

Valuing Contributions: Equitable Remuneration in Community Wellness Co-Design

Ms Kate Jesus, SWSLHD Consumer and Community Engagement Unit Ms Lynda Smith, NSW Education Program on Female Genital Mutilation/Cutting (FGM/C)

1. Background

FGM/C involves the partial or total removal of external female genitalia or other injury to the female genital organs for nonmedical reasons [1]. There are no health benefits – only harm, and can cause complications such as severe bleeding, problems urinating, cysts, infections, as well as complications in childbirth and increased risk of newborn deaths [1].



NSW has the highest estimated number of women and girls affected by FGM/C, estimated to be over 17,000 [2].



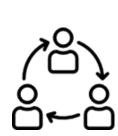
It is estimated that over 15,000 of this number live in greater Sydney [2].



There are many gaps in current service delivery. The statewide NSW Education Program on FGM/C aims to initiate a responsive health approach.



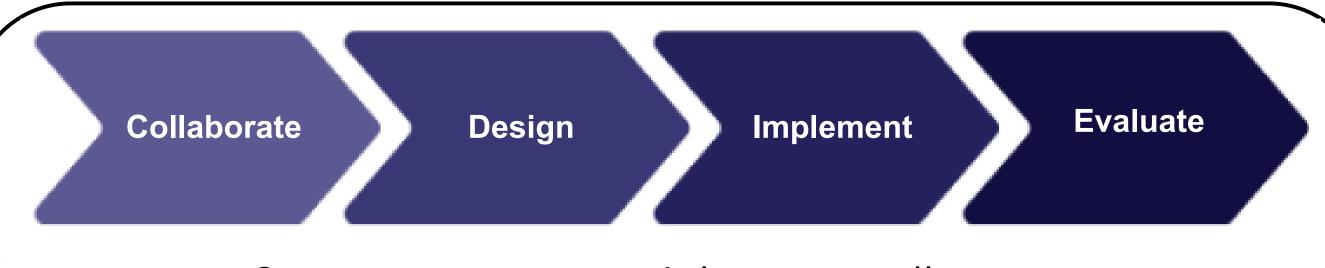
In 2024, the The Dandelion Project launched, to pioneer a co-designed model of care and referral pathways.



Partnership formed with South Western Sydney LHD and Consumer and Community Engagement Unit to enable Consumer and Community Engagement Unit to enable consumer payment. Remuneration was offered to six SWSLHD women who partook in face-to-face private SWSLHD women who partook in face-to-face private interviews for the program design.

2. Objectives

- Trial a remuneration model for SWSLHD Consumers
- Enable consumers to co-create an education package on FGM/C that:
 - a. Identify and address gaps in maternity care for pregnant women who have experienced FGM/C.
 - b. Design an integrated wellness model of maternity care for women who have experienced FGM/C.



Consumer engagement is key across all aspects

3. Method

- Project approved in October 2023 by SWSLHD.
- First quarter of the year, clinical and consumer co-design teams were established.
- SWSLHD Consumer and Community Engagement Unit in collaboration with SWSLHD Internal Audit, identified an voucher payment system that meets compliance and record keeping requirements.
- Recruitment of study participants, request they share their experiences.
- Remuneration was offered in the form of a gift voucher.
- Consumer interviews were conducted from May to July 2024, using the transformational ethical storytelling (TEST) framework.

4. Results



Consumers were receptive to consumer payment by gift vouchers. Comments include the ease of payment and limited requirement to share personal information.



We identified and created a payment system that promoted strong governance for consumer remuneration via gift vouchers.



Worked with consumers towards a shared vision to enable women's voices to be heard and empowered.



The interviews with women affected by FGM/Crevealed diverse backgrounds and FGM/C experiences.

All participants of the study provided valuable feedback to assist in designing an education program on FGM/C.



All participants expressed their interest in ongoing engagement

5. Conclusion

Effective Consumer Engagement: The consumer interviews were conducted smoothly and informatively, demonstrating a high level of dedication and mutual respect in the process.

Successful Remuneration Process: The remuneration process was well-executed, ensuring respect for the women's time and valuing their contributions, which helped to minimise power differentials and encouraged open sharing of their experiences.

Positive Impact on Health Care Quality: The women appreciated the opportunity to contribute to improving health care experiences, indicating that their input was valued and impactful.

Foundation for Governance: The successful implementation of equitable remuneration laid a strong foundation for developing governance structures related to consumer remuneration.

Future Participation: The eagerness of all six interviewed consumers to participate in future co-designed initiatives highlights the success of the remuneration process and the positive engagement it fostered.

Finding for implementation

There is a need for trusted health education, support in the system, pre-appointment information to reduce worry and explain continuity of care, and tailored support to address complex needs and misinformation vulnerabilities.

References

[1] WHO (World Health Organization) 2024. Female genital mutilation. Geneva: WHO. Viewed 21 August 2024,

https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation. [2] ABS 2021