through our innovative clinical services, tailored counselling, and inspiring education we broaden perspectives and empower people with the skills, knowledge and confidence to make informed choices.

Our Promise

We recognise that sexual health is fundamental to the overall health and wellbeing of individuals, couples, families and community. We celebrate diversity and believe that everyone deserves to experience freedom and choice to the sexual health and relationship wellbeing they desire regardless of age, culture, gender, sexuality, beliefs, ability, or location. We understand that there are many barriers to enjoying sexual health and relationship wellbeing, and we aim to break these down, challenge injustice and provide a voice for those unable to speak freely. And we will continue to work hard to deliver the best service we can, in a caring, safe and welcoming environment, to help everyone who seeks our support.

Our Values



Respect for All

We are passionate about inclusiveness and rejoice in diversity. Working together to support human rights and call out social injustice, we work to provide a voice for those unable to speak freely.



Courageous and Genuine

We are inspired and motivated by each other and our communities to do better, and to continually push the frontiers on sexual health and relationship wellbeing for all.



Friendly and Compassionate

We continually strive to create a friendly, safe, and welcoming service for all, working hard every day to deliver the highest standard of care, education, and training to those we support.



Stronger Together

We openly share our knowledge, skills, and humour among ourselves and those we work with. Together we can deliver meaningful change.

CELEBRATING
DIVERSITY

CREATING
CHOICES

CHALLENGING
INJUSTICE

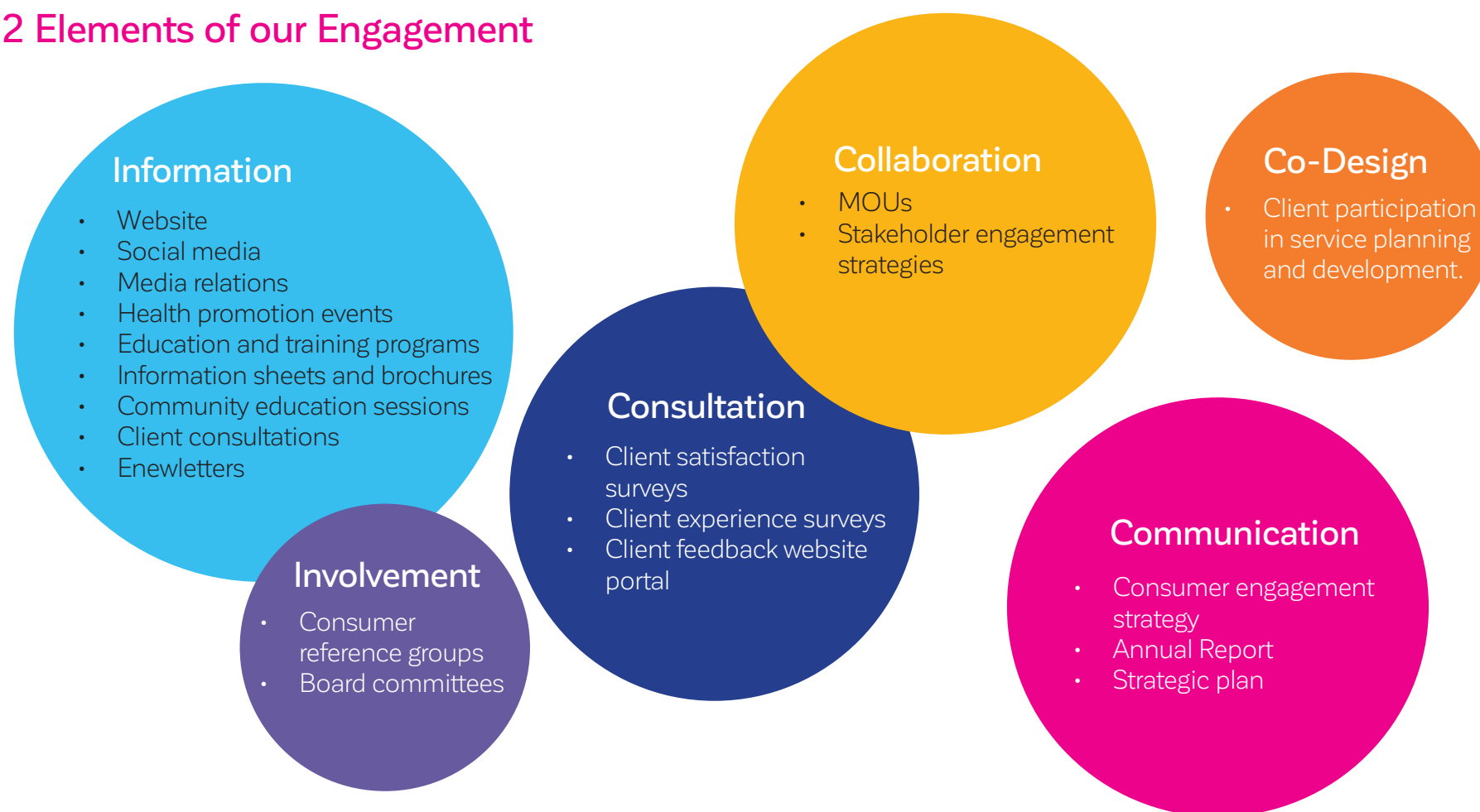
2. Monitoring and Reporting

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

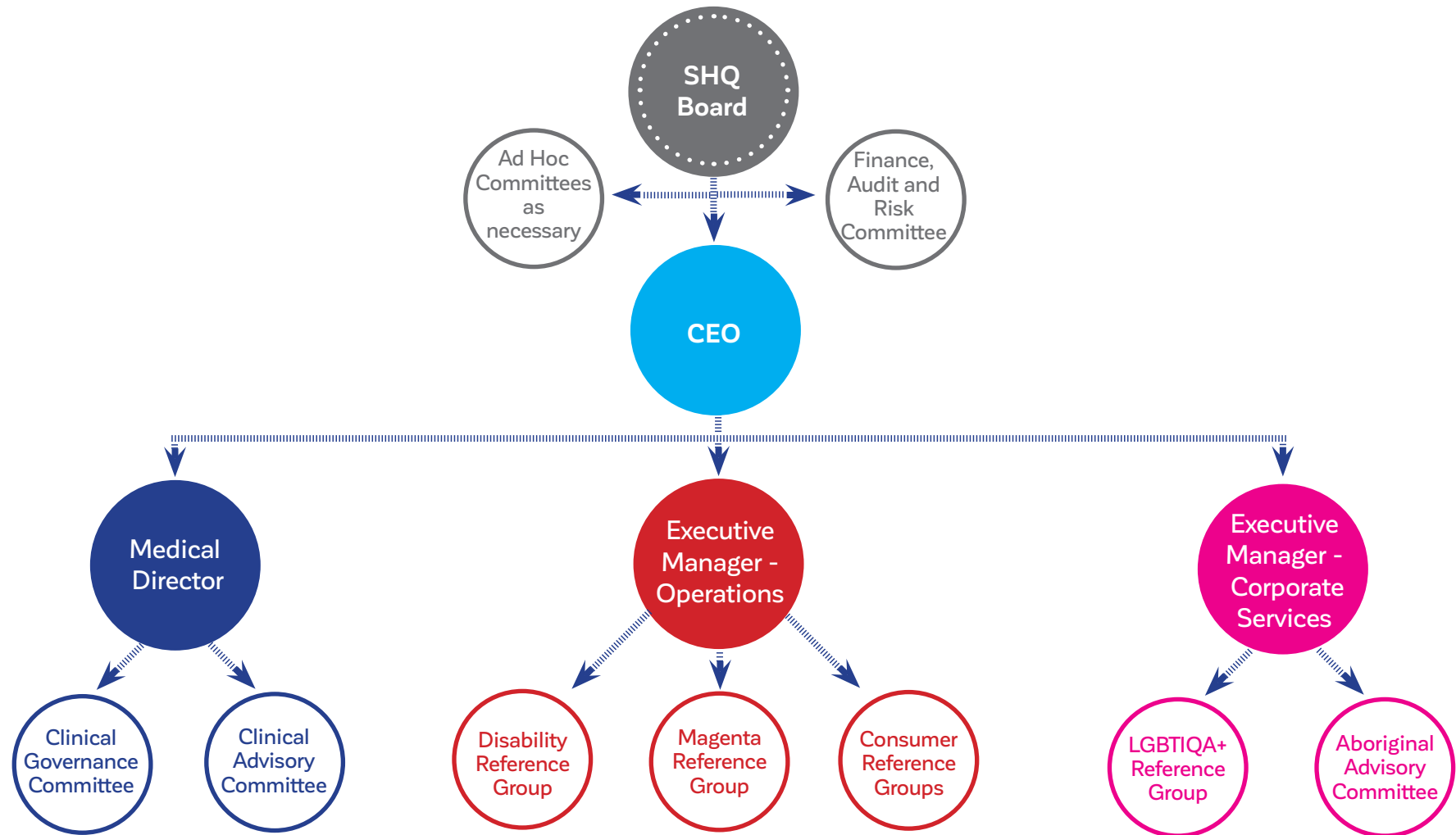
Mechanisms

- ▶ 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 (CAC) is responsible for providing appropriate advice and recommendations on clinical matters to the organisations Board of Directors and CEO. This facilitates the Board's decision-making of matters relating to clinical strategy or items that hold a clinical component.

The CAC provides clinical advice including but not limited to:

- Appropriate protocols, guidelines and standards for clinical practice, services, and education.
- Specific questions about clinical practice, services, and education.
- Appropriate new clinical practices, services, extensions, or efficiencies.
- Clinical research and/or audits.

The Board considers nominations made by the Medical Director and the CEO when appointing external experts as members. External clinical experts and advisors shall be appointed by the Board based on their skills and experience across the following fields:

- Medical/ nursing reproductive sexual health, or community gynaecology
- Medical health/ clinical education
- Medical ethics or law
- Clinical/ university research

The Committee shall comprise of:

- SHQ Medical Director
- SHQ Deputy Medical Director
- SHQ Clinical Nurse Manager
- SHQ Manager – Counselling
- A minimum of two external medical practitioners
- A minimum of two external nurses
- A minimum of one member involved in teaching medical and/or nursing students

The Committee may seek advice from other medical consultants where appropriate, on a specific matter or issue.

The Department of Health STI and BBV Program shall be represented where possible through a minimum of one member.

7.2 Aboriginal Advisory Committee

SHQ (then Sexual & Reproductive Health WA) began the development of its first Reconciliation Action Plan (RAP) in September 2009, this was then released in September 2012. An initial action of the RAP was to establish an Aboriginal Advisory Committee (AAC).

The AAC was established in 2013 as a committee of the Board of Directors, ensuring the organisation works in a culturally safe manner and supporting the organisation to further understand local Aboriginal community perspectives in relation to their specific health needs, including better access to sexual health services.

The AAC is responsible for but not limited to:

- Review progress of the RAP implementation.
- Provide advice on priorities and strategies to advance the implementation and review of the RAP.
- Review the effectiveness of the RAP activities towards reaching their targets.
- Provide advice on effective strategies to promote cultural competence within SHQ.
- Provide advice on programs, plans and policies that may impact Aboriginal sexual health workforce matters.
- Provide advice on an effective and appropriate approach to stakeholder relations with Aboriginal people on sexual health issues.

The Board considers nominations made by the Committee and the CEO when appointing external individuals as members, and shall be appointed based on their cultural understanding, background, and presence within the community.

The Committee shall comprise of:

- Chair of the Reconciliation Working Group
- A minimum of one SHQ Executive
- A minimum of four representatives of the Aboriginal and Torres Strait Islander community.

The Committee may seek advice from other community or cultural advisors on a specific matter or issue where appropriate.

7.3 LGBTIQ+ Advisory Reference Group

The LGBTIQ+ Advisory Reference Group is responsible for providing appropriate advice and guidance to SHQ on the continuous development of LGBTIQ+ inclusive practice and service delivery.

The LGBTIQ+ Reference Group provides advice including but not limited to:

- Informing of current trends or issues that impact LGBTIQ+ people.
- Providing guidance and feedback on the LGBTIQ+ inclusivity of SHQ services, promotional activities, publications, and other resources.
- Providing guidance and feedback towards SHQ achieving and maintaining Rainbow Tick Accreditation.
- Facilitate information sharing

SHQ will endeavour to seek membership from different community sectors to better represent the diverse views and experiences of LGBTIQ+ people in Western Australia.

The Committee shall comprise of:

- SHQ LGBTIQ+ Training Coordinator
- A minimum of four representatives from the LGBTIQ+ community

The Committee may seek advice from other community advisors where appropriate, on a specific matter or issue.

7.4 Disability Reference Group

The People with Disability Reference Group was established in 2013. The group aims to ensure people with lived experiences of diverse abilities have a voice about the supports SHQ and its Specialist Disability Counselling and Education services provide and advise on improvements and the development of the service.

The Reference Group provides advice and feedback including but not limited to:

- Service policies and procedures before implementation.
- Service brochure and resource design/ development before implementation.
- Increasing access and inclusion throughout the organisation.
- Future direction of the service.

The Committee shall comprise of:

- Peer Educator
- Coordinator
- A minimum of four community representatives

SHQ strongly believes that people with disabilities involvement in co-designing services is integral to the improvement, development, inclusivity, and accessibility of services offered.

7.5 Magenta Advisory Committee

The Magenta Advisory Committee provides expert advice to the Magenta Project to further the projects' objective to promote the sexual health and relationship wellbeing of sex workers in Western Australia.

The Magenta Advisory Committee provides advice including but not limited to:

- Informing of current relevant trends or issues within the sex industry.
- Assist in developing and maintaining organisational links with the sex worker community and other sex worker organisations.
- Provide constructive feedback to assist Magenta in carrying out its primary goal of supporting sex workers in WA.

Magenta has identified key roles to ensure a diverse representation of the sex industry within the Committee.

The Committee shall comprise of:

- Manager – Magenta
- Private worker representative
- Male worker representative
- Trans worker representative
- Parlour worker representative
- Street-based worker representative
- CaLD worker representative
- General members – maximum of 2.

Magenta acknowledges that no sex worker can speak for all, but hopes the Committee plays a strong role in providing constructive feedback to the project, in being a key informant regarding issues in the sex industry.

7.6 Consumer Reference Group

SHQ values consumer engagement as a necessary part of shaping and improving our service provision.

The Consumer Reference Group provides advice including but not limited to:

- Provide direction and input into our services.
- Review our existing sexual health information to ensure it is accurate, appropriate, and accessible to our target audiences and the wider community.
- Provide extensive input into new SHQ publications, campaigns, and other resources.

The Committee shall comprise of:

- SHQ Health Promotion and Resource Coordinator
- Community and consumer representatives – maximum of 10.

SHQ will seek diversity in membership with respect to ages, cultures, genders, beliefs, identities, abilities, and sexualities.

8. Membership of SHQ

The ability to become a member of SHQ is advertised on our website. SHQ offers individual and organisational membership.

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 <https://shq.org.au/about-us/consumer-engagement/>
- 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

70 Roe Street, Northbridge WA 6003 | 9227 6177 | info@shq.org.au

shq.org.au

SHQ (Sexual Health Quarters) is on Whadjuk land. We acknowledge the Traditional Custodians of Country across Australia.

SHQ celebrates diversity and understands the unique and combined experiences of individuals and communities. SHQ is inclusive and rejoices in what makes each of us who we are.

Be yourself, we like it that way.

© Family Planning Association of WA (Inc.) November 2021