

TASMANIAN ALCOHOL, TOBACCO AND OTHER DRUG TREATMENT SERVICES

A Guide to Consumer Engagement



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Glossary

ADS

Alcohol and Drug Service, Tasmania. This refers to government run services within DHHS (see below)

AIVIL

Australian Injecting and Illicit Drug Users League (AIVL)

ATI

Advocacy Tasmania Incorporated

ATOD

Alcohol, Tobacco and Other Drugs. This will be referred to when talking about the whole sector in Tasmania, both government and non-government organisations

CCPP

Consumer and Carer Participation Project

DHHS

Department of Health and Human Services, Tasmania

YCYS

Your Care, Your Say framework for consumer and community engagement. See also reference list.

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History

In December 2008, the Department of Health and Human Services (DHHS) released a Future Service Directions Plan for Alcohol, Tobacco, and Other Drug (ATOD) services Tasmania. This plan is guiding both the development of ATOD service and the investment of funding in the Government and community sectors for 2008-2012.

A key priority in the plan is to establish a consumer participation framework to ensure that consumers have input into the planning, development and delivery of ATOD services in Tasmania. Subsequently, Advocacy Tasmania Inc (ATI) was funded in late 2009 to develop a Consumer and Carer Participation Project (CCPP). Since ATI was also contracted to provide individual and system advocacy for Tasmanian ATOD service consumers, they are in an ideal position to support the Alcohol and Drug Service (ADS) in the development of a sector wide Consumer Engagement Strategic Framework.

The following document was drafted by ATI and informed by an extensive literature review as well as sector wide engagement and consultation with both consumers and ATOD service providers. It represents a joint effort between the ADS and ATI to provide support to ATOD service agencies in Tasmania with the planning and development of consumer engagement processes for their organisations.

Related Policy

This initiative is nestled within the DHHS Your Care, Your Say strategic framework and action plan for consumer, carer and community participation, released in late 2009. The Your Care, Your Say framework itself is directed at key elements of DHHS Strategic Directions 09-12, including the objective of “Supporting individuals, families and communities to have more control over what matters to them”.

This strategic framework aligns with the relevant actions and strategies identified in Your Care, Your Say. Appendix A contains a summary of the actions relevant to this document. The focus in this document is on consumer engagement in the ATOD sector.

Why Engage Consumers

Engaging ATOD service consumers in key decision making processes is essential for improving the effectiveness and efficacy of the provision of Tasmanian ATOD services. Ethically, consumers have a right to be involved in decisions that have impacts on their health and wellbeing. Consumers across a variety of health and other settings are calling for more say in service development.

Furthermore, involving consumers in decision making is likely to have a number of benefits, including:

- improved health and wellbeing for individual consumers;
- improved policy outcomes leading to benefits for groups of consumers;
- improved transparency and relationships between consumers and service providers, leading to enhanced consumer satisfaction with services; and
- consumer-influenced decisions will be perceived as more credible, leading to increased political legitimacy.

Literature

While some health fields have an established tradition of consumer engagement (e.g. mental health, disability services), local and international models supporting ATOD service consumer engagement are limited. Nevertheless, one of the most enduring and popular forms of ATOD intervention – the ‘12-steps’ programs such as Alcoholics Anonymous and Narcotics Anonymous – are run entirely by and for consumers. In such programs, consumers have consistently demonstrated that they can successfully develop and manage treatment and care interventions that meet the needs of other consumers.

Australian literature provides many examples of poor quality consumer engagement in the ATOD sector (see Gillgren, 2003; Gregory, 2007; Nathan, 2004). Indeed, in a review of consumer engagement, the Australian Injecting and Illicit Drug Users League (AIVL) concluded that “while areas such as mental health and disability have consumer participation policies, there are few examples of this in the drug treatment area in Australia” (AIVL, 2008, page 14).

A recent literature review by a local Tasmanian researcher documented many of the difficulties experienced by UK service providers in the establishment of sustainable consumer engagement strategies (Hinton, 2010). Nevertheless, examples from the UK experience support the need for consumer engagement strategies to be creative, fluid, and tailored to the needs of consumers and communities. This means that many strategies change over time and will depend on the nature of the consumers involved and the services being provided. It is acknowledged that some ATOD consumers may have characteristics that present challenges for those seeking to develop engagement opportunities. These challenges may include complex, co-occurring conditions and a reluctance by some consumers to publicly acknowledge their involvement with illicit substance or illegal practices.

Therefore, this framework does not propose one model that will suit all consumer engagement needs. Rather, it will identify a number of conceptual tools that will allow ATOD service providers, system managers, consumers, and consumer groups to make strategic decisions about consumer engagement programs that are most appropriate for their needs. Understanding consumers and the varying roles that they can play in engagement is one of these conceptual tools.

Important Definitions

Consumer

A consumer is defined as any individual who, in response to harms arising from substance misuse, may benefit from ATOD treatment or support. This includes current, prospective, and past consumers as well as partners and other family members who are harmed by the substance misuse of loved ones.

Consumers themselves can play a number of roles when participating in consumer engagement activities. These roles include:

- **Passive recipient** – in this role, consumers receive information and instructions about their treatment but are not involved in decisions about their treatment or how treatment is provided. This can also involve receiving information about the nature and availability of treatment services. While being a passive recipient is not an active example of engagement, it is a crucial foundation for consumer engagement.
- **Co-designer/Co-producer** – this role involves the consumer actively participating in key decision making processes related to the care that they are receiving.
- **Research Subject** – consumers can also provide information, feedback, and ideas about how services can be delivered.
- **Active Citizen** – the consumer participates in a range of engagement processes as a sense of duty to other citizens.
- **Representative** – the consumer acts on behalf of an identifiable consumer cohort, with or without formal delegation of responsibility by that cohort.

The boundaries between these roles are often porous. A consumer can fulfil more than one role and may change roles over time. The role that best suits the consumer will depend on many factors both internal (e.g. personality, current health status, motivation) and external (e.g. social circumstances, support available to participate in various roles) to the consumer.

A final factor that may influence the role of the consumer in engagement activities is the type of substance misuse problem the consumer has experienced. For example, a service that provides assistance to a range of cohorts may appropriately seek feedback about the general operation and delivery of services from all their consumers (as research subjects); however, it may be inappropriate to ask a consumer with an alcohol misuse problem to be a representative for consumers with injecting drug use problems.

Implication: When developing engagement strategies, consider and communicate the role into which you are inviting the consumer. This will also help determine what supports are required and create realistic expectations for both the consumer and the service.

Example: Frances is case manager at a service that provides medical care, counselling and case management for clients with alcohol addiction. She has been allocated to Joseph, a 35 year old man with a chronic alcohol addiction referred to the service by his wife. Joseph was assessed by the doctor at the service, who decided through a team meeting that Joseph had an alcohol addiction that was seriously affecting his physical health and relationship with his family. Joseph meets the criteria for entry into the service.

Frances calls Joseph to make an appointment to develop a care plan together (consumer as a co-designer), but when she does, he is quite surprised, rude, and then hangs up the phone. Joseph's wife calls the service asking why they haven't started treatment, and Frances explains that she phoned and he refused.

Frances phones Joseph again and he explains that he only went to the initial assessment because his wife made him. He has no idea what the service does and why they even think he needs treatment. Frances asks if he would like some more information about the service and also the outcome of the doctor's assessment (passive recipient of information). Joseph agrees and two weeks later he phones Frances back, stating that he didn't mean to be rude, he just didn't know who she was and why she was calling. He agrees to attend to develop a care plan, but Frances identifies that he may require further support to act as a co-designer, and asks if it would help if Joseph can bring his wife along to their appointment.

In this example, Joseph is not ready to act as a co-designer until he first received information as a passive recipient. Furthermore, he benefits from support to engage as a co-designer.

Consumer Engagement

In this context, consumer engagement implies that there is a process with which the consumer is involved, and that this process is active. It involves a relationship between two parties, the consumer and the service (or the broader service system) and that both parties contribute to the process.

According to this definition, processes during which the consumer is a passive recipient, while appropriate and helpful in many circumstances, are not technically classed as consumer engagement. However, such information providing processes can be a catalyst for consumer engagement in the longer term and are important to consider within this framework.

Motivators for Consumer Engagement

Consumers

Consumers are more likely to be motivated to participate in engagement processes if all of the following conditions are present:

- a belief in their right to receive treatment. That is, that if they are experiencing harm from substance misuse, they have the right to access efficacious treatment in a timely manner.
- an emotional response (e.g. anger, disappointment, frustration) that a service response is either:
 - absent or inadequate; or
 - likely to achieve sub-optimal outcomes without the direct engagement of the consumer; or
 - present and valued by the consumer, but is somehow under threat.
- a sense of self efficacy – a belief that participating in the engagement process will lead to an improvement of services outcomes, either for themselves or for others.

Finally, engagement is more likely if consumers have confidence that the engagement process will not be harmful or costly or lead to negative outcomes (e.g. withdrawal of services) for the consumer.

Implication: Consumers may benefit from support in understanding their rights and increasing their sense of self efficacy in the engagement process. How the service responds to engagement processes is also likely to impact these motivators. The provision of feedback to consumers about the impacts of their engagement (and the engagement of other consumers) is an important motivator.

Service Providers

It is likely that the service provider will be motivated to create opportunities for consumer engagement if at least one of these components is present:

- a recognition that individuals have a right to participate in decisions that impact on their treatment and health;
- a belief that service interventions will be improved if consumers are engaged as co-designers and co-producers of the treatment outcomes being sought;
- a recognition that quality improvement goals can only be obtained with reliable and comprehensive information about the experiences of consumers;
- an understanding that external stakeholders, including funding agencies and accrediting bodies, are requiring increasing evidence that consumer engagement is encouraged and supported within the agency;
- the presence of relevant skill sets in managers and practitioners that can facilitate the consumer engagement process (or the ability to acquire these skills); and/or
- access to appropriate resources to cover the necessary costs of consumer engagement activities.

Example: Darren is a highly skilled clinician who writes plans for his consumers all the time. He is eager to try and help in any way he can, but he often gets frustrated when consumers don't follow recommendations in the plan and wonders why they keep making such poor decisions, despite the information and support that he is trying to provide.

He talks to his supervisor who identifies that Darren is treating consumers as passive recipients of information rather than asking them to engage as co-designers of their own treatment outcomes. Darren's supervisor decides to set up a meeting with a representative from a consumer group who explains how consumers might feel in this scenario and the feedback that they themselves receive from other consumers about these processes. Darren develops more of an understanding of how his engagement style is not suitable for all consumers does further reading to improve his micro-therapeutic and engagement skills.

The supervisor also decides that the team requires further training about consumer engagement and how consumer feedback can directly influence the decisions that managers make about the service itself.

System Managers

Further to the motivators for service providers, two additional motivators for system managers include:

- an understanding that commissioned service providers may not comprehensively and uniformly embrace consumer engagement strategies without system level incentives (or sanctions)
- a recognition that service sectors with a public reputation for being unresponsive to expressed consumer preferences will struggle to retain public funding and support.

Implication: Motivators identified for services providers and system managers represent a cultural shift towards the recognition of the importance of consumer engagement for effective service outcomes. Education, training and support about the importance of consumer engagement are important for facilitating and supporting this cultural change.

Levels of Consumer Engagement

The following section identifies each level of consumer engagement, what role consumers might play within that level of engagement, and examples of supports that may assist consumers in these processes.

Individual Level

This involves engaging the individual consumer in decisions about their own treatment and care.

In this level, it is important to consider the role of the consumer as a passive recipient of information. If the consumer cannot access this information, or if the consumer cannot process this information, then the consumer cannot engage in treatment services in the first place. Furthermore, if the consumer cannot access the service, then he or she cannot engage in the service. Therefore, information and access are key for facilitating engagement of the consumer into the service.

Once the consumer is engaged in the service, he or she can act as a **co-designer** in the design of his or her treatment planning and a **co-producer** of the treatment itself. Rapport between practitioner(s) and the consumer will be important in this type of engagement. Most consumers will require only minimal support to participate as co-producers in their own treatment.

However, for consumers who have limited capacity to process information or engage in rational decision making, engagement as a co-producer can only occur if the consumer is supported. This may require the involvement of other service agencies, family members, or friends. For consumers without access to these networks, advocacy services can also provide support.

Service Level

This involves engaging consumers in further developing services that affect them and their community: consequently, the focus is on how particular services are delivered.

Consumers in this level of engagement are likely to be in the role of **research subjects** or **active citizens**. For example, they might be asked to complete consumer satisfaction surveys (research subject) or participate in focus groups or forums and actively share their perspective with managers and other consumers about the way a service is delivered (active citizen).

It is likely that consumer's who struggle to engage as a co-producer will also have difficulty engaging as research subjects or active citizens. Generally speaking, as the role of the consumer moves from co-producer to research subject or active citizen, the consumer is likely to need more support.

For example, some consumers may wish to participate as an active citizen in a focus group, but do not have confidence that they can voice their perspective in a group setting. When planning such consumer engagement activities, organisations are encouraged to consider the increasing support needs of this type of engagement.

Furthermore, professional advocacy services can play a role in providing advice, encouragement, or other support to consumers who would otherwise decline the opportunity to engage as research subjects or active citizens.

Service System and Strategic Level

Engagement at the service system level includes consumers in decisions about the operation of major systems. At the strategic level, consumer engagement focuses on broader public policy decisions and strategies frameworks that govern the service system(s) as a whole.

Service systems will vary in how they choose to involve consumers in engagement activities and the effectiveness of this engagement. While consumers may still participate in these activities as research subjects or active citizens, the service system and strategic level consumer engagement activities are more likely to involve consumers as representatives.

As the consumer's role shifts from active citizen to representative, the supports required by the consumer are also likely to increase. Support might include training and information about the operation of service systems and about policy development processes. Consumers participating as representatives are also likely to need direct support and advice about how best to represent their peers.

At this strategic level consumers are also more likely to be employed by organisations to formally represent consumer groups. Concerns are often raised in this area about the nature of substance use and abuse and its effects on cognition and behaviour of individuals experiencing difficulties with alcohol and other drugs. It is important to highlight that not all consumers will be suitable for all types of consumer engagement activities at all times.

For example, a consumer commencing treatment may be able to participate as a co-producer of a treatment plan, but may not be motivated to participate as a representative at the service level. The same consumer, however, may be able to participate as a representative at a later stage, when his or her overall functioning has improved.

It is important to highlight that, if consumers are contracted or employed under formal arrangements to provide system or strategic level representation, they will have contractual and employee code of conduct obligations like any other employee of that same organisation. That is, they have the same rights and responsibilities as any other employee. This also includes access to organisational supports, training, and performance review processes. Performance is likely to vary, not just because of their history of substance use, but also due to other life factors that affect any employee, such as family circumstance, illness, work loads and so forth.

Example: Jillian is the manager of a service for injecting drug users. She has noticed over time that two consumers, Sandy and Rachel, have become very active in supporting other service consumers, particularly as their own health is improving.

Jillian's service is about to go through a restructure. As part of this restructure, a small amount of money has become available for improved consumer engagement activities. Jillian meets with Sandy and Rachel to discuss how they would like to participate in the organisation. Because both Sandy and Rachel spend a lot of time talking to other consumers, they have a lot of ideas about how to improve the service.

Jillian identifies two potentially key roles for Sandy and Rachel – as facilitators of a peer support group (active citizens – service level) on an ongoing basis, and as representatives (system level) in meetings with management about the restructure as a temporary role which could become ongoing. Both Rachel and Sandy are keen, and Jillian draws up two contracts for Sandy and Rachel to work paid for one day a week as peer support workers and negotiates reimbursement of fees to attend meetings, also as part of the same contract.

Sandy signs the contract, but Rachel pulls out, much to Jillian's disappointment. Things are awkward for the next few weeks until Jillian decides to directly ask Rachel what caused her to withdraw. Rachel reports that by working one day a week, she may lose her Centrelink benefits and actually be slightly worse off financially.

Jillian looks at her options and decides to draw up volunteer contracts and reimburse both women with Woolworths vouchers rather than a "wage".

Systemic Advocacy

Within the service system or strategic level of consumer engagement, systemic advocacy plays an important role. Systemic advocacy can be conducted by various organisations such as consumer groups, peak bodies, community action groups, lobby groups, or advocacy organisations, as well as ATOD service providing bodies themselves. Systemic advocacy can also be conducted by a combination of groups, for example, a consumer group with the support of an advocacy organisation.

Broadly, the process of systemic advocacy involves:

- hearing and collecting information about the experiences of individual consumers;
- identifying patterns being experienced by a number or group of individual consumers;
- identifying the roots of those patterns within the features of the system;
- identifying the impact of those patterns on consumers as a group;
- communicating these patterns and their impacts to decision makers, particularly at the strategic level; and,
- if appropriate, seeking or suggesting specific alternative approaches.

Systemic advocacy is important for addressing many aspects of service systems and strategic planning, but can also play an important role in identifying gaps in other levels, such as the service delivery and individual levels of consumer engagement. For example, systemic advocacy can help identify:

- difficulties with obtaining information about services;
- difficulties for consumers accessing services (e.g. cost, distance, long waiting lists);
- issues with assessment processes; and
- unmet community needs for services.

Systemic advocacy does not always focus on identifying what is “bad” about services. For example, there may already exist a good service, but this service might have a long waiting list due to underfunding. Alternatively, consumers might be very happy with a service that is about to lose funding. Or, identified gaps in the quality of service provision might also require additional funding for training and upgrading of skills of practitioners providing the service. In all these examples, systemic advocacy can work to improve outcomes for both consumers and the services themselves (e.g. lobby for more funding for an organisation).

Finally, for systemic advocacy to be successful, system managers and service providers need to explore ways in which they can actively welcome and consider the information gathered by the groups and process the feedback provided by external groups. This may mean, for example, providing opportunities for scheduled meetings between organisations and advocacy groups or contact officers. In an ideal scenario, if multiple organisations, including advocacy organisations, consumer groups, lobby groups, and the services themselves, identify shared concerns about service delivery or service systems, this can be an effective mechanism for promoting positive changes by policy makers.

The Implicit Pledge to Consumers

An essential part of the consumer engagement process is feeding back to consumers the outcome of their input in engagement processes. Assessing the types of feedback required for consumers should be part of the initial planning process. Just as consumers can play different roles in engagement activities within differing levels, the type of feedback is also likely to reflect the activity and purpose of the engagement process. That is, different activities will require different amounts and types of feedback.

Health Canada provides a model for guiding the planning process by highlighting the main objectives of the types of consumer engagement (Health Canada, 2000). Combinations or hybrids of techniques may be required depending on objectives, available resources, and other factors. The International Association for Public Participation (IAP2, 2007b) uses a similar framework to classify forms of engagement, highlighting the core ‘promise’ or pledge that is implied in each level. The ‘promise’ represents the type of organisational response necessary to promote consumer re-engagement in future processes.

The following table combines both Health Canada's model for public involvement and the IAP2 framework for classification of engagement, with a focus on the implied 'promise' made to consumers within each category.

Implication: Failing to provide feedback to consumers is unlikely to support motivators for future consumer engagement.

Example: Toby is in charge of developing consumer engagement activities at his service. He ensures that there is a comments box at reception and that all consumers have the opportunity to provide consumer feedback during and at the end of their treatment (consumers as co-producers/co-designers).

Toby's management are in the midst of changing one of their policies based on information provided in the feedback box and ask Toby to get together a group of consumers to give feedback on the new policy (research subject, service level). However, when Toby tries to create a feedback group, all of the consumers say no, even the ones who had given permission and identified themselves on the feedback sheets.

Toby decides to ask one consumer, who he knows well, why everyone is saying no. The consumer replies "mate, we've been giving that feedback for years and nothing's actually changed." Toby identifies two issues: one being that consumers have not been consistently notified by himself or management about how their feedback is influencing service provision and that consumers have not been told just how valuable their feedback has been.

Toby decides to try again, this time writing up a formal but brief letter explaining that the policy change is due to feedback highly valued by management. He also decides to have a section on the notice board near the comments box titled "WE ARE LISTENING" which highlights the changes made by management as a result of consumer feedback and a contact person for future changes (Toby).

Table 1: ‘Promise’ to Consumer Associated with Type of Engagement

TYPE OF ENGAGEMENT:	APPROPRIATE WHEN:	IMPLIED PROMISE:
<p>1. Inform/Educate when:</p>	<ul style="list-style-type: none"> • Factual information is needed to describe a policy, program or process • A decision has already been made (no decision is required) • The public needs to know the results of a process • There is no opportunity to influence the final outcome • There is need for acceptance of a proposal or decision before a decision may be made • An emergency or crisis requires immediate action • Information is necessary to abate concerns or prepare for involvement • The issue is relatively simple 	<p>We will keep you informed.</p>
<p>2. Gather Information/Views when:</p>	<ul style="list-style-type: none"> • The purpose is primarily to listen and gather information • Policy decisions are still being shaped and discretion is required • There may not be a firm commitment to do anything with the views collected (we advise participants from the outset of this intention to manage expectations) 	<p>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how consumer input influenced the eventual decision.</p>
<p>3. Discuss or Involve when:</p>	<ul style="list-style-type: none"> • We need two-way information exchange • Individuals and groups have an interest in the issue and will likely be affected by the outcome • There is an opportunity to influence the final outcome • We wish to encourage discussion among and with stakeholders • Input may shape policy directions/program delivery • What is the main purpose of the public involvement exercise? • Is it to inform/educate, gather information/views, discuss through a two-way dialogue; fully engage on complex issues; or partner in the implementation of solutions 	<p>We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how consumer input influenced the eventual decision.</p>

TYPE OF ENGAGEMENT:	APPROPRIATE WHEN:	IMPLIED PROMISE:
4. Collaborate when:	<ul style="list-style-type: none"> • We need citizens to talk to each other regarding complex, value-laden issues • There is a capacity for citizens to shape policies and decisions that affect them • There is opportunity for shared agenda setting and open time frames for deliberation on issues • Options generated together will be respected 	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into our decisions to the maximum extent possible.
5. Partner when:	<ul style="list-style-type: none"> • We want to empower citizens and groups to manage the process • Citizens and groups have accepted the challenge of developing solutions themselves • We are ready to assume the role of enabler • There is an agreement to implement solutions generated by citizens and groups 	We will allow you to manage the implementation of agreed decisions.

Putting It All Together

In summary, consumer engagement is a dynamic process that can involve consumers in a number of roles across various levels of service provision. Successful engagement requires a number of motivators for the consumers, service providers, and system managers. Feedback mechanisms are important to consider early in the planning process to facilitate the success of engagement projects.

Unsuccessful consumer engagement activities are likely to reflect a lack of clarity in planning objectives of the engagement activity and lack of communication about the purposes and outcome of the engagement activity. For example, consumers believing they were participating in a collaboration or partnership process when in fact they are acting as research subjects in an information gathering activity are likely to be frustrated when a 'lower level' implied promise is honoured by the organisation.

Therefore, when planning consumer engagement activities, the following questions will help shape decisions about which activity is suitable:

- what role(s) is the consumer being asked to play?
- are the consumer, service provider and system managers motivated to participate? (If not, how do we provide or support this motivation?)
- what levels are being targeted in this consumer engagement activity (e.g. individual, service level)?
- what is the purpose of the engagement activity (e.g. provide information, gather information)?
- what support mechanisms are required for the consumer, practitioners or organisation?
- what feedback mechanisms are required?
- what are the budgetary requirements (or constraints)?

Proposed Strategic Responses

The following two tables provide a list of proposed strategies grouped into two broad categories: those that are about the engagement processes themselves and those that are directed at building capacity for engagement. Some strategies, of course, are simultaneously examples of engagement *and* capacity building in their impact. Each of the strategies listed is linked, where appropriate, to the corresponding *Your Care, Your Say* (YCYS) reference (see Appendix A).

ATI have created these two tables to guide how they might be able to facilitate consumer engagement as part of their current funding agreement. It is not a complete list of what ATI will do or what organisations *should* be doing. Rather, ATOD organisations can use the following tables as a tool to help link up the concepts already discussed in this document with the YCYS framework and organisations' own existing tools.

Table 2: Proposed Strategies to Facilitate Consumer Engagement

STRATEGY	LEVEL(S)	YCYS REF
Development of information resources to assist consumers in choices about treatment/care	all	1(3)
Involvement of consumers in above	all	2(2)
Development of charters of consumer rights and responsibilities	all	1(1)
Involvement of consumers in above	all	2(2)
Development of policies and procedures on support to consumers in key decision making contexts (e.g., assessment and case planning)	treat/care, service	1(2)
Development of policies and procedures on review/appeal processes	treat/care, service	1(1) 2(2)
Development and provisions of 'exit packs' for consumers regarding follow up opportunities and access to advocacy support	Treat/care	1(1)
Consumer involvement in education/training (of other consumers, service providers and system managers)	service, system	3(2)
Service review processes	service	4(4); 2(3)
Service development/planning processes	service, system	4(4); 2(3)
Monitoring/inspection of services – quality assurance processes	service, system	5(4)
Staff recruitment processes	service	2(1b)
Encouragement and support of consumer roles in governance of non-government service providers	service	4(3)
Support of consumer networks/organisations at service and system level	service, system	1(3)
Incorporation of consumer engagement outcomes into service performance measures	service, system	2(3) 5(5)

Table 3: Proposed Strategies to Build the Engagement Capacities of Consumers, Service Providers and Service Systems

STRATEGY	LEVEL(S)	YCYS REF
Development of resources (toolkits, guides, templates) to support consumer engagement	service, system	3(1)
Consultancy support to service provider organisations in relation to their consumer engagement practices	Service	3(1)
Ongoing liaison with DHHS Your Care, Your Say officers to maximise access to information about initiatives in other sectors	system	2(3)
Development of consumer engagement action plans at SMHS, ADS and NGO levels	service, system	2(1)
Designation of specific consumer engagement coordination responsibilities to an identified SMHS/ADS officer	system	2(2) 2(3)
Individual advocacy support <ul style="list-style-type: none"> All aspects of treatment and care Participation in service/system level engagement activities 	all	1(2)
Systemic advocacy by consumer-focused organisations	service, system	1(2)
Development of information resources on ways in which consumers can engage	service, system	1(4)
Payment (sitting fees) to consumers whose primary role is that of research subject	service, system	1(5)
Covering the costs of engagement (reimbursement policies and procedures, including sitting fees or similar payments where engagement mean foregoing income elsewhere)	service, system	1(5)
Training (including induction processes) <ul style="list-style-type: none"> Consumers Service providers (managers, practitioners – preferably with consumer involvement) System managers (e.g., accountability processes re commissioned services) 	service, system	2(1c) 3(2)
Incorporation of consumer engagement processes into policies and procedures	service, system	2(1)
Regular forums to facilitate sharing of experiences/ideas on consumer engagement	system	3(3)
Regular liaison with other business units / service systems in relation to their consumer engagement experiences	service, system	4(1)

Vision

The ADS acknowledges that it will take some time for the ATOD sector to develop the quality and variety of consumer engagement activities. Some organisations within the ATOD service sector will already be facilitating successful consumer engagement activities. Regardless of the progress of each service providing agency, preliminary results of a recent consultation process between ATI and ATOD service providers in Tasmania has provided clear indications of the enthusiasm of services to facilitate and expand their consumer engagement strategies.

The vision is that Tasmania's ATOD service sector consumer engagement strategies will be characterised by the following:

- sector wide recognition that consumers have a right to be involved in decision making processes that affect service provision;
- consumer engagement being a core activity of all commissioned services;
- a range of consumer engagement activities in which consumers can participate in various roles;
- consumer engagement activities within all levels of service delivery and planning, including the service system and strategic levels;
- clear communication to consumers about the process and realistic objectives of consumer engagement activities;
- a safe environment in which consumers can participate and provide their opinions and feedback without any negative ramifications on current or future treatment as a consequence of their participation;
- the provision of leadership and support for consumers wanting to participate in engagement processes;
- consumer engagement activities that include feedback to all participants; and
- consumer engagement that is sustainable.

Expected Positive Outcomes

The development and improvement of consumer engagement strategies across the sector is expected to have a number of benefits for consumers and service providers. Aside from measuring the quality and quantity of the number and type of activities being developed, examples of indicators that ATOD sector consumer engagement strategies are improving and providing positive outcomes might include:

- improved access to information about services that are available to help minimise the harms associated with substance misuse;
- increased confidence by consumers, carers, and the community that appropriate and accessible service responses exist to address the harms arising from substance misuse;
- services that are cost effective and tailored to meet the needs of consumers, carers, and their communities;
- enhanced treatment outcomes for individual consumers resulting from active involvement of consumers as co-designers and co-producers;
- increased consumer satisfaction about the services that they are receiving;
- improved consumer understanding about the range of consumer engagement activities available to them;
- improved consumer self confidence and self efficacy in their ability to participate in consumer engagement activities;
- improved consumer understanding about the supports that are available to assist them in engagement processes across various levels; and
- realistic expectations of consumers about their capacity to influence service delivery systems.

Finally, while consumer engagement can at times present additional costs to organisations, feedback from consumers may also lead to cost savings. For example, if consumers identify that a particular component of a service is not helpful, out-dated, or no longer relevant, this may in fact help agencies and system managers to identify more cost effective way to deliver a service.

Evaluation

Evaluation of consumer engagement strategies can occur on a number of levels.

Evaluation of Individual Services

In Tasmania, funded ATOD services are required to provide information about their consumer engagement strategies as part of their funding agreements. Minimum standards for consumer engagement are guided by these funding agreements.

Some services may also receive external support (e.g. via accreditation bodies or other external evaluators) to evaluate their consumer engagement strategies. The outcomes measured in this category of evaluation are often descriptive and based on service reports. The validity of these reports can be improved if corroborative or supportive evidence is obtained via client feedback mechanisms.

The evaluation of the specific service's consumer engagement strategies will depend on the number and type of strategies that organisation is using. For example, if the service is focusing on assessing or improving consumer *satisfaction* about how they were engaged in their own treatment planning (as co-producers), a questionnaire asking about this process might be appropriate and sufficient. If, on the other hand, the primary objective is centred on treatment *outcomes*, a different evaluation approach would be required.

Evaluation of the ATOD Service Sector

This type of evaluation is more complex and relies on assessing outcomes of consumer engagement across the whole ATOD service sector. Assessing the service sector as a whole might include reviewing the vision statement and expected positive outcomes (listed in this document) and reviewing evidence that supports that the sector is moving towards these visions and outcomes.

In this case, an external evaluation of the service sector as a whole might be the most appropriate type of evaluation. At present, ATI has been contracted to consult with ATOD service agencies in Tasmania and provide written feedback to individual services about their consumer engagement strategies, as well as provide a written report about the overall status of consumer engagement strategies in the ATOD service sector. This process involves consulting with the organisations themselves as well as a variety of consumers who have received or are receiving services from these organisations.

The Role of Consultancy and External Support

The capacity of ATOD services to develop and implement their own actions and project planning in relation to consumer engagement will depend on a number of factors including size of the organisation, funding and resources, skill of individual managers and practitioners, culture of the organisation and management system, and the availability of consumers themselves to participate in engagement activities.

There is substantial variation in these factors across the Tasmanian ATOD sector. The involvement of an organisation external to the ATOD service sector that provides consultancy and support to both organisations and consumers about the consumer engagement process is therefore likely to increase the sustainability of future consumer engagement initiatives and assist in promoting a coherent state-wide approach.

Examples of ways in which an external organisation may provide consultancy for ATOD services include:

- Support to accurately describe and self-assess current consumer engagement strategies;
- Facilitation of a reflection process that helps organisations identify strengths and weaknesses in their current consumer engagement activities;
- Provision of independent verification of the consumer experience of the organisations engagement strategies by conducting surveys or group discussions;
- Provision of confidential assessment of existing structural, cultural, and other characteristics that impact on the consumer engagement experience;
- Assistance in the planning and development of specific strategies to enhance consumer engagement;

- Provision of follow up and advice about the implementation of consumer engagement project plans;
- Assistance to the organisation to develop consumer engagement strategies on a number of levels, including the service delivery level; and
- Development of a library of generic templates and tools that can be adapted to suit the organisation's needs. For example:
 - o self assessment tools
 - o policy templates (such as for charters of rights and responsibilities, consumer reimbursement policies, position descriptions for dedicated consumer engagement staff)
 - o training materials related to consumer engagement (for consumers, staff, board members)
 - o specific communication templates (such as sample invitation letters for consumers, consent forms, follow-up and thank you letters)

Examples of ways in which an external organisation may provide consultancy for the ATOD sector include:

- Providing information and feedback about sector wide initiatives and trends;
- Assisting in the development of opportunities for consumers to participate in service system or strategic level engagement;
- Promoting a shared vision for the development of consumer engagement across the sector;
- Providing opportunities for sharing experiences, resources, and expertise in consumer engagement activities across the sector; and/or
- Providing up to date information and literature to organisations about developments in the consumer engagement field.

Examples of ways in which an external organisation may provide consultancy for ATOD sector consumers include:

- Providing information and advice to consumers about their roles, rights, and responsibilities within consumer engagement activities;
- Providing training and support for consumers planning to participate in consumer engagement activities;
- Providing training and support for consumers to participate in individual or systemic advocacy;
- Providing groups of consumers with systemic advocacy support;
- Supporting the development and functioning of consumer groups; and/or
- Providing information to consumers, carers, and communities about the types of services and consumer engagement activities available.

While ATI is currently contracted to provide some of these supports, the development of ATI as a key consultancy organisation for consumer engagement in the Tasmanian ATOD sector will depend on budgetary and other factors beyond 2012. ATOD services are encouraged to use this overarching framework as a tool for the development of their consumer engagement strategies. The Vision Statement, Expected Positive Outcomes, and Role of Consultancy and External Support represent an ideal for the development of consumer engagement in this sector.

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Appendix A – Specific Actions Arising from the

Your Care, Your Say Framework

STRATEGIC PRIORITY 1: GIVING CONSUMERS, CARERS AND THE COMMUNITY AN EFFECTIVE ROLE IN DHHS (p19)
1. Develop a DHHS-wide customer service charter
2. Investigate establishing external means to support and promote consumer involvement in decisions about their own health and wellbeing
3. Develop resources to support consumers, carers and community members such as <ol style="list-style-type: none">'How to engage with DHHS' information kit;Guidelines to help consumers, carers and community members participate on DHHS committees or forums or similar;Information about engagement opportunities across DHHS.
4. Set up a consumer and community engagement web-based resource as part of the DHHS website
5. Set up a DHHS-wide reimbursement policy
STRATEGIC PRIORITY 2: MAKING CONSUMER AND COMMUNITY ENGAGEMENT REAL – EVERY DAY (p20-21)
1. Incorporate consumer and community engagement into a range of standard DHHS documents and procedures, for example: <ol style="list-style-type: none">Templates, business plans, project plans;Position descriptions, selection criteria;Induction courses;Performance development plans.
2. Encourage consumer and community involvement in DHHS standard business activity
3. Recognise consumer, carer and community engagement in the Departmental Operating Framework and embed it into the Resource Planning Agreements with each operational unit and developing performance measures
STRATEGIC PRIORITY 3: HELPING DHHS STAFF PRACTICE ENGAGEMENT MORE EFFECTIVELY (p22-23)
1. Develop internal DHHS resources to support consumer and community engagement such as: <ol style="list-style-type: none">Tool kits;Engagement guides;Stakeholder databases;Feedback and how-to-do-it-effectively fact sheets
2. Identify suitable training for DHHS staff
3. Establish an annual consumer and community engagement forum to share knowledge and experience and to showcase best practice

STRATEGIC PRIORITY 4: BUILDING ON EXISTING ENGAGEMENT ARRANGEMENTS (p24)

1. Liaise with consumers on DHHS committees and forums to learn from their experiences and identify ways to encourage others to get involved
2. Identify opportunities to provide greater networking and linkages between existing DHHS consumer committees / groups / forums
3. Encourage greater consumer involvement on Community Sector Organisation committees and groups
4. Encourage greater consumer involvement in DHHS business planning processes

STRATEGIC PRIORITY 5: MONITORING, EVALUATING AND IMPROVING (p25-26)

1. Establish a consistent DHHS-wide feedback and complaints mechanism
2. Investigate bi-annual surveys of consumer satisfaction with additional minor online surveys
3. Build in an 'exit interview' for committees and forums with consumer membership
4. Encourage monitoring and evaluation within a quality and safety framework
5. Establish consumer and community performance indicators and set up ways to report against these to the Departmental Executive

Notes:

