

CONSUMER ENGAGEMENT FRAMEWORK



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Healthdirect Australia acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to land, sea and community. We pay our respects to the Traditional Owners and to Elders both past and present.

About Healthdirect Australia

Healthdirect Australia (Healthdirect) is the national provider of virtual health services, owned and funded by all the governments of Australia to connect Australians to the care they need. Healthdirect develops the services and tools that support funders' priorities and works towards a more connected healthcare system.

Healthdirect is committed to providing trustworthy, free advice and tools 24 hours a day so Australians can care for themselves and their families, find

and connect with a service that meets their needs, and access virtual care when other options aren't accessible or available. These services provide the right care for consumers' needs and support an effective and sustainable health system.

Every year Healthdirect has millions of interactions with community across its services, which include healthdirect, My Aged Care and Pregnancy, Birth and Baby¹.



Introduction to the consumer engagement framework

The purpose of this framework is to define our commitment and approach to consumer engagement for all existing and future Healthdirect services.

Healthdirect is in a unique position as a national health provider to show leadership in consumer engagement and participation to support the implementation of our Strategic Plan 2024-27ⁱⁱ. As set out in Priority 1 of our Plan, we are committed to improving the experience and efficiency of consumers' access to care.

The Consumer Engagement Framework provides a strong focus on supporting and working with consumers to plan, design, deliver and evaluate services that meet their needs. This encompasses the needs of carers, who may act on behalf of someone they represent when engaging with our services.

'Consumers trust things more if they have been involved in creating it'

(Reference: direct quotes from a consumer panel discussion at the National Telehealth Conference -April 2023).

Effective consumer engagement is an important balance to the views of health professionals, service providers and government perspectives. It provides an opportunity for the views of the Australian public to inform the development and refinement of Healthdirect's existing and new services.

Effective consumer engagement and participation improves both the quality and safety of health services as well as individual and population health outcomes, whilst also making health services more responsive to the needs of consumers.ⁱⁱⁱ

Engagement values

These values define and guide the standard of quality for consumer engagement. They are informed by the Core Values and Evaluation Framework in the IAP2 Quality Assurance Standard for Community and Stakeholder Engagement^{iv}. The IAP2 Quality Assurance Standard is recognised globally. These values have been adapted to reflect the service context of Healthdirect.

Engagement values:

1. We believe that consumers who are affected by a decision about the services we offer have a right to contribute to the service development process.
2. Our commitment to consumer engagement includes the promise that consumer contributions will influence our decisions and service delivery.
3. We recognise and balance the needs and interests of all participants, including decision-makers.
4. We seek out and engage consumers potentially affected by or interested in a decision or service.
5. We provide consumers with the information they need to participate in engagements in a meaningful way.
6. We communicate to consumers how their input affected decisions and service development.

Our work reflects these values when planning and conducting consumer engagement. The extent to which each value is applied is dependent on the type of consumer engagement.



Our framework

Our engagement values underpin the framework and support our approach to engagement.

Engagement occurs across:

Four domains of health service operation

- Service discovery and planning
- Service design and delivery
- Service improvement
- Service evaluation

Three levels of engagement

- Individual
- Service
- System

Five types of engagement

The types of engagement are reflective of the IPA2 Public Participation Spectrum⁴, which is recognised internationally. This identifies an increasing level of consumer and community participation and influence.

- Inform
- Consult
- Involve
- Partnership
- Consumer-led

Domains of health service operation

Consumer and community engagement occurs within the four key domains of health service operation.

Service discovery and planning

In this domain, we aim to understand consumer needs and the health system context to identify recommendations that may enhance or expand services and experiences. This domain also includes priority setting and resource allocation.

Service design and delivery

The focus of engagement is on the design, testing and iteration of services and experiences to meet consumer needs and deliver effective health services.

Service improvement

An always-on effort to monitor, evaluate and continuously improve the safety, quality and consumer experience of services.

Service evaluation

The formalised process of evaluating the effectiveness of services in meeting consumer needs and reviewing how engagement activities have contributed to these outcomes.

Three levels of engagement

We recognise that consumer engagement operates at three different levels within the health system: at the individual patient level at the point of care; at the service level; and at a broad system policy making level.^{vi}

Individual	Service	System
<p>This is the point at which a person receives care.</p> <p>Consumers participate in their own healthcare and treatment, as do their family and carers. A health service enables and supports consumers to be equal partners in their care, including through shared decision-making.^{vii}</p> <p>Example: Healthdirect nurses on the helpline support consumers to make informed health choices.</p>	<p>This level focuses on service design, delivery, and quality improvement.</p> <p>Health services partner with consumers to design, improve, govern and evaluate services, including through consumer advisory committees, consumer reference panels, working groups, yarning circles, quality and safety committees, and service co-design working groups.</p> <p>Example: Consumers provide feedback, ideas, and personal experiences to drive change in the way the service is designed or delivered.</p>	<p>This level relates to governance, planning and policy development.</p> <p>Consumers, carers, and communities participate in system-wide quality and safety improvement in healthcare organisations and government health agencies.</p> <p>Example: Collaborating with consumers to simplify access to the health system.</p>

Engagement spectrum

The five types of engagement are based on the IAP2 Spectrum of Public Participation Framework. There are times when these different types of engagement are useful to achieve the different domains of engagement. The types of engagement are relevant to the Service and System levels of the Framework.

In every instance, we will carefully choose the most appropriate type of engagement.

Purpose	When Useful
<p>Inform - Information is a one-way exchange and occurs for the purpose of conveying facts, and decisions, and enhancing knowledge and understanding to inform decision-making and support engagement.</p>	<ul style="list-style-type: none"> • When information is needed to describe a policy/ program/process • When a decision has already been made • When there's no opportunity to influence the outcome • If the issue is simple • In a crisis
<p>Consult - Involves two-way exchanges and is used by the organisation to find out what consumers and communities think about a particular issue, their perspectives, and lived experiences of health system policies, programs and services.</p>	<ul style="list-style-type: none"> • When the purpose is to listen • When policy is being shaped • When there is no firm commitment to do anything
<p>Involve - Shared decision making around planning, delivery and evaluation of health services, programs and policies. Consumers and the organisation jointly own the processes and outcomes. This may occur on an ongoing basis, on a single health issue, or on a range of health issues or policy matters.</p>	<ul style="list-style-type: none"> • When a two-way information exchange is needed • When people have an interest in an issue and are likely to be affected by the outcome • When there's an opportunity to influence the outcome
<p>Partnership - Consumers and communities work together with the organisation and other stakeholders to develop solutions and initiatives and decisions are made within specified guidelines.</p>	<ul style="list-style-type: none"> • When consumers, carers and community talk to each other about complex issues. • When there's capacity to shape policies. • When there is an opportunity for shared agenda setting and open timeframes. • When options generated together will be respected.
<p>Consumer-led - Consumers and communities make decisions within specified guidelines and the decisions are implemented.</p>	<ul style="list-style-type: none"> • When consumers are empowered to manage the process through co-design. • When groups and citizens have accepted the challenge of developing solutions themselves. • When there is agreement to implement the generated solutions.

Engagement methods

Different methods can be used to facilitate the different types of engagement. The following table provides an example of how the various methods can be used within the domains of the organisation. Additional or alternate methods should be considered where appropriate.

In every instance, Healthdirect will carefully consider the most appropriate methods to engage with consumers.

Types of engagement

		Inform	Consult	Involve	Partner	Consumer-led
Domains of engagement	Service discovery & planning	Methods: <ul style="list-style-type: none"> • Publications • Newsletters • Media releases • Webinars • Conferences 	Methods: <ul style="list-style-type: none"> • Public meetings/ forums • Focus groups • 1:1 interviews • Prototype testing • Research surveys 	Methods: <ul style="list-style-type: none"> • Co-design • Consumer reference/ advisory groups 	Methods: <ul style="list-style-type: none"> • Research partnerships • Reference/ advisory groups 	Methods: <ul style="list-style-type: none"> • Consumer deliberative forums (community jury's) • Advocacy groups
	Service design & delivery	Methods: <ul style="list-style-type: none"> • Media release • Newsletters • Webinars 	Methods: <ul style="list-style-type: none"> • Prototype testing • Interviews & surveys • Usability testing 	Methods: <ul style="list-style-type: none"> • Co-design • Prototyping • Pilots • Consumer reference/ advisory groups 	Methods: <ul style="list-style-type: none"> • Project working groups with embedded consumer representatives 	Methods: <ul style="list-style-type: none"> • Consumer-led design workshops • Consumer-run services
	Service improvement	Methods: <ul style="list-style-type: none"> • Consumer feedback from individual experiences • Newsletters 	Methods: <ul style="list-style-type: none"> • Experience survey • Website A/B testing 	Methods: <ul style="list-style-type: none"> • Co-design • Prototyping • Consumer reference/ advisory groups 	Methods: <ul style="list-style-type: none"> • Research partnerships with consumer peak bodies • Reference/ advisory groups 	Methods: <ul style="list-style-type: none"> • Consumer-led quality and safety committee

Evaluation of engagement

There are two elements of evaluation that will be considered by Healthdirect for engaging with consumers.

1. The quality of the engagement process
2. The contribution of consumer engagement to service outcomes

The quality of the engagement process

Healthdirect will evaluate how effectively we are engaging with consumers. Evaluation will include the following measures from the IAP2 Quality Assurance Standard for Community and Stakeholder Engagement, informed by the Healthdirect engagement values.

Engagement values	Indicators	Level of quality			
		Elementary	Emerging	Exemplary	Evidence
We believe that consumers who are affected by a decision about the services we offer have a right to contribute to the service development process	Clear problem statement	No problem statement / purpose of engagement statement developed	A problem statement/ purpose of engagement has been developed and provided to consumers	A problem statement/ purpose of engagement has been developed in collaboration with consumers	Decision making framework developed
	Decision making process clearly communicated	No decision making process communicated	Decision making process communicated to consumers	Decision making process communicated to consumers via consumers preferred communication channels	Challenges and decisions to be made are published
					Governance structures within the decision making body are communicated to consumers
	Affected consumers have been identified	Affected consumers have not been identified	Affected consumers have been identified	Affected consumers have been identified and means of expanding the consumer base throughout the process have been considered	Communications with consumers are recorded
					Minutes of meetings are recorded

Engagement values	Indicators	Level of quality			
		Elementary	Emerging	Exemplary	Evidence
Our commitment to consumer engagement includes the promise that consumer contributions will influence our decisions and service delivery	Appropriate level of engagement has been endorsed by decision maker	No specific level of engagement identified by decision maker	A level of engagement has been identified by the decision maker	Consumers are involved in establishing the level of engagement	Communication to consumers outlines the level of influence
	Level of consumer influence clearly communicated to consumers	Level of consumer influence established but not communicated to consumers	Consumers are informed that their input will influence the decision making process	Consumers are informed of what aspects of the decision making process can be influenced and which cannot be influenced	
We recognise and balance the diverse needs and interests of all participants	Understanding of participants needs and interests	No understanding of current concerns of participants	No demonstrated understanding of needs and interests	Barriers to participation have been identified and efforts made to overcome them	Methods aligned to participant interest and level of engagement
	Engagement methods identified to support interests and needs	No demonstrated understanding of needs and interests	Demonstrated understanding of needs and interests	Knowledge of needs and interests are based on input	Participants are engaged to identify needs and interests
We seek out and engage consumers potentially affected by or interested in a decision or service	Participation opportunities enable contribution	Unrealistic expectation from the sponsor	Existing resources and networks have been effectively utilised	Consumer input sought for engagement methods. Project sponsor facilitated additional support resources	Consumer participation requirements have been identified
					Blocks to participation have been identified and overcome
	Thorough consumer analysis completed	No or little consumer analysis conducted	Initial consumer analysis conducted	Iterative consumer analysis conducted	Consumer requirements are revised throughout the project

Engagement values	Indicators	Level of quality			
		Elementary	Emerging	Exemplary	Evidence
We provide consumers with the information they need to participate in engagements in a meaningful way	A balanced set of information has been provided	Limited information provided to consumers prior to the engagement process	Balanced information provided reflecting all sides of the argument relating to the decision to be made	Expert, objective and independent content has been openly made available to all consumers	The range, quality, format and timing of materials that are made available to inform consumers in advance of the engagement process
	Communication tailored for audiences and channels appropriately identified	Standard language and collateral offered across all communications	A range of communications channels are offered based on good practice and previous experience	Consumers have been actively engaged to identify appropriate communications channels	Consumers are engaged in shaping the form and content materials Records of meetings and correspondence
We communicate to consumers how their input affected the decision and service development	Clearly demonstrate how consumer input has influenced the process	Little or no feedback is offered or promised to consumers	All feedback is collated and made freely available to the consumers	Opportunities are provided to explore the feedback in depth, discuss its implications and determine the future steps	Statement of feedback promised to all consumers
					Processes identified for feeding the results back to the consumers

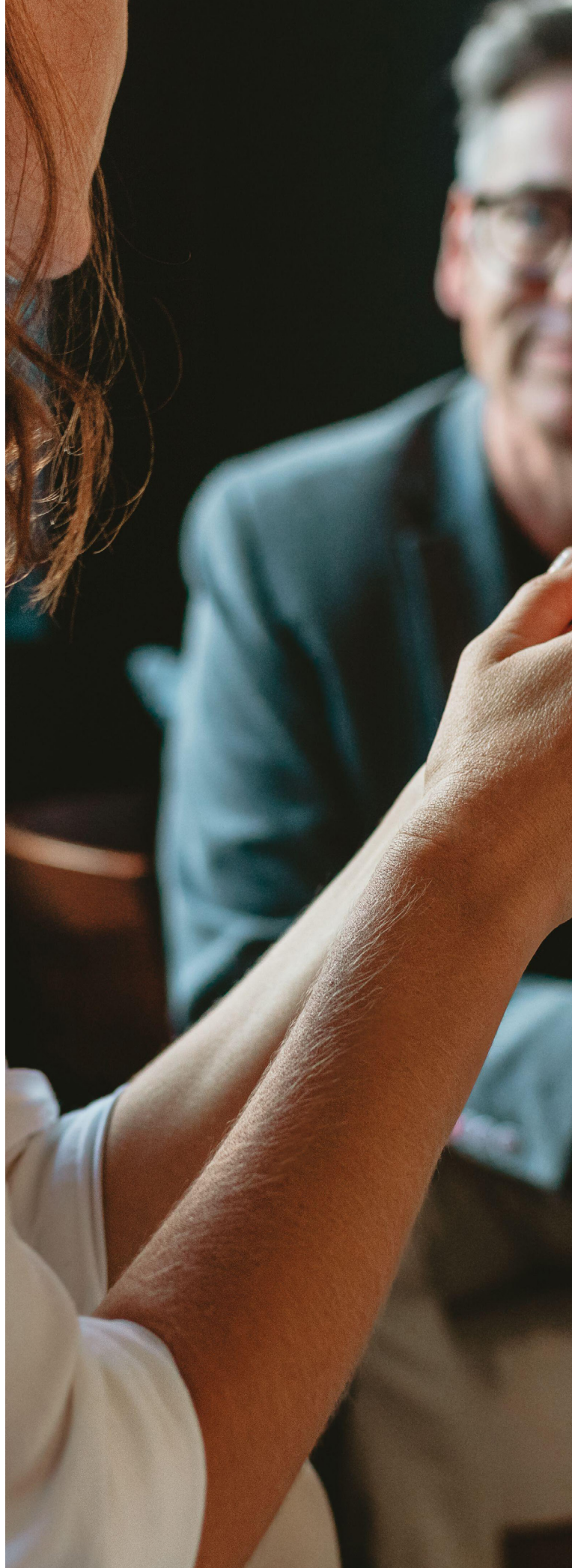
The contribution of consumer engagement to service outcomes

The purpose of consumer engagement is to deliver services that meet consumer expectations and needs. Healthdirect commits to document how engagement is contributing to service outcomes and to report on this annually.

Enablers of effective engagement

The following enablers will ensure that the Consumer Engagement Framework is implemented effectively.

- The consumer engagement framework will be embedded across the organisation through reference in the corporate plan and in operational committees.
- A centre of excellence led by senior individuals with engagement experience will ensure appropriate inclusion of consumer engagement in services across domains.
- A review of engagement requirements will be implemented for all new initiatives, before commencement to ensure effective and early engagement.
- Internal training for staff will be available to increase knowledge of consumer engagement and effective methods.
- Establishment of a Consumer Reference Panel to advise services across all domains.
- Robust mechanisms are in place for consumers to lodge a complaint, report incidents and provide feedback.
- Listening mechanisms are in place to monitor consumer experience, including surveys and quality audits across all consumer service touchpoints.
- Partnerships with peak bodies and academic institutions to advise on and participate in engagement activities and evaluation.



Priority groups

We acknowledge that not all Australians have equal access to healthcare. We recognise that priority groups have different experiences, barriers and needs that impact service delivery. Priority groups include First Nations people, Culturally and Linguistically Diverse populations, people over the age of 65+ years, LGBTIQ+ people, people who live in remote and rural areas, people with a disability (including mental health), people who are unemployed and, people with year 10 level of education or below.

We commit to engage with priority groups to ensure services do not exclude them and are equitable. We recognise that engagements with priority groups need to uphold cultural and psychological safety and adequately reflect the diversity within the groups.

Our cultural safety framework^{viii} sets out our approach to ensure our services are accessible, equitable and culturally responsive.



Stakeholder engagement

We recognise the valuable contribution that consumer peak bodies and advocacy groups make to the health system. We will collaborate with organisations who represent consumers who need and use our services, to ensure thorough and thoughtful engagement.

Through collaboration we aim to:

- Gain insight into population and community needs and pain points
- Seek guidance and advice on engaging with the consumers whom they represent
- Engage consumers through their networks to ensure adequate representation
- Seek opportunities to partner on engagement and recommendations

Remuneration for engagement

We will remunerate consumers for their time and contributions to engagements. Healthdirect will conduct a review of industry practice to develop a remuneration policy and schedule.



Tools to support consumer engagement

There is a range of resources and toolkits available to support consumer engagement activities. Our internal Engagement Centre of Excellence can advise on appropriate methods and tools.

- Health Consumers NSW <https://www.hcnsw.org.au/consumers-toolkit/>
- Safer Care Victoria [Guide for inclusive community consultations](#)
- Safer Care Victoria [Guide to engaging diverse consumers in organisation and governance structures](#)
- NSW Agency for Clinical Innovation Consumer enablement guide | [Consumer Enablement Guide \(nsw.gov.au\)](#)
- NSW Agency for Clinical Innovation [Co-design toolkit \(nsw.gov.au\)](#)
- Observatory of Public Sector Innovation (OECD) [Collective Intelligence Design Playbook](#)
- NESTA [Our futures: by the people, for the people](#)

Glossary

Acronym/Key Term	Definition
Community	A community can be defined as a group of people sharing something in common such as interests, location, culture, language, beliefs, values, traditions, shared experiences or even some issues which may intensify the differences or similarities between members of the community. ^{ix}
Co-design	Co-design is defined as a way of improving health care services and policymaking by bringing together relevant stakeholders and consumers in partnership to design and develop preventive health policy programs and services that best satisfy the needs and preferences of consumers. ^x The new services or policies are shaped in partnership with consumers “who use them and may be affected by them”. ^{xi}
Consumer engagement	Consumer engagement involves consumers, carers and community members being meaningfully involved in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.
Consumer	A consumer is a person who uses, has used or is a potential user of health services and information. Consumers can participate as individuals, community groups, consumer organisations or consumer representatives. ^{xii} Consumers can play various roles when participating in consumer engagement activities: patient, person with lived experience, carer, co-designer, co-producer, active citizen and representative. ^{xiii}
Consumer representative	A consumer who represents other consumers to provide advice to improve healthcare policy and services. They can be a consumer member of a project, event, or committee who represents the consumer perspectives and participates in decision-making on behalf of consumers. ^{xiv}
Priority groups	<p>There are a range of groups within the population that have specific characteristics, circumstances and needs. The key priority population groups have been identified as^{xv}:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people. • Culturally and linguistically diverse (CALD) communities and individuals. • Lesbian, gay, bisexual, transgender, intersex, queer, asexual and/or other sexuality and gender diverse people (LGBTQIA+). • People living with mental illness. • People of low socioeconomic status. • People with disability and carers. • Rural, regional and remote populations. • Children and young people; and older people.

Appendix: Engagement processes and requirements

	Type A Board or committees with quality, legal, operational or policy responsibilities	Type B Service reference group and major project steer co	Type C Project phase engagement
Consumer or consumer representative role	Ensuring consumer considerations are represented at the table in balance with clinical, operational and other risks. Consumers inform decision-making and strategic planning at an organisational level.	Ensuring consumer considerations for services and large projects are represented at the table in balance with clinical, operational and other risks. Consumers inform decision-making and strategic planning at a service level.	Contributing lived experience to inform the design and continual improvement of our services.
Representation	<ul style="list-style-type: none"> • Representative of overall population needs and sentiment for a national service • Ensuring best practice approaches are implemented to meet consumer needs. 	<ul style="list-style-type: none"> • Reflecting the diversity of current and future consumers • Representing their own lived experience and consumers with similar lived experiences and needs in their community 	<ul style="list-style-type: none"> • Personal lived experience, needs and opinions • Reflective of the consumer needs the service must meet
Experience and skills	<ul style="list-style-type: none"> • Previous training, qualifications or experience with consumer and community engagement and governance is beneficial • May wear multiple hats and bring professional or personal experience. For example, lived or living experience, CX or community engagement • Professional experience and perspective on population health and consumer engagement best practice • May have experience with complex power dynamics • Critical thinking and analysis to make trade-offs between consumer outcomes and system and business requirements • Will be provided onboarding training 	<ul style="list-style-type: none"> • Invited based on a skills matrix for the specific scope and considerations for the service and project • May have previous experience participating in governance and co-design • May have experience on committees at a community level, but not required. • Able to collaborate effectively and understand and contribute to the viewpoints of others • Will be provided onboarding training 	<ul style="list-style-type: none"> • None required • Healthdirect must consider how to support individuals effectively during engagement to ensure equity of participation

	Type A Board or committees with quality, legal, operational or policy responsibilities	Type B Service reference group and major project steer co	Type C Project phase engagement
Tenure	<ul style="list-style-type: none"> • As per the other board or committee member term 	<ul style="list-style-type: none"> • Points of review 	<ul style="list-style-type: none"> • As per project engagement scope or a phase by phase basis. For example, running single engagements, co-design activities over a number of weeks, multi-year longitudinal studies
Use cases	<ul style="list-style-type: none"> • Every board and committee attendance 	<ul style="list-style-type: none"> • Attendance at every consumer reference group • Provide rapid reviews, input and opinions • Attendance at major milestones for Healthdirect and shareholders where appropriate • Co-presentations at company Town Halls and external conferences • Being an open channel for feedback 	<ul style="list-style-type: none"> • Discovery research - problems and opportunities • Co-creation and co-design • New services and continual improvement • User testing • Evaluation design • Pilot participants and research • Longitudinal studies
Pathways / recruitment	<ul style="list-style-type: none"> • Public EOI advertisement recruitment • Circulation via shareholders, major peaks, information partners • Circulation via shareholders, major peaks, information partners • LinkedIn networks 	<ul style="list-style-type: none"> • Engagement network established from information partners, health services, government engagement networks, and ACCO's • Registered consumer interest via the Healthdirect website, research and user testing, and consumer feedback processes 	<ul style="list-style-type: none"> • Engagement network established from information partners, health services, government engagement networks, and ACCO's • Research recruitment partners • Social media

References

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Version: 1.1