



TasCOSS

---

Tasmanian Council of Social Service

---

# *Consumer Engagement Handbook*

*For HACC Services in Tasmania*

---

---

September 2012

---

HACC Consumer Engagement Project

[www.tascoss.org.au](http://www.tascoss.org.au)

ABN 69 078 846 944

## Contents

Acknowledgements .....	3
1. Introduction .....	5
1.1. The Tasmanian HACC Model / Tool Kit for Consumer Engagement .....	6
1.2. Handbook Version 1 and 2 .....	7
1.3. 'Philosophy' .....	7
2. Using the Handbook.....	11
2.1. The Structure of the Handbook .....	11
3. Consumer Engagement Understanding and Resources .....	13
3.1. Good Consumer Engagement Practice .....	13
3.2. Types and Levels of Consumer Engagement .....	14
3.3. Benefits from Consumer Engagement .....	16
3.4. It is about Relationship.....	21
3.5. Training for Consumer Engagement .....	23
3.6. Communicate .....	24
3.7. Summary Guidelines .....	24
4. Handbook Part I – Planning Your Activity .....	26
4.1. Planning Your Strategy or Activities .....	26
4.2. Thirteen Planning Steps .....	27
4.3. Resources – Planning .....	50
4.4. Planning Checklist.....	51
5. Handbook Part II – Implementation.....	52
5.1. Implementing Your Engagement Activity or Project.....	52
5.2. Narrative Inquiry – Documenting and Sharing Stories and Experiences .....	63
5.3. Challenges, Problems, Difficulties and Complications .....	66
5.4. Checklist – Implementation .....	71
6. Handbook Part III – Review or Evaluation.....	72
6.1. Reviewing or Evaluating Your Engagement Strategy or Activity .....	72
6.2. Resources – Evaluation and Review .....	78
6.3. Checklist – Evaluation and Review.....	78
7. List of Handbook Activities .....	79
8. Examples of Good Practice, Projects or Experiences .....	80
8.1. Example 1 – Tandara.....	80
8.2. Example 2 – Western District Health Service, Victoria.....	81
9. References .....	86
9.1. Organisations That Offer Advice / Resources.....	86
9.2. Documents – Literature – Research .....	90
10. Appendices .....	91
10.1. Acronyms – Abbreviations.....	91
10.2. Definitions.....	91
10.3. Consumer Training Needs Analysis.....	92
10.4. Risk Assessment Template.....	95
10.5. Terms of Reference Template .....	96
10.6. Consumer (Client) Consent Template.....	98

**© Tasmanian Council of Social Service Inc.**

This publication is copyright. Non-profit groups have permission to reproduce parts of this document as long as the original meaning is retained and proper credit is given to the Tasmanian Council of Social Service (TasCOSS). All other persons and organisations wanting to reproduce material from this book should obtain permission from the publishers.

ISBN: 978-0-9805301-7-9

For further information, please contact:

Tasmanian Council of Social Service Inc.  
Mc Dougall Building, Ellerslie Road  
Battery Point Tasmania 7004  
Phone: (03) 6231 0755  
Fax: (03) 6223 6136  
E-mail: [admin@tascoss.org.au](mailto:admin@tascoss.org.au)

## **Acknowledgements**

The writing, co-writing and production of this first HACC consumer engagement handbook would not have been possible without inspiration, encouragement and contributions from many others.

Particular thanks, first and foremost, is extended to all the past and current clients (or consumers) of HACC services around Tasmania and their carers who participated in workshops, forums, on steering committees and in other events, adding their unique, valuable and important perspectives, experiences and wisdom.

A huge thank you and heartfelt congratulations equally must go to the innovative and dedicated managers, staff and consumers of the five HACC pilot projects for their time, vision, efforts, passion and courage to participate.:

- The Migrant Resource Centre
- Community Care NESB
- The Italian-Australian Pensioners Association
- Lifeline's Chats Program
- The Burnie/Wynyard Community Health Centres

In many ways consumer engagement is in its infancy in government and non-government services and it requires courage and passion to embark on an initial project of this kind – thank you!

The Tasmanian HACC program went through the most significant changes in the past 25 years of its existence and the workload and pressures to deal with the changes were understandably great. Included in this group are dear HACC colleagues, many of whom feel like good friends, who continuously offered invaluable insights, comments, contributions, frank feedback and yet most frequently their generous encouragement and time.

Management and the staff team at TasCOSS were fantastic. It is a group of passionate, committed, astute and immensely caring professionals who, despite an often solid work program, never turn away from questions or requests to assist. Without your comments, critical feedback, support and ideas this handbook would look very different. A heartfelt thank you to you all.

This project and handbook would not be where it is right now without the vision, wisdom and practical support provided by Tasmania's HACC unit located with the Department of Health and Human Services. Thank you Janet, David, Steve, Fiona and Erica for your contributions and encouragement.

Last but not least I would like to thank Dr Tere Dawson and other contributing staff from the Health Issues Centre, Victoria. Even though your involvement was only for specific events or components, you have been immensely patient and helpful by generously offering advice over the past years beyond the call of duty. Your contributions to the handbook from HIC's and Tere's years of valuable research and very practical experiences are invaluable.

Klaus Baur

HACC Consumer Engagement Project

[klaus@tascoss.org.au](mailto:klaus@tascoss.org.au)

## **Funding Acknowledgement**

*Since 1 July 2012, the TasCOSS HACC Consumer Engagement Project receives an equal proportion of funding from State and Federal Government.*

*The production of this Handbook has been funded by the Crown through the Department of Health and Human Services.*

*The TasCOSS Consumer Engagement Handbook has been made possible through funding from the Australian Government under the Commonwealth HACC Program.*

## **Disclaimer**

*Although funding for this Handbook has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.*

## **1. Introduction**

Over the past years HACC services have embraced the invitation to view consumer participation in a new light. Nationally and internationally there has been a shift from occasional consumer consultations toward more continuous, integrated consumer engagement over the past two decades.

In a unique arrangement in Tasmania TasCOSS receives funding to support service providers of the Home and Community Care (HACC) program to support and enhance consumer engagement understanding and practices.

After the development and publication of a Consumer Engagement Model and Tool Kit in 2010 and a subsequent workshop and pilot projects phase we have frequently seen that even small steps forward can profoundly impact on consumers, staff and service relationships. Projects provided stories and experiences for staff, consumers and the organisation that bring to the surface the purpose, passion and joy of working in the health and community sectors.

The Model, followed by the Tool Kit, was aimed at generating management and strategic support. The pilots supported a practical, complementary and bottom-up approach. This Handbook reflects a continuation of this more practical and hands-on approach that followed in the two years after.

The Handbook is intended to support service providers in embarking on a journey of consumer engagement and to do so increasingly with consumers being involved in (1) planning, (2) implementation and (3) reviewing of these activities or projects. These are the core sections of the Handbook. Together with 26 practical and sequential consumer engagement activities you will be guided through a possible project.

Over time and with experience, the additional and valuable input from consumers or consumer groups/representatives, who are clearly one of the experts of their life situation, has the capacity to make life easier, offer new solutions and better ways of working. The narratives, stories and other outcomes of your engagement activity has shown in previous situations to be of immense benefit in demonstrating that your service has sound quality systems in place and is strongly endorsed by its most central group: your consumers.

The Handbook can be utilised as is or creatively. New consumers are entering HACC services now, amongst them the 'Baby boomers'. Some of them are very outspoken, professional and astute. They will expect to be engaged at all levels of organisational decision-making. Consumer engagement and suggested activities in the Handbook will offer avenues to make some of these motivated and energised individuals work for you.

Embarking on a journey of consumer engagement means your service or team is planning to be more inclusive of others. It also means that more opinions, advisors and experts will advise you and come together to provide broader input; this will include their issues, problems or grievances.

Effective engagement should result in some form of redistribution of control or power so that a broader range of voices are heard and listened to in policy or strategy-making and service decisions; and in a way that consumers become equal partners at varying entry points of organisational decision-making or contributing.

For some this may be a concern. If you are busy, if you are stretched in terms of projects, workload and challenges ... then consider using the Handbook and inviting others – in this case consumers – to come to the table, to assist you to plan, implement and evaluate some of the work that needs to be done. A win-win situation is almost guaranteed, as a greater deal of interaction, care and respect for each other, a greater creative pool of people will very likely generate better and more sustainable results, owned by a greater pool of people who will 'carry' the decision.

The role of TasCOSS is to assist in whatever way you can see or feel consumer engagement work for you, your team, your service and your consumers. We are excited about the prospect of HACC as a leading consumer engagement service in the implementation of what is otherwise known as democratic principles in structures and organisations.

## 1.1. The Tasmanian HACC Model / Tool Kit for Consumer Engagement

In 2010 TasCOSS, in cooperation with consumers, HACC service providers and stakeholders, developed the first HACC Consumer Engagement Model and Tool Kit.

The Model and Tool Kit are a reflection of a shift in TasCOSS's focus away from projects like consumer consultation to a more integrated approach of consumer engagement and an initial result on a continuum of TasCOSS's provision of resources and support to the Tasmanian HACC sector.

### 1.1.1. The Model

The Model is intended as a policy or strategy document outlining most or all of the aspects of an organisation's areas of strategy, operation and engagement. It invites services or departments to develop consumer engagement activities in new areas of operation

The Model contains 22 elements which are intended to cover how consumers can be engaged in all or most areas of an organisation's operation and planning.

[www.tascoss.org.au/LinkClick.aspx?fileticket=sXZHVgoctoc%3d&tabid=79](http://www.tascoss.org.au/LinkClick.aspx?fileticket=sXZHVgoctoc%3d&tabid=79)

### 1.1.2. The Tool Kit

The Tool Kit was developed during further discussions and first practical experiences with service providers and their teams with a view to support project implementation, monitoring and documentation.

Link: [www.tascoss.org.au/LinkClick.aspx?fileticket=dTzy3NIEUfI%3d&tabid=79](http://www.tascoss.org.au/LinkClick.aspx?fileticket=dTzy3NIEUfI%3d&tabid=79)

The Tool Kit contains the following documents or tools:

1. **Guide to the Tool Kit:**  
A short overview of the kit, outlining changes to consumer engagement and potential benefits.
2. **Project Planning Tool**  
This tool component is intended to assist in the planning of client engagement activities: defining aims and purposes, who to involve with the view to achieve the project's aim(s).
3. **List or Engagement Tools & Resources**  
Familiar and less familiar consultation or engagement tools are introduced. The additional provided list of resources is intended to inspire, to be innovative and, if appropriate, to try new tools. New tools or input may generate new levels of impact, new results. The resources may also assist in applying existing tools in different, more appropriate ways.
4. **(Project) Self-Monitoring Tool**  
This tool is intended to prompt a provider or staff team at set intervals to meet for discussions, assessment and documentation reviews. Also to assess activities are effective, capture key events and outputs (outcomes) while an engagement project is implemented.
5. **Narrative Inquiry - Sharing of Experiences/Stories**  
The guide has some helpful hints on how to go about capturing the experiences of clients, staff, etc and in turn it may also assist in the documentation of a project and, through stories captured, in offering personal and individual insights into the project's qualitative impact.
6. **Peer Support Group**  
Peer support is what we naturally lean towards or do ... we talk to a mate at work for advice, debriefing, etc. This tool is utilising a peer model offering a structure in the form of a peer support group to assist with specific aspects of the project or overall, while hopefully also enjoying time, creativity and supportive meetings with colleagues or work friends.
7. **Gantt Chart**  
A Gantt Chart is a tool that is frequently used as a project management tool. Providers can adapt the chart included or search for a more suitable version. Gantt Charts are helpful to monitor projects with multiple stakeholders, overlapping tasks and varying timeframes.
8. **Organisational Self-Assessment Tool**

As part of our research and work with Health Issues Centre we discovered an organisational self-assessment tool that appeared practical, suitable and quite holistic. It was adopted into the tool kit without any alterations after receiving permission from the copyright owner.

[www.tascoss.org.au/LinkClick.aspx?fileticket=hPGk4NzlwQ%3d&tabid=79](http://www.tascoss.org.au/LinkClick.aspx?fileticket=hPGk4NzlwQ%3d&tabid=79)

The elements two to seven of the Tool Kit were developed by the project team and individuals from the participating HACC sector during the project's progress.

The Model and Tool Kit have since been adopted by HACC providers and other organisations as a practical consumer engagement resource.

### **1.1.3. Model, Tool Kit and the Handbook**

In relation to this Handbook you can use the Model, discuss it with your team and find areas or one area you want to focus on in your engagement activity.

Use the Tool Kit to identify possible areas of weakness, risk or opportunity. It can assist you to define your project or activity, to plan, monitor and document progress or issues and any outcomes or stories.

### **1.2. Handbook Version 1 and 2**

A handbook will be a meaningful addition to a service or program if it is user-friendly and has relevant resources. It will further be enhanced as practical and sector-relevant staff and consumer experiences can be added. To create such a resource, it is envisaged that the journey of a first version of the Handbook will be:

- Developed and distributed as a first-edition version by August 2012
- Used by service providers during the TasCOSS HACC Consumer Engagement enhancement projects September 2012 to April 2013
- Reviewed by a project steering committee (June to July 2013)
- Rewritten and published as a tested and reviewed practical and service-focused Consumer Engagement Handbook (August 2013).

For this purpose we will aim to run 15 consumer engagement projects in HACC in Tasmania over 12 months with approximately 15 service providers from both government and non-government sectors. These represent 20% of the current number of HACC providers in Tasmania.

During this time we will use and trial the Handbook, make alteration and add stories, experiences and case studies.

A project group will be established for the Handbook Version 2 to facilitate this process and to add additional value, insight, wisdom and direction.

### **1.3. 'Philosophy'**

*To try something new can be your activity or project ...*

The practice of consumer engagement is a wide-open field and allows you to be creative, innovative and explore the arena of work relationships in opening ways. At the heart of health and community services are good relationships with consumers and to perhaps ultimately work closely with them, to meet their changing needs, address their issues in the dynamic ways it is needed, and to work out together what is achievable and what is not.

#### *Start at a local or team level*

At some point there will be management decisions or team decisions required to allocate resources to improve consumer engagement in a substantial and integrated way across an organisation. In the meantime and to create a 'business' case, enjoy embarking on a journey of improvement at a local or team level, talk about it, assist your team and consumers and make a start!

In this section some of the wisdom or philosophy shared, talked about or observed over the past three years of consumer engagement in HACC in Tasmania, but not limited to this, are discussed briefly.



### *Try something new*

You can do ‘consumer engagement’ anywhere, anytime. The smallest team can be you and a consumer. This Handbook will encourage you to choose a small activity, to try something new and to go from an easy activity to a harder or broader one. To try something new can be your activity or project<sup>1</sup>. Larger teams and initiatives can have a greater impact, but it is OK to start small. These small steps will encourage everyone to ‘do more engagement’ and show that if something small is achieved, felt and enjoyed, success can be channelled into a range of directions.

At work and outside work we have full lives, we are always busy – sometimes extremely so. We communicate in this way too. For example, often we hope one sent email will lead to action or solutions. This ‘busyness’ is reflected in the dynamic of our relationship with others and can have an impact on the way we communicate and engage with others. That’s why keeping things small will help. The core aspects of a small project could be:

- To ask more questions
- To listen more
- To allow more time for meetings with consumers or carers.

And over time let consumers do more in terms of their additional contribution to your small project or initiative and engage in what is currently being done by you.

### *Make it always about everyone*

The Handbook will focus on consumers and how organisations and interested individuals (staff or team leaders) can enhance engagement processes and activities, both in terms of quantity and quality. But, consumer engagement is also a process where you have to attend to your team, staff, peers, volunteers, carers and everyone around you.

### *It is about care, not processes*

Ultimately, effective consumer engagement must be based on genuine care and concern for the wellbeing of consumers and everyone involved. We feel when someone cares, shows concern and when we are genuinely respected or appreciated. To the extent an organisation or team can realise this ‘genuine care’ and live it as an organisational culture will determine how genuine and broad can be the consumer engagement projects put in place.

### *Let go ... of some control or ‘managing’*

Effective consumer engagement is about relinquishing some of the levels of control we as staff have. It is important to be aware of this, to let go, to let others do a little more, say a little more, find out how and what is possible for you and your team and let the consumer be part of the people who do and manage things. A shared journey toward deepening or increasing levels of engagement is not necessarily about big or visible steps, but can be many small changes with a view to create new, people-focused openings.

Consumer engagement and in a way the new, modern and more comprehensive understanding of human relationships is sharing power. It is enjoyable to share some of the power we have as staff, workers, managers, volunteers gradually and increasingly with others.

### *Equal partnership*

In one of the most well-known approaches to improve relationships, there is an understanding that relationships based on ‘contracts’ between two people are only effective and sustainable when the interactions are based on equal relationships.

It is a common and frequent experience that at times unfortunately others fully decide for us. We know the feelings of dis-empowerment and dis-engagement that can arise and most of us realised that we would have preferred to be consulted in some way. Research has shown that equal relationships based on greater

---

<sup>1</sup> Throughout the handbook the terms activity or project are used interchangeably to describe your or a possible consumer engagement initiative.

involvement, engagement and levels of control can significantly enhance individual wellbeing and independence.<sup>2</sup>

### *Win-win-win situations*

The Handbook provides examples where services, and therefore jobs, were maintained or created as organisations could demonstrate the impact and value of shared decisions-making where consumers were engaged with the staff.

Funding bodies make funds available for service provision for consumers and we are in some way the middle men or middle women to broker this arrangement and to communicate effectively between the two groups. When you do your job as part of a team, you do less and have less stress. Consumers involved in this team will feel more empowered and engaged and as funding bodies receive greater assurance that money is well spent, everyone wins.

The TasCOSS HACC Consumer Engagement Project has also shown indications that consumer engagement, and closer and more equal relationships with consumers, can alleviate staff stress levels and pressures. This is because consumers increasingly participate and share in the burden of work and related decisions.

Consumers have immense resources that, if tapped into, can function as supplementary work contribution to staff workloads further alleviating their stress. New to the TasCOSS pilot projects were the emerging signs of joy surfacing as shifts occurred in the consumer-staff or consumer-team relationships.

### *Managing expectations*

In any consumer engagement work it is advisable to be able to manage expectations from both the staff implementing a consumer engagement project and the consumers involved. We are in many ways in the early days of integrated, holistic, best-practice and inclusive consumer engagement work. You may like to tell the consumers around your project things like: 'This is a trial or pilot project, but we are eager to learn, improve' .... Yours and the consumers' expectations then will be managed and you all will understand that you are learning together. If you combine this approach, with open communication and with strategies in place to communicate about the value, changes and impact of consumer engagement back to consumers, then from the perspective of the consumer you are maximising possible positive outcomes and the chance for continued support.

Viewing consumers as 'quasi workers' is helpful; they offer their time, expertise and in turn need to be kept informed and rewarded. Often their reward is to have made a difference or to have assisted in bringing about change.

### *Identify opportunities for consumer input*

To identify opportunities for consumer input is of vital importance at the planning stage of a consumer engagement project.

To facilitate some level of consumer input during planning will strengthen the foundations of whatever you do after it. The more obvious, structured and active the input from consumers at this stage can be, the more you can build on it later, secure buy-in from a greater number of consumers or fend off criticism.

If you are not directly implementing the consumer engagement project but you are in a formal or informal leadership role in the organisation, your role is to support your staff and consumers in their work.

### *How to improve your consumer engagement practice*

Any relationship can always be improved. In this light, how we interact with consumers, in terms of the activities we undertake with them and the quality of our contact, can always be enhanced and refined.

---

<sup>2</sup> Research and practice around the 'social determinants of health' points in this direction.

It is perhaps important to realise that consumer engagement will never be completely done; even if your engagement strategies or practices are already broad and covering a range of levels, and have the quality required, we can still improve.

Improvements in relationships are commonly characterised by the levels of support, care and assistance we offer to others or by how conversations or dialogue occurs. Relationships may be enhanced through activities, techniques, strategies or projects to engage or involve others and by showing genuine care, support, concern and love.

The key ingredient and outcome of a good relationship based on equality will always be the real and perceived levels of genuine care felt.

Throughout the Handbook the activities, techniques, strategies or projects are referred to as tools (quantitative aspects of engagement) while attitude, relationship aspects and care are referred to as the qualitative aspects of consumer engagement initiatives. These are centred more around relationships, connections, authenticity, dialogue, attitude, genuineness and care shown, felt and experienced.

The Handbook encourages you to aim for a combination of quantitative and qualitative aspects. Service providers or team members who have participated in past projects found that a genuine effort to engage (quantitative improvement) leads to qualitative outcomes over time.

There is benefit to focus on an activity and use a tool or activity (quantitative aspects) in a first consumer engagement project and then in subsequent ones you may want to include some of the qualitative aspects or simply focus equally or more on them.

## 2. Using the Handbook

Consumer engagement can be initiated or driven at the following five levels:

- The broad policy level<sup>3</sup>
- The whole of organisational level
- A team or departmental level
- The service or program level
- The individual care level<sup>4 5 6</sup>

The Handbook is focusing on implementing consumer engagement activities at department, team, program and service delivery and at individual consumer care levels to support on-the-ground and practical engagement efforts.

It is hoped that as new projects are implemented and communicated, other projects and initiatives will emerge across the organisation and at all levels of consumer engagement.

With a small, low-resource intensive activity there is likelihood that your service and senior management can see impacts, results and be exposed to experiences of staff and consumers and in this way may find it easier to support further activities or projects.

### 2.1. The Structure of the Handbook

There are examples, case studies, tables and activities throughout the Handbook. At times these may suit your needs, other times these may not completely suit. In either case they are intended to function as a guide for you to adopt and use them, to improve them or branch out or to move away from them, be inspired and develop your own.

The Handbook is divided into 10 sections.

The first sections, 1 to 3, are introductory sections outlining the purpose, philosophy and practicalities of the Handbook. If you are motivated and passionate to make changes, go straight to the next sections.

Sections 4, 5 and 6 are the core or main section of the Handbook.<sup>7</sup> They are divided into:

- Planning your engagement strategy or activity (Section 4)
- Implementing your strategy or activity (Section 5)
- Reviewing or evaluating your strategy or activity (Section 6)

For easy cross-referencing you will find references to other section of the handbook highlighted (as above).

Section 7 contains a summary list of all 26 suggested activities intended to assist your activity step-by-step.

Section 8 contains stories, case studies and good-practice examples.

Section 9 and 10 contain references and appendices.

---

<sup>3</sup> At the policy level consumer engagement can also be facilitated, beyond the organisational plan, at government, government department or regional levels.

<sup>4</sup> Gregory 2008 (2): 3

<sup>5</sup> These four levels are also reflected in the Tasmanian Health Department's Mental Health Services Consumer and Carer Participation Review. DHS 2009:4

<sup>6</sup> Also discussed in DHS 2006:25pp

<sup>7</sup> For more background reading we also suggest the TasCOSS Report Consumer Engagement September 2012

To guide your work and project, in each of the three core sections of the Handbook, 4, 5 and 6, you will find a range of:

- Activities
- Resources
- Charts
- Further reading
- At times an 'interesting' section (see comments below)
- A final checklist

Where possible web links are included into the Handbook to offer additional information or resources and to assist you with any preparations, planning, implementation issues and your project's evaluation or review.

In each section you will find a sub-heading 'interesting/resources': this will allow you, often via a web link<sup>8</sup>, to explore a particular subject more comprehensively. Enjoy ☺

The next section will briefly discuss some of the broader issues, foundation information and, where relevant, our experiences in HACC in Tasmania.

---

<sup>8</sup> Where one document or resource is used more than once you may find that alternative links are used. Web links at time expire and we hope that at least one of them will work.

### 3. Consumer Engagement Understanding and Resources

#### 3.1. Good Consumer Engagement Practice

Good consumer engagement practice enhances the relationship between individual staff and consumers and leads to a planned and systematic approach of facilitating consumer input into the planning, implementation and reviewing of your service, programs and whole-of-organisational decision-making.

##### *Key elements for effective consumer engagement*

At either strategic planning or service-delivery level good consumer engagement practice is characterised by sound, integrated practice, activities and strategies, and appropriate attitude, behaviours and care in interactions.

To deliver services well, appropriate actions, activities, service and programs need to be delivered and, equally, interactions between staff and consumers must be based on the appropriate staff's characteristics and attributes. These two aspects are essential for the effective implementation of consumer engagement initiatives.

Consumer engagement is in some way about changing staff and management behaviours. It is about cultural change in the organisation where the consumers are involved in decision-making processes across the organisation and at the individual care level.

Consumer engagement projects can stimulate behavioural and cultural change in the organisation but may not necessarily happen at first. The table below shows how the focus of your consumer engagement projects may change over time. From implementing initially projects including quantitative consumer engagement tools, it is expected that over time qualitative aspects will be implemented. Through this process, it is expected that cultural and behavioural change become stronger.

Table 1. Engagement Activities and Qualitative Aspects

Time	Activity No	Activity Focus	Qualitative Focus
0 – 12 months	Activity / Project 1 Phase 1 Phase 2 Phase 3	High	Low
6 – 18 months	Activity / Project 2 Phase 1 Phase 2 Phase 3	Medium	Medium
18 – 24 months	Activity / Project 3 Phase 1 Phase 2 Phase 3	Low	High

Services engage with consumers and in some way they do it well. Every service has areas where they exceed good practice and perhaps even set a new standard. From these we have learned valuable lessons and can extract key elements of good practice.

Key elements to good or best-practice consumer engagement should focus on:

- The individual consumer and his/her needs
- How consumers, as individuals and as a group, are integrated into the events, activities and decision-making processes, similar to the way staff are integrated
- How consumers or relevant consumer representatives have access to and are equal partners in strategic and operational planning and decision-making, as one group of experts within a spectrum of staff, carers, management, board, stakeholders (internal and external), networks, forums, consultants, etc.

### 3.2. Types and Levels of Consumer Engagement

The facilitation of a shift from providing information to consumers, which is viewed by many as not being engagement, to consumers becoming equal partners in decision-making processes, is illustrated as ‘types of engagement’ in the literature.

The table below can be helpful in illustrating the range of consumer engagement, their possible applications and sample tools, activities or strategies.

Table 2: Consumer Engagement Types<sup>910 11</sup>

Type	Purpose	When useful	Sample technique <sup>12</sup>
Low 1 (low)	Inform or educate	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.	Call for briefs / requests for proposals Community mapping Fact sheets Focus group Telephone hotline Media events Open days
Low 2 (high)	Gather information / views when	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).	Meetings with stakeholders Consumer or community meetings Parliamentary committees People’s panels Polling Public hearings and seminars Questionnaires / surveys
Medium 1 (low)	Discuss or consult	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?	Advisory committees, boards or councils Conferences Nominal group processes Workshops Online discussion groups, events Tele-voting
Medium 2 (high)	Engage	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	Charettes Constituent assemblies Delphi process Round tables Retreats Open hours Citizens’ panels

<sup>9</sup> The above chart is sourced and an amended version of Health Canada’s Policy Toolkit for Public Involvement in Decision Making.

<sup>10</sup> Health Canada 2000:15 and Gregory 2007 (2): 3, 32

<sup>11</sup> Further information, in line the content of this table, including more defined examples, is in DHS 2006:9pp and CFC 2000:3.

<sup>12</sup> Adapted from Health Canada models in Gregory 2007:32.

		respected.	
High	Consumers or consumer groups 'own' and 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.	Citizens' juries Citizens' forums Consensus conferences Deliberative polling Study circles Think tanks

### *Levels of Engagement*

Level of consumer engagement are:

- Individual
- Program or service-related
- Organisational

Organisations and staff are usually more familiar with the direct staff-consumer relationships (individual). It is the intention and practice of consumer engagement to extend consumer engagement to the other two existing levels: program/services and organisational. For example, a consumer representative on the board would be at an organisational level. A consumer representative group advising an organisation in the development, implementation or reviewing of a program or service would also be engagement at an organisational level.

### *Purpose of Engagement*

To be able to conceptualise and decide on a consumer engagement project, it is valuable to briefly look at possible drivers and related purposes. The purpose of consumer engagement may be one or a combination of the following:

- To inform the consumers of programs and services available or decisions made in the service that may affect them.
- To ask for input or views on issues and on decisions that are to be made.
- To involve consumers in relation to issues that need to be considered in a decision-making process.
- To involve consumers directly in making decisions.
- To influence or add value to decision-making from outside the policy, governance or management sphere.<sup>13</sup>

Another possible purpose for consumer engagement is to resolve an issue that is either internal to the organisation or is an issue between an organisation and its consumers. In both instances the need to address the issues can become a driver to engage consumers in the understanding, analysis and solution-finding processes towards sustainable, consumer-focused solutions.

The purpose of consumer engagement can further be for the following reasons:

- Ethical – to broaden the ethical foundation upon which decisions are made.
- Democratic – for democratic reasons with an understanding that it is a right to be involved and consulted.
- Policy-driven – for improved policy relevance and policy-related outcomes.
- Service-focused – to improve the relationships with service recipients and to improve services or programs.
- Political – to increase the credibility of decisions and to increase the community or consumer confidence in policy/decision-making processes.<sup>14</sup>

<sup>13</sup> Boyes et al. (2001) in Gregory 2007:17.



Related to both the first and the last point, yet not frequently highlighted in the literature, is the relative natural desire to be engaged or consulted when decisions that may affect us are made.

Decisions made for us, in particular as adults, often have an unnaturalness to them, and at times we ignore that it happens, we grumble. In particular if we are not happy with a decision, we are left with a feeling of disempowerment or disengagement. In work situations this may lead to lack of passion, interest or initiative.

### **3.3. Benefits from Consumer Engagement**

The purpose of consumer engagement bears within some of its benefits. Benefits flow from the purpose.

The broader list of benefits of consumer engagement at the policy, service coordination and or service delivery levels are:

- **Ethics and democracy**  
It is a fundamental right to be involved in decisions affecting one's life, and consumers who are more involved are happier.
- **Improved outcomes**  
It is likely that better outcomes are achieved and services are more relevant when consumer perspectives, insights and experiences are included.
- **Improved relationships**  
More dynamic and close relationship with consumers, actively pursued will lead to better relationships and in turn to more exchange, communication and more comprehensive information sharing for improved or sustainable solutions.
- **Political purposes**  
Decisions become more legitimate as they are based on a broadening foundation of people contributing; thus adding to transparency and confidence in policy processes. Consumer engagement reduces the political risks of making ill-informed decisions that in turn create a response or public, community outcry.
- **Uncovering of issues**  
When issues or problems occur, at times there is a time delay in uncovering the issues or the causes. Any organisation with a continuous improvement culture and effective risk management process in place will wish to have this level of assistance.
- **Provides a voice**  
Effective engagement can formalise consumer feedback or contributions. Consumers and/or otherwise disengaged, disempowered, disenfranchised individuals or groups do not naturally have a voice and depending on the cohort of consumers may be reluctant to openly offer feedback, advice or criticism.
- **Provision of a greater pool of knowledge, wisdom and intuition** at decision-making forums.<sup>15 16 17</sup>

#### *Benefits to consumers*

Consumers who are engaged and feel heard, listened to and who have appropriate channels of communication open to them are more likely to be ambassadors or advocates for your service.

Similarly, they may also speak more openly and candidly when they find out a problem or issue is in the making, allowing you to address it before it becomes a serious matter. Some consumers have a professional or other relevant background to significantly add value to your service.

---

<sup>14</sup> Gregory 2007 (2): 2

<sup>15</sup> Gregory 2008 (2):59

<sup>16</sup> Consumer Focus Collaboration supports a similar list of potential benefits. CFC 2001

<sup>17</sup> TasCOSS 2012

The understanding or perception the community has of your organisation, its service and programs may be limited to brochures, official media and personal contacts. An effectively engaged and widening group of consumers, who are receiving good services based on appropriate participation, will improve this understanding. Consumers will directly communicate with external stakeholders and the community or their stories/experiences will speak on their behalf, which in turn can benefit service integration, community support and relevant referrals.

The voice and input from consumers may not be as powerful as that of individual lobbyists yet it can be immensely powerful in terms of its authenticity. As an organisation or team, the question is, can you afford not to utilise this resource?

### *Benefits to the Organisation*

Consumer engagement strategies and practices, relevant to your service's needs and capabilities will always benefit your service.

Close, caring, respectful, trusting and effective relationships with consumers, based on good consumer engagement practice, will demonstrate in some way that what your service does is planned, delivered and evaluated in partnership with its consumers.

Services who can demonstrate this, with some form of documented stories or case studies, will have a valuable pool of resources and material to communicate to the community, potentially providing powerful, consumer-close endorsements to key stakeholders and, in particular, funding organisations.

### *Sustainability*

This consumer-health service partnership is included in a range of quality assurance standards which, to varying degrees, require you to demonstrate consumer engagement at the three tiers of management: planning, delivery and review/evaluation.

A largely unexplored area is the financial sustainability of services and its relationship to consumer engagement. This has only comparatively recently surfaced in our projects and pilots. The comment by Janet Carty, the former State Manager for Tasmania's HACC program, indicates this:

*What better endorsement of your service can you get than that from your clients.*

An interesting resource relating to consumer engagement and sustainability is:

[www.inhealthassociates.co.uk/uploads/documents/An%20economic%20case%20for%20involvement%20v4.pdf](http://www.inhealthassociates.co.uk/uploads/documents/An%20economic%20case%20for%20involvement%20v4.pdf)

Representatives of funding bodies may be used to making their judgements based on long reports, submissions, meetings, discussions etc. However, something that will additionally and in some way directly touch their hearts and leave a significantly good impression will be consumers speaking about, or sharing their experiences of your service.<sup>18</sup>

### *Anticipation and Prevention*

#### *Manage Change, Change Management or Change Manages You*

Embarking on a journey of consumer engagement means your service or team is planning to be more inclusive of others. It also means that more opinions, advice and experts will advise you and come together to provide broader input; this will include their issues, problems or grievances.

Prepare your team in some way for this, including your managers/management. This should not be new, as quality systems and continuous improvement emphasise this shift toward, or general openness to hear about the good and the not so good or challenging issues. Hearing about issues or problems early is one of the best preventative measures in organisational management.

---

<sup>18</sup> Examples the author is aware of, and following providers' presentation of consumer feedback and stories to funding bodies, whole-of-organisational funding increased several fold.

Perhaps do not overemphasise this point either. A general openness at this stage will be vital. However, it is important to ensure that everyone understands that in consumer engagement, as in all other areas of work, 'positives' and 'negatives' can surface.<sup>19</sup>

Consumer engagement may be viewed as a one-off event or as part of a wider organisational change management process. In either case there are possible benefits. Awareness and understanding of how to manage organisational change, what tools or resources are available and how to support staff and consumers through this will be of advantage to you and any consumer engagement project. If your organisation does not have a change management unit, program or adviser, here is some introductory reading:

Draper M. (1997) Involving consumers in improving hospital care: lessons from Australian hospitals, Royal Melbourne Institute of Technology, Melbourne.

[www.healthissuescentre.org.au/documents/items/2008/08/226636-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/08/226636-upload-00001.pdf)

Gregory, J. (2008) Engaging consumers in discussion about Australian health policy: Key themes emerging from the AIHPS study: Discussion paper for the AIHPS national citizen engagement forum, 16 September 2008, Brisbane: AIHPS.

[www.healthissuescentre.org.au/documents/items/2009/05/278649-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2009/05/278649-upload-00001.pdf)

Not to allow the natural change process or this additional group of change agents – your consumers – to enter your team, department or organisation in the best possible way over time to mean that change will manage you. In a worst-case scenario, if a service keeps assuming it knows what others (consumers) want and need, without a proper, reliable and near-constant communication flow, it may lead to excessive, above-contract-level complaints and even to the loss of whole funding streams.

At the other end of the spectrum is an example that illustrates a positive preventative impact:

*The Emergency Department (ED) of the Lyell McEwin Hospital in Adelaide's northern suburbs initiated a project that aimed to give 'a voice to the community'. Using many consumer participation tools, people of all ages and walks of life had a say about what the ED could do better. The results have been outstanding (Stuart and Parker 1999). The ED staff have shifted in their approach to care, improved the waiting room facilities, established a consumer advocacy group, undergone cultural awareness training and worked more closely with outside community groups. One of the key outcomes has been that complaints have dropped by 80 per cent, compared with the previous 12-month period.<sup>20</sup>*

### *Risk Management*

The above example also points to another area of management, risk management. Any risk may be managed better if you facilitate the best possible avenues for consumers to be able to directly and openly talk to you or to participate appropriately in decision-making processes.

Good communication with or working in partnerships with consumers, consumer groups or consumer representatives may help you to avoid exceeding contractual complaints and to meet relevant health and safety standard and requirements, and obtain expert input.

Other risks that may be avoided by engaging with consumers may be the failure in terms of wrong assessment of service needs or misdiagnosis of health issues and subsequent mis-match of medication, treatment or service provided.

There are situations where risks to the organisation or individuals can be minimised or avoided with consumer input. Below is an example.

*Establishing a peer support program for inmates in a maximum-security facility with the aim to offer peer support and referrals to professional staff if inmates were at risk of self-harm or suicide.*

---

<sup>19</sup> Positives and negatives are in inverted commas as issues viewed as 'positives' today may be a disadvantage or problem tomorrow and vice versa.

<sup>20</sup> Consumer Collaboration Focus 2000:9

*The program required significant education, briefing and cultural change work. After some time the program became very respected, effective and in fact the showpiece of the prison. The trained prisoners provided monthly reports on issues and trends. After two years prison management requested to meet with the group to identify issues and to prevent problems. In one such situation the group reported problems in attitude of a staff member in a reception area, where inmates received their family visitors. This proved to be vital information, was handled discreetly and would have led to staff and/or prisoner injury if not identified.*

*An independent report provided by a clinical and forensic psychologist showed that six prisoners were more accepted and some aspects more effective than the equal amount of psychologist/counsellors by inmates.*<sup>21</sup>

A description of the program can be viewed on:

<http://aso.gov.au/titles/documentaries/business-behind-bars/clip3/>

Any organisation working in a health or community services setting has clients where things can go wrong. In a not-for-profit or commercial setting, staff, managers or consumers can do things in a way that can damage or put the organisation at significant risk. If consumers or clients are closely engaged and feel part of your service, then they can become a powerful, impartial advocate offering a significant voice and support in times of crisis.

### *Tapping into consumer experience*

It seems common sense that whatever service or program you deliver, the ultimate expert on the issues concerning the relationship between the consumer and the organisation is your consumer or service recipient.

At the very heart of this is that the consumer or consumer representative holds a level of expertise that will never be available to any staff or team member if consumers are not engaged and providing systematic input to the service. This also means that whatever you do that is not endorsed or jointly developed with consumer input will have less chances of success.

### *Organisational Learning and Capacity Building*

Organisational learning and capacity building will be enhanced if the consumers are more actively involved, closer to all planning and operational activities and closer to the team as partners.

Recent research projects across several health and community service in Tasmania showed that consumer engagement is in its infancy. Whoever commences work in this direction will add valuable learning to their organisation and possibly gain experience that will end up giving them strategic advantage over similar organisations.

### *Consumer Empowerment and Social Determinants of Health*

The social determinants of health<sup>22</sup> are offering a broader framework for thinking about health and wellbeing in relation to how consumers are given control or work empowered and in partnership with services.

Broadly 'social determinants' are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

At its heart consumer engagement is concerned with the way in which control and power are distributed. The greater the real and perceived levels of engagement and control are, the more positive impacts on health and wellbeing of all involved will be.

Effective engagement should result in some form of redistribution of control or power so that a broader range of voices are heard and listened to in policy or strategy-making and service

---

<sup>21</sup> The Prisoner Listener Program, Port Phillip Prison, Victoria, unpublished report.

<sup>22</sup> This section is an overview of research and findings into 'Social Determinants of Health'. A more comprehensive discussion is in TasCOSS 2012.

decisions; and in a way that consumers become equal partners at varying entry points of organisational decision-making or contributing.

There may not be a need to specifically plan for or articulate this. As you embark on a journey of making a genuine consumer engagement effort, a natural shifting of ownership and passing some decision-making powers over to consumers occurs. Keep an eye out for it and support these processes with awareness and carefully. It is not helpful, shifting control too slow or too fast towards consumers/consumer representatives.

Effective consumer engagement has the potential to shift ownership, to empower and to contribute positively to better health and wellbeing outcomes.

### *Stress-Pressure and Busyness ...*

In relation to consumer engagement you can ask yourself at regular intervals and each time you embark on any new project, a change of direction or new program:

- Can consumers – a consumer be involved?
- Can consumers actively support and assist with specific tasks or with the project overall?
- How can consumer best be involved and consulted, including from the design stage of a new program or service?

What are new or additional ways in which consumers can be involved? While developing the consumer engagement model in HACC, Anna Clements from Baptcare Orana, shared about her approach:

*Whatever you do ... think client involvement.*

Any changes to policy, strategies, services or programs are highly likely to be of a lower standard than the ones developed in cooperation with consumers. Decisions made with consumer input are more likely to be more sustainable. Also more people, most times, make better decisions if processes are well facilitated. The potential cost of wrong decisions can be high.

In this way you have an opportunity often to also ‘use’ consumers as a quasi-workforce. This also means you need to plan how you bring consumers in, how to select relevant and representative consumers and how to support and remunerate them. At times consumers are willing and happy to assist with no formal structures or support provided and without remuneration. In either case it is helpful, as with staff and other contributors, to remember to acknowledge, recognise and to be thankful.

**Activity 1.: Do Less  
Gradually start involving consumers as “quasi-workforce”**

Format: You in interaction with others

Activity/tasks: To relate to consumers in new ways means to shift relationships, to shift ownership.

For a set amount of time, one day, one week resolve to do less, observe more, ask more, listen more in certain situations or in general. And you can do this:

A. Quietly

B. Announce your activity to others

Ask your peers, staff, manager, consumers whether they noticed any differences and in what way. Record their answers and repeat the exercise in six months’ time and see if there are any differences in you or others.

Outcomes: You will be more aware of other’s capacities and you will be able to “do less” because others will be more involved in your work.

### *Enjoyment*

The quality of our relationships at work with colleagues and consumers are a key to us feeling well, at peace, supported and happy. This theme of enjoyment and happiness emerged during the 2011 pilot projects. It seems not that long ago that our new manager at TasCOSS said:

*I want staff to be happy ....*

A coordinator of one of the pilots described her experiences in this way:

*We have learned to listen more and better. You can take over and as workers we have a tendency to take over in our interactions with clients; and we think we are doing what they (clients) want. I have also learned to look more, to observe more. To me the entire project and what was happening to the participants felt like a flower bud opening that had been shut for a long time. It is amazing to watch them change. It has been an awesome year around this pilot project and I feel really good, happy.*

The manager of a HACC service provider and pilot project participant summarised their new experience surprisingly as:

*We are having fun ... staff and clients alike.*

This service had limited consumer engagement experiences and decided to host a Client Café as their activity. After an initial attempt to run it like a meeting, the provider focused again on the qualities of listening and asking and to let the clients run the session, with the result of gradually changing and warming relationships and important service issues surfacing that had never surfaced before.

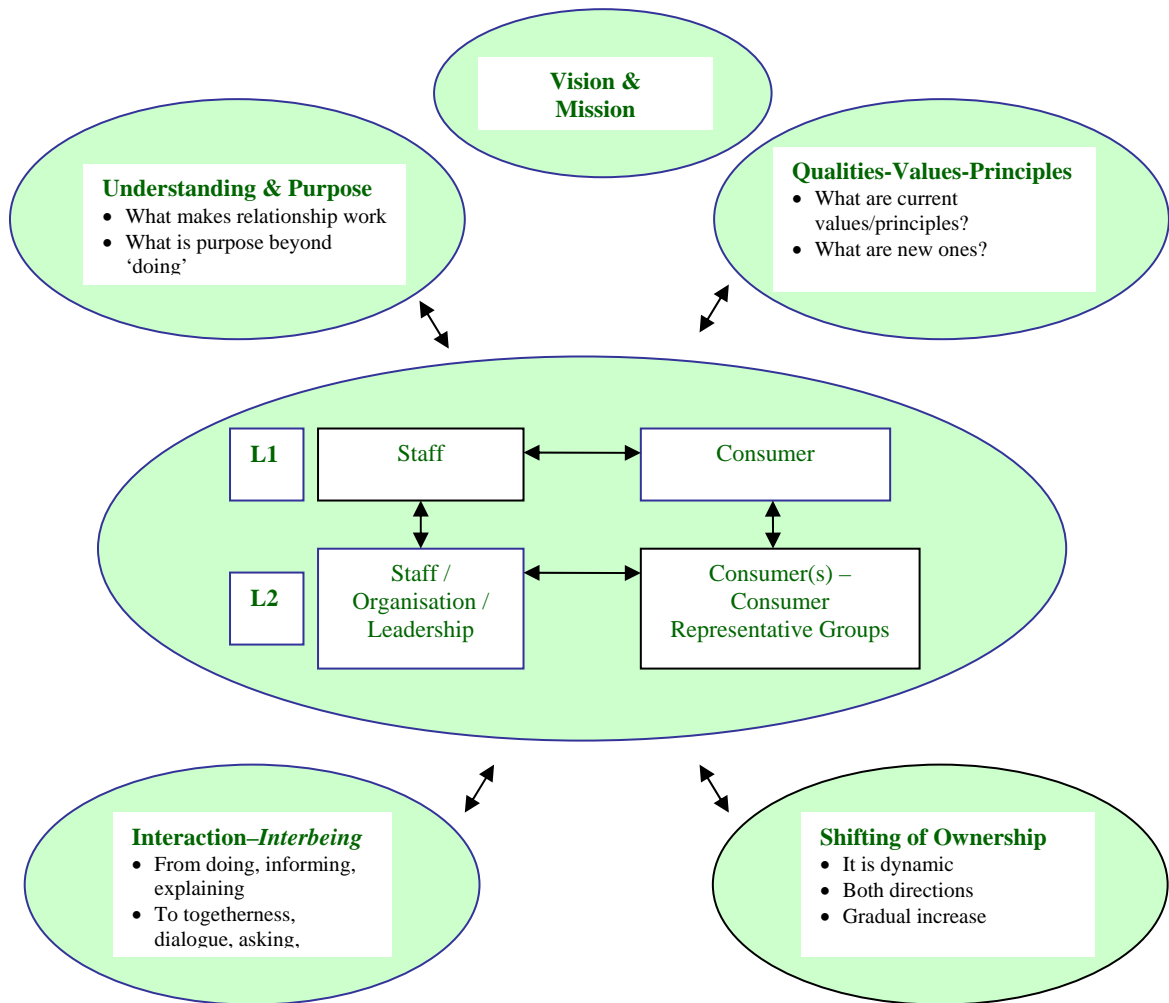
### **3.4. It is about Relationship**

Early consumer engagement literature and research reluctantly comments on relationship. The understanding that at the heart of engagement and the work with consumers is the practice of and quality of how we relate to others, to consumers, is gradually surfacing in research and the literature, expanding a more technical consumer engagement perspective to add an interpersonal and personal sphere.

Consumer engagement expands our existing relationships with consumers from our familiar one-to-one type to new, additional organisational levels (refer to Section 3.2). There are other aspects too that are worth exploring as they relate to the nature of our interactions with others and the purpose of relationship.

The chart on the next page illustrates the shift from individual levels of relationship (L1) to consumers to organisational levels (L2) and how relationships consumer are interconnected and dependent on some of the suggest activities and topics discussion in the main Section 4 to 6 of the Handbook.

Table 3: Consumer Engagement and Relationship



*Qualities – Values – Principles*

The Handbook’s activities (4.2. (7)) will ask you to explore some of the qualities (values and principles) that impact on staff/organisation to consumer relationships.

Once you have determined what the qualities are that you already exhibit strongly and clearly in your interactions with consumers, you may then want to explore what the qualities are that you may want to exhibit and show more over a period of time or a project phase.

*Shifting of ownership*

The chart also adds another ingredient to effective and efficient consumer engagement practice: the required attention to or the natural occurrence of the shifting of ownership. Consumer engagement, in terms of relationship, offers a gentle and gradual approach to shifting the ownership towards consumers. Our doing becomes less, we invite more input and contributions, and over time consumers or consumer groups do more. In the Handbook and in our work we prefer ‘shifting of ownership’ to empowerment.

Shifting of ownership implies that it can shift both ways, towards the consumer but also back to staff/the organisation, as needs, wants and issues change, also ability and dis-ability (of consumer, but also of staff, eg when it comes to really understanding what a consumer is experiencing who has a particular illness or ailment, and the staff member has not experienced this, then we have the dis-ability or lack of expertise ☺).

Shifting of ownership in the relationship with consumers, contrary to empowerment, also implies that it is continuous, in a sense never ending, never achieved. Once you have empowered another person or group of people you may ‘believe’ that it is done.

### *Interacting – ‘Interbeing’*

There is a certain tendency for us to do, to take charge, when we are in a perceived or real situation of control or authority, which, as staff we are. This is good and meaningful in terms of showing initiative and actively assisting other, directly or facilitating help.

In the Handbook and illustrated in the chart is what ought to be the character of your engagement activity or project, a gradual and slow shift from a common tendency of *doing, informing, explaining* to *dialogue, asking, listening and doing things, togetherness ...* towards more ‘*interbeing*’: being together, working together, exploring together, exploring new ways of relating.

### *Understanding & Purpose*

This is simply an invitation not to stop at doing what a service is supposed to do, but to explore a greater, deeper and more meaningful purpose in terms of the whole service and its individuals’ interactions and relationships with its consumers. The section below on friendships at work may be a pointer in this direction, extending friendship at work to consumers and looking at all in new ways.

Surfacing in the TasCOSS-HACC consumer engagement pilots<sup>23</sup> is a phenomenon that a deepening way of working and being with our consumers offers new ways of experiencing not only the relationship, but also us and our purpose at work. As one service manager reported, the staff “had fun” when relating to consumers in a new way, facilitated by a simple consumer engagement activity run over several weeks. The service offered, for the first time, a café-like get-together of groups of consumers and at every table a member of staff would sit and informally talk, ask, listen.

This is a new field for us and in consumer engagement literature. However, we know at a personal level, when we are a service recipient or consumer, that we prefer not to have things or services done to us, but to be asked, to be involved, to feel treated as equals, with respect, dignity, time, patience.

And when we are treated in ways similar to this, we are engaged, we even work, support and help the ones intending to help us, maximising their efforts and in this way creating better outcomes individually and at the organisational level.

To include consumers in more appropriate, close and equal ways into our circles of relationships is not limited to the health or community sectors. When discussing consumer engagement with a successful human resources manager, the person said that all success, opportunities and good work was founded on the quality of relationships created and maintained.

## **3.5. Training for Consumer Engagement**

### *Training Need Analysis - Staff Training*

Training your team and training consumers can be important for your project’s success.

A sample overview of how to start a staff training needs analysis process for individual staff or the team is illustrated here:

[www.flinders.edu.au/profdev/training-needs-analysis.cfm](http://www.flinders.edu.au/profdev/training-needs-analysis.cfm)

A sample of how to assess the training needs of consumers can be found in **Appendix 10.4**.

You can simplify these suggested needs analysis tools to suit your project’s needs. It is however helpful to conduct even a simple analysis in order to ascertain any skill or competency gaps and for there to be sufficient justification for training staff and consumers.

You may only need a number of key questions to ask and a survey can be conducted in person or using a commercially available e-survey services. One such provider is

[www.surveymonkey.com](http://www.surveymonkey.com).<sup>24</sup>

---

<sup>23</sup> TasCOSS 2012

<sup>24</sup> Survey monkey can be used – in a limited yet quite efficient way – for free. It is however a commercial product and you may want to do your own research as to which tool suits you the best. Once you have used an e-survey tool you will be very reluctant to use a manual tool again.



You can find additional staff training needs analysis tools and other useful HR, evaluation or project management information and tools freely available at [www.businessballs.com](http://www.businessballs.com) such as basic or advanced information on how to develop and conduct a Training Needs Analysis.

Training for consumers is also available through consumer organisations such as the Health Issues Centre or from [www.ourcommunity.com.au/training/training\\_main.jsp](http://www.ourcommunity.com.au/training/training_main.jsp). The Health Issues Centre offers the only nationally accredited courses in consumer engagement and leadership for health and community services staff and consumers.

The *Course in Consumer Leadership* (22095VIC) is for consumers.

[www.healthissuescentre.org.au/documents/items/2011/06/372441-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2011/06/372441-upload-00001.pdf)

The Vocational Graduate Certificate in Consumer Engagement (22092VIC) is for staff.

[www.healthissuescentre.org.au/documents/items/2011/06/372443-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2011/06/372443-upload-00001.pdf)

Both are certificate courses and the competencies listed in the course outline can be a valuable and insightful guide to look at the competencies that consumers and staff need to implement effective and sustainable consumer engagement in your organisation.

### **3.5.1. Consumer Engagement – Planning, Delivery, Evaluation**

#### **3.6. Communicate**

From the beginning of your project focus on key groups and individuals around you and involve them. This includes your colleagues, staff, managers, consumers, carers, family members and external stakeholders, such as staff from Carers Tasmania, Volunteering Tasmania, Advocacy, etc. Share with them your ideas and ask them for feedback and input.

It is surprising at times where support can come from, in the form of practical, expert or moral support. We like it when we are being asked to offer our insights or experiences and it brings everyone in.

Not everyone will be interested in supporting you or your projects; however, the more awareness and commitment you can generate from your key stakeholders at the beginning, the more likelihood of you gaining endorsement of the project from key people. Consider engaging with the following stakeholders:

- Consumers or consumer representatives
- Carers, family members or significant others of your consumers
- Your manager/management
- The board
- Your immediate team
- Consumer engagement experts or advocates close to you (physically or in terms of past work)
- Individual consumers who know you and are willing to help – even before any project or activity commences
- External stakeholders: other organisations, staff from other services, funding body, people who refer or broker to you, etc.

#### **3.7. Summary Guidelines**

There is a wealth of experiences and a wealth of resource material available for services, teams or departments who want to embark on the rewarding and best-practice journey of partnerships and sustainable productive relationships between consumers and services providers.

There are some important, commonsense or basic principles or summary guidelines you need to be aware of on this journey. The following table may be of assistance:

Table 3: Summary Guidelines

No.	Summary Guidelines
1.	Effective consumer engagement means that your organisation must be prepared to change as a consequence.
2.	The capacity of your organisation to increase consumer participation may need developing. This can include training and structural change.
3.	Consumer engagement is only really effective across an organisation if it is supported by management at all levels.
4.	Information sharing is critical to effective consumer engagement. Consumers need clear, accessible information at all levels of contact, from patient to boardroom, and healthcare organisations need to listen actively, using many tools to do so.
5.	Enhanced consumer engagement may mean that conflicts emerge and need to be managed. This is okay and is likely to lead to better quality service and improved health outcomes in the medium to long term.
6.	Building better consumer engagement is all about relationships – people skills are a valuable asset.
7.	Partnerships with consumers are based on dialogue and trust. Trust is built by openness and consistency.
8.	Multiple strategies are essential. They reflect the complex variation among your consumers and the issues your organisation deals with.
9.	Engage consumers early in the process, even the process of deciding how you will engage consumers better.
10.	Be careful not to promise what you can't deliver. Be clear about your organisation's capacity to inform consumer involvement and to respond to consumer concerns. <sup>25</sup>

In summary, perhaps you can view consumer engagement as a natural way of improving a key relationship: the one between you, your organisation and your consumers.

A simple, even small consumer engagement project can bring to the surface the qualities we value at work and outside work.

Consumer engagement is not only about 'projects' or 'doing something', even though 'doing something' is an important aspect of this type of work; it is about relationships and to bring to our work-life those relationship qualities that nurture both staff and the consumers.

It is important for you and your organisation to be the initiators and drivers of consumer engagement as it is understood as best practice. There are two reasons for this:

- As workers, providers of services, you are by default in a position of control or 'power' over people who have a need, impediment, health issue, disability or illness – your clients and consumers; and
- People in need by nature are grateful for what is given and are less likely to come forward with suggestions, provide feedback or demand equality. This is particularly the case for older generation consumers.

The question is, who best to make the first step, to make people feel valued, respected and to work on putting structures and processes in place to facilitate greater equality?

In your heart you know the answer ... it is YOU! But, perhaps after the first steps are made, it is also up to everyone involved – your colleagues, management and consumer – to initiate, motivate and engage each other more. Enjoy the journey; we hope the Handbook can assist. And we would love to hear from you about your experiences and your wisdom gathered. Please write to [consumerengagement@tascoss.org.au](mailto:consumerengagement@tascoss.org.au) or [klaus@tascoss.org.au](mailto:klaus@tascoss.org.au)

<sup>25</sup> Consumer Collaboration Focus 2000:v  
August, 2012

## 4. Handbook Part I – Planning Your Activity

### 4.1. Planning Your Strategy or Activities

Planning is important. “Failing to plan means planning to fail” – it is nice play of words many have heard before. Overall planning and the allocation of adequate resources, including allowing sufficient time for the planning of your consumer engagement activity or project are critical for its success.

The planning process can be more than just planning; it will allow you:

- To be able to tell others, to learn from others and get your work endorsed.
- To be able to share with others and in this way to ensure that team, stakeholder and consumer support are maximised.
- To ensure some of the key steps in designing a consumer engagement project have been given sufficient consideration and this can assist in maximising the chance of success of your project and achieving positive outcomes.

To write a plan for your consumer engagement project can also have a range of other purposes:

1. To identify time, resources and support needed, this assessment may help you to decide whether to proceed with the project or not at this particular point in time.
2. To look at plans, ideas and possible engagement tools.
3. To develop and follow a plan that had input from a range of internal and external key stakeholders as well as consumers.<sup>26</sup>
4. To share your intension with a wider team – starting an awareness-raising process.
5. To allow others to buy into your plan, vision and activities.
6. To generate enthusiasm and passion in others to support your project.
7. To be an important reference point to keep track of your project work progress, and to develop monitoring, evaluations or reviews during the project implementation.
8. To undertake and develop a risk assessment process. (appendix 10.4.)
9. To identify possible changes that your project will shed light on during implementation; these may be useful for others.

Before you continue:

- Please go to **Section 4.2. Part (13)** and preview what you need to do to write your project plan.
- Plan to determine, with your team, the depth of activity you aim for.
- Establish key monitoring, review and evaluation criteria or indicators.
- Starting now and continue should you get to ‘implementation’ and ‘evaluation’: put systems in place to ensure you document each step along the project ... then enjoy the steps towards achieving your planning goals! 😊

---

<sup>26</sup> Your stakeholders are: consumers or consumer representatives, carers, family members or significant others of your consumers, your manager/management, the board, your immediate team, consumer engagement experts or advocates close to you (physically or in terms of past work, individual consumers, and external stakeholders: other organisations, staff from other services, funding body, people who refer or broker to you, etc.

## 4.2. Thirteen Planning Steps

Although there is a long list of benefits of consumer engagement, as outlined above, there are possible pitfalls to be mindful of. These are due to the fact that you work in an organisational environment where there is usually competition for limited resources. Good planning will determine the type of environment you will be working within, the type of support you are likely to receive, the resources available to you (human and financial) and all these will help you to minimise mishaps and maximise the pleasant aspects of consumer engagement.

In the review and evaluation section **6.1.1 (Option 3)** you will find a table that is helpful to view at this point in time, as it outlines the entire project cycle from planning to reviewing.

For an effective and comprehensive planning of your engagement project you will need to consider the following 12 steps:

1. Understand your position, environment, organisation and organisational culture:
  - Give sufficient consideration to your/your team or section's position in terms of work, time availability and other competing needs.
  - Give consideration to your environment and the culture your work in.
2. Assess your team or section's readiness.
3. Assess your team, section and organisation's current consumer engagement understanding and practice.
4. Seek involvement of key others within the organisation, a staff champion and management.
5. Establish the values and principles that will guide your project and team.
6. Establish your project's vision.
7. Establish the objective(s) of your project; and within your objective(s), the priority or focus areas.
8. Determine which consumer engagement tools, methods, activities or approach to use.
9. Determine your budget needs, timeframes, and whether training will be needed for your team and/or consumers.
10. Communicate your project plan and write a simple communications strategy to let others know of your project.
11. Identify potential risks and write a risk assessment. A risk management assessment template is in **Appendix 10.4**.
12. Review your planning and write your plan.

In the following sections each one of the above steps are described in more detail and supplemented with activities.

Before you decide to proceed further you may do the next two pre-planning preparations.

Preparation I: Activity 2 - Testing Your Initial Idea(s)

<b>Activity2.:</b>	<b>Test Your Plan – Idea - Initiative</b>
Format:	Discuss your project idea with some or with your key internal and external stakeholders. Determine who they are.
Activity/tasks:	Use the above 12 bullet points, transcribe them into a table then write a short note/reply in each section. Then discuss with a small number of key stakeholders (perhaps 2 to 4 people). Some sample questions are in the note below.
Outcomes:	Independent or objective – other people's – perspectives. Input into your direction/plan. As you discuss your ideas with internal and external stakeholders there is a chance of awareness-raising and understanding of what you want to achieve through consumer engagement.

Note: To avoid individuals being only critical of what you intend to do, use simple guiding questions like:  
'what is good about it'  
'what is not so good about it – or can be improved'  
and 'what is interesting about it'?

### *Preparation II: Begin with the end in mind*

It may be of value to you and your team to read through and to discuss the indicators you wrote in your monitoring, evaluation and review section. These indicators – which are usually based on your aims and objectives – show in a more concrete way where you want to go and what you expect to achieve.

This way you will be checking the feasibility of your project – before starting the project. Writing and implementing even an informal evaluation of your work has the potential to give your project a greater level of credibility and strength.

## **(1) Understand Your Position, Environment, Organisation and Organisational Culture**

### *Understand your position and organisational environment*

In our consumer engagement work over the past years we have not come across many services where consumer engagement is specifically included in the service or organisation's strategic plan or any other relevant organisational documents.

In order to ensure your plan finds fertile ground to grow on and ultimately is endorsed by the service, you will need to study and understand your organisation's strategic objectives and values and tie the aims and objectives of your project with these.

There is at times a great deal of creativity in consumer engagement projects, yet organisational strategic planning documents are usually broad and often it is not possible to line up your project with them. If you have been able to undertake a consumer engagement project successfully – even if it was very small – and you have documented your work carefully, then you can share this experience with key people in the organisation. Your success may encourage your service to place consumer engagement on the strategic agenda in a more prominent and defined way in the future.

You need to also understand your current position in terms of:

- To what extent are you, your team, your section or the whole organisation currently engaging with consumers?
- What is the quality of that engagement?
- What is possible and feasible to achieve?

How to practically do this: please go to the assessment sections in **4.2 Part (2) and (3)**.

### *Understand your organisation and organisational culture*

One of the most important aspects in planning your project is to aim its activities and the aims at the appropriate level or organisational or team context and culture.

The following tools can assist you in pitching your project:

1. The organisational assessment tool  
[www.healthissuescentre.org.au/documents/items/2008/05/208317-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/05/208317-upload-00001.pdf) (or other tools suggested in **4.2. (3) below**). The 'levels of engagement matrix' in relation to your team's/section's current consumer engagement practices (**section 3.2.**).

## **(2) Assess Your Team, Section or Organisational Readiness**

To gauge the degree or level to which your team or organisation is ready to embark on an engagement project is important. The term 'readiness' is used by consumer engagement practitioners, consultants and researchers to allude to this. The levels of participation of consumers in your project and work will depend on:

- The current levels and type of engagement with consumers.
- Any prior experience of consumer engagement.
- Your organisation's or team's overall readiness to engage with consumers.

Every discussion, briefing, meeting or training session you organise and facilitate is very likely to move the readiness levels higher.

The consumer engagement tool you decide to use will depend on the readiness levels of your team or organisation.

### **Activity 3.: Team Readiness Check**

This activity offers a range of steps and questions to gauge your team's readiness. The activity may also generate awareness and increased support for your project.

#### **A. Core Activity/Questions**

Discuss with your team and/or other stakeholders involved in the project where you feel, see and know you are at presently in terms of consumer engagement.

Then, discuss what the next levels of comfortable ways forward are and the logical or relevant next engagement steps to improve consumer engagement and to make your potential project achievable.

#### **B. Refining questions**

The questions below will help you to assess the level of competency you want others to have after the completion of your project.

Majority of the members of the work team:

- Are aware of the different levels of consumer engagement including information, consultation, partnership, delegation and control.
- Are aware of the different levels of consumer engagement: individual, program and organisational levels.
- Are comfortable with and/or have experience in actively involving consumers in either planning, delivery or review of programs/services.
- Would be challenged to engage more with consumers and are ready to try something new or different.

#### **C. Additional or alternative questions**

A further, additional or alternative approach is to ask your team:

- What are our current issues? For example: are there any aspects of our service or work we can improve?
- Is there a section where we regularly have problems surfacing?
- In what way can consumer engagement, assist us to address these?

Assessing your team or organisational consumer engagement awareness is a further important next step in planning consumer engagement.

## **(3) Assess Your Team, Section and Organisation's Current Consumer Engagement Understanding and Practice**

The assessment of your team, section and organisation's current consumer engagement understanding and practice can be a helpful step. Changes to awareness and understanding of good consumer engagement practice is the foundation for your project. It will help:

- To talk about good practice in general
- To determine what is currently known and in practice at your service/team
- To work towards actions and activities that move your team or whole organisation forward.

There are many self-assessment tools for organisations available publicly. This one is based on three levels of engagement (low, medium and high) and in turn addresses four main organisational functions:

- Engagement understanding and how it is defined (as a preamble)
- Governance, planning and policies
- Operations
- Education, training and evaluation.

Once you open the tool (link) you will see that each of the sections has columns to list your current activities, proposed objectives/goals and actions needed.

The tool is designed for a whole-of-organisation analysis, and you may recommend to your management that it is implemented organisation-wide. This tool can also be used for planning consumer engagement. Access the tool via:

[www.healthissuescentre.org.au/documents/items/2008/05/208317-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/05/208317-upload-00001.pdf)

An alternative tool<sup>27</sup> which is slightly less comprehensive (only six pages), with an introductory section and with an example page how to fill it in and use it is:

[www.healthissuescentre.org.au/documents/items/2008/04/204590-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/04/204590-upload-00001.pdf)

Another simple two-page tool with focus on services for people with a disability is:

[www.google.com/url?q=http://www.dhs.vic.gov.au/\\_data/assets/word\\_doc/0010/604288/active\\_consumer\\_participation\\_guide\\_word\\_0309.doc](http://www.google.com/url?q=http://www.dhs.vic.gov.au/_data/assets/word_doc/0010/604288/active_consumer_participation_guide_word_0309.doc)

All the above tools can simply function as templates and can be customised to fit your team, section or organisation's needs or issues.

### *Focus on simplicity – focus on one area or aspect of your work with consumers*

In order to keep your project simple and achievable you can:

1. Choose one or two actions you identified in the above assessment process and match it with a suitable and appropriate engagement tool from section 4.2. (9) '43 strategies, tool and techniques.  
Note: This will keep an activity or project simple, achievable and oversee-able. This may be important, as additional resources for consumer engagement may not be readily available and this would enable a project and demonstrable outcomes with the view to then do more with more evidence and resources at a later stage.
2. Discuss the appropriate type and level of consumer engagement you are pitching your planned project to and how the project relates to your findings from the organisational/team assessment.
3. What change in staff behaviour and organisational culture do you aim for?

### *Engaging stakeholders, consumers, champions in your team*

Before your team, section or organisational assessment or in the period following it, you could also look for stakeholders or supporters of your plan/idea (internal and external). These can be

---

<sup>27</sup> The tool is titled 'Consumer and Community Participation Self-Assessment Tool for Hospitals' but can be adapted easily and the 'ward' level section can easily become your team or section tool.

individual consumers, members of a consumer group, off-site staff, a champion to include in your team, and ask them if they can be involved in the project.

Establish your team as early as possible in the discussions and include consumer representation from the beginning. You may call a first meeting and say to your team, including consumers:

*It feels good to work on a consumer engagement project. We have some ideas but would like to listen to your ideas at these early stages.*

These initial discussions can further open up communication, engage others and created dialogue. This is a chance for consumers, staff and others to offer their input from the very beginning and enhance everyone's commitment to the project.

<b>Activity 4.:</b>	<b>Share Your Assessment Findings and Progress to Date</b>
Format/tools:	Meeting – Round Table Discussion – Presentation with Question and Answer time allocated. (Or see tools section 4.2. (9))
	Alternative(s): write a blurb on the website, in a newsletter, a blog and invite comments.
Activity/tasks:	Write up your findings from the assessment process, share your findings and ask for input/discussion/ways to improve/actions and activities.
Outcomes:	Increased awareness and readiness. Management of risks. A refined assessment of status quo and of possible ways forward and activities. Is it organisationally feasible to progress?
Note(s):	Give some consideration to the qualitative aspects of what you want to improve. For example, relationships, connections, authenticity, dialogue, attitude, genuineness and care shown, felt and experienced.

#### (4) Recruitment of Consumers or Consumer Representatives

You will ideally want to have some consumer input during the planning stage, for sure at the implementation phase. If you involve consumers later, not during planning, come back to this section then; otherwise please proceed.

There are several ways you can go about the recruitment of consumers. One of the important foundation principles is **be clear for what purpose you are recruiting**. For example, you seek consumers for one consultation, or to become a permanent member of the project team.

Perhaps one of the key aspects is that whatever you do, do it openly, inform relevant staff and management around your team and be aware of some of the possible pitfalls (see Section 4.2. (12)). There are two possible aims for consumer recruitment:

1. Recruitment of consumers in the preparation and planning phases of the project; and/or
2. Recruitment of consumers for the implementation of the project.

It is very likely you know some consumers who may be willing to engage with your work either in the planning stages of the project or in its implementation.

There are a number of recruitment strategies you can use:

- Direct invitation to individuals.
- Contact a consumer representative body or your local Advocacy office.
- Find out whether friendly organisations or services close to you operate a consumer representative register, database or program.
- Arrange an information session about your plans/possible project and discuss it with a broad group of consumers (and then ask for an expression of interest – informal or formal).
- Advertise in your newsletter or the local paper.



- Find out what other groups your consumers belong to, contact them and run your information session with them and through them.

### *Access and equity*

You need to give some consideration as to how consumers would get to know about and have access to your project. This may not be of such significance for a first or small project. However, it is good to be aware of it and to have a solid rationale for the way you have selected some consumers to participate and not others.

Offer avenues for everyone to find out about what you do and to potentially have access in an equitable way to your project. Think especially about including consumers with special needs, consumers from diverse cultural backgrounds or consumers from 'hard-to-reach' groups. Hard-to-reach consumers, over time, may not only be physically hard-to-reach consumers but also consumers who tend not to engage, even be difficult to liaise with.

### *Establish a Database and Representation Program*

You can find additional information about consumer engagement and working with consumer representatives on the Consumer Health Forum of Australia website, including how to develop a consumer representative program, recruitment criteria information, a consumer self-assessment process, selection criteria for consumer reps and other examples, including how to establish a consumer representative program: [www.chf.org.au/resources-for-representatives.php](http://www.chf.org.au/resources-for-representatives.php) or [www.chf.org.au](http://www.chf.org.au)

Resources/Interesting:

There is a whole section on the Health Issues Centre's Consumer Nominee Program with resources at:

[www.hic.infoxchange.net.au/participate/consumer.shtml](http://www.hic.infoxchange.net.au/participate/consumer.shtml)

## **(5) Seek Involvement of Key Consumers, a Staff Champion and Management**

### *Staff champion*

The role of a staff champion or several champions can be very important for the success of what you plan to achieve. Your champion can be from within or outside your service. S/he can be a more senior staff member, a peer or simply a person with passion, drive, good ethics and credibility within the organisation. The role of the champion can also be similar to that of a mentor and ideally your champion will commit to being available during the beginning stages and throughout the project on an as-needed basis.

Champions are people who will understand your vision and who ideally will wholeheartedly support your project, help you to market, implement and review it.

Often their support will be essential when it comes to convincing other staff, senior staff or key other people in the organisation who may be neutral or even opposed to your project.

### *Involve consumers*

Inviting a consumer to a team meeting can be of significant assistance in promoting or seeking support for your project. Their experiences are valuable contributions to instigate change and support your project. Often a project can come to life even prior to its implementation because a consumer is part of the project team.

### *Involve consumers early*

Have you involved consumers already? This is a good point to stop and to either start or continue thinking about how individual consumers or a representative from consumer groups can be helpful allies. No one knows better what is needed, wanted or what can work for consumers than a consumer.

The issue of who is an appropriate consumer representative is complex. At any point in time you may consider it appropriate to seek input from consumers that you or a staff member has recommended or selected. It is a good idea to engage a consumer in the planning stages of your project. As everyone progresses and learns more, a consumer representative ideally represents a different point of view.

It is important at various points during your project's planning and evaluation to share your progress, insights and achievements to date. Consider sharing your successful efforts in recruiting consumers, or one consumer, and your experience with first consultations or engagement.

**Activity 5.: Share Your Findings and Progress to Date**

As you have recruited consumers and sought additional support ...

Format: Meetings, presentations, etc or think of alternatives: write a blurb on the website, in a newsletter, a blog and invite comments.

Activity/tasks: Write up your findings from the assessment process; present your findings and learning to date – ask for input/discussion/ways to improve actions and activities.

Outcomes: Increased awareness and readiness. A refined assessment of status quo and of possible ways forwards and activities. Is it still feasible to progress? What is good timing of the activity or project?

Outcomes: As above. To continue to share, raise awareness and understanding, offer changes to input, receive support.

**(6) Establish Your Project or Team Values, Principles, Ground Rules**

Values, principles and ground rules are important for organisational strategic planning because they guide the practical work. Consumer engagement work can challenge members of your team, managers and staff around you, your planned project.

It can be of assistance to have written and agreed-upon values, principles and ground rules which are visible and accessible to all:

- To show that your work has a solid foundation
- To communicate with others about your project
- To go back to if you get stuck, have doubts or face challenges.

The following two activities are intended to assist the development of your team's and project's principles and values. These activities function as a thinking-directing tool to bring individual and group principles, values and ground rules to the surface. Then, based on the notes from these activities, you can start writing the team's and project's values, principles and ground rules.

**Activity 6.: Values Development – Recollect One of Your Past Enjoyable Roles or Jobs**

Format: Facilitated Team Discussion

Activity/tasks: Ask project team members to remember a time in a past role, job or project when they really enjoyed the work, the team, etc. What was the overall environment, the situation, the feeling? What were the qualities or values?

Write these down and they will serve as the basis for writing up your own team's values, principles and ground rules

Outcomes: Establishing team's values, principles and ground rules that are based on positive experiences.

**Activity 7.: Discuss Values Over a Set of Image Cards**

Format:	Facilitated Team Discussion
Tools:	Pre-selected set of a wide variety of images or pictures
Activity/tasks:	Pass cards around and ask project team members to note down some of the impressions, associations they have with each card. Then discuss each card with the whole team while offering everyone to share their impressions/notes.  Ask participants to associate their impressions with values and principles. Write these down as they may be good basis for the development of a set of values, principles and ground rules for the team.
Outcomes:	Establish team's values, principles and ground rules based on participants' own set of values and principles.

<b>Activity 8.:</b>	<b>Confirming Values - Developing Principles</b>
Format:	Brainstorming - Facilitated Team Discussion
Tools:	Butchers paper or white board
Activity/tasks:	Stage 1: In small groups participants develop lists of values and principles of consumer engagement.  Stage 2: Bring together the values and principles into an agreed set.
Outcomes:	Establish and agree upon set of team's values and principles that are based on participants' own set of values and principles.
Note(s):	It may be of assistance to bring sample value/principle documents from other services or from the documents referred to ( <a href="#">see the links below</a> ).  Consider aligning your values and principles with those of your department or whole organisation as this way you may gain support and endorsement from the organisation.

Resources/samples 'Values and Principles':

HomeGround Services and Rural Housing Network Ltd (<http://cpkit.chp.org.au>) have published a Consumer Participation resource kit that has a 'principles and ethics' section:

[www.chp.org.au/cpkit/items/2008/02/196992-upload-00001.pdf](http://www.chp.org.au/cpkit/items/2008/02/196992-upload-00001.pdf)

The West Australian Health Consumer Carer and Community Engagement Framework has a comprehensive list of principles and operational descriptions, which could be viewed as 'values' and 'principles'/'operating principles':

[www.health.wa.gov.au/hrit/docs/publications/WA\\_Health\\_Consumer\\_Apr07.pdf](http://www.health.wa.gov.au/hrit/docs/publications/WA_Health_Consumer_Apr07.pdf) (Page 6)

Tasmania's Colony 47 has a succinct values and principles web-page. Values and principles are well-connected and in that way offer a good example.

[www.colony47.com.au/about-us/values.html](http://www.colony47.com.au/about-us/values.html). Please search for other examples as needed.

### *Interesting Resources*

You can find more comprehensive value-developing activities for example amongst Edward de Bono's DATT tools such as the 'Key Values Involved' (KVI) or 'Other People's Views' (OPV) tools:

[www.debonothinkingsystems.com/tools/DATT.htm](http://www.debonothinkingsystems.com/tools/DATT.htm)

Intending to improve the work with consumers, perhaps the OPV is a further supplementary tool. More details on the KVI tool are on this site:

[www.debonocode.org/en/code\\_b/2/8/direct-your-attention-key-values-involved-what-are-values-here-what-are-key-values-identi](http://www.debonocode.org/en/code_b/2/8/direct-your-attention-key-values-involved-what-are-values-here-what-are-key-values-identi)

De Bono's Direct Attention Thinking Tools (DATT)<sup>TM</sup> offer 10 simple strategies for sharpening perception and directing thinking in a more comprehensive, effective and efficient way. Key Values Involved (KVI) is one of them.

### **(7) Establish Your Project's Vision and Mission**

You have now already done some valuable, strategic work and preparation relating to your team and possible project.

Take some time now, as a team, to work on the key overarching direction or vision and mission you would like to head towards.

Your vision and mission are the highest possible aims you intend to achieve in terms of consumer engagement. It is OK to aim higher than you can achieve over the next period of time. The vision and mission are intended to pull you along.

Similar to an organisational vision and mission, do not limit this overall direction to what is possible given the current situation, environmental analysis or organisational/team capacity, etc. This may need to be the vision and mission of your section or organisation about what consumer engagement will look like in a perfect or ideal world. Review the vision and mission every couple of years.

<b>Activity 9.:</b>	<b>Vision or Direction Development</b>
Format:	Small Team Work - Facilitated Team Discussion
Tools:	Paper, butchers paper or white board
Activity/tasks:	Stage 1: In small groups or as individuals: write down "in a perfect environment (ignore current culture, limitations, etc) how would consumer engagement be implemented in my workplace"? Stage 2: Bring together the various visions, definitions, dreams into a statement or several bullet points.
Outcomes:	A shared vision or overarching direction for consumer engagement.

To be able to implement this vision and mission for consumer engagement in your organisation, the activity below may assist you in clarifying the attributes that your team has in terms of consumer engagement.

<b>Activity 10.:</b>	<b>Mission Development</b>
Format:	Small Team Work - Facilitated Team Discussion
Tools:	Paper, butchers paper or white board
Activity/tasks:	Stage 1: In small groups or as individuals, write down or discuss the key attributes, characteristics or strengths of your team in relation to your work with consumers.  Stage 2: Then decide on the two most appropriate ones that reflect your team or section the best. For example “caring”, “attentive to client needs”, etc.  Stage 3: Use these words to write an action statement that reflects the attributes, characteristics and strengths of the team to implement effective consumer engagement.
Outcomes:	An action statement that describes the key attributes of the team, which will help it to implement the vision and mission about consumer engagement.

### **(8) Establish the Objective(s) of Your Project and Within Your Objective(s), the Priority or Focus Areas**

Now that you have developed a shared vision and mission and establish the attributes of your team, you can work on setting objectives for your project based on your work and on some of the good-practice discussion in [Section 3](#) or the examples illustrated in [Section 8](#).

The goals you and your team establish for the project should be related to or based on:

A. Information available from:

- Your team/organisational self-assessment
- Consultations with immediate team, close stakeholders and if needed a wider group of stakeholders (see possible individuals/groups in [Section 3.6](#))
- Consultations with consumers
- Risks assessments
- Department or organisational strategic planning.

B. Your vision and mission and possibly some of the qualitative aspects you intend to achieve:

- Areas of your work or your staff/organisation to consumer relationships you want to improve
- Aspects of your team/staff/organisation to consumer relationships you want to improve.

C. The benefits of consumer engagement:

- Ethics and democracy - the fundamental right to be involved in decisions affecting ones life.
- Social justice – the provision of a voice for consumers and/or otherwise potentially disengaged, disempowered, disenfranchised individuals or groups.
- Political purposes - decisions become more legitimate as they are based on a broadening foundation of people contributing, thus adding to transparency and confidence in policy processes. It reduces the political risks of making ill-informed decisions that in turn create a response or public, community outcry.
- Service endorsement – your key external stakeholders and the wider community will relate to your planned work project well. This includes local politicians, ministers and funding body representatives.

- Service improvement and risk management – consumer engagement work can assist in uncovering issues relevant to consumers but not obvious to teams or decision-makers.
- Common sense and good practice - provision of a greater pool of knowledge, expertise, wisdom and intuition into decision-making channels.<sup>28</sup>

### (9) Determine Consumer Engagement Tools, Methods, Activities or Approach

Following the above steps and activities you may already have determined your vision and mission, objectives and focus for your project and the attributes of your team to engage consumers. Now you are ready to start thinking on how will you engage the consumers in your project. When determining what consumer engagement tool, strategy or approach you may also want to consider:

- The type of service your team is providing
- The type of engagement you think is appropriate for your consumers
- The resources you have available, including time and budget
- Any other aspects, characteristics, needs or limitation of your service or the consumer group.

Table 4 offers a list of 43 consumer engagement tools or strategies. Further information is in the [resource section below table 4](#) to assist you in choosing the best and most appropriate consumer engagement tool for your project.

There can be an inclination, having progressed this far, for you to determine a consumer engagement tool and to go forward with it. But your project has a chance to broaden its scope and impact and have more chances of being successful if you involve your team, consumers and other identified key stakeholders in the final selection of your project’s consumer engagement tool.

Consult, develop a short list of suitable consumer engagement tools, and then make recommendations to your project steering group or management.

Table 4. Tools Table - 43 consumer engagement tools

	Tool	Degree of participation	Key attributes
1.	Publications, media releases and displays	Supports consumer participation	Written with no requirement for dialogue, but can provide information on how consumers can participate
2..	Information to consumers about service and treatment options	Supports consumer participation	Written and oral information to consumer presented in an accessible and understandable way explaining treatment choices and likely outcomes, with pathways for asking and getting answers to questions
3.	Patient charters	Supports consumer participation	Written patient rights and customer guarantees that specify service conditions and provide pathways for complaint and possibly redress for consumers if these are not met
4.	Human resource development for consumer participation	Supports consumer participation	Job design, recruitment, orientation and training to support consumer participation
5.	Consumer-friendly administrative procedures	Supports consumer participation	Reviewing and reforming administrative communication with consumers to encourage consumer participation and partnerships for health
6.	Volunteers	Supports consumer participation	Unpaid workers who also often have close contact with consumers and the opportunity to get

<sup>28</sup> The list of benefits is an amalgamation from a range of sources. Please refer to TasCOSS 2012.

	Tool	Degree of participation	Key attributes
			consumer feedback. However, training supervision and support will be required as for paid staff
7.	Evaluation of services	Supports consumer participation/information seeking	Essential component of consumer participation. Many methods.
8.	Project groups	Can be information seeking or consultation	Instigated by organisations to advise on specific issues and/or to guide a project. Time limited. May be used to demonstrate the value of consumer participation to key players.
9.	Research	Information seeking	Different models depending on values and approach. Outcomes research, qualitative research, action research and clinical epidemiology can overlap with consumer participation
10.	Surveys	Information seeking	Means of gathering information. Agenda set by organisations. Scope of information limited. Quantifiable, but you need to know what you want to ask.
11.	In-depth consumer interviews	Information seeking	Extended, semi-structured (usually) face-to-face interviews. Provide rich information from selected consumers. Useful as a follow-up to surveys to explore particular issues and/or for specific population groups, but time consuming.
12.	Focus groups	Information seeking	A semi-structured group interview with 6-8 people for 30 minutes to 2 hours. Can be invited on basis of who they are and what they can contribute to discussion. Interactions among participants can help explore issues rapidly and in-depth. Used for information collection focused on a specific issue (not for decision-making). Provides rich information, but may not be representative of all consumers.
13.	Submissions	Information seeking	Oral and written presentation of views. Dialogue limited. Can attract consumers who are organised and in a position to put in a submission. But less articulate/literate, non-English-speaking background and/or socially disadvantaged consumers may be excluded.
14.	Delphi technique	Information seeking	Formal process using a series of mailed surveys to selected individuals. Used for building consensus across consumers with conflicting views. May be useful for particular groups of stakeholders on specific contentious issues, but relies on good literacy skills.
15.	Nominal group technique	Information seeking	Small group process for clarifying priorities. May be useful for consumer involvement in identifying priority issues, allocating scarce resources etc. However, does not allow for much in-depth exploration of the issues.
16.	Suggestion boxes	Information seeking	Easy to implement, but may be limited in obtaining useful feedback. May attract negative and unhelpful comment. Only for use in conjunction with other strategies. Limited to those with time and literacy skills.
17.	Hotlines and phone-ins	Information seeking	Information gathering. Relies on publicity and the phone being attended. Works best with skilled

	Tool	Degree of participation	Key attributes
			staff or volunteers to answer. Attracts respondents fairly indiscriminately.
18.	Complaints handling	Information seeking/consultation	Response to consumer feedback and complaints. Valuable resource because restricted to consumers who have identified possible area for service improvement. Requires staff understanding of value of complaints.
19.	Responding to consumer initiatives	Information seeking/consultation	How your organisation/team responds to inquiries or requests initiated by consumers. Developing clear policies, processes and skills to be 'responsible'
20.	Workshops	Information seeking/consultation	Working meeting usually of 8-12 consumers, possibly with providers to share information and to develop a shared approach to a specified issue. Participants usually have been selected on the basis of particular skills, knowledge or experience. Requires informed participants.
21.	Consumer advocates/consultants	Information seeking/consultation, partnership	Healthcare organisation employs person to consult with consumers and advocate on their behalf for service improvement.
22.	Promotions and campaigns	Support consumer participation, may include consultation and/or partnership	Ways to get information out. Can be innovative and creative and can involve consumers, possibly through consultation in planning and partnerships in implementation.
23.	Search conferences	Information seeking/consultation	Meeting of 30-50 invited people. Investigates a subject/issue in a planned manner. May use discussion paper as starter. Asks specific search question. Wide range of views canvassed. Answer(s) expected as outcome.
24.	Public inquiries and hearings	Information seeking/consultation	Instigated by organisations. Formally set terms of reference. Receives public submissions, oral and written. Formal and possibly intimidating. Likely to exclude views of socially disadvantaged consumers.
25.	Discussion papers	Information seeking/consultation	Written presentation of information for discussion. No dialogue involved unless structured. May, however, be used as precursor to public meetings or other discussion.
26.	Public meetings and forums	Information seeking/consultation	Audiences usually over 20 people. Meeting structured to canvass views, debate an issue. Representatives nominated by consumer groups/associations. Open to public.
27.	Input into needs assessment process	Information seeking/consultation	Cyclical planning process. Input may be requested by organisation using any of the information-seeking or consultation strategies listed here. If a permanent planning cycle, then can use standing committees with consumer representatives.
28.	Seminars and conferences	Information seeking/consultation	Instigated by organisations to explore ideas/issues. May cost and so be restricted to those who can pay. Audiences over 20 people. Format structured. Informal or spontaneous input may be restricted, tending to give providers/ professionals more air-time than consumers/community.
29.	Consumer councils and reference groups	Consultation	Structure and role prescribed by organisation. Input to whole of organisation. Made up of



	Tool	Degree of participation	Key attributes
			consumers who advise the organisation. Need to ensure and support consumer representatives links with appropriate constituency. Reps need to have tenure long enough to learn to be useful, but not so long they become part of organisation.
30.	Policy round tables	Consultation	Invitations to discuss policy items. Structured. Convened to advise on the development of specific policy.
31.	Consumer representatives on your committees	Consultation	Informing, training and supporting, consumer representatives. Ensuring they have a relationship with their constituency. Clarifying their roles and the terms of reference of the committees they sit on. A medium- to long-term investment.
32.	Recruiting consumer representatives	Consultation	Clarifying objectives for having consumer representatives, developing clear and effective processes for finding and selecting the people you need.
33.	Consultative/advisory committees	Consultation	Usually up to about 15 members. Role: to provide input on an issue/subject on the basis of expertise about an issue/ experience. Members can be appointed or elected. Usually limited terms.
34.	Patient forums	Consultation	Patients invited to focus on an area/issue. Usually structured.
35.	Consumer participation policy	Supporting consumer participation/consultation/partnership	Consumer participation policies provide an organisational context to support greater consumer participation and guide the development of multiple strategies across the organisation to increase capacity as well as to foster consumer involvement.
36.	Access policies and processes	Consultation	Formal process. Participation structured. May be part of planning or resource allocation consultations, or may arise out of lack of use of services which providers believe are needed. Various consultation techniques may be used
37.	Consumer input into organisation/team policy	Consultation	Formal and informal. Includes consumer representatives, management committees, planning groups, planning processes, policy development process. Includes consumer advocacy as 'outsiders' to a policy development process.
38.	Facilitating mutual support groups	Supporting consumer participation/consultation /therapeutic partnerships	Support to assist consumers on their terms about their issues. Groups can be consulted about service improvement. Clinicians can enter into partnership with groups as expert advisers.
39.	Negotiation partnership	Consultation/partnership	Consumers and providers work together to develop a written agreement as a basis for future process. May be part of a consumer-initiated participation. Requires clarity of objectives and good communication skills.
40.	Networking	Consultation/partnership	Informal relationship-building with people who have common interests or goals. Will include building links to consumer organisations, advocacy groups etc.
41.	Partnership of consumers	Partnership	Structured cyclical planning process with specified role for consumers in shared decision-

	Tool	Degree of participation	Key attributes
	and providers		making with providers. Process and outcomes are a shared responsibility. Usually the result of years of development of consumer participation and a strong consumer focus and culture in the organisation.
42.	Community development	Partnership	Organic and flexible. Focus on process as well as outcomes. Scope for creative ways to facilitate participation. Support and partnership with consumers about their own issues. Going where the community energy is.
43.	Community control	Community control	Community elects board of directors. Management reports to board. Strong primary healthcare orientation with public health and social justice advocacy, but likely to involve conflict management

Table is sourced from: Consumer Focus Collaboration 2000.

<b>Activity 11.: Determine Your Engagement Tool</b>	
Format:	Small Team Work - Facilitated Team Discussion
Tools:	Paper, butchers paper or white board
Activity/tasks:	<p>Stage 1: In one or several smaller groups pre-determine a suitable list of possible consumer engagement tools. Each group can research a small number of tools, find examples, case studies, stories and then present their tools to the whole team.</p> <p>Stage 2: Whole team: discuss the shortlisted / presented tools in detail.</p> <p>Stage 3: Whole team: determine a final tools choice and work it into your overall project plan. (or do more research and repeat stages)</p> <p>Note: use the tools list in Table 4 – or the additional resources below – as guide and develop your own tool, totally new or an adapted version if needed.</p>
Outcomes:	Determination of an engagement tool for your consumer engagement project.

### *Key Consumer Engagement Tools –Resources*

The following are further resources and links that you can use to broaden your perspectives on finding a suitable consumer engagement tool:

1. This is one of our favourites. This tool resource also contains 43 tools/strategies. However, there are more details about the tools' attributes, what level of engagement they are addressing and with lots of case studies to illustrate their practical range of application.  
[www.healthissuescentre.org.au/documents/items/2008/08/226537-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/08/226537-upload-00001.pdf)
2. The Tasmanian Health and Human Service Department's tool catalogue. Details for every tool include: difficulty level, cost, when to use it, number of people needed to implement it, time needed, audience size, resources needed and the degree of innovation of the tool.  
[www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0008/76283/Toolkit\\_December\\_2010\\_finalised.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0008/76283/Toolkit_December_2010_finalised.pdf)
3. Homeground Services offers a tool selector table of 47 tools, containing additional innovative approaches and a useful division in sub-categories. Categories include tools for: organisational development, information, everyday practice, research, groups, consumer groups, deliberate processes, employment, consumer representation and consumer control.<sup>29</sup>  
[www.chp.org.au/cpkit/items/2008/02/196999-upload-00001.pdf](http://www.chp.org.au/cpkit/items/2008/02/196999-upload-00001.pdf)

<sup>29</sup> Homeground Services 2008:23pp.  
August, 2012

4. The International Association for Public Participation (IAP2), as part of their mission to offer tools and resources for engagement practitioners or people/organisations compiles a 59-item 'tool box':

[http://static.qwad.com.au/iap2/files/06Dec\\_Toolbox.pdf](http://static.qwad.com.au/iap2/files/06Dec_Toolbox.pdf) ; or

[www.iap2.org/associations/4748/files/toolbox.pdf](http://www.iap2.org/associations/4748/files/toolbox.pdf)

5. Queensland Government website offering a short overview of strengths and weakness of 15 tools applicable to consumer engagement.

[www.qld.gov.au/web/community-engagement/guides-factsheets/methods-techniques/consultation.html](http://www.qld.gov.au/web/community-engagement/guides-factsheets/methods-techniques/consultation.html)

### *Read ... Seek Inspiration*

The different selection of tools, also the entire documents from which they were taken offer inspiring examples, stories and case studies. There is quite a degree of overlap. However, many of the resources offer particular insights and individual stories.

Follow the links and read some of the case studies, share some with your team as part of the tools selection process.

### *Approaches to Find the Right Activity*

All of the above resources may not yield the tool that feels right. Below is a summary list of steps or suggestions on how you can come up with a simple, small and first engagement project or activity and a matching tool.

#### **Activity 12.: Summary List of Project Development and Tool Determination**

1. Run or review the Organisational Assessment Tool (see section 4.2.(2) & (3))

2. Use the matrix describing the types of engagement (see section 3.2.)

Use the matrix to identify how you currently engage with all or a particular group of consumers – information, consultation, partnership (types of engagement) and at what level: individual, program or organisational engagement (levels of engagement).

3. TasCOSS HACC Consumer Engagement Model

Use the model to identify areas in your organisation or service that are currently not undertaking consumer engagement. Identify one area that is relevant to you or your team and commence planning from there, addressing one of the elements in the model.

4. Discuss how you currently relate to your consumers, in terms of actions and qualities, and what would be a simple/logical next step to make a small change.

5. Look at further engagement tools using the above references and discuss with your team which tool would promote a new or additional level of engagement.

6. Be creative!

There is no one size fits all ... seek inspiration through engaging with your team, external and internal stakeholders; after all this is what it is all about. Ask for input, run activities to find out what you could do.

7. Stop looking ☺

If you have done all of the above with some vigour, passion and commitment it is time to stop, write your consumer engagement plan (see below how to do this) and start one small project. Often what we do and the best outcomes intended are small in comparison to the unintended spin-off effects of the engagement process and the change in quality in relationships. This has been some of our experiences so far.

Once you and your team have decided on a consumer engagement tool and on your activity, it is important to spend some time on discussion and writing up a Project Plan.

**Activity 13.: Write An Activity Plan**

Format: Team meeting, mind-map, discussion

Activity: Your Activity Plan will outline or sketch what you plan to do, with whom, when, what activity you have chosen and how the activity is utilised.

It is about the tool(s) chosen, the activities around it and how all will feed into the overall Project Plan (Activity 16).

Outcomes: A concise 1 –2 page document containing:

1. The choice of your consumer engagement project
2. Rationale – why did the team chose this project?
3. Anticipated Benefit - what is the project intending to achieve or change?
4. Team membership I - who is involved at the staff levels?
5. Team membership II - who is involved at the stakeholder, champion levels?
6. Team membership III - who is involved at the team level? (this includes consumer(s))
7. How are consumers involved? How are they selected and supported?
8. How are staff involved? How are they selected and supported?
9. Timeframes - when does the project commence and finish?
10. Timing - when do components of the project happen?
11. Coordination - how do aspects of the tool(s)/activity and contributions by the key project stakeholders connect or interrelate.

## (10) Determine Your Resource Needs, Training and Timeframes

The next section is offering assistance to identify what time and resources you and your team need to have available within the project's time span?

### *Training*

At some point you will need to establish, with the help of some form of training needs analysis (Refer to Appendix 10.4.) what kind of training is needed for your consumers, your staff as you go through your first engagement activities and projects.

For a first or simple consumer engagement project you may not need to determine any formal training needs. Should you feel that there is a need and or benefit to start with some training input, consider the following options:

- Anglicare Tasmania has recently developed an organisation-wide consumer engagement strategy and commenced with the training of staff and consumers. Contact Nadia, the consumer engagement coordinator for a presentation, sharing of experience and/or some formal training ([n.mahjouri@anglicare-tas.org.au](mailto:n.mahjouri@anglicare-tas.org.au)).<sup>30</sup>
- Melbourne's Health Issues Centre (HIC) delivers formally accredited training to health and community service staff and consumers. Contact HIC on [info@healthissuescentre.org.au](mailto:info@healthissuescentre.org.au) for training needs assessment and training options or assistance or go to [www.healthissuescentre.org.au](http://www.healthissuescentre.org.au)

<sup>30</sup> Alternatively contact Anglicare Tasmania. by phone or via a general e-mail enquiry.

- TasCOSS has considerable expertise in the consumer engagement field and its Sector Development Unit (SDU) may be able to assist in assessing needs/delivering training. Contact [admin@tascoss.org.au](mailto:admin@tascoss.org.au)

### General resource considerations

At times you and your team may consider implementing a small-scale consumer engagement project which will require no further resources than those already available to you.

But, perhaps you may like to engage in a larger-scale project. Then, you will need to consider:

- What is the time needed to plan, implement and review the project? Include your own time, the time of other staff, volunteers, carers, consumers and others.
- What are immediate training needs (see above). Or, alternatively, you may be able to run a first activity and document the training needs you identify along the way to create a case for training funding at a later stage.
- The time and cost of recruiting, briefing, training and supporting consumers.
- Other related resource needs, including time and effort to:
  - Write plans, submissions, proposals, workshop or training programs, reports, briefing papers.
  - Present and talk to others. Engagement is about communication and relationships. Both need time, more time than we may have previously realised or allowed.
  - Time to work with more staff if your project requires you to talk with staff from other areas.
  - Time to work with newly starting staff as it will take time to brief, explain, show, debrief and support them.
  - Time to celebrate and share.
- What financial resources are required?

In terms of financial support for consumers consider that they will need support to cover travel, time away from other duties (eg childcare,) printing, food, etc and perhaps reimbursement for their time as an acknowledgment of their contribution (eg gift cards)

#### **Activity 14.: Write A Project Resource List**

Format: Brainstorming, mind-map

Outcomes: A concise list of resources required, costs associated with each resource against anticipated benefits and outcomes.  
Based on prior experience or literature, include case studies, examples or stories/experiences of staff/consumers.

Note(s): Try to cover all aspects of your project plan in your project resource list by cross-referencing it with your project plan (section 4.2 (13))  
Keep the document short. Consider a table format, one, two pages. Give consideration to writing one to two paragraphs on a cost benefit analysis including your / your team's intuitive feelings.

A helpful resource to look for additional funding outside HACC is ..  
[www.ourcommunity.com.au/funding/](http://www.ourcommunity.com.au/funding/)

## **(11) Your Communication Strategy**

Appropriate and open communication will assist in everyone's ability to contribute to your ideas, plans or share concerns during this important phase. Communication is also a valuable tool in informing others on issues and practices surrounding consumer engagement.

In this way communication will assist in raising general awareness, understanding and your organisation's capacity to improve its overall consumer engagement approaches and work, independent of your project going ahead or not.

### *To develop a communications strategy?*

Depending on the nature of your project or your environment, you may need to:

1. Establish some simple communications strategies, such as talking to people informally or discussing your ideas at staff meetings or
2. Develop a comprehensive communications strategy.

A communications strategy is an effective way to help you think about how to:

- Talk to the right people
- About the right things
- At the right time
- In the right way.

The core elements of a communications strategy are:

### ***Situation Snapshot***

What particular strengths, challenges, or opportunities are facing your organisation over the next year? Are there other positive or negative facts, perceptions, etc that may be relevant?

### ***Communications Objectives***

What are the 2-3 tangible, measurable communications outcomes you want to achieve over the activity or project time?

For each objective, map your:

### ***Target Audience***

- Primary audience: Identify the primary audience you're after.
  - What do you want them to do?
  - What will that take?
  - What are the challenges or opportunities here?
- Secondary audience – is there one? How do they differ from the primary audience? (Be sure that most energy goes into primary audiences.)
- Research – how do you know what they think or what their values are?

### ***Key Messages***

What do you want to tell your target audience? Speak in their language, from their perspective, about things they care about. Keep it simple.

- Identify the issue, problem or opportunity and make sure you have proof.
- Position your team, section or organisation as part of the solution.
- Have a clear call to action.

### ***Strategic Approach***

Are there a few overarching strategies that can direct the path forward – besides “getting the word out?” Some strategies that work for non-profits or government services include:

- Define yourself – your team (which could include re-introducing yourself)
- Be the expert
- Court the media – in-house, sector-specific, local, regional or state-wide
- Put a face on the problem (relate it to narratives/stories/experiences of staff or consumers)

### ***Budget***

- What's the estimated cost of each communications activity? Can some be done in-kind?
- Are there sponsors or partners who can underwrite it?

#### ***Who's Responsible?***

- Present the final plan to your team, other staff, management, the board to get feedback.
- Each component of a communications strategy depends on someone to provide information or process support. The strategy must have an "owner" but everyone in the organisation should be accountable for supporting it.
- There is an opportunity to detail the role of the staff champion here too.

#### ***Timeline***

- Map out what activity needs to happen in each month, or week, leading up to your project completion date.
- What's already on the event's calendar that can be leveraged?

#### ***Evaluation***

- How and when will you evaluate the success of your communication strategy?
- What's your system to track any internal or external media coverage and/or website activity?

#### ***Communication Plan Resources***

1. For anyone serious about communication and public relations, this is apparently the most comprehensive resource the professionals use *The New Australian and New Zealand Public Relations Manual* by Peter Lazar, Candy Tymson  
[www.publicrelationsmedia.com.au/](http://www.publicrelationsmedia.com.au/)

## **(12) Know and Identify Enablers, Barriers and Opportunities**

The following two lists provide an overview of the

1. Barriers to consumer engagement
2. Enablers or facilitators of consumer engagement

#### ***Barriers to Engagement***

It is also important for project facilitators, team leaders and everyone on the team to know and acknowledge that many consumers or communities may want to participate in their planned activities but are unable to do so for a variety of reasons, including:

- Cultural or attitudinal barriers affecting staff and health consumers/patients
- Organisational barriers around time constraints
- Limited resources, funding and support to meet consumer expectations
- Lack of engagement activities included in planning processes
- Communication barriers linked to consumers' cognitive disability, language, social or cultural diversity
- Consumers not interested or lacking the time to be involved
- Consumers' lack of knowledge and awareness of how health and community health services work
- Consumers' lack of engagement skills
- Costs to consumer to be involved
- Consumers may feel uncomfortable about giving feedback or making decisions about their care and/or treatment
- Consumers' poor health and/or mobility issues
- Consumer issues are not followed up once they have been reported
- Distance to travel
- Geographic location

### Enablers or Facilitators of Engagement

The following is a list of enablers or facilitators who can assist your team or organisation's efforts to enhance consumer engagement. They include:

- An organisational champion, who is well regarded and/or works at a high level and can influence others in the organisation.
- Planning for and allocating adequate time and resources.
- An appropriate infrastructure to provide a framework to support people as they come together. The infrastructure may be a facilitator, funding, a consumer engagement plan, an event, or a story that brings people together.
- Good communication practice (well-prepared information available in advance, appropriate language, an investment in developing good working relationships, and clear processes for engagement practice and meeting structures).
- Good training and support for both consumers and staff.
- Previous successes (engagement is self-perpetuating – successes strengthen partnerships and increase confidence).
- Accountability and trust – including a clear articulation of how consumers' views will be used, good feedback about what consumers have said and details about how final decisions will be made.
- Community workers to support the engagement program who are independent of planners and policy makers.<sup>31</sup>

A further comprehensive, policy and whole-of-organisation oriented list of enablers are presented in the following table.

Table 5: Enablers of Consumer Engagement

Organisational staff members	Consumers
Communicate to all staff that there is support for consumer engagement from the top of the organisation and that the organisation has a willingness to accept change	Consumers should be involved from the earliest possible time and be given adequate notice
Promote to staff the organisational policies and structures that facilitate consumer engagement	Accessible training on how to participate across the health service system
Provide staff with training and information on how to facilitate consumer engagement	They should be involved in developing the processes and issues under consideration
Work with each other to create trust and mutual understanding	Ensure they understand the language and systems the organisation uses
Decide on lines of accountability and terms of reference	Check information is accessible to diverse consumer needs
At the earliest possible time, inform all staff who will be affected by the decisions and provide access to information	Ensure they are not isolated. Use open and inclusive processes and identify key staff that can provide individual support
Consider and provide resources for a range of strategies to facilitate the particular consumer engagement aim	Reimburse costs of engagement and provide resources to allow effective engagement
From the beginning, identify organisational mechanisms to incorporate the lessons learnt into daily practice or future planning and policy development	Do not overburden people. Remember there are other important components of their lives
Ensure staff are skilled in evaluating participation	Inform people of the outcomes of their engagement. <sup>32</sup>

<sup>31</sup> Gregory 2007:40pp. The enablers are a thorough collection of Gregory's extensive literature review. Please source the actual document for more details and further reading.

<sup>32</sup> DHS 2006(2):38



activities and can publish results	
------------------------------------	--

**Activity 15.: Awareness of Enablers and Barriers to Consumer Engagement**

**Format:** Team meeting, discussion group or interactive training session

Use the above sample lists to discuss what you have faced in the past, what you currently face or what you anticipate may happen in your project.

Discuss the ‘problems’, develop a range of solutions and also consider interesting, innovative ways of preventing them or solving them.

Discuss the list of enablers, your team or organisational cultural strength and how the enablers can be best utilised in planning, promoting and implementing your project.

**Outcomes:** Raised awareness of potential disabling and enabling factors or aspects to the planned project. Development of additional strengths specific to your team, organisation, culture and environment.

**Note(s):** One of the team members (including one consumer) may be able to do additional research on organisational or team barriers and enablers and present it as part of the session.

### (13) Review Your Planning

#### *Review your plan – invite comments*

Reviewing of your plan and planning may occur through a meeting, briefing, focus group, presentation or any similar activity. It is an opportunity to look at your progress to date and to possibly make some changes or decisions about the direction you are heading.

Open up relevant documented or achieved results from your planning process for comments to a carefully considered and invited group and then to determine what needs changing, refining and what will become part of your final project plan.

#### *Write a project or activity plan*

This is an exciting time. Extract all the key learning, elaborations and documented work into a proposal or plan.

Writing your final project plan does not need to be the production of a major document. Aim for one to two pages if that is appropriate, be succinct and focus on the key aspects. If you think that you need to explain some things in detail create an appendix or ‘further reading’ section.

The headings below offer a possible structure for the writing of your consumer engagement plan. You can add or take off items depending on the discussions, activities and findings during your previous steps and activities.

**Activity 16.: Write Your Project Plan**

**Format:** Desk, Sharing, Consult Key People

**Activity:** Bring together the documented outcomes for previous activities.

Consider for your final project plan to contain:

1. Name of project
2. Background
3. Definitions

4. Values, principles and ground rules (Activity 7&8)
5. The vision and mission of your team or the project (Activity 9&10)
5. Aim/purpose of the project (Activity 9 and Section 4.2. (8))
6. Anticipated outcomes
7. Risk assessment (Appendix 10.4.)
8. The persons, stakeholders and consumers who you consulted with in the development of the plan
9. Action Plan – all key strategies and activities as an outline of your activity plan (Activity 14) and other documents
10. Resources needed (Outcomes from Activity 13)
11. Your review, outcome measurement and evaluation plans

**Outcomes:** A shared, concise and co-owned project plan. Expand on outcomes in focusing on the tangible, practical and financially attractive outcomes and then also list the less tangible, relationship and longer-term, sustainable benefits.

In the spirit of consultation, discuss the final draft copy with a peer, your staff champion or close colleague or manager; preferably someone who has not been involved in your planning to date or if so, only at the periphery.

Use this opportunity to let your team and other key stakeholders and even a small or selected group of consumers read and comment on your proposal/plan.

Whichever tool, activity and overall method you have decided to use, the next step is to discuss your plans with your team, leadership and/or key stakeholders.

Most consumer engagement tools allow you to look at both qualitative and quantitative aspects of consumer engagement. It is OK to start an activity project focusing mainly on quantitative aspects; there is a higher likelihood that this will convince decision-makers. As your experience and expertise in the consumer engagement arena grows, shift more towards qualitative aspects.

### 4.3. Resources – Planning

Below there is a list of possible web links that may be useful to prepare your work plan.

Planning consumer engagement

<http://www.chp.org.au/cpkit/items/2008/02/196991-upload-00001.pdf>

Benefits of consumer engagement – to assist with your cause / any project endorsement issues

<http://www.chp.org.au/cpkit/items/2008/02/196981-upload-00001.pdf>

[www.chp.org.au/cpkit/items/2008/02/196990-upload-00001.pdf](http://www.chp.org.au/cpkit/items/2008/02/196990-upload-00001.pdf)

[www.health.vic.gov.au/consumer/pubs/howto.htm](http://www.health.vic.gov.au/consumer/pubs/howto.htm)

<http://www.healthissuescentre.org.au/subjects/list-library-subject.shtml?subject=45>

## 4.4. Planning Checklist

Please print and use the suggest abbreviations to monitor your planning steps.

Item	Activity	✓
1.	Developed an initial idea	
2.	Read Section ‘Thirteen Planning Steps’ to get a feel for overall planning and resource process	
3.	Discussed idea with staff/peers (Activity 2)	
4.	Discussed idea with consumers (Activity 2)	
5.	Discussed idea with manager, senior management, the CEO (Activity 2)	
6.	Conducted organisational culture assessment 4.2. (1)	
7.	Conducted Team Readiness Check (Activity 3) (2)	
8.	Written a risk assessment	
9.	Conducted organisational culture scan or assessment 4.2. (3)	
10.	Discussed findings, insights, etc with team, management team, other key stakeholders (Activity 4 or additional activity)	
11.	Planned for the recruitment of consumers to contribute to (a) planning and / or (b) the implementation of the activity / project; or both.	
12.	Sought involvement of a ‘Champion’ or key others 4.2. (5)	
13.	Developed team values and principles (0.5 pages)	
14.	Developed team or project’s vision and mission (0.5 pages)	
15.	Established the objectives and priority areas of the activity / project (0.5 – 1 page)	
16.	Assessed and determined relevant engagement tool(s)	
17.	Written a plan how to use and apply the tool (0.5 – 1 page)	
18.	Assessed and determined resource needs	
19.	Communicated about the plan (to date)	
20.	Developed an activity / project communication plan (0.5 - 1page)	
21.	Discussed enablers & barriers to engagement with team / others 4.2. (13)	
22.	Reviewed all planning activities (including identification of additional planning resources)	
23.	Written complete activity / project plan (2 pages)	
24.	Presented activity / project plan to team and management	

✓ Considered (c), transcribed (t) to another list/project plan or done (✓)

Concluding your planning phase and depending on how many activities you completed or skipped you will end up with 5-6 pages of planning documents.

## 5. Handbook Part II – Implementation

### 5.1. Implementing Your Engagement Activity or Project

Implementing your activity or project hopefully will be as simple now as following your engagement project's plan and its action items.

#### *Regular meetings and sharing*

Continue with an approach of engaging as often as situations arise and in widening circles. Use communication about any key events as an additional means to raise awareness and to engage.

Share consumers' or staff stories to add to the qualitative aspects of your activity and to keep the passion and seek commitment of everyone in the organisation..

Regularly view, review and utilise the documents you created to continue to refine the team's work and to monitor your project.

Having planned your activity thoroughly following the above templates and activities, even if not all of them, you have already involved wider groups of staff, consumers, a champion and stakeholders from within and around your service. Keep going ☺

#### *Use Your Key Documents*

Regular meetings of the project steering group and/or briefing sessions can provide an appropriate format to implement and monitor your activity. Organise your project's implementation around the key documents you have produced so far:

- The Activity Work Plan (Activity 14)
- The communications plan (Section 4.2 (11))
- Project Resource List (Activity 13)
- A regular viewing or reviewing of philosophy, your vision, purpose and the quality of engagement you intend to promote and achieve
- The development of a system of documenting any changes to planning or implementation process for future reference.

#### **5.1.1. Implement Your Consumer Engagement Tool**

For the implementation of your consumer engagement tool utilise the project steering group, the communications strategy you have agreed and your overall Project Plan. To practically support your work, you can utilise the following:

- The Activity Work Plan (Activity 14)
- The Project Steering Group's meeting plan (Activity 17&18)
- Your overall Project Plan (Activity 16).

#### **5.1.2. Monitor – Do – Check – Act**

Monitoring your activity is not only about monitoring, it is also about creativity, making changes and flexibility. Establish a number of communication and support mechanisms to be able to follow a simple informal and formal Do – Check – Act pattern that is utilised in continuous improvement approaches.

The qualitative components of your activity can be monitored by talking to others, asking questions and spending time listening to consumers and staff involved.

In practical steps your 'Do – Check – Act' may look like:

- Do ... implement your tools.

- Check ... formally (team meetings, project steering group meetings) and informally (talk, listen, have informal get-togethers, café-style, BBQ, etc see tool list)
- Act ... according to your checks and related findings, make relevant adjustments or changes, preferably after relevant consultations or invitations to input or comment.

*Check – seek input and consult*

**Facilitate input** ... rotate the meeting chair or find a person who has the best skills in facilitating meetings where the input of everyone is maximised; use different methods for gathering input (verbal, written, via e-surveys, role plays, etc) Experiment facilitation and input seeking initiatives and do more of it if it works for the team.

Regular team meetings of the project steering group are great to check and gain input about the project and they are equally a good way to engage with people involved in the project. By now you have worked in several activities with consumers. Consider including consumers in your meetings.

**Consumers may need initial support** ... staff in organisations are familiar and comfortable with a range of meeting formats and input formats. For consumers who may not have worked in a comparable work environment, all this can be very new. Put appropriate support structures and personal support in place and a plan to gradually reduce this support, in consultation with the consumer.

Your project steering group meeting structure will need to consider who is required to attend and what agenda items are needed.

**Activity 17.: Determine Membership of A Project Steering Group**

Issue(s):	Continuing with consultation, inviting input and feedback, it is important to not only put together the list of members but to consult others as necessary, including which consumer(s) to best invite and how to do it, how to support.
Activity:	Consult key people who may be willing to be members of the group; draft appropriate Terms of Reference (ToR) and invite comments to finalise and approve at the first meeting. A template for a ToR document is in <b>Appendix 10.5</b> .
Consider:	Developing some group rules as part of the first meeting – the developed values and principles can serve as a guide <b>(section 4.2. (6))</b>
Outcomes:	Terms of Reference for the project steering group. This is an effective document the role of the project steering group.
Innovation:	A possibly additional senior or management-like or project sub-committee group that can effectively support the project and assist in solving issues at a higher level. Only if needed. This sub-committee will need Terms of Reference as well.

*Ongoing Project Review - Self-Monitoring Tool*

The TasCOSS HACC Consumer Engagement Project developed a self-monitoring tool as part of the Tool Kit. The tool may be of assistance to you in the Plan-Do-Act phase of the project implementation.

Chart-Table 6: Self - Monitoring Tool

A tool to assist reflection, action and documentation about what worked well, what didn't and what did you do to achieve your aim/s ... and to communicate it / share it with clients, staff and a wider community.

*The larger 'self' is ... clients, staff, stakeholders, carers, board, management, community, etc.*

<b>Project Period</b>	
No.: (e.g. week no)	
<b>1. Strategy, activities, tools utilised</b> [as per initial plan or additional; list:]	
<b>2. Documentation of key events or activities</b>	
<ul style="list-style-type: none"> <li>What did you / others do – describe:</li> </ul>	
<ul style="list-style-type: none"> <li>what happened – describe:</li> </ul>	
AND	
<ul style="list-style-type: none"> <li>seek descriptions, stories, experiences from others: clients, staff, etc..</li> </ul>	
<b>How were activities, etc documented: (briefly outline)</b>	
<ul style="list-style-type: none"> <li>Any activities that were solutions from previous self-monitoring?</li> </ul>	
<b>3. Issues arising</b> [new issues; general ones or project related]	
<b>Actions to be taken:</b> (eg for peer group discussion, staff or client meeting, etc)	
<b>4. Next steps</b> [list another agreed or necessary next steps or actions]	By when or ✓
<b>5. Who to inform, engage, share with</b> [list]	By when or ✓

Amend the self monitoring-tool to fit your work plan and team's needs. Create a small sub-committee or group, consumer(s) included, who do the monitoring using this tool and report to the wider team or project committee.

**Activity 18.: Determine a Meeting Plan and Format (Agenda)**

Issue(s): To best support and monitor your project and structured meetings, you may need to have:

1. Meetings for your project steering group
2. Meetings for your project team

Activity: Meeting

Consider: What meeting format is best: formal or informal; or both?

The need to support consumers in their preparation, pre-reading, and their contributions at the actual meeting.

Outcomes: An effective structure to monitor and support your project meetings.

Note(s): Follow a meeting agenda based on your project plan... Make change to plans as needed, utilise innovative meeting formats (see examples below), use good catering and coffee/tea as part of the recognition and reward of extra work or unpaid work.

If resources and money are an issue consider asking team members, staff or consumers to assist in preparing your meetings; including providing snacks, good coffee ... add a personal and attentive touch ☺.

Offer debriefing sessions for consumers after meetings to support them and to ascertain what their issues or challenges may be. This will facilitate their contributions and overall engagement.

Be innovative and creative in how you plan and organise your meetings. Here are some ideas:

- a. Invite guest speakers to attend your meeting; a guest can be one of the consumers, their carers or a family member ... sharing their experience, expertise or observations since the project has started.
- b. Place new or innovative items of the agenda such as:
  - review of philosophy
  - review of the vision and mission
  - review of the Terms of Reference.
- c. Discuss one item only, run an activity with each one of items, expand on them, find additional ones that are surfacing.
- d. Sharing and discussion of the Consumer Engagement Book of Wisdom (see below for details). If you have started writing such a book, bring it to the meetings and at times go through the new comments or stories in it.

### 5.1.3. Documentation

Please continue reading. This may sound not so interesting or of value. However, it is important to develop a sound, consistent, effective and innovative practice of documenting your engagement project. It is one of the main means by which you can demonstrate to others what you are achieving, changing, initiating.

Consider the following foundation practices:

- Minute all your meetings
- Focus on action items and also work with timelines
- Communicate relevant items to your whole team, management, other stakeholders or staff

- Consider the use of a communication book (where you note down all incoming project-related communication and all outgoing ones).
- Establish a log or notebook for:
  - Things that did not work; and
  - Things that did work.

Both what works and does not work will be incredibly valuable for any narrative inquiry efforts or any sharing of stories or experiences and the positive impact it can have on culture and relationship

- Keep all records of the Handbook's activities you complete.

Consider the following additional, quality-adding practices:

- Take photos of meetings and during any special events
- Take photos also during any engagement work during your planning, project implementation and evaluation phases
- Display photos together with any written communication – often a picture says as much as or more than any words
- Record on video or audio tape as appropriate as stories or experiences surface<sup>33</sup> (see the following section [5.1.5 'Narrative Inquiry'](#)).

To document staff or consumers experiences or stories will require a bit of additional work. The results however can be invaluable.

The two examples below show different approaches and offer insight into the effectiveness and touching nature of a video clip featuring consumers and staff. They are local, innovative video clip examples produced by HACC providers:

1. Lifeline's Chats Program: [www.youtube.com/watch?v=VkCrtHIGDw](http://www.youtube.com/watch?v=VkCrtHIGDw)
2. Launceston VFC<sup>34</sup> Services: [www.youtube.com/watch?v=FUdV6H66VzM&feature=youtu.be](http://www.youtube.com/watch?v=FUdV6H66VzM&feature=youtu.be)

Always respect individuals' privacy ... for all of the above and for any narrative inquiry activities, please use the Consumer/Client Consent Form ([appendix 10.6.](#)) prior to any event or documentation activities to ascertain for every individual consumer to what extend you have permission to use their photos, comments, experiences, stories and personal information.

Develop a matching process for any photos, stories, experiences, etc you intend to share about staff or others in any public internal or external communication.

Consider the following innovative fun practice:

**Activity 19.: Set up a 'Consumer Engagement Book of Wisdom'**

**Format:** Online or in a hard copy provide an avenue for everyone on or around the project to write down their wisdom, insights and positive experiences for the team or a wider audience to access.

**Consider:** An innovative format: online; on a social media page; a newsletter or a combination of these – whatever you may do online, may need to be printed for some team members or consumers.

<sup>33</sup>

<sup>34</sup> VFC = Volunteers For Community



Activity/tasks:	1. Discuss the idea with your team and identify the potential benefits 2. Set up an online (on the intranet or website) or in hardcopy a 'book' that can be accessed or passed around to everyone on the team.
Outcomes:	Sharing of experiences, stories, insight and special moments. A focus on positive events and aspects. Opening of the project to learning, experiences, insights outside the formal structure of meetings and communication.

The Consumer Engagement Book of Wisdom can serve a number of purposes. Often we are busy and can easily overlook the small yet heart-touching events. The book offers a chance to do just that. It can assist the whole team to stay in touch with the qualitative and small changes, which are often of more value than bigger ones. It is also those notes or comments that touch the hearts of external stakeholders or funding bodies.

#### 5.1.4. Staff Characteristics – Attitude

Experienced human resources experts now highlight the importance of staff attitude and characteristics, and at times see these as of equal or higher importance than work skills or competencies.

The planning and early implementation phases can be challenging as you do two things: starting to engage at new levels; and develop an exciting project.

The next section is intended to assist your team to focus on the qualitative characteristics and attitudes expected of staff involved in implementing consumer engagement. The following discussions and activities will hopefully help you to work some of these aspects into your project over time.

##### *Relationship focus*

Consumer engagement is about interacting with others and how to facilitate relationships.

- As you progress through your project take a moment every now and then to emphasise the relationship aspect of the project and to remind yourself and others how our actions, attitudes and words affect others around us. You can do this through informal conversations, in meetings and in communication with peers, management and if appropriate beyond work (Refer to section 3.4 if needed)

An additional or innovative agenda item of your project steering group meetings can be: how did we emphasise and promote relationship quality this week?

##### *Ask and Listen*

Part of the implementation of a consumer engagement project and a more qualitative or relationship focus can be useful to:

- Refocus on the need to ask and listen more
- Create supplementary activities for the whole team or a smaller sub-team perhaps similar to the next Activity 20
- Offer consumers the opportunity to facilitate a meeting or to raise questions.

<b>Activity 20.:</b>	<b>Ask and Listen</b>
Format:	During meetings, throughout your project or throughout your work day every team member focuses on active asking and listening.
Activity:	During one meeting, a set of meetings or for a set amount of time - eg for one day - resolve to act, say and initiate less and ask questions and listen actively.

Outcomes:	Obtain greater input, greater depth of input, more engagement and empowerment of others.
Notes:	You may focus this initially on the project team only or practice between staff and then extent to consumers.

This activity can be a fun activity to do and perhaps you can document some of the reactions and responses you receive.

*Be flexible*

Plans are just that – plans. Realistically, especially with additional team members on board – consumers – your plans may need to be altered or, more so, the project itself may need adjustment or changing.

Be flexible in your overall approach and enjoy a degree of the project steering itself and move comfortably off the pre-conceived plan.

*Consumer and staff focus – engage, do less, be creative*

During implementation of consumer engagement projects, there is often a need to focus on consumers. This is justified, as service or organisations are still growing into the role of ‘whatever you do .... think client engagement’. You may find that the above Activity 20 is not easy, as we are often inclined to react, jump to conclusion, offer solutions.

Be creative on how active listening can be woven into your meetings, agenda items or other activities.

At a personal level you can try the ‘telephone meditation’ activity, explained below to bring more awareness to that tendency to react, act, do. The telephone is only an example; be creative and find other avenues or prompts.

<b>Activity 21.:</b>	<b>Telephone Meditation</b>
Format:	At the time the phone or mobile phone rings
Activity:	As the phone starts ringing, instead of answering immediately, relax, smile, take a deep breath .... Or two .... And then with a smile or more simply being relaxed, answer the call.
Outcomes:	More calmness, perhaps another way, another energy or quality that will develop in phone conversations ... experiment what it does for you.

***East and West ...*** and while on the topic of meditation ... in the West we often approach things with an ‘either or’ way ... in the East it is more ‘as well as’. In that way focus on consumers, it is needed, as well as on staff and everyone else.

The more everyone on the team and in the vicinity of the project can be recognised as an individual and in their own way important and valuable to the project, the more likelihood that the project is successful.

*Support, facilitate, buffer*

Supporting everyone on your team is a natural extension of the ‘consumer and staff focus’ above. Find new ways to support every individual on the team and even others beyond this circle.

Consider the whole team and the wider team, as everyone is potentially able to support the activity and intended results.

If you are a manager, team leader or coordinator, then have an approach and attitude to lead and facilitate versus to manage, control or direct. A shift in this direction, hinged around a consumer engagement project, may offer new ways of working outside the project, with spin-off effects such as widening skills, competencies and enjoyment. If a mentor is a viable option to support this, look for one.

For the duration of the project someone on the team, must have the overall role in terms of calling meetings, providing resources and being a central coordination point for the project. If the activity is over a longer period of time, think of rotating the coordination role.

If you are the team leader, you can further make it your role to:

- Actively support each team member in achieving their contribution to the project.
- Make time to ask them how they and their tasks are progressing, if there are obstacles to their work, what are new developments.
- Manage upward and make sure your manager grows into their role of supporting and advocating on behalf of the project and its team.

If challenges arise a facilitation or project-enabling role may also be extended to that of buffering the team or individuals from external influences, pressure or interferences. This is a great role for a manager, team leader or the staff champion. However, anyone can slip or grow into this role at any time.

The facilitation role can be supported with the ‘Engage – Support’ activity below or an adapted version of it that suits your needs or interests.

**Activity 22.: Engage – Support**

Format: Meetings, walking around, talking to team members

Activity: Use this in an informal way or in a structured manner during your meetings.

Add an additional item on the project management or project monitoring meeting agenda. “How can we engage more – wider and/or more appropriate?” and “How can we support consumers, actively involved staff and other key stakeholders better?”

Ask consumers, staff and team members what support they need and how they would prefer to be supported; ask them how have they been supported in past projects/workplaces and/or in their current work.

Outcomes: Facilitation of a more supported, caring, engaging and learning environment for all key team members involved.

*Seek a mentor*

Friendship and good relationships at work have recently been recognised as a key contributor to wellbeing, staff retention rates and other positive influences on workplace culture and practices. One version of a supportive and close relationship can be a mentor.

To assist you with the new task of implementing and monitoring your consumer engagement project you can seek support of a mentor. They can assume the role of an independent and personal support person, advisor or coach.

The mentor can be someone on your team but best if the person is someone from outside the immediate team.

## Mentoring Resources

The Tasmanian Department of Premier and Cabinet coordinates a mentor program aimed at their staff and a wider sector. The Department's Training Consortium offers regular mentoring programs. Key aspects of mentoring are detailed on their site:

[www.dpac.tas.gov.au/divisions/psmo/hr/mentoring/mentoring - what#whatIs](http://www.dpac.tas.gov.au/divisions/psmo/hr/mentoring/mentoring_-_what#whatIs)

Business Enterprise Centres in Australia and around Tasmania offer mentor services as part of their service spectrum. Visit their website for first reading and local initiatives:

[www.beca.org.au/](http://www.beca.org.au/) and <http://mentors.org.au/>

The *Whitelion* program is one of the most widely recognised mentor programs in Australia with a focus on supporting at-risk youth. Their national site also has a Tasmanian section:

<http://www.whitelion.asn.au/>

## *Friendship at work*

Friendship at work and its impact on efficiency and wellbeing is a newly emerging field. Improved consumer engagement and its role in terms of friendship at work has been mentioned (by whom) over the past years when talking (who?) to providers and staff.

Research reveals that workers who have best friend(s) at work are seven times more likely to be emotionally engaged as well as more positive and productive.

However, studies in the United Kingdom revealed that only 25% of workers report having such close work relationships and friendships.<sup>35</sup> Read more on [www.vitalfriends.com](http://www.vitalfriends.com)

Their research suggests that:

*Those without a best friend at work are a lonely bunch, having just a one in 12 chance of being engaged, which leads to unhappy employees and lowers an organisation's bottom line amongst other outcomes and service objectives.<sup>36</sup>*

Clearly consumers potentially fall in the category of 'friends'. Many service providers have shared over the past years that staff and volunteers form close relationships with their clients and that it was a normal and important aspect of their work and care.

### *Review of the findings from Tom Rath 'Vital Friends'<sup>37</sup>*

*Organisational leaders who discourage employees from getting too close on the job may be in for a rude awakening. Over the past 10 years, we have surveyed more than 10 million people in more than 100 countries about workplace friendships. Along with this data, we have also looked at the related productivity, customer engagement, and safety measures for more than 300,000 business units. In short, we find that as people have stronger friendships on the job, all of these numbers substantially increase.*

*Yet, most of us continue to invest in our own development. We try to make ourselves better employees. We strive to be better human beings. Even when we focus on developing another person, as great parents and managers do so well, our emphasis is on the other person as an individual. We simply ignore the importance of developing closer friendships. As a result, millions of people are disengaged in their jobs, marriages, and other close friendships.*

*Why does this happen? Perhaps because of our "focus on me" environment. The vast majority of courses, professional development programmes and books highlight how to improve yourself. You take courses at school to improve your own ability to read, write, add and subtract. And, later, you have the opportunity to spend more time educating yourself in areas you choose.*

<sup>35</sup> Tom Rath 2006

<sup>36</sup> Tom Rath 2006

<sup>37</sup> The extract is taken from an e-news letter sent out by Newfangled Ideas [www.newfangled.org](http://www.newfangled.org) (sent 30 Nov, 2011)

*When you start work, you add to your knowledge through training and development programs designed to make you a better employee. Educating oneself is the foundation of our learning system and is, obviously, a worthwhile pursuit. But, is it possible that most of our potential for rapid personal and professional growth lies in developing our friendships?*

*Although some businesses are warming up to the idea of on-the-job friendships, there is still a strong resistance to them. Nearly one-third of the managers and leaders we interviewed agreed with the statement "Familiarity breeds contempt". This probably doesn't come as a surprise to anyone who has ever worked in a large bureaucratic organisation.*

*And, apparently, several major retailers have formal policies in place that prohibit managers and their employees from having friendships that extend beyond the workplace - and even post these regulations in their stores and provide freephone numbers for reporting violators. Such policies are more common than I expected. Even if friendships are not actively discouraged, rarely does an organisation's leadership encourage them.*

*There are real risks, however, when it comes to workplace friendships. A close friendship is inherently more complex than a superficial one. When people form tight-knit social groups at work, it can alienate others, who might become jealous and complain of cliques. And the closer two people get in the workplace, the more potential fallout if things go awry. The situation gets even more complicated when friendships turn romantic, especially if one party in the relationship is in a position of authority.*

*So, it's important to recognise the potentially negative consequences of some workplace friendships. That being said, the potential upside of friendships on the job could dramatically outweigh the possible disadvantages. New studies suggest that close friendships at work lead to substantial increases - not decreases - in job satisfaction and career success.*

*Assuming that friendships are good for business, this poses a serious challenge. As one executive told me: "I can't just tell my people to make best friends." And another sarcastically commented: "Should I force them to go out and have a beer together?"*

*They're right. These approaches would not work and might even seem a bit disturbing. But our research shows that organisations can help employees build friendships on the job, primarily by creating the right climate and environment.*

*One major electronics retailer went as far as redesigning its corporate HQ like an airport terminal, to help employees socialise and congregate. As well as having cafe tables, on-site childcare, dry cleaning, and healthcare, the only coffee shop (for more than 8,000 employees) sits in the middle of a massive connecting hub, which results in hundreds of additional conversations each day.*

*It may be an extreme example, but other companies create informal social gathering places, which could triple employees' chances of having friends on the job according to our research.*

*Another important ingredient, if you want to build better friendships at work, is to get personal. Members of the most productive work teams I have studied know what is going on in one another's personal lives, and they often talk about how their workgroup is "like a family". Team members care about one another, listen, share secrets, talk about the latest news, have heated arguments, are sometimes jealous of each other and even cry together. At times, these groups look more like a troubled family, but that's better than no family at all.*

*According to most experts I have interviewed, social relationships are the single best predictor of our overall happiness in life. So, given the fact that we spend the majority of our waking time on the job, it might seem obvious that we need closer friendships at work. Now, we finally have the evidence to make this case to our bosses. If any group is in need of more cohesive relationships on this job, it is the often-lonely executives at the top.*

This Handbook is not only intending to offer a range of proven tools, insights and experiences, but also to hopefully stimulate thought, care and concern for colleagues and consumers alike.

What Rath is offering in his books seems to challenge some assumptions still being held and at the same time suggests that friendships at work can enhance informal and friendly staff – consumer

relationships. Also suggesting it is a new terrain for many workplaces. Perhaps some of the research and findings are relevant in redefining and reshaping consumer – staff relations.

The above section is not written without an awareness of the importance of appropriate boundaries. There is no ultimate formula perhaps, other than knowledge of legislation and a solid amount of common sense.

### *Peer support*

The concept of a peer is a natural extension of what we do at work – or at home - when we feel the need to talk to someone, to debrief, to talk an issue over or have a problem: we talk to someone who is at our level and wave length and with a similar experience.

Peer support groups can combine peer learning, mentoring and coaching. Two people can form a peer group. Your group of peers can be informal and vary in their degree of structure. The purpose of a peer group can be:

- To assist your project to stay focused
- To assist each other with ideas, strategies, general encouragement or support while implementing (or planning) your project
- To assist with difficulties, challenges or issues of a more personal nature.

One very helpful ‘ground rule’ of a peer support group is: all relevant information, discussion and challenges shared should remain confidential and within the group.

Peer groups naturally grow. It can take some time for trust to build and for everyone to be comfortable to bring problems or issues to the group and in this way to make the group increasingly relevant and helpful.

The TasCOSS Consumer Engagement Tool Kit contains a Peer Support Tool.

<http://tascoss.org.au/LinkClick.aspx?fileticket=dTzy3NIEUfl%3d&tabid=79>

### *(Some) things will not work ....*

Some things will not work and this ideally is met with an understanding and appreciative attitude. This is an important aspect of consumer engagement and needs to be recognised as such and communicated early in the project to everyone, including management.

Any well-planned and well supported consumer engagement project will bear within aspects that have the potential to go wrong. This triggers a continuous improvement response which, addressed appropriately, has the potential to ensure the project’s sustainability longer-term.

Any learning around your project will form part of this longer-term growth and development. In fact, projects’ maturity may be vital for organisations as funding to work appropriately and effectively with consumers is increasing. Your project may serve the organisation well in the future to gain further funding for work with consumers. This Handbook has a whole section to *Challenges, Problems, Difficulties and Complications* (see section 5.2. below)

### *Continuous improvement and learning*

The notion of quality systems and continuous improvement are familiar words in many organisations. Utilise the fact that what you do or endeavour to do is simply a part of this and can only help your organisation to improve its services, programs and culture.

Learning or continuous learning is an equally important aspect of one’s own individual or professional life. Any experience, good or challenging, can add to a résumé, experience list, list of competencies or personal ‘book of insights or wisdom’.

Discuss this at times with your team and develop the attitude to have the courage to make mistakes. The rewards, as the case studies in the Handbook (see below) and the numerous case studies in the references and linked documents show far outweigh these perceived ‘negatives’.

## 5.2. Narrative Inquiry – Documenting and Sharing Stories and Experiences

### 5.2.1. The Role of Narrative Inquiry

The collecting and sharing stories and experiences in a health or related setting has proved to be an effective and accepted research method called narrative inquiry. It has also found extensive use as a cultural change tool.

The aim of narrative inquiry is to learn from the essence of people's shared experiences and stories. Narrative inquiry is a unique way of documenting your project's impact.

Why are stories so important and impactful? Stories or experiences are told by the person involved: the consumer or the staff member. Stories are authentic and are often a genuine, detailed description of someone's journey overcoming a difficulty.

At a deeper level of perception and feeling we understand the journey and, in the event of a health service or community service intervention, we understand the positive impact this intervention has made. A well-told story pulls the listener in, can trigger a natural compassionate response and urge to want to assist.

Narrative inquiry also works well, as it:

- Acknowledges every individual's experience –the same intervention or care is potentially perceived differently every time.
- As a narrative or story describes a situation or more so a changed situation, or a sequence of events, listeners can warm to and relate to them.

Another benefit of narrative inquiry is that the research or documentation process itself is engaging and empowering consumers.

If narratives – the stories and experiences of the consumers and staff involved in your project, then other staff or the wider community is likely to understand better what you do and the impact it has.

Through listening to narratives about your consumer engagement efforts community members, other consumers, volunteers, potential employers or funding agents may realise better the impacts and benefits of your service and feel like offering more support. This is of critical importance, as the funding of what a service does is based on an identified or established need of a group of consumers. Using narratives you can establish a direct and authentic communication channel from consumers to funding bodies.

### 5.2.2. Narrative Inquiry – How it can work for you

You can practise or develop a culture of eliciting stories or experiences in asking the following questions or similar versions of it frequently after you have commenced the implementation of your project. Consumer engagement projects are in most cases something new or a change to what you have done earlier, and questions such as those presented below may help you to reflect upon or analyse your work.

1. How is the project going?
2. How has the project affected you?
3. How does being involved in this project make you feel?

And in particular if issues or complication are arise:

4. What would improve your situation or make you feel better?

To document narratives the following media are available:

- Written
- Audio recording

- Video recording

There is a high likelihood that the narratives will have greater impact as you move from written media to videos.

Taped or video-taped stories of consumers are clearly authentic in nature. They are un-edited and can be the most direct way in which a personal account of experiences or stories can be told.

You can explore other more innovative forms of expression such as painting, poetry, creative writing, music, etc. Be creative and tune in to what best suits your team ☺

It is important to reassure your clients and staff that privacy and confidentiality will be kept at all times when they share their stories.

Establish privacy and confidentiality levels according to each participant and team member's needs. The TasCOSS HACC Consumer Engagement Project developed a simple consent form you can use or adapt (Please refer to [Appendix Section 10.6](#)).

To consider participants' needs take the following steps:

- Use the participant consent form at the beginning of your project
- Present any documentation, video clips, recordings and transcripts to individuals for their final approval before any internal or external publication or communication
- Use aliases to ensure anonymity.

*Case Study:*

*One service received funding for a small community services program. During the evaluation of the five year old program narratives of staff and consumers were used to illustrate the direct impact of the program from the perspective of the key people involved. In less than one year after the evaluation's publication the service's annual budget grew by more than 400%, largely due to funding bodies' confidence based on the evidence provided through consumer narratives in an independent evaluation.*

Prior to participating in consumer engagement workshops and prior to learning about the widespread use of narrative inquiry Lifeline's HACC-funded Chats Program compiled a consumer video clip that summarised the program's purpose, impact and how the program has grown into new areas of client support:

[www.youtube.com/watch?v=VkJrHIGDw&feature=mfu\\_in\\_order&list=UL](http://www.youtube.com/watch?v=VkJrHIGDw&feature=mfu_in_order&list=UL)

The clip is a fantastic example that the eliciting and putting together of consumers' stories is a natural event as relationships with consumers improve.

Another good example is Launceston VFC Services's story telling about their services:

[www.youtube.com/watch?v=FUdV6H66VzM&feature=youtu.be](http://www.youtube.com/watch?v=FUdV6H66VzM&feature=youtu.be)

The following pointers will help your client engagement project work for your service - through sharing stories and experiences:

The key components of a good narrative or story are:

1. Abstract ...  
the summary of the substance of the whole narrative
2. Orientation ...  
or overview: the time, place, situation and who are the participants
3. Complication ...  
the sequence of events ... what happened, what worked, what didn't – here in particular what did not work



4. Evaluation ...  
the significance and meaning of the action, attitude, etc of the story teller
5. Resolution ...  
what finally happened, how were any complications resolved, what were the outcomes
6. Coda ... (Italian meaning 'tail')  
summary of the story. It returns the perspective back to the present ... for example: what is status now?

### 5.2.3. Narrative Inquiry – Practical Steps

The following is a sketched outline how you can work the collecting of narratives into your project:

1. Start to practise the above questions as early as possible.
2. Ensure everyone in your team is familiar with the 'key components of a good story' (above).
3. Practise the recording (tape or video tape) where the interviewer (or staff member) is focusing on the following probing questions:
  - a. What was your situation at the beginning, before the change of approach or service ... what happened, what happened to you, how did it make you feel?
  - b. What happened then? What was the impact?
  - c. How did it make you feel?
  - d. Repeat points 5 and 6 for any changes in the consumer's situation or changes you/the service made.
  - e. Note: ideally a pattern emerges of complications and solutions. Ideally, in a consumer engagement project better outcomes for the consumers are achieved. Practise the above as often as you feel the need to ... formally and informally. Ideally consumers can tell their stories with minimal questions or probes from the interviewer. A good story can be as short as 3 to 5 minutes as the Chats clip shows.

**Activity 23.: Pilot Project Narratives – by Consumer and/or Staff**

Format: Project, activity. Shared development: Staff and Consumers

Activity: Use the resources relating to narrative inquiry.  
Design a simple and first production of a recorded story.

Produce a first story or stories.

Outcomes: First learning or refining of the eliciting of stories/narratives/experiences.

Consumer or staff narratives around your project or any other event.

Note(s): As we make changes to consumer engagement approaches, the staff narratives are often quite amazing too. Start perhaps with staff to staff narrative production, then extend it to consumers.

Work out which media to use or use different media for the same project to experiment in terms of the result and in terms of how the sharing of the story impacts on others.

Share the first versions of your story only in a small and intimate circle of team members.

### 5.2.4. Additional Consideration

What else to consider in pursuing consumers and staff narratives:

1. Encourage anyone telling, writing and sharing a story to be relaxed and natural.
2. Develop your own sharing guidelines, consulting with consumers, staff and your team beforehand, emphasising that the sharing to be authentic: 'as it was', 'as it is', or 'as it happened,' and most importantly how it affected the story teller at various points throughout the story.
3. Shared stories can reveal unexpected or difficult experiences: reinforce confidentiality, and focus on the positive – the learning or what is in place now that perhaps is helping others too.
4. Focus on the feelings of the experience while allowing expression of emotion: how did you feel before and during, and how are you feeling now? Focusing on feelings will assist in generating compassion, support and deeper understanding.
5. Trust in the story as told with feeling and from the heart and that it will do what it is supposed to do .... affecting and touching others.
6. At any time encourage project participants to find another or alternative suitable medium as a way to express their story/feelings: writing a poem, song, story, telling it to a group of friends or peers, telling it in private to a trusted person, etc.
7. If written down, write as if sharing the story with a friend or colleague:
  - Good stories have an element of 'trouble' or a problem: was it unexpected or unusual, what was your response and what did you learn from it?
  - What happened, what were the turning points and why?
  - What is the situation now?
  - What is the meaning of the whole experiences to you?

In summary, sharing the stories or experiences of consumer and staff allows others to connect to the feeling of the situation and any changes occurring. Ideally, changes will be incorporated into the narrative so they can show how programs or services have improved for the better. Narratives are personal with a strong human element in them as they are told. This personal touch is hard to 'create'. This personal touch also gives narratives an authenticity and genuineness which can be used in reports with appropriate consumer permission or consent (refer to [Appendix 10.6.](#)).

Narratives can also be a sound management tool helping service providers understand their clients and their individual or collective journeys with the service.. This may result in a more informed, compassionate organisation with empowered clients and staff and more effective, relevant services.

It is worthwhile following the above activity, processes and techniques. Even if you are not using any of the final stories, the process of creating them, the way we relate and communicate to do so, in itself has the potential to create positive, enjoyable changes.

Over time narrative inquiry techniques will assist in the establishment of a culture of sharing, increased openness between staff and consumers and all team members involved.

### 5.3. Challenges, Problems, Difficulties and Complications

Yes, yes, yes ... we wrote four words and perhaps all have similar meanings. You and your project are likely to encounter all four of these.

Develop or refine an attitude of welcoming challenges, problems, difficulties and complications as they occur or come into your project. They can function in an incredibly positive way:

- For the team to stop and to review your project
- To stop and ask or assess how everyone is faring as part of the project or team
- To make important or relevant adjustments or changes to the project

- To document and share appropriately the what-did-not work
- To allow others to learn from your project.

Your project steering group, team and the staff champion can play a critical role in these situations in reminding everyone that what is being done is new, has a broader team and more stakeholders involved, is a step in the right direction, and it is important for best practice alignment of the team.

Complications are needed to document the project well and in the sharing of a good story!!!! (see previous section '(Some) things will not work')

Challenges, problems, difficulties and complications offer a fantastic opportunity to create an informal or ad hoc consumer engagement activity within your project: involve consumers in the discussion and in working towards solutions.

Everything you decide that has to do with services to consumers will very likely be more sustainable if consumer perspectives and consumer expertise is considered.

If you end up in a situation where there are significant challenges or problems, consider doing the following:

- Involve your team (including the consumers on your team)
- Involve other key stakeholders, supporters of your project or the staff champion
- Implement the activity below

**Activity 24.: Team Problem Solving**

**Description:** Actively and purposefully involve consumers directly on the working party or team that is seeking to address and solve a problem or issue.

Depending on your team, engagement background (or readiness) have consumers directly on your team or convene a separate meeting where you seek consumer input.

**Activity/Tool:** Discussion, meeting, brainstorming, focus group session

**Outcomes:** Obtain greater input, greater depth of input, and more engagement or and empowerment of others.

**Notes:** If you convene a separate consumer meeting, do this before anything else and ensure that consumer input is sought with genuine interest.

Use their input in the design of any solutions.

Provide detailed feedback to all involved; in particular to consumers in relation to the use of their contribution(s).

Recognise and acknowledge input, innovation and communicate it.

Document meetings, sessions and solution processes (on paper, video, images).

**5.3.1. Consumer Reward, Reimbursement, Payment and Recognition**

Genuinely recognising everyone's contributions and appropriately rewarding everyone on your team is good practice and important to sustain the team. Consumers often contribute to organisations, including been involved in a consumer engagement project, on a voluntary basis.

This is usually because there is an established relationship between staff and the consumers, there is trust, and they believe that they can assist services to improve if they listen to the consumer's perspectives and points of view. Because most consumers are happy to collaborate on a volunteer basis, it is important to establish some systems for consumer reward, reimbursement and

recognition. Please consider reimbursing consumers for out-of-pocket expenses they may incur because of the work they are doing with you:

- A sitting fee or gift voucher<sup>38</sup> (for their expertise, time, etc)
- Travel costs
- Parking
- Meals
- Carer respite
- Child care
- Printing, material costs, etc.<sup>39</sup>

Consider the following and add these ideas to your project plan notes:

- Establish a formal or structured consumer reward, payment and recognition program.
- Work into your overall project plan a reward activity for consumers and allocate sufficient resources (see section 4.2. (10)).
- For someone on a pension, low income, no income or receiving a government allowance, travel expenses, printing costs or time away from home, may be considerable out-of-pocket expenses. Even if they are small amounts of money, they may be a burden for the consumers affecting their capacity to not make it to a meeting or perform their consumer representation role effectively.
- Ask the consumers what an appropriate reward, payment or remuneration can be or look like.
- Assess the value of consumer input and reward it appropriately.
- Set a nominal amount for consumer out-of-pocket expenses for every meeting/event.
- Review your consumer reward, reimbursement, payment and recognition program from time to time – with consumers – to ensure it is appropriate.
- Consider sponsoring consumers to attend workshops, forums, conferences.
- Consider paying for consumers' training courses or workshops to enhance their consumer representation role.
- Consider non-monetary rewards and recognition, for example, acknowledge their contribution in your newsletters, annual report, other communications media; have a page on the website where you profile consumers involved in your projects.

Praising others does not come naturally to all of us. Why don't you run a small project called: 'finding something positive' where everyone on the team, over one day at least once recognises and praises someone else. You can repeat this every week or establish a pattern like this:

Week one: Praising someone on the immediate project team (1, 2 days per week or every day)

Week two: Praising someone outside the project team (staff, manager, other consumers) (1, 2 days per week or every day)

Week three: Expand ☺

Share your experiences at the project team meetings. Ensure that your praising is for a genuine cause, even if at times you may need a magnifying glass to look for them.

<sup>38</sup> Gift vouchers can be a great alternative as they do not impact negatively on any allowances.

<sup>39</sup> The full list and additional information is in Victorian Integrated Cancer Services 2012: 11.

Relationships thrive when there is genuine appreciation and understanding of the value of everyone's contribution.

No financial or other reward or payment can compensate for this. Work with the project team on how other staff, consumers or key stakeholders can be acknowledged, recognised and, if required, rewarded. Aim to work with both the practical and material support and the feel-good support – the one from the heart.

### 5.3.2. Staff-Stakeholder Reward and Recognition

In some way many aspects of the above-mentioned considerations apply for everyone on your team, other staff and stakeholders.

Establish what are staff contributions beyond or outside the normal call of duty to the consumer engagement project. Recognise this accordingly because this ensures individual recognition and reward.

Consider the establishment of a structured staff/stakeholder reward and recognition activity or program similar to above. Make recognition and reward an agenda item for the project steering group meetings.

### 5.3.3. Celebrate

Events like a BBQ or an informal afternoon get-together may function as adequate ways to celebrate milestones of your project.

This is an opportunity to include other consumers and family members, staff, management or the board of your organisation and perhaps there is a chance to share some of the findings and stories with the wider community. Talk to the media contact person in your organisation to explore any possibilities.

Successful celebrations and/or any media coverage – internal or external – are ways to support consumer engagement and celebrate the overall organisational readiness and commitment to consumer engagement.

*I recall a phone call from my manager, the CEO. There was a complaint from the Executive Director of our main funding body, which funded a \$20 million a year operation. She was upset that she hadn't been invited to the celebration of the fifth anniversary of a peer support program which naturally turned into a consumer representative program.*

*We had invited broadly, but obviously not broad enough, we had omitted to invite her to the event. It was a benevolent complaint and a significant compliment to a group of consumers who had consistently and innovatively contributed to the service operation. The CEO was proud and considered it a significant PR achievement. **Senior Rehabilitation Program Manager***

The following is a list of project watchpoints which can be used as an additional planning / implementation resource or checklist.

#### Activity 25.: Project Watchpoints<sup>40</sup>

Format: Communication, review

As a cross-checking mechanism or in the absence of a detailed project plan, you may use the following *project watchpoint list* to keep track of your project progress

1. Actively monitor and manage the scope of work.
2. As early as possible, establish the communications strategy (refer to section 4.2 (11)) and the communication media. For example: mail distribution lists, regular newsletters and/or project team overview sessions.

<sup>40</sup> Queensland Health 2002:27.  
August, 2012

3. Be aware of problems that are common to all projects:
  - requirements constantly change (affects the scope of work => affects resource allocation, budget, schedule)
  - resources become unavailable
  - status of the project is difficult to determine
  - the project is running late or is over budget
4. Be flexible when project timeframes blow out and look for ways in which to turn 'adversity' into 'opportunity'.
5. Celebrate the successes of the project.
6. Communicate, communicate, communicate – both verbal and written communication.
7. Do a regular 'quality' check of the project. Prevention is better than correction/cure.
8. Ensure that the project's team have the appropriate skills and assess their learning needs if new skills are required.
9. Establish a filing system to manage the soft and hard copies of the project's records, documents and e-mail.
10. Establish a log of the lessons learned on the project for future reference.
11. Generate a 'culture' that fosters sharing and mutual support of and respect between the project's team members.
12. Identify all inter-dependencies and key relationships within the project, and between the project and other project(s), regularly confirming the status of the dependencies.
13. If appropriate and where possible, co-locate the project team members or facilitate ease of communication and contact.
14. Maintain a focus on achieving the outcomes of the project. Keep looking for ways to progress the achievement of the project's outcomes.
15. Maintain the 'overall view' of the project, with a focus on the project's outcomes - drilling down as/where required.
16. Meet with the project team members regularly – but also in a timely manner. If face-to-face sessions cannot be conducted, use video-conference or teleconference facilities.
17. Minimise the number of unknowns as early and as quickly as possible throughout the life of the project.
18. Recognise the impact and effects of the informal communication networks.
19. Re-use processes, techniques, templates, plans and estimates throughout the life of the project.
20. Try to identify potential problem areas as soon as possible and respond as required.

## 5.4. Checklist – Implementation

Please print and use the suggest abbreviations to monitor your implementation steps.

Item	Activity	✓
1.	Establish a project steering group (Activity 14)	
2.	Establish ground rules for the coordination group and other meetings and include approaches when ‘challenges, problems or complications’ occur	
3.	To do, monitor, check and adjust ... develop a meeting schedule or plan to cover the period of the project (Activity 15)	
4.	Develop a meeting agenda to suit project and team needs	
5.	Familiarise team with the project monitoring tool	
6.	Determine appropriate ways to document the project and how to create, file and present relevant documentation	
7.	Consider the use of innovative, graphic and new technology	
8.	Consider setting up a project-driven ‘Consumer Engagement Book of Wisdom’	
9.	Consider, as part one of (each of) your meetings, or a special meeting, to present/discuss staff and consumers attitudes and characteristics	
10.	Develop plans and strategies to ‘Ask and Listen’ more (Activity 18)	
11.	Develop plans, discuss and implement ways to encourage friendships at work	
12.	Discuss peer support and its relevance to you or other team members. Establish a peer support mechanism team.	
13.	Explore and familiarise yourself and the team with narrative inquiry as a supportive research and project documentation and communication tool	
14.	Develop and implement a narrative inquiry pilot project (Activity 19)	
15.	Share and discuss the Lifeline Chats Program and Launceston VFC Services’s video clips with your team to illustrate the impact of consumer stories	
16.	Acknowledge ‘challenges, problems or complications’ as part of your project, review your ground rules and implement problem solving activities with consumers (Activity 20)	
17.	Develop a consumer reward, payment, reimbursement and recognition program	
18.	Develop a staff/stakeholder reward, and recognition program	
19.	Celebrated interim and end-of-project milestones,	
20.	Utilise the ‘Project Watchpoints’ as an alternative resource to keep your activity on track, to be aware of pitfalls and to monitor implementation	
21.	Discuss, determine and utilise established, relevant and innovative communication strategies and tools to communicate about your project throughout the implementation and at completion.	

✓ Considered (c), transcribed (t) to another list/project plan or done (✓)

## 6. Handbook Part III – Review or Evaluation

### 6.1. Reviewing or Evaluating Your Engagement Strategy or Activity

#### *Introduction*

To date, there has been limited formal research and evaluation into the effectiveness of consumer engagement within the community and health sector.

Most evaluations done tend to be descriptive rather than focusing on how the engagement influenced the decisions.<sup>41</sup>

Even a small, concise evaluation or review report will greatly enhance the project's overall impact. It will allow you to communicate about your project with more credibility.

Determine, together with your team, if your approach and efforts will be towards:

- A small review process
- A slightly more comprehensive review process
- A small informal evaluation
- A more comprehensive, formal evaluation.

Additionally you will need to determine whether you want the process to be an internal or external one.

Using narrative inquiry to gather information from staff and consumers involved in the project, you have already started to use a credible and effective evaluation tool. With some extra effort you can enhance your work. Equally your whole team, consumers included, can learn further how to include evaluation and review work into other work areas.

Ideally, review or evaluative questions should be asked along the way so that you are identifying and addressing issues as you go. The evaluation options described below offer a few possible approaches to your evaluation or review work.

#### **6.1.1. How to structure your evaluation**

##### Option 1:

Your review or evaluation program should be designed and structured around the stated or anticipated objectives or outcomes of your project. Return to your project plan or to the specifics of the developed objective(s) of your project and related priority or focus areas (Section 4.2. (8) 'objectives' (13) 'project plan')

Alternatively or in addition and as a team ask the following questions:

1. What is the objective of your activity?
2. What are some of the anticipated, stated or desired outcomes?
3. What are the key evaluation/review questions?
  - f. Look at every input/activity of your project and then formulate a qualitative and quantitative question around it.
  - g. For example:  
How effective and efficient were the activities in achieving the intended/stated outcomes?
  - h. Have we reached our objectives and / or related priority outcomes – what are indicators of this?

---

<sup>41</sup> Gregory 2008:  
August, 2012



- i. How effective and efficient was the engagement tool utilised?  
To what extent the engagement tool improved programs or service delivery outcomes or quality?
  - j. How did the consumer – staff relationships improve; in terms of quantity of contact or interaction and in terms of quality (perceived relevance of service, warmth, care, courtesy, etc)?
  - k. Were there any additional, important and unexpected outcomes?
4. What are possible supplementary questions?<sup>42</sup>
- a. What were the characteristics and attributes of the participating staff/consumers which were essential for the outcomes of the project?
  - b. What types of consumer engagement were used and were higher levels of engagement aimed for/achieved?
  - c. To what extent did consumers actively participate and/or have ownership of elements of the project?
  - d. How did it make consumers staff feel and did participating in the project change their attitude towards the service/their work?
  - e. What were clearly defined consumer inputs/contributions?
  - f. How were consumer contributions received and then worked with to make changes/improvements to services, programs or relations?
  - g. How effective and efficient were the support mechanisms in place for consumers (briefing, training, supporting, rewarding participants)?
  - h. How effective and efficient were the support mechanisms for participating staff?
  - i. How effective and efficient was the planning process?
  - j. How effective and efficient was the project implementation?
  - k. How effective and efficient was the project review/evaluation?
5. Include a consumers' focus in your evaluation or review program:
- a. How and when did consumers become involved in the project?
  - b. What do consumers say about their experience of being involved?
  - c. What have you learnt so far and what needs to be changed to improve your engagement processes?
  - d. What proposed changes, as a result of consumer engagement, have been proposed? Have any department-wide or organisation-wide changes been implemented as a result of consumer participation or your engagement project?
  - e. Have any changes been implemented as a result of the consumer-staff collaboration?
  - f. Have your/your organisations actions or decisions been communicated back to the consumer representatives what was their response?<sup>43</sup>

Option 2:

Build your review or evaluation around a core question. The core question is:

- How can we tell if the strategies, tools and the overall processes used are working?

---

<sup>42</sup> Engaging more closely with others may bring with it other unplanned positive benefits. If you are aware of any of them, include relevant questions in your evaluation / review around it to ask a wider audience and to confirm these findings.

<sup>43</sup> BNPCA 2003:58

If you are clear about the purpose for seeking consumer input and who you are trying to involve, then evaluation questions become much clearer.

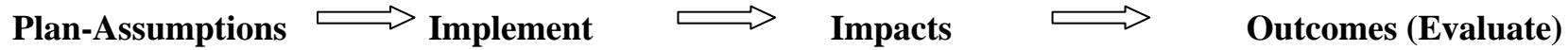
You may like to ask staff and consumers to work together on developing goals and evaluation questions. You can start to ask questions like:

- How have consumers become involved?
- What do consumers say about their experience of being involved?
- What have you learnt so far and what needs to be changed to improve your project?
- How effective have the engagement processes been?
- What changes have been implemented as a result of consumer engagement and consumer-staff collaboration?
- Have the changes consumers would like to see been implemented?

Option 3:

Develop an evaluation or review process around the Plan--Implement-Evaluate Continuum as shown in the table below.

Table 6. Consumer Engagement – The Plan-Implement-Evaluate Continuum<sup>44</sup>



Consumer engagement:			
<ul style="list-style-type: none"> <li>• What are key principles?</li> </ul> <p>Engagement can ....</p> <ul style="list-style-type: none"> <li>• Improve service quality</li> <li>• Improve responsiveness of services to consumer need</li> <li>• Increase empowerment / ownership</li> <li>• Improve staff to consumer relationships and / or friendships</li> <li>• Increase staff happiness / job satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Engage consumers in appropriate number &amp; scope</li> <li>• Provide training &amp; support to build capacity</li> <li>• Choose tools &amp; develop mechanisms to ensure engagement is meaningful and has influence</li> </ul>	<ul style="list-style-type: none"> <li>• Programs and services are delivered in ways that reflect consumer needs and expectations</li> <li>• Programs and services are appropriate and accessible</li> <li>• Programs and services respond to consumer need and influence</li> <li>• Participation processes contribute to consumer ownership development and empowerment</li> </ul>	<ul style="list-style-type: none"> <li>• Improved relationships</li> <li>• Improved engagement</li> <li>• Improved wellbeing outcomes (refer to social determinants of health)</li> <li>• Improved wellbeing status</li> </ul>

<sup>44</sup> Source - TBA

**Option 4:**

A fourth approach to your review or evaluation can be to distinguish between an informal, intuitive ‘Open Inquiry Evaluation’ versus a more formal inquisitive ‘Audit Review Evaluation’. Your approach can be guided by the table below.

Table7. Open Inquiry Evaluation versus Audit Review Evaluation<sup>45</sup>

A. Open Inquiry Evaluation ‘informal’	B. Audit Review Evaluation ‘formal’
<ul style="list-style-type: none"> <li>• Inquiry ‘to seek’</li> <li>• Starts with the questions: <i>How are we going?</i> <i>How is this service or activity going? What do we think of this service?</i> <i>What is its value?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Audit ‘to check’</li> <li>• Starts with the questions: <i>Have we done what we set out to do?</i> <i>Is this service, activity meeting its objectives?</i></li> </ul>
<ul style="list-style-type: none"> <li>• Asks the comparative questions: What are we doing? Is that good or bad? What’s working? What’s not working?) What are the signs of this?</li> </ul>	<ul style="list-style-type: none"> <li>• Asks the comparative questions: What did we set out to achieve? What are the signs we have done this?</li> </ul>
<ul style="list-style-type: none"> <li>• Then ask problem-posing and problem-solving questions: How could we improve things? How could we do more of what we are doing right? How can we let go the things we don’t want to be doing?</li> </ul>	<ul style="list-style-type: none"> <li>• Then asks the gap-filling and ‘irrelevance’-eliminating questions: What are we not doing (that we intended to do)? What are we doing that we shouldn’t be (that we didn’t intend to)</li> </ul>
<ul style="list-style-type: none"> <li>• Implies asking: What are consumer / community needs?</li> </ul>	<ul style="list-style-type: none"> <li>• Implies already assuming what are consumer / community needs</li> </ul>
<ul style="list-style-type: none"> <li>• Requires a questioning, intuitive, observant (interpretive), inquisitive, Imaginative, speculative and creative mind.                             <ul style="list-style-type: none"> <li>○ Use of logic of discovery.</li> <li>○ Feels more like an art.</li> <li>○ Aiming at excellence of achievement.</li> <li>○ Looks for ‘meaningful’.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Requires a systematic, orderly, observant (monitoring), fastidious, highly-organised, analytical mind.                             <ul style="list-style-type: none"> <li>○ Use of logic of accounting.</li> <li>○ Feels more like a craft.</li> <li>○ Aiming at competence of performance.</li> <li>○ Looks for ‘measureables’.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Relies on who is the inquirer</li> </ul>	<ul style="list-style-type: none"> <li>• Relies on the quality of previously agreed upon goals, objectives and aims (and level of consensus previously reached.)</li> </ul>

**6.1.2. Determining Scope and Resources**

The following table is a simple guide to offer a gradually deepening approach to your consumer engagement project, over a longer period of time, in particular at what level of depth and resource intensity your evaluation/review will be characterised.

Table 8.: Engagement Review Level – The Plan-Implement-Evaluate Continuum

Time	Activity/project	Review Outline/Structure	Quality-Quantity
e.g. Year 1 Phase 1	Project 1	Internal simple review (1-3 key questions)	Mainly quantitative analysis, some qualitative information/data, some stories
Year 2 Or Phase 2	Project 2	Internal review (3 - 5 key questions)	Maintain or improve quantitative aspects, increase qualitative methods & focus

<sup>45</sup> The full table is in available via: [www.health.vic.gov.au/pcps/downloads/publications/training\\_kit.pdf](http://www.health.vic.gov.au/pcps/downloads/publications/training_kit.pdf)  
August, 2012 Page 75 of 97

Year 3	Project 3	Internal review (3-5 key questions & additional questions)	As above
Year 4	Project 4	External review (questions improve in relation to Year/project 3)	As above

It is helpful to plan the review or evaluation and to allocate sufficient resources to the process. A few additional considerations:

- Determine the scope and size of the evaluation (how many people to consult with how much data to analyse)
- Determine whether you will aim for an internal or an external evaluation
- Determine who will oversee and drive the evaluation or review and make decisions about who will conduct the evaluation (yourself, your manager, the project steering group or an evaluation steering group?)

A project evaluation reference group ideally has consumer representation and is potentially another consumer engagement project in itself.

Your review and evaluation / activity can be staged over a period of time, and include one or several projects. If one of the members of the project agrees to conduct an internal evaluation or review, plan and establish clear parameters for their work time and other resources needed.

**Activity 26.: Review or Evaluation Resource Determination**

**Description:** Identify the scope and overall approach of your review or evaluation activity

Identify core evaluation or review tasks, supplementary tasks and whether it will be conducted by an internal or external person.

**Activity/Tool:** Evaluation or review project scoping.

**Outcomes:** Identification of resources required to undertake and internal or external evaluation.

**Notes:** Consider the following (in brackets is a sample time requirement):

**Preparation (20 hours):**

Planning, discussions, document collation, research, development of questions, questionnaires, etc.

**Analysis (15 hours)**

Analysis of relevant program information and data  
 Review and analysis of documentation-stories  
 Review and analysis of all document project-activity papers  
 Review of other possible stories to be collected.

**Interviews, Narrative Inquiry Activities & Focus Groups (15-20 hours)**

With Consumers  
 Stakeholders  
 Staff  
 Others

**Other Project Tasks (30 hours)**

Telephone calls  
 Project management meetings  
 Travel  
 Report writing (draft report and final report).

The outcome of this activity can function as a brief or ‘tender specification’ for your review team or a consultant or external reviewer.

If you utilise a more formal or comprehensive approach then ideally you invite several external reviewers to respond to your brief.

## 6.2. Resources – Evaluation and Review

The South Australian Community Health Research Unit published a short three-page Community Participation Evaluation Tool

<http://som.flinders.edu.au/FUSA/SACHRU/Toolkit/PDF/1.pdf>

## 6.3. Checklist – Evaluation and Review

Please print and use the suggest abbreviations to monitor your evaluation steps.

Item	Activity	✓
1.	Clarify why the review / evaluation is being done and what is its intended use?	
2.	Who will manage / drive the review / evaluation and in what way will consumers be part of the decision-making processes?	
3.	Determine your review or evaluation approach and effort; and if the process will be an internal one or done by an external person/service (Activity 22)	
4.	Assess your options (one of the suggested four – or others) of structuring your review / evaluation and determine your approach (Activity 22)	
5.	Determine your review / evaluation scope	
6.	Determine if the service/team and the activity or project had sufficient time to develop and grow to warrant an evaluation	
7.	Determine your review / evaluation resource needs (Activity 22)	
8.	Arrange implementation facilitator	
9.	Establish a review / evaluation project steering group	
10.	Implement and monitor review / evaluation activities	
11.	Write, produce and publish (communicate) review / evaluation findings	
12.	Consider and work any review / evaluation findings and recommendations into your next, continuing engagement activity	
13.	Review your review / evaluation approach, work and outputs as part of your continuous improvement ‘philosophy’ or approach.	

✓ *Considered (c), transcribed (t) to another list/project plan or done (✓)*

## **7. List of Handbook Activities**

The following is a list of all suggested activities throughout the Handbook.

- Activity 1: Do Less
- Activity 2: Test Your Plan – Idea – Initiative
- Activity 3: Team Readiness Check
- Activity 4: Share Your Assessment Findings and Progress to Date
- Activity 5: Share Your Findings and Progress to Date
- Activity 6: Values Development - Recollect One of Your Past Enjoyable Roles or Jobs
- Activity 7: Discuss Values Over a Set of Image Cards
- Activity 8: Confirming Values - Developing Principles
- Activity 9: Vision or Direction Development
- Activity 10: Mission Development
- Activity 11: Determine Your Engagement Tool
- Activity 12: Summary List of Project Development and Tool Determination
- Activity 13: Write A Project Resource List
- Activity 14: Write An Activity Plan
- Activity 15: Awareness of Enablers and Barriers to Consumer Engagement
- Activity 16: Write Your Project Plan
- Activity 17: Determine Membership of A Project Steering Group
- Activity 18: Determine a Meeting Plan and Format (Agenda)
- Activity 19: Set up a ‘Consumer Engagement Book of Wisdom’
- Activity 20: Ask and Listen
- Activity 21: Telephone Meditation
- Activity 22: Engage – Support
- Activity 23: Pilot Project Narratives – by Consumer and / or Staff
- Activity 24: Team Problem Solving
- Activity 25: Project Watchpoints
- Activity 26: Review or Evaluation Resource Determination

## 8. Examples of Good Practice, Projects or Experiences

### 8.1. Example 1 – Tandara

Tandara Inc is a small HACC service provider in the north west of Tasmania. The service has six staff, which includes one relief employee and a group of five to 10 volunteers.. It is in a remote location in the small town of Sheffield.

The coordinator was interviewed on two occasions by TasCOSS. The service stood out through:

- Its general regard for and attention to clients' needs;
- Its ways of inviting them to participate and contribute; and
- A wider-ranging approach towards engagement than simply at an individual level.

The overall philosophy of Tandara is one of openness. This means everything is discussed and allowed to be brought to staff or team attention.

When discussing client engagement with the service coordinator, the question was asked if any difficulties or challenges were experienced in the program or with clients. The response was:

*Yes, there are regular challenges or difficulties when you operate a program such as ours. However, we involve clients in everything we plan or do, including in the review of key elements of the program, such as the program's policies and procedures. This means that there is a high level of program ownership by clients and very little room for clients to complain, they plan all and in some parts operate the service.*

Apart from the expected case planning, follow-up and reviewing, the service holds regular one-to-one conversations with every attending client, every time, during the day centre operation. This allows for informal or ad hoc amendments to the care plan but also for immediate attention to changing needs, issues or challenges experienced by the client.

The service has established a list of clients who need social support, to better plan for clients' independence and social integration outcomes. This list is maintained and reviewed regularly.

The involvement of clients at a whole-of-organisation level is still limited, yet there are some indications of the service's intention to offer involvement and to improve in this area (see below).

All clients have the option be on the Board of Management of Tandara. They have the additional option to attend the AGM. This however, is not occurring as yet. An annual carers' meeting is conducted by Tandara to support the carers of their clients.

All staff and volunteers are treated equally. Both groups can receive all training offered by Tandara. The service's culture of engagement is fully extended to carers and its volunteers.

In promotion of its culture of engagement, the service has developed a supplementary definition of 'independence', which is the HACC program's main goal:

*Independence to our staff is about what it means to the clients: the client's perception or understanding of independence, not ours.*

Examples given of the service's active engagement approach were past events where the service completed grant applications with the active involvement of clients.

Clients are further engaged in the organisation's human resources processes. A current example was the coordinator's pending departure to go on maternity leave. The position was advertised and one of the short-listed candidates attended during one of the day care centre mornings, being informally observed and interviewed by clients.

In this instance, clients are not actively involved in recruitment; however, they are briefed prior to the visit and can volunteer any comments to management. A more formal involvement of clients on a subsequent interview panel is currently being discussed.

At both the individual level and service level, Tandara displays good examples of a high level of engagement with clients, for example collaboration with clients, which is almost the full



empowerment of clients, where clients have become equal partners and are in control of parts of the program or its activities. The coordinator described one example in operation at Tandara:

*Clients of Tandara operate a fundraising program which aims to raise additional money for activities which are then subsequently decided by clients. Often these activities are additional excursions, bus trips and outings where clients socialise, learn and interact. Staff take on a supporting role in administering the fundraising program and doing errands to the bank or other places, as needed. Clients run it, we support it.*

The coordinator further described that the degree of involvement, enthusiasm and passion is clearly outstanding and amazing.

*It is the highlight of their week.*

This program element is greatly influencing clients' feelings of wellbeing, being involved and contributing to their independence and wider social program:

An additional avenue for consumer engagement would be a client position on Tandara's Board of Governance. While there is a standing invitation to become a member extended to clients, to date the board has not achieved the successful inclusion of a current or past client.

Tandara is presently planning to trial the forming of a 'client advisory group' to the Board and for this group to be formally communicating with the Board on client/consumer and community issues while being supported by the program/service.

## **8.2. Example 2 – Western District Health Service, Victoria**

The following is a terrific example of a situation where a service or service manager came back with an idea after an overseas study tour, the service was aware of a need to improve service coordination and it was combined with active involvement and partnership arrangements with consumers:

The Western District Health Service (WDHS) consumer engagement experience is a practical example of implementing a change process with intentional consumer input throughout all phases of the project or process. The case study below, provided by the WDHS, is a sound example of the journey of a provider over two years of consumer engagement.

The WDHS is located in Hamilton, Victoria and provides acute, aged care and primary health services to a rural population of approximately 15,000. The service employs 700 staff.

In April 2010, after staff from the service completed a study tour to Canada, the service decided to commence a journey to better integrate its local service system and one of the key underpinning principles applied was their work with their consumers from the outset. As Rosie Rowe, the Director of Primary and Preventative Health, writes:

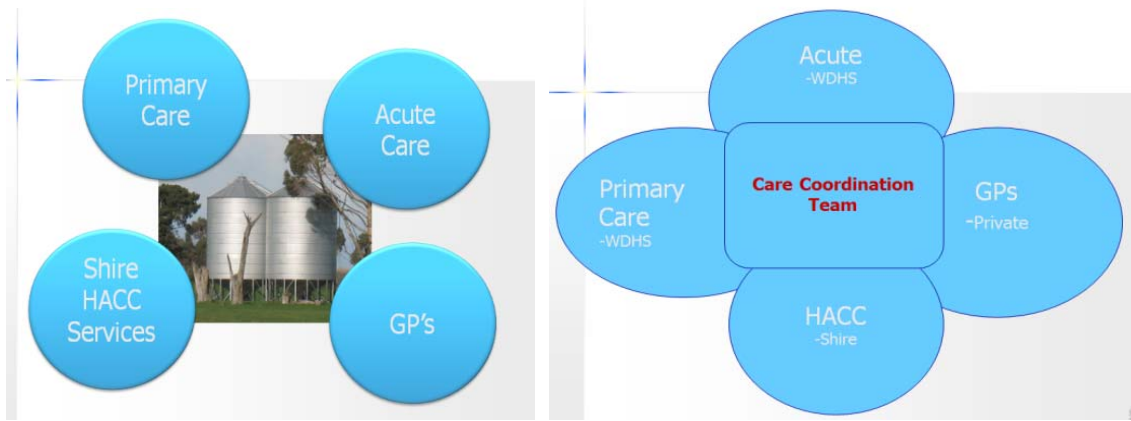
*From the very first steps, we partnered with consumers and carers to help us. This partnership has proven to be our "trump card" for success.<sup>46</sup>*

The WDHS commenced initial discussions with individual consumers to test the vision and concept of a Care Coordination model to better integrate services. Circle diagrams were used to check whether their ideas resonated with consumers and health professionals from all parts of the system.

Chart A: WDHS - Pre-existing system of unconnected 'silos' versus care coordination model creating enhanced connections and smoother client flow.

---

<sup>46</sup> The notes are taken from an unpublished paper "Partnering with Consumers – the trump card in creating a new model of care" written by Rowe in May 2012. The full paper can be made available upon request.



WDHS’s concept was one of a ‘virtual organisation’ where information was coordinated between entry, transfer and exit points in the system. Without exception, the concept resonated with all.

The service applied policy frameworks to guide its development, including the internationally recognised Wagner Chronic Disease model and the Victorian Department of Health’s Health Independence Program Guidelines and Active Service Model.

The service used a hotel analogy and considered how well it identified all needs at ‘check-in’, how well it informed its ‘guests’ about services available; how well it provided a ‘concierge’ to assist guests if needed and how well it followed up after their visit was over.

The service further used consumer input to identify the specific needs at each stage of the journey through the ‘hotel’, as per the diagram below. These needs gave the service its design goals.

Chart B: Client journey represented by boxes listing the organisational processes of each stage and the voice of consumers about their needs at each stage.



Using this information enabled the consumer needs to be used as the design goals for the organisational processes. At each stage, the service ran ideas past consumers and asked them to help it design a method of recruiting and consulting with a broader base of consumers. The guiding principles were:

- Setting clear expectations;
- Treating consumer participants with respect and as ‘partners’ in quality improvement;

- Engaging with a broad range of consumers, rather than a selective group;
- Providing flexibility and choice about how and when consumers could participate;
- Ensuring open and transparent processes of inviting participation; and
- Providing as many opportunities as possible for staff involvement.

These principles resulted in the establishment of a network of interested consumers who would be invited to participate as needed. This broad network avoided issues of selecting a handful of consumers onto a representative committee and spending time on supporting a committee rather than having a flexible participation network that could be called upon as we needed. This has included participation at forums, individual discussions, staff meetings and phone and written surveys.

The service's first forum involved 10 consumers and six staff from three different services. For many staff it was the first time they had been involved in a process of listening to consumers. They reported feeling reinvigorated by the process of consumer partnering and having a better understanding of the need for change being proposed under the Care Coordination model.

It was also very positive for the service's first cohort of consumers. By showing commitment to listening, the service gained consumers' trust and interest in partnering on this long journey. Two consumer participants were overheard at the first forum saying, "Do you really think our input will change anything?" In response, there was a positive, "Yes, I truly think it will."

Over the past two years the service has had 11 active consumers on its network and a further 53 who have participated in surveys. The network has developed into an informal, positive and collegial collective of people, empowered by the service's eagerness to listen and their ability to influence the service system.

The service regularly connects via newsletters and phone calls and opportunistic corridor chats. It has learnt that the process is rewarding for staff and consumers and that, far from being fearful, it can be fun.

As WDHS comes to each new step in the journey, it uses individual consumers within the network to inform how it should proceed with the next step of engagement. This provides a flexible process, designed to meet the particular consultation needs at the time.

In addition to specific consultation, the service has used partnering with consumers in the following ways:

- Staff recruitment – using consumers on interview panels for key roles has reinforced for new staff the service's commitment to consumer participation; and
- Evaluation – using a consumer to help design and conduct a phone survey with 20 clients was a powerful approach to gathering feedback. It was the first survey the service had seen where participants had spoken positively about the survey itself and wanted their appreciation to be recorded.

The service's next step now is to explore the use of consumers to train staff in key consumer processes. It hopes this will assist staff to better walk within the client's shoes.

*What has changed as a result of consumer input:*

- Implementation of new processes – this is happening more quickly and without costly mistakes;
- Consumer-designed forms – an intake form and client care plan have been revised due to consumer input. The look and feel of the form is different to the service's usual forms. As one consumer remarked, "*This form is about me. It asks questions that are relevant to me.*" As a result, the service has reduced complaints about its intake form from two per week to one in 18 months;
- Staff engagement with change – involving consumers has enabled staff to better understand the need for change and has assisted managers in overcoming resistance;

- Positive consumer reports – Consumers are reporting that services are better connected, less information is repeated and broader aspects of care are identified earlier;
- Culture - the more WDHS has used consumer partnering processes, the more this has become a usual way of doing business and the service doesn't presume to know the client's needs anymore;
- Organisational policy – a 'Partnering with Consumers' policy has been developed for the organisation which establishes a commitment to consumer partnering in governance, operational delivery and individual staff behaviour; and
- Expansion of change – the use of consumers is starting to spread in other parts of the organisation, encouraged by the *Care Coordination model*. This is resulting in other staff listening to consumers and building processes to better meet consumer needs. This is supporting the organisation's readiness for compliance with the Partnering with Consumer Standard under the National Safety and Quality Health Service Standards, mandatory from January 2013 in Victoria.

### *Bumps along the way*

There have been numerous challenges. The project coordinator asked consumer participants to share their thoughts and feelings, to add to her own:

#### *Consumer thoughts:*

- Initially interested but cautious. Interested in participating in a process that looks at the whole, not just one service. Concern whether input would be truly listened to, would really change anything or whether it could backfire on the consumers involved. Also concern for all consumers to be represented;
- Part-way through – motivated by the positive process and by the fact that input was listened to and action was taken, sometimes immediately to enhance services;
- End of the tunnel – validated. The process recognised and validated consumer input. Feeling that 'other people are just talking about consumer partnering, while we are doing it'.

#### *The thoughts of service management:*

- Initially excited and optimistic. Concern for getting the process right and managing the risks – particularly the need to set realistic expectations and need to build trust to sustain interest;
- Part-way through – disappointment and concern as some staff deny and react aggressively to consumer input. Concern for the damage this would have on the consumer partnership. This required action to validate the input of consumers and support staff in accepting input as part of continuous quality improvement; and
- End of the tunnel – great sense of satisfaction and reward for the positive impact reported by consumer participants and clients accessing services. Also the positive staff feedback on the changes made; as is often said, '*This makes so much sense, why would we do it any other way?*'

### *Lesson Learnt*

The one thing we would do differently next time is to prepare staff for the consumer involvement process. If we had done this, it may have enhanced their confidence to listen openly to feedback and prevented initial defensiveness. However, this was overcome by the genuine praise for their work expressed by consumers.

#### *Success factors*

Right People at all levels:

- Executive level – a champion to demonstrate commitment from the top and to protect the input of consumers when needed;

- Middle management and project resources – people who support implementation; and
- Consumers – skilled, calm and patient consumers that were able to influence and engage in positive rather than adversarial discussions with staff.

*Right Processes from the start*

- Right processes are essential for managing risk. Risks included setting unachievable goals, including extent of consumer input into decisions, and expectations of the scale or timing of possible actions. Also the risk of poor trust and loss of respect in the event of adversarial relationships between staff and consumers;
- Consultation should be started early to design the process of consumer involvement; and
- It's important to have a consumer 'brains-trust' to check ideas, check progress and plan the next step in the journey.

*Conclusion*

Partnering with consumers has been the 'trump card' in implementing a new Care Coordination model at Western District Health Service. It has enabled the service to better understand its client needs and, in partnership, to design a model to meet those needs.

It has assisted the service to better engage with staff by having consumers encourage the need for change, while supporting and celebrating the achievements of staff. The right people and the right processes have ensured risks are managed and the experience is rewarding, motivating and validating for both health service staff and consumers.

## 9. References

### 9.1. Organisations That Offer Advice / Resources

#### International Association for Public Participation

[www.iap2.org.au/](http://www.iap2.org.au/)

The International Association for Public Participation (IAPP) is a non-profit organisation for members who seek to promote and improve public participation practices in relation to governments, institutions and individuals that affect the public interest while promoting the values and best practices associated with public involvement in decisions that affect their lives. IAPP was established in 1987 and currently offers a Certificate in Public Participation to individuals and staff of government departments.

IAPP core values for the practice of public participation include:

- The belief that those who are affected by a decision have a right to be involved in the decision-making process (involving and consulting)
- The promise that the public's contribution will influence the decision (collaborating)
- The promotion of sustainable decisions by recognising and communicating the needs and interests of all participants, including decision-makers (informing and collaborating)
- Seeking out and facilitating involvement of those potentially affected by or interested in a decision (involving)
- Seeking input from participants in designing how they participate (consulting)
- Providing participants with the information they need to participate in a meaningful way (informing); and
- Communicating to participants how their input affected the decision (informing).

#### Consumers Health Forum of Australia

[www.chf.org.au/](http://www.chf.org.au/)

The Consumers Health Forum of Australia Inc (CHF) is the national voice for health consumers. As an independent member-based non-government organisation, CHF helps shape Australia's health system by representing and involving consumers in health policy and program development. The Commonwealth Department of Health and Ageing gives core funding for the CHF secretariat.

Health consumers have a unique and important perspective on health as the users and beneficiaries of health care and, ultimately, those who pay for it. CHF takes consumers' views to government and policy-makers, providing an important balance to the views of healthcare professionals, service providers and industry to achieve a health system that reflects the needs of all stakeholders. Member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences.

Health policy is developed through extensive consultation with members, ensuring a broad representative health consumer perspective. Current priorities include safety and quality in health care, safe and appropriate use of medicines and health care for people with chronic conditions.

CHF believes:

- All consumers should receive affordable, safe, good-quality health care at the time they need it.
- Best outcomes are achieved when consumers are involved in decisions about and management of their own health care.
- Consumers should receive healthcare information when they need it and in a form they can understand, particularly about medicines.

CHF nominates and supports consumer representatives on government, industry and professional committees. In addition, it publishes a range of quality publications on various aspects of health care including the informative journal, *Health Voices*, available to members and subscribers. Two useful documents are:

- Guidelines for consumer representatives  
[http://www.chf.org.au/docs/downloads/237\\_conrepguidelines\\_2004.pdf](http://www.chf.org.au/docs/downloads/237_conrepguidelines_2004.pdf)
- Consumer Representatives Program: General information: Fact sheets:  
[http://www.chf.org.au/docs/downloads/237a\\_guidelineinsertsx5.pdf](http://www.chf.org.au/docs/downloads/237a_guidelineinsertsx5.pdf)

### **Health Consumers of Rural and Remote Australia Inc. (HCRRA)**

[www.ruralhealth.org.au/hcrra/](http://www.ruralhealth.org.au/hcrra/)

Health Consumers of Rural and Remote Australia Inc. is a not-for-profit organisation that works to improve rural health outcomes by involving consumers in the planning, implementation, management and evaluation of health services throughout non-metropolitan Australia. HCRRA members are given the opportunity to represent the views of people who live in rural and remote Australia, in the planning and implementation of a broad range of health issues that directly affect them.

HCRRA receives funding from the Department of Health and Ageing's Rural Health Support, Education and Training program. HCRRA aims to promote and support the inclusion of rural and remote consumer representatives on government and non-government committees; provide access to resources to inform consumers and develop their representative skills; lobby government on behalf of rural and remote consumers to encourage consumer participation; and to facilitate rural consumers' communication and involvement in health and community services in their areas. In addition, it is a focal point for the dissemination of information about rural health policies and programs to consumers and as a forum in which real experiences and common consumer issues for action can be discussed.

### **Health Issues Centre (HIC)**

[www.healthissuescentre.org.au/aboutus/](http://www.healthissuescentre.org.au/aboutus/)

Health Issues Centre is an independent, not-for-profit organisation that began in 1985 to promote equity and consumer perspectives in the Australian health system. Its mission is to improve the health outcomes for Australians, especially those who are disadvantaged. The focus of HIC's work is mainly in Victoria but the organisation takes a national approach where appropriate.

It works with a wide range of consumers, health providers, researchers, governments and other health organisations to achieve its mission of policy analysis and advocacy from consumer and equity perspectives, consumer-focused research, the promotion and support of consumer participation and the dissemination of information.

### **The Cochrane Consumer Network (CCNet)**

[www.cochrane.org/consumers/about.htm](http://www.cochrane.org/consumers/about.htm)

The Cochrane Consumer Network is made up of fellow consumers who are committed to the philosophies of The Cochrane Collaboration and the importance of consumer participation in informed healthcare decision-making processes. The Network supports consumers by enabling communication, training and guidance in providing a consumer perspective to Cochrane reviews and other activities within The Cochrane Collaboration.

It encourages consumers throughout the world to give their perspectives and have their say on priorities for health care and encourages the concept of evidence-based practice with a forward thinking approach to improvement of health care. The Network believes consumer participation aids the development of high-quality and relevant systematic reviews, and that these reviews can actively inform evidence-based practice in health care with effective dissemination. It provides training materials and workshops to facilitate effective consumer participation and accessibility to Cochrane reviews by consumers, maintains a website, publishes regular newsletters and provides an avenue for consumer representation, including from developing countries.

## **The Health Consumers' Council of WA (HCCWA)**

[www.hconc.org.au/](http://www.hconc.org.au/)

HCCWA was established in 1993 to be an independent patient group that brought the consumer perspective to health care. It is funded by the West Australian Health Department. Its role is to provide health information and referral, coordinate placement of consumer representatives on state-wide committees, conduct health issues groups, workshops and information sessions and provide individual advocacy for individuals with problems with the health system. HCCWA is able to comment publicly on all matters pertaining to health and contribute to the development of health policy, planning, research and service delivery. The emphasis is on consumer participation and representation at strategic levels in the health care system.

## **Health Care Advisory Council (HCAC) (NSW)**

[www.health.nsw.gov.au/initiatives/hcac/index.asp](http://www.health.nsw.gov.au/initiatives/hcac/index.asp)

The Health Care Advisory Council, consisting of Health Priority Taskforces and Area Health Advisory Councils, operates at different levels across NSW Health to ensure effective involvement for consumer and clinicians in planning, policy development and service delivery. It is the peak clinical and community advisory group in NSW, providing advice to the NSW Minister for Health and the Director-General, NSW Health. The Council publishes a quarterly newsletter as a communication loop with key audiences and especially highlights the achievements of Health Priority Taskforces

## **Area Health Advisory Councils (AHACs) (NSW)**

[www.health.nsw.gov.au/policy/participate/ahac.html](http://www.health.nsw.gov.au/policy/participate/ahac.html)

Each Area Health Advisory Council consists of between nine and 13 members appointed by the Minister, subject to review by Cabinet. Membership comprises persons having experience in the provision of health services and/or representing the interests of consumers in health services and the local community. At least one member must have expertise, knowledge or experience in Aboriginal health.

## **Health Care Consumers' Association of the ACT Inc. (HCCA)**

<http://health.act.gov.au/c/health?a=da&did=10069306&pid=1082091590>

In the Australian Capital Territory, the Health Care Consumers Association provides a voice for consumers on local health issues. It was formed in 1978 by concerned healthcare consumers to provide a voice for consumers on local health issues, including consumer access to equitable, effective and appropriate health services. HCCA encourages consumers to be involved in all aspects and levels of health service planning and decision-making while supporting community members to undertake consumer representation following relevant training and support. Consumers work together to share their understanding, experiences and views, to identify shared priorities and goals and to represent these views to the ACT Government.

## **Community Advisory Committees (Victoria)**

[www.health.vic.gov.au/consumer/downloads/cacg.pdf](http://www.health.vic.gov.au/consumer/downloads/cacg.pdf)

Community Advisory Committees are appointed in an advisory capacity to health service boards in Victoria, predominantly to advise on governance, policy and strategy in relation to community participation and its impact on health service outcomes. They have no executive authority but provide a central focus for all strategies and mechanisms for community participation and consumer involvement in the health service.

Committees are enablers of community participation, rather than representing the sole response of the health service to its responsibility to engage the community. They have two roles – to assist the health service to appropriately integrate consumer and community views at all levels of its operations, planning and policy development. Secondly, Committees advocate to the boards on behalf of the community.



**Health Consumer Alliance of South Australia Inc (HCA)**

[www.hcasa.asn.au/](http://www.hcasa.asn.au/)

The Health Consumers Alliance Inc of South Australia is the not-for-profit, peak body for health consumers in South Australia with a common goal to provide a strong, independent health consumer voice and the just and equitable distribution of health resources.

## 9.2. Documents – Literature – Research

Victorian Integrated Cancer Services 2012 Consumer Participation Tool Kit

[www.nemics.org.au/Documents/ViewDocument.aspx?club=NEMICS&DocumentID=21ebe9dc-250d-474b-8a0f-dc43875a8262](http://www.nemics.org.au/Documents/ViewDocument.aspx?club=NEMICS&DocumentID=21ebe9dc-250d-474b-8a0f-dc43875a8262) accessed 28.6.12

QLD Health 2002 Consumer and Community Participation Toolkit

[www.healthissuescentre.org.au/documents/items/2008/08/226706-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/08/226706-upload-00001.pdf)

Kirby, P., Lanyon, C., Cronin, K., Sinclair, R. 2003. Building a Culture of Participation. Involving children and young people in policy, service planning, delivery and evaluation. A handbook. London.

[www.healthissuescentre.org.au/documents/items/2009/07/284475-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2009/07/284475-upload-00001.pdf)

South Australian Government 2009 Department of Health, Consumer and Community Participation Guideline

[www.sahealth.sa.gov.au/wps/wcm/connect/9f9eae80430c6d028b45db2cf7cfa853/Guideline\\_Community\\_Participation\\_Aug2009\\_final.pdf?MOD=AJPERES&CACHEID=9f9eae80430c6d028b45db2cf7cfa853](http://www.sahealth.sa.gov.au/wps/wcm/connect/9f9eae80430c6d028b45db2cf7cfa853/Guideline_Community_Participation_Aug2009_final.pdf?MOD=AJPERES&CACHEID=9f9eae80430c6d028b45db2cf7cfa853)

Australian General Practice Network 2011

[www.agpn.com.au/\\_data/assets/pdf\\_file/0004/38443/20110428\\_pln\\_Community-engagment-tool-kit.pdf](http://www.agpn.com.au/_data/assets/pdf_file/0004/38443/20110428_pln_Community-engagment-tool-kit.pdf)

Consumer Focus Collaboration 2000, *Improving health services through consumer participation*, Canberra, ACT

[www.healthissuescentre.org.au/documents/items/2008/08/226533-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2008/08/226533-upload-00001.pdf)

Council to Homeless Persons 2008 Consumer Participation Resource Kit.

[www.chp.org.au/cpkit/items/2008/02/196977-upload-00001.pdf](http://www.chp.org.au/cpkit/items/2008/02/196977-upload-00001.pdf)

Department of Human Services 2006 (2), *Doing it with us, not for us: strategic direction*, DHS, Victoria, Melbourne.

[http://health.vic.gov.au/consumer/downloads/do\\_it\\_with\\_us\\_strategic.pdf](http://health.vic.gov.au/consumer/downloads/do_it_with_us_strategic.pdf)

Gregory, J. (2008). Engaging consumers in discussion about Australian health policy: Key themes emerging from the AIHPS study: Discussion paper for the AIHPS national citizen engagement forum, 16 September 2008, Brisbane: AIHPS.

[www.healthissuescentre.org.au/documents/items/2009/05/278649-upload-00001.pdf](http://www.healthissuescentre.org.au/documents/items/2009/05/278649-upload-00001.pdf)

Rath, Tom 2006 *Vital Friends*. Gallup Press. New York. [www.vitalfriends.com](http://www.vitalfriends.com)

TasCOSS 2012 Consumer Engagement-Literature Review, Good Practice Approaches and Pilot Projects in HACC in Tasmania. Hobart. (To be released in September 2012)

Health Canada, 2000, *Health Canada policy toolkit for public involvement in decision-making*, Ottawa, Canada, accessed 17 April 2012,

[www.hc-sc.gc.ca/ahc-asc/pubs/public-consult/2000decision/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/pubs/public-consult/2000decision/index-eng.php)

## 10. Appendices

### 10.1. Acronyms – Abbreviations

AIHPS	Australian Institute of Health Policy Study
ATI	Advocacy Tasmania Incorporated
ATOD	Alcohol, Tobacco and Other Drugs
CAC	Community Advisory Committee
CCNESB	Community Care NESB
CFC	Consumer Focus Collaboration
CHF	Consumers Health Forum of Australia Inc.
CHP	Council to Homeless Persons
CTS	Community Transport Service, Tasmania
DHHS	Department of Health and Human Services, Tasmania
DHS	Department of Human Services, Victoria
HACC	Home and Community Care Program
HIC	Health Issue Centre, Melbourne
NARI	National Ageing Research Institute, Melbourne
TasCOSS	Tasmanian Council of Social Service
ToR	Terms of Reference
VFC	Volunteers For Community - Launceston VFC Services
WDHS	Western District Health Service

### 10.2. Definitions

For a more common and shared basis of understanding and to illustrate the use of terms used in the Handbook definition of some key terms are required:

Consumer(s):	Members of the general public and their communities who use, directly or indirectly, or are possible future users of health services. It includes their family members and carers. Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or as communities. <sup>47 48</sup>
Client(s):	Existing users of services or HACC services. <sup>49</sup>
Carer(s):	Care for another person who needs ongoing support because of a long-term medical condition, a mental illness, a disability, frailty or the need for palliative care. A carer may or may not be a family member and may or may not live with the person. Carers can be of any age and are unpaid. However, volunteers under the auspices of an organisation are not recognised as carers.
Engagement:	Implies that the process of involving others is more continuous: someone, the consumer is occupied, focused and committed. On the other hand consultation can be limited to one event and does not imply that anything will be done with the input received. <sup>50</sup> Engagement as used in the document can mean any activity, from low to high levels of engagement activity with consumers and with the intention of continuity and continuous improvement of current

---

<sup>47</sup> In relation to health services many community members would qualify as 'consumer' however as per definition a consumer is one whose primary experience is as a consumer. CHF 2001.

<sup>48</sup> Gregory explains why the term consumer is preferred to patient or client: the term consumer represents a person who has choice and can be involved, while patient or client is someone in a hierarchical relationship. Gregory 2007:2.

<sup>49</sup> Tasmanian HACC providers and stakeholders preferred the term 'client' to 'consumer'. The definition also includes clients' carers or advocates.

<sup>50</sup> Gregory 2007:3.

	levels of engagement. The terms consultation or participation may also be used at times.
Client Engagement	Is the continuous and dynamic process of interaction and communication between clients, staff and all stakeholders to best meet the needs of clients, to identify future needs of clients and to best facilitate learning, personal growth and improvements. <sup>51</sup>
Consumer Engagement:	Consumer, carer and community engagement is the process by which the aspirations, concerns, needs, values and active contributions of citizens and communities are incorporated in government, non-government, not-for-profit and private sector decision-making, planning service delivery and evaluation. It is about working together, participation, involvement, partnerships and moving toward mutual, respectful and equal relations in work and service interactions. <sup>52</sup>
Engagement Activity or Project:	Refers to your possible, planned or implemented activity or project. It can be a tangible, practical change or a change in attitude or approach to your existing ways of relating with and engaging individual consumers or groups of consumers.
Consumer Participation:	As above. However, participation may describe a less planned, less proactive, less integrated and less continuous approach to working with consumers.
Consumer Involvement:	As above. However, involvement may describe a less planned, less pro-active, less integrated and less continuous approach.
Consumer Representation:	For the purpose of this handbook, it is defined as one or several consumers who participate in planning, service delivery, co-delivery or review of your services or programs. It can range from mere presence, to input in decisions made, to equally partnership and equal weight in terms of decisions to be made.
Community:	Refers to groups of people or organisations with a common interest. While some communities may connect through a local or regional interest in health, others may share a cultural background, religion or language. Some communities may be geographically dispersed but linked through an interest in a specific health issue by the internet, or some other means.
Team:	Where the term 'team' is used in the document it always refers to the team involved in the consumer engagement activity or project. At a minimum it involves your immediate team, consumer, relevant support persons to the consumers (carers, etc) and key stakeholders.

### **10.3. Consumer Training Needs Analysis**

#### **Consumer training needs analysis**<sup>53</sup>

Dear consumer,

We would appreciate if you could complete the table below to advise us of your preferred training topics

*Please ✓ the box next to each item that is of interest to you.*

---

<sup>51</sup> As per the definition the TasCOSS HACC Client Engagement project steering group agreed on.

<sup>52</sup> DHS 2006.

<sup>53</sup> Permission given by HIC to print and for others to use this tool.

We thank you for your collaboration on this important matter and look forward to working with you in the future.

**SECTION A: Training topics**

Please ✓ training topics you would find most useful to support you in your involvement in [organisation].

Please ✓ below topics you are interested in	Topics
	<p><b>Getting involved with [organisation]</b></p> <p>This workshop will focus on the reasons people get involved with health services and some basic ways community members can contribute to improving the health of the community.</p>
	<p><b>A basic introduction to the Australian Health Care System</b></p> <p>This workshop will include an overview of the structure and function of the Australian health care system and will include specific information on Medicare, health care funding and service delivery, and the roles of governments and public and private sector providers. Practical activities relevant to aged care services in Victoria will be the focus of this workshop.</p>
	<p><b>Committee work, how to be effective</b></p> <p>This workshop will provide advice and strategies to maximise your involvement on health service committees. It will include steps for chairing committees, communicating, problem-solving, understanding group dynamics and strategies to influence change.</p>
	<p><b>Support for community members on committees – looking after yourself as a volunteer</b></p> <p>The workshop will include information on planning for your voluntary role, steps for managing time and commitments, advice on setting boundaries, gaining support for an issue and how to look after yourself in your consumer participation role.</p>
	<p><b>Advocacy and lobbying</b></p> <p>This workshop will include:</p> <ul style="list-style-type: none"> <li>• an outline of policy decision-making in health services</li> <li>• strategies for lobbying decision-makers</li> <li>• steps for designing campaigns and creating support for an issue</li> <li>• different approaches to advocacy</li> <li>• ideas for mobilising communities.</li> </ul>
	<p><b>Contribute to improving the quality and safety of your health service</b></p> <p>This workshop will present information on areas of quality and safety in health services and avenues for consumers, carers and community members to become involved. Strategies for utilising feedback from consumers, learning how to consult with the community on service delivery and issues of access will be discussed with practical examples from current Victorian health services.</p>
	<p><b>Assisting [organisation] to get to know its community</b></p> <p>The workshop will include advice on conducting community research,</p>

	<p>undertaking a community needs analysis, group facilitation and steps in developing local action plans. Recent examples will be discussed and participants will have the opportunity to share their ideas and seek advice from presenters.</p>
--	--

## 10.4. Risk Assessment Template

### RISK MANAGEMENT

Project Name: \_\_\_\_\_

#### Risk and Uncertainty

Impact = impact on cost, schedule or performance

Probability = probability of this happening

Rating scale:

H = High

M = Medium

L = Low

Number	Risk	Impact	Probability	Risk reduction Strategy
1 (example)	Staff Change	HIGH	LOW	If staff changes: prepare written hand-over notes; set a face-to-face meeting to hand over; set a face-to-face meeting after reading hand-over notes
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

## 10.5. Terms of Reference Template

### TERMS OF REFERENCE

#### Background

- Continuity of care and the patient journey are promoted as corner stones of the development and delivery of services. In aiming to integrate diverse and culturally inclusive consumer and community views at all levels of its operation, Southern Health recognises that:
- participation of consumers in decision making about treatment and care is a prerequisite to ensuring optimal, effective and high quality care;
- consumers require full information on treatment options, in order to actively participate in their care;
- central to the well being of the community is the involvement of members of the public in policy development and strategic planning;
- effective community and consumer participation requires commitment and leadership from management;
- the commitment of staff is essential to successfully involving consumers and the community in service planning and evaluation, and that training is required to support staff in their commitment;
- internal policies and procedures must support and encourage consumers to provide feedback as well as recognise cultural and language barriers faced by the community and consumers;
- community and consumer participation requires adequate resources if it is to be valuable and meaningful;
- community and consumer representatives who become involved in service planning and evaluation require appropriate orientation, support and training.
- In recognising consumer and community participation, Southern Health will engage the assistance of the Community Advisory Committee to address these needs.

#### Role and Responsibilities

The role of the Committee will be to:

- Enable community participation by assisting the Board to appropriately integrate consumer and community views at all levels of its operation.
- Advise the Board on strategies to enhance and promote consumer and community participation at all levels, including the development, implementation and monitoring of the strategic Community Participation Plan.
- Identify and advise the Board on priority areas and issues requiring consumer and community participation.
- Participate in the Health Service's broad strategic planning and service development processes.
- Assist the Board and the Executive in their communication with the Health Service community and consumers.
- Assist with the development and monitoring of key performance indicators for service quality and accessibility, in particular, the indicators of the Annual Quality of Care Report.
- Undertake projects and activities as agreed with the Board.
- To advise the Board on governance, policy and strategy in relation to community participation and its impact on health service outcomes.

#### Membership

The selection criteria for membership to the Community Advisory Committee will be agreed by the Board. Membership will include:

- Between nine and fourteen people appointed by the Board.
- One Board member who satisfies the selection criteria.



- Community members who reflect perspectives of the communities served by the Health Service and who are not appointed as representatives of specific organisations.
- Applicants for Community Advisory Committee membership will be sought through a range of strategies including nominations from peak community bodies.
- Each term will be for a period of 2 or 3 years depending on the member’s preference, with a maximum of 6 years. Members wishing to reapply for another term will be considered equally with other applicants. Members who have served 6 years and wish to reapply must have an intervening period of 12 months before they are eligible to reapply.
- Terms of office will commence in August and finish in June.
- A pool of applicants who were not offered a place in the last intake will be kept. If an unexpected vacancy occurs during a year, the vacancy can be filled by an applicant from the pool. Applicants in the pool will be invited to apply for a position at the next intake and will be considered equally with other applicants.

**Chairperson**

- The Chairperson is to be elected from the membership in June of each year and must then be approved by the Southern Health Board
- Community Advisory Committee members who have completed 18 months or more on the Committee will be eligible for nomination.
- Nominations will be received from members during the month prior to election
- Election will be by anonymous voting, with one vote per member
- The Chairperson will attend Community Advisory Committee Chairs Meeting quarterly or if unable to do so, delegate another member to attend in his/her place.
- The Chairperson will meet with the Executive Officer and the Executive Director of Primary Care prior to each Community Advisory Committee meeting to develop agenda.

**Reporting**

- The minutes, work plans and community participation plan of the Community Advisory Committee will be provided to the Board on an ongoing basis for ratification.

**Meeting Frequency**

- Bi-monthly meetings in accordance with the Community Advisory Committee guidelines.

<b><i>SH Strategic Policy</i></b>	Collaboration and Engagement	<b><i>ACHS Function</i></b>	Leadership and Management
<b><i>Reviewer</i></b>	Director, Primary Care	<b><i>Last review dates</i></b>	23 May 20__
<b><i>Authoriser</i></b>	Southern Health Board	<b><i>Next review date</i></b>	23 May 20__

## 10.6. Consumer (Client) Consent Template

### Consent to Use / Publish Narratives, Photographs, Video Clips or other Documented Information

Event Name (if applicable): \_\_\_\_\_

I, \_\_\_\_\_ (client / consumer name)

consent to my: (Please select )

- Photograph(s)
- Narratives (Story or Case Study)
- Photograph(s)
- Video Clip(s)
- Other  (Specify: \_\_\_\_\_)

To be used, by the organisation and to included in publications, etc.. They can used in/for:

- Multiple or any PR, publication purposes
- In house (by the organisation for internal purposes / publications only)
- In house (organisation internal purposes only) and for reports to the funding body
- Other(s) - Please specify: \_\_\_\_\_

To protect my privacy – if this is wanted – I will give permission for the organisation to:

Use no name with images, audio, clips or written material

- First name only
- Use a synonym (other first name)
- Full name is ok to use

I am aware that the organisation (insert) is a not-for-profit organisation or government service and any of the above is not intended to be used for financial gain.

If at any time I wish to have the consent given above to be altered, I have the right to contact the organisation and to change any of the above.

Name (Please print in capital letters): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile: \_\_\_\_\_

Signed: \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_

On behalf of the Organisation (insert)

Name (Please print in capital letters): \_\_\_\_\_

Signed: \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / 20\_\_

**Note to managers/staff/volunteers: This consumer consent form is to be scanned and saved electronically in relevant and safe location, accessible by appropriate staff. .**