



NADA Consumer Participation Project

Expression of Interest

Guidelines and Information for Applicants

Applications for EOI close
5pm Friday, 9 February, 2017

INFORMATION FOR APPLICANTS

1. BACKGROUND

In some sectors of the health system it has long been recognised that consumers play a valuable role with their contribution to service planning and evaluation. With evidence showing that consumer involvement can contribute to a range of positive outcomes which include the development of state and national policies and strategies, in addition to services and programs that appropriately reflect the needs of the populations they are intended to serve. Consumer engagement has also been shown to enhance the experience of AOD treatment, increase satisfaction (for consumers and staff) and improve retention. However, within the AOD treatment sector the uptake of consumer participation has lagged.

Recent moves to redress this issue within the AOD sector has meant that NADA and consumer groups are now putting in place support structures for services, their staff and consumers.

1.1 NADA Consumer Participation Project

The fundamental purpose of this project is to support consumers of AOD treatment to use their knowledge and experience to contribute to the design, planning, delivery and evaluation of AOD treatment.

To achieve this, NADA is inviting its members to submit an expression of interest (EOI) to become one of five pilot sites engaged in the project. EOIs will be assessed against selection criteria developed in consultation with the project advisory group members.

These criteria and assessment will be utilised to ensure a diverse range of services and consumers are engaged and supported. This could include services with clients representing women, rural/regional, Aboriginal and/or Torres Strait Islander, and LGBTI communities.

Goals associated with this project include:

- Sector and consumer capacity building;
- community development;
- improved knowledge of consumer engagement for all stakeholders;
- recognition of, and strategies to address and ultimately reduce stigma and discrimination (real or perceived);
- the implementation of consumer engagement initiatives; and
- supporting the development and sustainability of a consumer network.

1.2.1 Consumer Participation Audit Tool

Supported by the contracted external evaluator and the project advisory group (PAG), a unique consumer participation audit tool will be developed. The audit tool has its basis in the popular 'Ladder of Citizen Participation' – originally developed by Sherry Arnstein in 1969 to describe how power was blocked for marginalised communities. Since its development, many within the AOD sector have adapted the tool to describe the processes of consumer participation.

The audit tool developed will give AoD treatment services the ability to track where they are on the 'Ladder of Consumer Participation', consumer engagement initiatives associated with different levels of activity, principles associated with the level and support structures necessary to implement initiatives. See Appendix 1. for a sample 'Ladder of Participation'.

1.2.3 Training and Support

Successful pilot site staff and consumers will attend a pre-project information session. This will allow representatives the opportunity to further cement project ideas, define common goals and give a greater structure to individual project plans.

Each of the pilot sites will be supported by staff and consumer training opportunities: defining consumer engagement, meaningful participation, benefits, barriers and challenges to consumer participation; and addressing practical issues to ensure project longevity and sustainability. Training workshops will be adapted to meet various site requirements.

Site support through regular phone, email and face-to-face contact with the NADA Consumer Participation Project Coordinator will assist in keeping projects on track and support effective communication.

One of the key stakeholders in the project is the NSW Users & AIDS Association (NUAA). Consumers will be supported further through membership of a network of peers instigated by NUAA.

1.2.4 Project Overview

The NADA Consumer Participation Project will be completed by 30th June, 2019. The Project will be conducted over three stages with key deliverables associated with each stage being:

Stage One – Planning, Consultation and Establishment (October 2017 to February 2018)

- Evaluation contract negotiations and contract signing;
- Advisory committee establishment;
- Mapping exercise and consumer participation project resources and tools collation;
- Project promotion and pilot site selection;
- Evaluation framework developed;
- Initial engagement discussions with pilot sites, and
- Project planning workshop developed and delivered with all sites in attendance.

Stage Two – Training and Project Delivery (March 2018 to March 2019)

- Consumer participation audit tool development;
- Individual project plans developed with demonstration sites;
- Implementation of projects with demonstration sites;
- Consumer participation training modules for service staff and consumers (including evaluation component and sustainability considerations) developed and implemented; and

- NUAA Consumer network established supported by NADA.

Stage Three – Wrap-up, Evaluation and Sustainment (April 2019 to June 2019)

- Draft and final evaluation reports;
- Sustainability plans where appropriate for demonstrations sites and Consumer Network; and
- Final reporting requirements met.

1.2.5 Project Evaluation

An external evaluator will be contracted to work with the Project Advisory Group and Project Coordinator on the development of audit tools and other research implements. Pilot sites' (staff and clients) will play a critical role in evaluation consultation.

2. ELIGIBILITY CRITERIA

2.1 Eligibility to apply

Only existing, incorporated, not-for-profit drug and alcohol service delivery organisations that are current members of NADA may apply to participate in this project.

2.2 Ineligibility to apply

Individuals, for-profit, Local, State and Territory, and Commonwealth Government agencies are ineligible to apply.

Existing, incorporated, not-for-profit agencies that cannot demonstrate that their organisation and/or service primarily provides drug and alcohol service delivery will not be considered.

2.3 Declaration of Organisational Agreement to Participate in Implementation Project

All successful applicants must enter into an Agreement with NADA prior to commencing the project (*See attached Expression of Interest Application forms*).

3. SCREENING AND SELECTION PROCESS

3.1 Selection panel

A selection panel will screen all applications to determine successful participants. The selection panel will include representative/s from NADA and the Project Advisory Group – Executive.

Once the selection panel has determined a short list of applicants, contact will be made with the preferred organisational contact.

3.1.2 Consumer Participation in Application Process

While not mandatory, the selection panel will look favourably into consumer input into all stages of the proposed project; this includes the formative stage of the project. Consumer engagement in this formative stage may include focus groups, questionnaires or other consultative processes. The NADA Consumer Participation Project EOI form provides space to report on these activities.

Applicants are also invited to contact the Consumer Participation Project Coordinator during the application stage for further support and information (details below).

3.2.1 Confidentiality

All applications submitted will be treated in confidence.

Details regarding successful applications will be made publicly available through the NADA network.

3.3 Important Dates

EOI Advertised	January, 2018
Applications due	9 February, 2018
Contact made with shortlisted applicants	16 February, 2018
Project planning workshop with pilot site staff and consumer representatives	Late February, 2018
Consumer participation training with individual sites	March, 2018
On going consumer participation project implementation	March 2018 – March 2019
Post-project evaluation surveys and consultations	April 2019 – May 2019
Final Project and evaluation reports	May 2019 – June 2019

4. EOI APPLICATION DETAILS

4.1 Application closing dates

Applications close **5pm Friday, 9 February, 2018**

4.1.2 Late applications

The selection panel will not accept applications after the advertised closing date.

4.1.3 Application conditions

Please note the following:

- Applicants must submit **one electronic copy (via email)** of the application.
- Applicants will receive acknowledgement that their application has been received. If applicants do not receive acknowledgement it is advised that they contact NADA before the closing date.
- NADA will notify all applicants about the outcome of the selection process.

4.1.4 Where to send applications

Electronic copies of applications can be sent to:

Fiona Poeder

Consumer Participation Project Coordinator

NADA

fiona@nada.org.au

4.1.5 Who to contact for more information

Further information about the Consumer Participation Project can be obtained from NADA.

In the first instance contact: Fiona Poeder, Consumer Participation Project Coordinator
Ph. 02 8113 1324
M. 0488 144 661
fiona@nada.org.au

Alternatively, contact: Robert Stirling, Deputy Director
Ph. 02 8113 1320
M. 0421 647 099
robert@nada.org.au

Appendix 1. Levels of consumer participation

Level	Activity Example	Comments
Low Information Provision	Providing information to consumers on services and treatment options. Charter of Rights and Responsibilities. Complaint mechanisms. Consumer participation policy.	While not considered consumer participation these activities support consumer decision making and thereby empowerment. Consumers are passive participants rather than active and they have not historically led development of resources. <i>For example, the development of a consumer participation policy without input from consumer representatives.</i>
Low Consultation	Suggestion boxes. Surveys and questionnaires. Focus groups/focus testing. Service user groups.	Consumers provide comment or feedback on a prepared resource, product, directive or idea. Power resides with service providers and feedback is at the discretion of service providers. <i>For example, the service develops an information flyer and asks consumers for their preferred colour choices.</i>
Medium Partnership	Peer workers, educators and trainers. Steering committees/advisory groups. Service design.	Utilises lived experience. Consumers and providers are joint decision makers with equal voice. Necessitates supportive structures and environment. <i>For example, the service partners with a local drug user organisation to fund and undertake a peer support project.</i>
Medium High Resource Development	Consumer driven resource development. Peer education	Empowering utilises community development and adult learning principles. May require training and support from peer-led organisations; for instance formalising organic peer education. <i>For example, consumer representatives recognise the need for a resource targeted at new clients. The service supports the recommendation and assists the consumers with resources and expertise to undertake a full consultation with staff and consumers.</i>

<p>Medium High</p> <p>Recognition of Expertise</p>	<p>Staff selection panels.</p> <p>Staff performance reviews</p> <p>Consumer positions on Boards.</p> <p>Consumers developing service policy, training and resources.</p>	<p>Recognises the expertise associated with lived experience.</p> <p>May require training and support from peer-led organisations.</p> <p>Requires power to be balanced equally and a measure of control handed over.</p> <p><i>For example, the governing Board of the service are supportive of having a program of initiatives supporting consumer engagement at all levels of the organisation.</i></p>
<p>High</p> <p>Control</p>	<p>Consumer/peer run organisations.</p> <p>Self-help groups</p>	<p>All decisions and control of resources resides with consumers/peers.</p> <p><i>For example, the service is fully staffed by people with lived experience of drugs and alcohol.</i></p>