



ATOD Consumer and Carer Participation Program

Service Development Plan October 2011- June 2012

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A. Introduction

Advocacy Tasmania Inc (ATI) commenced work late in January 2010 on the Consumer and Carer Participation Program (CCPP), funded by the Tasmanian Department of Health and Human Services through its Alcohol and Drug Services (ADS) business unit.

An initial Service Development Plan was endorsed by ADS in mid-2010. What follows is a revised Service Development Plan for the final nine months of the current funding period. The Plan provides an overview of the strategic directions favoured for this period, plus details of specific activities that will be undertaken.

B. Policy Context

This Plan is informed by six main policy sources:

1. Key elements of the Advocacy Tasmania Strategic Plan 2009-12;
2. The DHHS *Your Care, Your Say* Consumer and Community Engagement Framework and Action Plan;
3. The service agreement between ATI and the Department of Health and Human Services for the provision of the CCPP;
4. The emerging DHHS *QualityFutures* framework for quality assurance/improvement processes;
5. An extensive examination of the literature base relating to consumer engagement practices in ATOD and related sectors; and
6. Initial learnings arising from the Tasmanian ATOD service profiles developed by ATI and from the individual advocacy work conducted by ATI advocates in each region.

The specific impacts of these sources are briefly discussed below.

1. Advocacy Tasmania Strategic Plan 2009-2012

The ATI Strategic Plan includes two top-level aims: “To promote best practice in community engagement in relation to our client groups” and “To assist clients to understand and exercise their rights and responsibilities by providing information and support to self advocate and advocacy representation”.

The plan also nominates a series of values that must anchor the organisation’s work. These include the organisational belief:

- In upholding and advancing fundamental human rights;
- In the right of each person to have maximum control over their own lives and to make choices;
- In the right of all people to have their voice heard and the right to an independent advocate if necessary in order to exercise this right;
- That changing the way the community and the service system responds to our clients is fundamental to a human, inclusive and just society;

- That community engagement is an important element of respect for our clients' capacities and abilities.

In addition to individual and systemic advocacy, ATI has nominated two key action areas for the 2009-12 period that relate directly to this service development planning exercise.

The first of these is labelled "Information, Education and Promotion" and is based on the stated rationale that "Providing information and education about rights to our clients, their families, service providers and decision-makers is *important in supporting clients to self-advocate but also in changing the way systems operate*". (Emphasis added)

The second key action area is labelled "Community Engagement" and is based on the stated rationale that "The involvement of clients in decision making in relation to their lives is a fundamental right which Advocacy Tasmania works to provide through all aspects of its work". One nominated strategy within this "Community Engagement" action area is that ATI "actively participates in the development of the Department of Health and Human Services Consumer Engagement Strategy", as discussed below.

2. The DHHS Your Care, Your Say Consumer and Community Engagement Strategic Framework and Action Plan

This Framework, released by DHHS in December 2009, provides the basic architecture for all DHHS consumer engagement initiatives. Four levels of engagement are identified as important:

- Individual level – "To maximise personal health and care outcomes by trying to reach a satisfactory outcome for the individual (as defined by them)";
- Community level – "To maximise health and wellbeing outcomes for a community by reaching satisfactory outcomes that meet community needs";
- Service level – "To deliver more accessible, safe and effective health and human services informed by an understanding of consumer and community needs"; and
- System level – "To respond to existing and future health and human service needs of all Tasmanians in an efficient, effective and strategic way". (p17)

Seven key issues were identified during the process that developed the Framework:

- Meaningful consumer engagement is important and valuable for all involved and must be a major priority;
- Existing engagement practices and programs must be built on;
- DHHS must recognise the challenges and opportunities of rolling out engagement across the whole of health and human services;
- Consumer and community engagement must be based on flexible approaches;
- Relationship-building is essential to meaningful consumer engagement.
- Capacity-building is a key aspect of implementation; and
- DHHS must put appropriate structures, policies and processes in place at every level to ensure consumers can play an effective role. (p9)

A number of specific strategies identified in the Action Plan are directly relevant for the ATOD CCPP. These include:

- Development of an agency-wide service charter;
- Investigation of the value of establishing a statewide consumer organisation;
- Development of agency-wide resources to assist consumers to understand the ways in which they can engage with the Department (including a web-based resource);
- Establishment of a consistent reimbursement policy for consumer participation;
- The development, where appropriate, of specific consumer engagement references in position descriptions;
- Inclusion of consumer engagement approaches in all staff induction processes;
- Identification of suitable training for staff in relation to consumer and community engagement;
- Embedding consumer engagement processes within the Resource Planning Agreements with each Departmental business unit;
- Establishment of an annual consumer engagement forum to share knowledge and showcase best practice;
- Encouragement of greater consumer involvement in the governance of funded NGOs;
- Development of consistent bi-annual surveys of consumer satisfaction; and
- Establishment of consumer and community engagement performance indicators.

3. The Service Agreement between ATI and DHHS for the provision of the ATOD Consumer and Carer Participation Program

This Service Agreement requires that the consumer engagement initiatives be guided by a Staged Service Development Plan “outlining consumer and carer support programs to be developed, strategies for development, and plans for implementation and review”.

The Agreement explicitly recognises that in the first 18 months of the funding period, progress is only likely in relation to what are labelled “low degree” forms of consumer engagement, with “mid-high degree” forms following later.

4. DHHS QualityFutures Framework

The DHHS’s *QualityFutures* approach to quality and safety in the funded non-government sector includes reference to the consumer engagement initiatives undertaken by NGOs. The specific engagement activities supported by the CCPP will contribute to participating NGOs being able to satisfy the requirements of *QualityFutures* audits.

5. Review of literature base on ATOD and related consumer engagement practices

An extensive search of literature on consumer engagement practices in ATOD and related health and human services sectors confirms that:

- Very little solid research evidence exists on the actual impact of consumer engagement initiatives (not just in ATOD services but across a wide range of sectors);
- The ATOD-specific literature emphasises the significant difficulties confronted in attempts to build sustainable consumer engagement processes, especially those processes that are based on consumer-run organisational structures;

- There is a consistent thematic emphasis in the literature supporting the need to ensure that sufficient effort is focused on consumer engagement in decision-making relating to the consumer's own treatment/care;
- Effective consumer engagement practice needs to be embedded within services (and their auspicing organisational structures) at a range of levels (e.g., policy, procedure, staff recruitment and performance management, training, etc);
- System-level sanctions in relation to consumer engagement need to be built into the service commissioning process; and
- A lack of clarity about the roles to be played by consumers within engagement processes (e.g., research subjects versus informed choosers versus citizens with rights, etc) has undermined many attempts to encourage engagement.

6. Initial learnings – Tasmanian ATOD service profiles and individual advocacy work

The first round of profiling meetings with Tasmanian ATOD service providers demonstrated that:

- All service providers support the concept of enhanced consumer engagement within service-level continuous improvement frameworks;
- All service providers are prepared to devote time and effort to supporting ATI's CCPP;
- Current levels of consumer engagement vary across service providers but are generally at a low level compared to other service sectors;
- Particular challenges are evident in the access phase of the ATOD consumer experience, with significant deficits in the amount and quality of information available to prospective consumers about the services on offer; and
- Further challenges arise in relation to the follow-up phase of the consumer experience, with few service providers currently able to point to robust measures of service efficacy.

The quantum and range of ATOD advocacy work accomplished by Advocacy Tasmania is now extensive¹. It is evident from this casework experience that consumers often struggle to identify their rights and responsibilities in relation to the ATOD service system.

C. A Goal Framework for the next phase of service development

This section outlines a framework for the CCPP activities and deliverables for the final nine months of this funding period. This phase will be marked by a more targeted approach to specific consumer engagement activities and the demonstrable evidence of such activities.

The *Guide to Consumer Engagement in the Tasmanian ATOD Sector*, released by Alcohol and Drug Services in October 2011, is deliberately non-prescriptive with respect to the specific forms of consumer engagement activity sought from service providers. The purpose

¹ More information on this advocacy work can be found in the latest ATI Annual Report at www.advocacytasmania.org.au

of that *Guide*, and indeed of much of the first phase of the Consumer and Carer Participation Project, has been to sensitise service providing organisations to the key issues involved in the consumer engagement process and to encourage those organisations to systematically work through the options that are most appropriate for their specific circumstances.

It is now appropriate to anticipate a time when ADS (and DHHS more generally) applies accountable consumer engagement *standards* to funded NGOs and to its own service providing units. In other jurisdictions, the application of such standards is becoming more widespread. The DHHS *Your Care Your Say* Action Plan – discussed in section B2 above – included a specific reference to “establishment of consumer and community engagement performance indicators” as part of the agency-wide strategy. The work of the CCPP should, wherever possible, support service providing organisations so that they are able to meet those standards, achieve those performance indicators.

At this stage, the application of formal standards to Tasmania’s ATOD sector would be premature. It is not yet reasonable to expect that ADS and the non-government service providers can be held to account for specific consumer engagement initiatives. However it is appropriate that the core elements of anticipated standards be listed as **goals** to be targeted over the next 2-3 years (after which the application of accountable standards would be entirely reasonable). Accordingly, ATI will structure its support work around a framework of such goals.

The most developed consumer engagement goal framework in the Australian health and human services context is to be found in Victoria. Here, the Health Issues Centre has played a particularly valuable role in supporting Victorian Government initiatives aimed at enhancing consumer involvement in a range of service sectors. The following goals are adapted from the *Recommended Suite of Consumer, Carer and Community Participation Standards* developed by Health Issues Centre in 2009 for Victorian public health services.

GOAL 1 The organisation demonstrates a commitment to consumer engagement appropriate to its identified consumer target base.
Rationale: Experience shows that consumer engagement will only be encouraged and facilitated by staff throughout a service when there is sufficient organisational commitment to support them. This includes visible leadership, policies, processes, and concrete capacity building to enable engagement to occur effectively and meaningfully. There is strong evidence that such commitment by the organisation is a precondition for engagement and that it engenders effective engagement.
INDICATORS
1.1 The organisation has a consumer engagement policy.
1.2 The organisation has developed and is implementing a community engagement plan.
1.3 The organisation uses a variety of approaches to record and report on consumer engagement to its consumers and other stakeholders.
1.4 The organisation has systems, processes and structures in place to <i>consult</i> and <i>involve</i> consumers.
1.5 The organisation builds the capacity of staff to support consumer engagement.
GOAL 2 Consumers are involved in informed decision-making about their treatment, care and wellbeing at all stages and with appropriate support.
Rationale: When consumers are involved in decision-making, evidence from rigorous studies demonstrates that they achieve better outcomes. Evidence also exists to argue that

people's involvement in decision-making should be facilitated by the provision of evidence-based, understandable and accessible information and support. Consumer involvement in the development of information can improve the clarity and relevance of materials.

INDICATORS

2.1 Consumers complete a self-rated assessment of the information provided to them.

2.2 Consumers are co-signatories on individual service plans, treatment and care plans or recovery plans.

2.3 Consumers have ready access to and/or hold their own treatment/service records.

2.4 Consumers are able to access a person of their choice to support them in accessing and processing information, in taking decisions about their treatment and care, and in communicating their wishes.

GOAL 3 Consumers are provided with evidence-based, accessible information to support key decision making along the continuum of care.

Rationale: Providing consumers with information that is accessible to them contributes to them being able to make informed decisions. There is strong evidence that consumers benefit from receiving evidence-based and understandable information and that they should receive this information at key stages along the continuum of care.

INDICATORS

3.1 Services regularly use tools such as the *Checklist for Assessing Written Consumer Health Information* to assess the information materials used in the service.

3.2 Consumers are actively encouraged to rate the information they receive from the service.

3.3 Consumer respondents to surveys rate the information they receive from the service as being 'good' to 'excellent'.

GOAL 4 Consumers are active participants in the planning, improvement, and evaluation of services and programs on an ongoing basis.

Rationale: Consumer engagement has been linked to quality improvement. Involving consumers as active participants in planning, improvement processes and evaluation of services ensures that organisations are responsive to the views, opinions and needs of those consumers.

INDICATORS (Evidence of ...)

4.1 Consumer engagement in the organisation's strategic planning processes.

4.2 Consumer engagement in the organisation's service and program development.

4.3 Consumer engagement in the organisation's quality improvement activities.

4.4 Consumer engagement in the development of feedback, complaints and appeals systems and in the review of complaints.

4.5 Consumer engagement in corporate governance processes.

4.6 Consumers are involved in the development of consumer information.

GOAL 5 The organisation actively contributes to building the capacity of consumers to participate fully and effectively.

Rationale: There is evidence in the literature of the value of supporting participating consumers through enhancing their knowledge and skills to participate effectively.

INDICATORS

5.1 Consumers are provided with access to appropriate training and orientation processes relevant to the range of engagement opportunities offered by the organisation.

5.2 Consumers are involved in the development and delivery of these training and orientation processes.

It is proposed that the core framing question in the proposed evaluation of the CCPP should be “to what extent have Tasmanian ATOD service providers demonstrated progress toward these listed goals?”.

D. Summary of key deliverables: October 2011–June 2012

Advocacy Tasmania has consistently argued that consumer engagement should be characterised as operating at three conceptually distinct (but practically overlapping) levels:

- Consumers engaged and active participants in their own treatment and care;
- Consumers who provide input for service development for the service they are involved with; and
- Consumers who provide input at a systems level for wider services development.

We have pointed to an extensive research literature that suggests that these levels are progressive and developmental – that is, that consumers who actively contribute to decision-making processes about their own treatment/care are more likely to develop the skills and confidence required for other forms of engagement. This developmental agenda, combined with ATI’s assessment that relatively little attention has been paid to this dimension of the consumer engagement issue, led to ATI’s emphasis – in the first phase of this project – on individual decision-making. The next phase of the project will continue that emphasis, focusing on strategies that will allow for greater consumer involvement in their own treatment/care by increasing information available, improving targeted communication within care provision and stressing the importance of a deliberate focus on individual goal attainment. One important development of the focus on consumer information will be support to service providers to develop their own ‘charters’ that summarise the rights and responsibilities of consumers.

The distinguishing feature of this next phase will be a *greater emphasis on service level engagement*. This will involve supporting service providers to develop engagement opportunities (and capacities) relating to governance, service reviews, staff selection processes

The following summary identifies the key products to be delivered by the CCPP during the period to 30 June 2012. The products to be delivered to all service providers are organised in terms of the four phases of consumer engagement within the consumer experience:

- Access – the processes of obtaining information by the consumer about service models, service providers, eligibility and the entitlements/obligations associated with the available services.
- Engagement – initial stages of contact with a service provider, incorporating the provision of additional information, the assessment of the consumer’s goals and needs, and the development of a case plan.
- Service delivery – the provision of treatment interventions and/or care and support services as determined by the jointly developed case plan including the joint monitoring of progress across the plans elements.
- Follow-up – planned service-provider contact with the consumer at agreed intervals after completion of the formal service delivery phase, with a view to identifying (a) whether further support is required, (b) whether the interventions provided have been

effective, and (c) whether the consumer is satisfied with the performance of the service provider.

ACTIVITIES	STATUS
1. Deliverables specific to individual service providers:	
Individual service profiles of service providing organisations	
<ul style="list-style-type: none"> • Summary of current consumer engagement practices (Product 1) 	Six organisations completed; Seven to be completed by June 2012.
<ul style="list-style-type: none"> • Survey of consumer perspective on current practices (Product 2) 	Six organisations completed; Seven to be completed by June 2012.
<ul style="list-style-type: none"> • Specific feedback / recommendations on consumer engagement practices 	Three organisations completed; Ten to be completed by June 2012.
2. Deliverables to be provided to all service providers	
<ul style="list-style-type: none"> • Cross-sectoral thematic analysis of issues arising from service profiles (Product 3) 	Draft material accumulating; Report due April 2012.
<ul style="list-style-type: none"> • Literature review document providing summary of key research on consumer engagement in ATOD and related fields, and leads to important sources of practice tools 	Material incorporated into <i>Guide</i> document with balance to be lodged on ATI website in annotated form.
<ul style="list-style-type: none"> • Conceptual framing documents on consumer engagement issues arising in related service sectors and related consumer environments 	Delivered to ADS in November 2011 and revised as current <i>Guide</i> document.
<ul style="list-style-type: none"> • Regular statewide fora to share experiences and knowledge on consumer engagement practices 	Workshop included in 2010 ATDC Conference; Two consultation fora held re <i>Guide</i> , September 2011; Half-day forum planned for March 2012 to (a) discuss progress made by participating service providers and to (b) identify preferred way ahead for Tasmanian ATOD consumer engagement.
3. Consumer engagement in decisions about their own treatment/care	
(a) Access phase	
<ul style="list-style-type: none"> • Development and provision of self-assessment tool to assist service providers to improve the information available to consumers in print and online form. 	Draft tool prepared; Revised tool to be circulated to service providers in December 2011.
<ul style="list-style-type: none"> • Templates to assist service providers with the development of appropriate Charters of Consumer Rights and Responsibilities. 	Comprehensive list of consumer rights and responsibilities compiled from existing charters; Template to

	be circulated in December 2011.
<ul style="list-style-type: none"> Understanding and improving access to the information requirements of prospective consumers and making the information available (for use in documents, websites, etc). 	Assessment of existing tools across all Australian jurisdictions has identified <i>Checklist for Assessing Written Consumer Health Information</i> as most appropriate. Link to this tool to be added to ATI website in November 2011.
<ul style="list-style-type: none"> Provision of survey templates designed to identify consumer perspectives on access issues. 	Two UK survey formats identified as valuable. These will be merged and adapted for inclusion on ATI website.
(b) Engagement phase	
<ul style="list-style-type: none"> Provision of tools and templates relating to consumer engagement in the development of treatment plans. 	Draft tool to be developed by January 2012.
<ul style="list-style-type: none"> Provision of tools and templates relating to full treatment disclosure and informed consent. 	Examples of disclosure/consent policies and templates have been collected from other jurisdictions and systems – these to be collated and distributed by January 2012.
<ul style="list-style-type: none"> Provision of materials relating to enhanced consumer engagement in assessment processes. 	Existing Australian and UK materials to be posted on ATI website in November 2011.
(c) Service delivery phase	
<ul style="list-style-type: none"> Provision of an Individual Goal Attainment measurement tool for consideration by service providers and adaptation as appropriate. 	Not started. Target completion March 2012.
<ul style="list-style-type: none"> Provision of survey templates designed to identify consumer perspectives on service delivery issues. 	Templates collated across service systems and jurisdiction. Melded version of these to be added to ATI website in Jan 2012.
(d) Follow-up phase	
<ul style="list-style-type: none"> Provision of templates and, where appropriate, staff development relating to consumer follow-up processes and the incorporation of feedback into individual outcomes measurement and service review processes. 	Templates collated across service systems and jurisdiction. Melded version of these to be added to ATI website in Jan 2012. Offers of staff development assistance to be made in Dec 2011 for delivery in Feb 2012.

<p>4. Consumer engagement in decisions about service-level policies and procedures</p>	
<ul style="list-style-type: none"> • Organisation-level templates to guide involvement of consumers in service reviews (standing and ad hoc), including: <ul style="list-style-type: none"> ○ Role definition processes for consumer involvement ○ Reimbursement policies ○ Recruiting service user representatives ○ Supporting representatives. 	<p>Some information (e.g., on role definition) included in <i>Guide</i>. Other information has been collated from a range of Australian and international sources and will be added to website. This will include Health Issues Centre position statement on payments/reimbursements to consumer representatives.</p>
<ul style="list-style-type: none"> • Staff development modules relating to consumer engagement practices. 	<p>Offers of organisation-specific training sessions to service providers will be made in December 2011.</p>
<ul style="list-style-type: none"> • Provision of consultancy support re identification of consumer representatives 	<p>Planned for Feb-March 2012.</p>
<ul style="list-style-type: none"> • Provision of support to consumers participating in staff recruitment or performance appraisal processes. 	<p>As per requests from service providers.</p>
<ul style="list-style-type: none"> • Development of a improved quality measures for consumer engagement to support self assessment and QI approaches. 	<p>The Victorian <i>Recommended Suite of Consumer, Carer and Community Participation Standards</i> have been adapted and distributed to NGOs; ATI will offer consultancy support to NGOs interested in embracing those standards within their broader QI approach.</p>
<p>5. Consumer engagement in decisions about system-level policies and procedures</p>	
<ul style="list-style-type: none"> • Facilitation of consumer input to DHHS/ADS reviews of policy/practice. 	<p>Collation of consumer perspectives on TOPP plus participation in: Opioid Prescribing Review process; ADD Act Review Reference Group; ADS PPEI Reference Group; Tobacco Coalition and Tasmanian Alcohol Action Framework Reference Group.</p>