Consumer Participation  
Audit Tool

User Guide & Tools

June 2019

Contents

[About NADA 3](#_Toc11151598)

[About this Resource 3](#_Toc11151599)

[User Guide 6](#_Toc11151603)

[Getting started](#_Toc11151604)

[The audit](#_Toc11151605)

[Assessing the outcome and developing recommendations](#_Toc11151606)

[Reporting back to those involved](#_Toc11151607)

[Developing a plan for change](#_Toc11151608)

[Reviewing the changes](#_Toc11151609)

[Contact NADA](#_Toc11151610)

[Consumer Participation Audit Tool 16](#_Toc11151611)

[Reflecting on Why 17](#_Toc11151612)

[ESTABLISHING HOW 18](#_Toc11151613)

[A: Policy and Planning](#_Toc11151614)

[B: Service Delivery](#_Toc11151615)

[C: Access & Equity](#_Toc11151616)

[D: Capacity Building](#_Toc11151617)

[Action plan EXAMPLE 34](#_Toc11151618)

[Action plan template: POLICY AND PLANNING 35](#_Toc11151619)

[Action plan template: SERVICE DELIVERY 36](#_Toc11151620)

[Action plan template: ACCESS AND EQUITY 37](#_Toc11151621)

[Action plan template: CAPACITY BUILDING 38](#_Toc11151622)

[REVIEW REPORT 39](#_Toc11151623)

[Action plan PRIORITY 41](#_Toc11151624)

[Appendix A. Risk mitigation 42](#_Toc11151625)

[Appendix B. Levels of consumer participation 45](#_Toc11151626)

## About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. As a member driven peak body, NADA’s decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

To learn more, visit [www.nada.org.au](http://www.nada.org.au).

## About this Resource

NADA has developed the *Consumer Participation Audit Tool: User guide & tools*, to support membership with gauging where they are currently situated in relation to consumer participation in service delivery, policy and program development, access and equity, as well as capacity building.

Further, the resource provides opportunities for regular review of consumer participation initiatives to ascertain movement in levels of consumer participation and for the development of action plans through which consumer activities can be gauged.

### Aim of resource

NADA is committed to supporting members in applying principles of best practice when working with people with a history of drug and alcohol use. This practical resource supports workers and organisations in improving the inclusiveness of service delivery with consumers in order to provide balanced and equitable services.

The terms ‘consumer participation’ and ‘engagement’ are used (often interchangeably) to highlight the need to meaningfully include people who might otherwise be excluded, marginalised or feel disassociated from their drug and alcohol treatment experience.

The importance and benefits of participation for consumers and services alike cannot be over emphasised. While benefits are detailed later in this document they are inclusive of improved outcomes for individuals, staff, organisations and the broader community and can be categorised into health-related, socially beneficial and organisationally-supportive.

NADA would like to acknowledge that this tool is designed to provide organisations opportunities to reflect on their own practice in supporting inclusion, person-cantered care and participation. The tool cannot incorporate every aspect of participation and engagement, it is a starting point. Only when these practices are fully supported by organisations, including incorporation of inclusive practice values and principles throughout the organisation’s structure – including sufficient resource allocation – can consumer participation be embedded into organisational culture.

## Terminology (FOR THIS DOCUMENT)

*Buddy / buddy systems* Clients of a service of equal stature/support provided by clients

*Champions* Individuals with high degree of willingness, capacity and interest in forwarding consumer participation-related activities

*Client* Service participant, service user, resident, consumer

*Consumer* Service participant, service user, resident, client

*Consumer engagement /* Activities promoting the involvement of consumers in service  *participation* structures

*Consumer/peer worker* Worker with acknowledged and identified lived experience, often employed by the service

*Elder* Recognised Aboriginal person with wisdom and experience

*Lived experience* History and experience of drug and/or alcohol use or dependence

*Management* Staff of services with decision making authority

*NADABase* NADA’s data collection and reporting system

*Non-government organisation /* Not-for-profit community organisation

*service*

*Peer* Individuals of equal standing or status

*Residents / service users* Consumers of services, rehabilitation services

## ACRONYMS

ACCHO Aboriginal Community Controlled Health Organisation

ACON AIDS Council of NSW

AMS Aboriginal Medical Service

CALD Culturally and Linguistically Diverse

HCNSW Health Consumers NSW

NADA Network of Alcohol and other Drug Agencies

NUAA NSW Users & AIDS Association

QI Quality Improvement

## User Guide

### Getting started

This section provides guidance on how to prepare your organisation for a review of consumer participation priorities as part of a continuous cycle of quality improvement.

|  |
| --- |
| **Benefits of consumer participation**  Consumer participation is beneficial on a variety of levels and for a range of stakeholders. At its core are improvements to principles related to: human rights; health outcomes; relationships; service delivery; as well as accreditation and legal issues. Examples include:   * + - * inclusion in decisions which impact on an individual’s health are both an ethical and human right * improvements in the quality of the services available, lead to increases in service users’ satisfaction with, subsequent retention in and adherence to treatment * improvements in relationships between consumers and staff leads to greater degrees of trust and satisfaction and morale * helping individuals get the care they need when they need it, leads to improved access, equity and more responsive service delivery * supporting people to be more active in looking after themselves increases an individual’s capacity to be engaged in decision making concerning their own treatment needs * reduction in some of the pressures on health and social services * meeting accreditation and legal requirements including the National Safety and Quality in Health Service Standards, Standard 2: partnering with Consumers * improved quality and safety of health service provision * inclusion of valuable insights which may not otherwise be apparent * reduction in conflicts and complaints * increased social capital leading to a more inclusive community. |

**Levels of consumer participation**

Consumer participation can occur on a variety of levels and impact in several different ways. While not static, there are low, medium and high levels of impact: ranging from information provision alone to consumer-driven activities.

Examples include - at lower level impact, pamphlets and other resources developed for consumers to impart information. At a low to medium level of impact are resources on which consumers are invited to consult on; providing consumers’ views and their considerations. When looking at the medium level are activities such reviews of policies to incorporate consumer participation.

Higher levels of consumer participation include consumer driven research, resource design, and consumer-led organisations. See the appendix for further information and examples.

#### Reflecting on *why*

As with any project you undertake, it is important to consider why it is you want to complete this review and what it is you are hoping to achieve. Understanding this will help you explain why you are doing this work and will help you get the essential buy in from your staff, consumers and other stakeholders.

Complete these few questions to help you consider the ***why*** behind your review.

🖉Note: *The tool section of this Guide includes a section for you to document your responses on why you might consider auditing your service’s consumer participation activities.*

* Why do you want to carry out this review?
* What is missing in the organisation?
* What is your organisation’s current position/perspectives on consumer participation? Do organisational values and principles support sustained consumer participation?
* What do you currently do well in relation to consumer participation?
* What do you hope to achieve by completing this review?
* What is the vision for your organisation in relation to consumer participation?

#### Considering *what*

Before you get started you will need to be clear about what is being reviewed (e.g. is it the organisation or a specific program). The tool is designed as an organisational resource, but it may not be feasible for some larger organisations to take this approach. If this is the case, you may choose to only look at a specific program and this means you may have multiple responses to questions in this tool which are marked as ‘don’t know’ or ‘not applicable’.

This shouldn’t be a deterrent though; all services have differing levels of resources to be able to both complete this review and to be able to implement recommendations. Results should be considered in the context of your own service.

#### Establishing *how*

This review should be implemented as part of organisation’s quality improvement (QI) cycle. It is recommended that it is repeated in the first instance at 6 and 12 months and subsequently every 12 to 24 months. This will allow services to see what areas they have improved in. Your QI leader should embed reminders into QI processes to ensure the tool and the organisation’s action plan is embedded in the QI process. The report, including the completed review, recommendations and follow up actions can be used as evidence in QI accreditation and in benchmarking.

|  |
| --- |
| **Take the time to reflect**  This is a great opportunity for your organisation to reflect on current practices and consider readiness for increased consumer participation. For example, you may want to support the employment and retention of consumers as staff members—but is your organisation ready to provide support for these workers?  The review process is an important reflective exercise however it will be most beneficial if the organisation is supportive of taking on recommendations and is able to allocate some resources to implementing those recommendations.  The review is designed to be reflective of the organisation’s current practices and it is important to ensure:   * management are fully supportive of the activity * consumers/service users are fully informed and actively encouraged to participate in the process * all staff are engaged in the process * adequate time is allocated for the review (it may take from a few days to several weeks to complete in full the first time it is carried out) * staff leading the review are well supported (perhaps a working party or champions can be allocated) * systems are in place to engage relevant stakeholders. |

🖉Note: *The tool section of this Guide includes a section for you to document your responses as to how you might carry out a consumer participation audit.*

#### Identifying *who* to engage

It’s important to remember who it is the review is targeting. The end goal is to improve the inclusion of consumers, so it is important to engage key consumers, advocates and representatives in the process from the very beginning. Start by identifying exactly who you need to engage in the process. This might include:

* consumers or service users – both current and former
* management and staff
* service providers (AOD specialist’s, referral pathway services and broader services e.g. cleaning, catering and contracting providers)
* community members
* NSW Users & AIDS Association (NUAA)
* Network of Alcohol and Other Drug Agencies (NADA)
* Aboriginal representatives
* other stakeholders.

Depending on who you engage, and what areas of the review you need consultation on, different strategies for participation may be taken. A mapping exercise of all stakeholders at the onset will help you have a better idea of what partnerships you already have in place.

#### Identifying *who* should lead

It cannot be stressed sufficiently that a consumer participation audit be transparent, non-tokenistic and undertaken in equal partnership – from inception. While an organisation may have multiple staff members complete the review on behalf of different service areas, to present a collective view, and to remain true to the philosophy of consumer participation, it is recommended that a partnership between a small group of consumers and staff persons be responsible for collating the review in consultation with other champions: staff, the board and most importantly service users or consumers and other key stakeholders.

It is also important to ask any staff in consumer or peer-identified role to be involved in the working group, particularly when focusing on developing recommendations.

It is important to consider who is best placed to provide an independent and consultative review to give meaning to the outcomes and ensure that recommendations are acted on. An external person may be most appropriate; however, resources may not permit this. The QI leader or a senior staff member with a passion for quality improvement or a team member who is removed from direct service provision would be ideal to lead the review in partnership, and champion any recommendations for change.

When thinking about consumers to partner in leading the review, it is also important to consider turnover, support which may be required, and capacity building. With these issues in mind, it may be useful to have a mentoring arrangement; with longer-term service users (or former service users) supporting those newer to the service. These newer consumers may then go on to support fellow consumers in the future in the ongoing cycle of inclusion and participation.

**Identifying *when* the audit should occur**

It may appear simple to just ‘put your ducks in a line’ and begin your audit. However, external and internal factors can have significant impact on when an audit can proceed. If the ‘when’ isn’t taken into consideration, the entire process can become undermined and lose momentum. Considerations can include factors such as:

* Holidays and breaks: are key stakeholders available or will they need to be brought on board later;
* Do you and your organisation currently have the capacity to undertake this audit?
* Are external factors going to influence the process and what else is occurring in the broader field?
* Have you considered monitoring/review points and what may be occurring at 6 and 12 months?
* Are there any factors which may impact on momentum and progress of action, for example reporting, or holiday periods?
* Are there factors that may impact on the communication of findings?

**Risk mitigation**

The saying goes: “the best laid plans of mice and men…”. While prioritising consumer participation in organisations can make considerable positive change there are still factors which need to be taken into consideration – these factors can impact on change to varying degrees and it is important to reflect on them to mitigate or reduce potential impacts even in the audit stage of the process. Some of the factors which you may need to make allowances for – such as the impact on time, are included in the appendix.

### The audit

Once you’ve completed reading the user guide section and carried out the reflection questions, you can move to the review section of the working document and complete the organisation information. The next step is to start reviewing the questions. It is suggested that you move sequentially and complete one section at a time when carrying out the review. The lead reviewers should address all questions and assess what evidence needs to be gathered and identify a plan for engaging stakeholders for their input.

You will find four columns in the audit:

| **Activities** Examples | **Response**  Yes/no/partially met /NA/don’t know | **Evidence/comments**  Include any evidence to support your response | **Recommendations**  Identify any actions or improvements recommended |
| --- | --- | --- | --- |

Activities are included for each domain (Policy & Planning, Service Delivery, Access and Equity, and Capacity Building). Each activity also includes a range of examples (where relevant) to give you an idea of where you might find the answer or what could be done to respond to the activity area being reviewed.

🖉Note: *The domains, activities and examples are not exhaustive, and you may find that further areas for exploration evolve during the audit/review. While this can be viewed as a positive, note them as you go along for later consideration. Try to remain focused to enable prioritisation to be undertaken.*

|  |
| --- |
| **Some starter tips:**   * Promote the use of appropriate and positive language. * Be patient when engaging consumers and community members in the consultation: most people don’t use the concepts and language service providers/organisations do. * Be mindful of the need to listen, monitor your own assumptions and generalisations; it’s easy to forget yourself and slip into old habits. * Remind yourself and others why you are doing this and remember real, inclusive, and sustainable change takes time. * Avoid the use of acronyms; these can be polarising and disengaging. |

#### How to respond to each question?

You can answer *yes*, *no*, *partially met*, *don’t know* or *not applicable*.

|  |  |
| --- | --- |
| Response type | Rationale |
| Yes | You can positively respond to the question and provide evidence to support that this is an element of your current service provision and/or operations. |
| Partially met | You can identify some evidence that some work has been done in this area, but more could be done. |
| No | You are unable to identify any evidence for a positive response to the question. |
| Don’t know | You are unable to find out the required information. It may be that the lead reviewer selects ‘don’t know’ on multiple answers on a first run through the questions but following up with other staff, investigating policy and consulting with the community will help find a more solid response. |
| Not applicable | The question does not apply to your service (for example when only focusing on a service area rather than the organisation as a whole). |

*🖉Note: If stakeholders (e.g. staff and consumers) are unable to agree on a common response to a question the lead reviewers will have to consider the evidence available before selecting a response. As a guide the reviewers should never select yes unless all relevant parties agree and the evidence is there to support this response.*

#### Documenting evidence

Whatever your response you can document evidence to this answer in the third column. A good way to document the evidence is to reference it and provide a [hyperlink](https://support.office.com/en-us/article/Create-format-or-delete-a-hyperlink-0c2f680d-5f61-48b9-9f6f-894c6f3cab55#bm1) to its location on a shared drive (if possible) so all stakeholders can access to the information.

#### Recommendations

Use the ‘recommendations’ column to identify where improvements are needed. It can be helpful to jot down ideas as you go instead of waiting to develop recommendations when the full review is complete. You may also want to identify here the actions and resources which may be required to meet the recommendation/s.

*🖉Note: The review should be used as a* ***working document*** *to identify ideas and progress on questions until it is finalised, and the report section completed and signed off.*

### Assessing the outcome and developing recommendations

On first application of the audit you may find that multiple questions have been responded to with a ‘partially met’, ‘no’ or ‘don’t know’. It is important not to be overwhelmed by this, as this tool is designed to help you identify a whole range of factors that can increase consumer inclusion in your service that you may not have considered before. It is a whole of service response and it can help your stakeholders and partners to start thinking about improved participation across the whole organisation.

#### Scoring

Scores are based on responses for *yes*, *partially met*, *no* and *don’t know* and should be graded based on applicable questions.

|  |  |
| --- | --- |
| Response | Score |
| Yes | 2 |
| Partially met | 1 |
| No | 0 |
| Don’t know | 0 |

Each question is worth a maximum of 2 points, the total possible score across the four domains being 48.

|  |  |  |
| --- | --- | --- |
| Area | Total number questions | Total possible score |
| A: Policy & Planning | 7 | 14 |
| B: Service Delivery | 8 | 16 |
| C: Access & Equity | 5 | 10 |
| D: Capacity Building | 4 | 8 |
| Total | 24 | 48 |

*🖉Note*: *If your team become overwhelmed, go back to the ‘why’ of why you are doing this and consider how you can balance this vision while acknowledging that resources are limited and that change takes time. And remember that small changes can have big impacts.*

#### Reviewing the outcomes

Regular meetings with management, leaders, the board and champions can be the ideal place to start to discuss outcomes and help to identify priority areas and the next steps. It is also important to ask those involved in the consultation what they think about current processes and what ideas they have for positive improvement.

*🖉Note: People with a history of alcohol and other drug use know what has and hasn’t worked for them in the past, their lived experience can be core to positive change.*

When reviewing the outcomes of the review as a whole:

* Document ideas for improvement.
* Pursue answers to questions where the answer is ‘don’t know’.
* Identify:
* What can be done within available resources?
* What can be done within the short, medium and long term?
* What can be done in different parts of the organisation?
* What big impact can be created with little effort?

### Reporting back to those involved

As part of consultation with the board, staff, consumers or clients and other stakeholders it is important that a feedback process is embedded. This includes providing a report on the outcomes of the full review and/or specific elements of the review, and discussing what recommendations are being put forward for change.

This is also a great opportunity to get input on what areas should be prioritised for change in the next 12–24 months, as it won’t be possible to make change on all items at the one time.

Remember to inform those involved in identifying the final priorities and engage them in a follow up review later.

### Developing a plan for change

Developing a plan includes identifying priority areas and activities and who can lead these activities. Organisations should aim to commit to at least two or three priority activities over the review period and should look at improvements impacting on different parts of the organisation.

The examples in the questions section of the review can help identify where to start progressing improvements in different priority areas, while the ‘outcomes and recommendations report’ section and the ‘action plan template’ can help document your organisational plan for the next 12–24 months.

### Reviewing the changes

As with any QI process it is important to review any changes implemented after a period. So be sure to embed review timeframes into planning, and schedule in a date for the next full review as part of the organisational QI schedule.

### Contact NADA

For further information, or to provide feedback on the tool, contact NADA.

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**T** 02 9698 8669

**E** [feedback@nada.org.au](mailto:feedback@nada.org.au)

**W** <http://www.nada.org.au>

## Consumer Participation Audit Tool

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  |  | Service/program name |

|  |  |  |
| --- | --- | --- |
| Staff lead |  | Position title |

|  |  |  |
| --- | --- | --- |
| Consumer Lead |  | Date started |

|  |  |  |
| --- | --- | --- |
| Review date 6 months |  | Review date 12 months |

|  |
| --- |
| Other stakeholders/champions: |

|  |
| --- |
| Consultation process: |

## Reflecting on Why

#### **Why do you want to carry out this review?**

|  |
| --- |
| Insert brief statement on why you want to carry out this review. |

#### **What is your organisation’s current perspective on consumer participation?**

|  |
| --- |
| Insert brief description of your organisation’s perspectives on consumer participation. |

#### **What do you currently do well in relation to consumer participation?**

|  |
| --- |
| List a few things you believe you already do well in this area. |

#### **What do you hope to achieve by completing this review?**

|  |
| --- |
| Briefly describe what you hope to achieve. |

## ESTABLISHING HOW

#### **How have management supported the activity?**

|  |
| --- |
| Insert brief statement on ways in which ways management are supporting the consumer participation audit. |

#### **Consumers and staff are fully informed and encouraged to participate**

|  |
| --- |
| Insert brief description of activities undertaken to inform staff and consumers to encourage participation. |

#### **Resources (including adequate time) have been allocated to supporting the audit**

|  |
| --- |
| List the internal resources made available to support review leaders and champions. |

#### **Relevant stakeholders associated with completing this review**

|  |
| --- |
| List external stakeholders and supports required to complete the audit. |

### A: Policy and Planning Response/Score: Yes = 2, Partially Met = 1, Don’t Know/No = 0

| 1. **Policy and Planning** | | | |
| --- | --- | --- | --- |
| **Consumer participation related activities and examples** | **Response**  Yes/no/partially met / don’t know | **Evidence/comments**  Include any evidence or documentation to support your response | **Recommendations**  Identify actions or improvements recommended, noting resources that may be required |
| 1. Consumer participation is incorporated into the service’s strategic planning and reflects consumer needs. This can be accomplished through surveys, focus groups, committees etc.   Example  Service actively involves consumers in:   * Strategic planning through periodic meetings with consumers to review previous strategic plans and consultation on future plans * Priority setting * Quality improvement through regular meetings with consumers * Board of management - through identified consumer positions |  |  |  |
| 1. Service involves consumers in operational planning.   Example  Service actively involves consumers in:   * Policy development to ensure consumers are included and policies are actively inclusive * Project planning * Consumers involved in quality improvement initiatives |  |  |  |
| 1. Key consumer policies have been developed in partnership with consumers and are readily accessible.   Example  Consumers have ready access to policies such as:   * Rights and responsibilities documents which are inclusive of both staff and consumers * Complaints processes and procedures * Consumer participation policies within the service |  |  |  |
| 1. Key principles of consumer participation incorporated into relevant documentation.   Example  Documentation such as:   * Staff position descriptions – How are staff going to incorporate consumer participation into their work? * Planning policy – How is consumer participation going to be incorporated? |  |  |  |
| 1. Consumer representation on employment-related panels.   Example  Consumers are represented on:   * Recruitment panels * Staff appraisals * Staff exit interviews * Staff meetings |  |  |  |
| 1. Service has developed its own consumer-targeted resources (in equal partnership with consumers) that specifically include information affecting consumers.   Example  Resources and training such as:   * Brochures and fact sheets with information such as descriptions of consumer participation and its benefits to consumers, services and staff * How to become involved in consumer participation activities both within and outside of the service * Changes to policy and programs affecting consumers * Health information * Harm reduction information * Representation at various meetings including strategic planning, and employment related panels |  |  |  |
| 1. For issues of transparency, make publicly available records in relation to the performance of the organisation.   Example  These may include;   * Evaluation (external and internal) * Testimonials * Accreditation results. |  |  |  |

### B: Service Delivery Response/Score: Yes = 2, Partially Met = 1, Don’t Know/No = 0

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Service Delivery | | | |
| **Consumer participation related activities and examples** | **Response**  Yes/no/partially met / don’t know | **Evidence/comments**  Include any evidence or documentation to support your response | **Recommendations**  Identify actions or improvements recommended, noting resources that may be required |
| 1. The service has mechanisms in place to involve and consult with consumers in relation to service planning, program evaluation and improvements.   Example  Consumer input and feedback mechanisms including:   * Regular surveys and questionnaires * Inclusion and membership on quality improvement committees * Suggestion boxes with procedures for feedback * Inclusion on, and support to participate in planning committees * Consultation with consumer advisory groups * Establishment of support to participate on management committees |  |  |  |
| 1. The service actively involves consumers in decision-making about their own care.   Example  Decision making including:   * Each consumer participating in the development of their own care plan * Consumers being aware of their treatment options * Consumers involved in decision making in relation to care processes * Transitional planning and aftercare support options |  |  |  |
| 1. Consumer participation activities and outcomes are reported to key stakeholders.   Example  Consumer participation activities promoted and reported through mechanisms such as:   * Reports to funding bodies * Conference presentations including inviting consumers to co-produce and co-present * Development of newsletters * Activities reported through consumer groups/networks such as NUAA, NADA and Health Consumers NSW (HCNSW) |  |  |  |
| 1. The service provides space for consumers to develop and control their own activities.   Example  Consumer designed and led activities such as:   * Peer support groups * Resource development * Fitness groups and health |  |  |  |
| 1. Peer support incorporated into service delivery.   Example  Peer support activities such as:   * Pre-entry and Induction support from consumers * Peer run groups * Pre-admission and admission support provided by current and/or former consumers |  |  |  |
| 1. The service has identified paid consumer positions.   Example  Positions such as:   * Peer support staff * Consumer identified positions with specific roles and responsibilities including intake and exit and advocacy |  |  |  |
| 1. The service acknowledges and supports consumers to be engaged in relevant cultural and religious events.   Example  The service actively supports and respects participation for consumers in:   * Meeting religious requirements (prayer, food, fasting; such as Ramadan) * Aboriginal and Torres Strait Islander events (NAIDOC week, Survival Day) |  |  |  |
| 1. Consumer participation activities are monitored, evaluated and actively reflected upon.   Example  Development, monitoring and evaluation mechanisms such as:   * Evaluation policy which includes consumer participation activities * Consumer participation action plan * Key performance indicators * Evaluation reports for dissemination |  |  |  |

### C: Access & Equity Response/Score: Yes = 2, Partially Met = 1, Don’t Know/No = 0

|  |  |  |  |
| --- | --- | --- | --- |
| **Capacity Building** | | | |
| **Consumer participation related activities and examples** | **Response**  Yes/no/partially met / don’t know | **Evidence/comments**  Include any evidence or documentation to support your response | **Recommendations**  Identify actions or improvements recommended, noting resources that may be required |
| 1. The service has a welcoming and engaging environment and atmosphere.   Example  The service has consulted with consumers on aspects such as:   * Information and resource provision * Alternative approaches regarding safety and security * Culturally appropriate displays and events |  |  |  |
| 1. The service is accessible to those with mobility or other physical issues.   Example  The service has made provisions such as:   * Modified bathrooms * Supports for wheel chair and ambulatory mobility * Hearing-enabled telephones * Health-care support and health – management policies and procedures |  |  |  |
| 1. The organisation has procedures in place to support individuals awaiting a detoxification or rehabilitation service placement and supported intake processes.   Example   * Support where waiting times potentially impact on drug use patterns through appropriate referrals * Regularly contacting individuals to offer support and check-in facilities, particularly where individuals may not have telephone credit or are at risk of homelessness |  |  |  |
| 1. The service offers a thorough pre-intake service through ‘buddy systems’, appropriate support mechanisms and comprehensive pre-admission information.   Example   * Accurate representations of facilities and policies made available on service’s web site * Thorough information on issues such as medication and clothing restrictions * Development by current and former residents of pre-admission information resource; ‘Everything you need to know before you arrive’ |  |  |  |
| 1. Access and Equity is an integral part of ‘core’ service delivery. It should not be an ‘extra’ responsibility on top of existing workloads and practices. The service aims to foster a culture of working within a human rights framework.   Example  Staff and consumers work together to:   * Research adaptable equity and access frameworks * Develop a ‘Human Rights’ charter appropriate to the service |  |  |  |

### D: Capacity Building Response/Score: Yes = 2, Partially Met = 1, Don’t Know/No = 0

|  |  |  |  |
| --- | --- | --- | --- |
| **Capacity Building** | | | |
| **Consumer participation related activities and examples** | **Response**  Yes/no/partially met / don’t know | **Evidence/comments**  Include any evidence or documentation to support your response | **Recommendations**  Identify actions or improvements recommended, noting resources that may be required |
| 1. Staff supported to attend relevant training events.   Example  Training and events such as:   * Consumer participation training * Best practice for working with people with a history of alcohol/drug use issues * Cultural competency * NADAbase training |  |  |  |
| 1. Supportive networks and stakeholders are regularly invited to meet and work with staff and consumers.   Example  Relevant stakeholders may include:   * NSW Users & AIDS Association (NUAA) * Local Aboriginal Community Controlled Health Organisations * Local area’s Drug Health Services * Local Elders * Invitations to former residents/program participants to attend social and mentoring events * AIDS Council of NSW (ACON) Health * Network of Alcohol and Other Drug Agencies (NADA) |  |  |  |
| 1. Support consumers capacity to develop their own resources.   Example  Supported aspects of resource development such as:   * Project development including planning and budgets * Design * Research and consultation * Dissemination |  |  |  |
| 1. Consumers supported with training in capacity building in order to further develop skills.   Example   * NUAA’s Consumer Academy * NADA’s Consumer Participation Project * Agency for Clinical Innovation (ACI) * Recovery College * Health Consumers NSW * Representation and advocacy opportunities |  |  |  |

**IDENTIFYING PRIORITY AREAS**

**Scoring: Yes (2), Partially met (1), No (0), Don’t know (0)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total no. questions | Possible score | Your score |
| A: Policy & Planning | **7** | **14** |  |
| B: Service Delivery | **8** | **16** |  |
| C: Access & equity | **5** | **10** |  |
| C: Capacity Building | **4** | **8** |  |

Results:

Less than 20% of the total possible– Low: a great deal of work to be done, however it is doable and possible to incorporate consumer participation into your organisation. Consider organising consumers, management/staff and stakeholders to initiate a brainstorming activity to begin your journey. Implement your priority planning tools, and consider the organisational strengths and weaknesses. Consider requesting external support to aid in prioritisation.

20% to 60% of the total possible– Medium: the organisation is on-track to implement strategic change. Consider areas that scored low for inclusion into priority planning. Consider asking for external support.

Higher than 60% of the total possible – High: The organisation appears to be supportive of consumer paticipation. Examine areas which may have scored lower than others in relation to prioritisation, however don’t allow momentuum to discontinue.

*🖉Note: It’s difficult to be absolute in regards of consumer participation; you may have incorporated some of the examples identified in part or portion, therefore these calculations should be regarded as a guide only.*

*🖉Note: A low number of yes, or partially met responses does not necessarily mean your organisation is preforming badly in this area. Scoring should be considered in the context of the organisation and its resources. It should be used as a guide to help you identify what domain/s you may wish to prioritise and should be used as a benchmark for the regular review process over several years.*

*Remember: Resources are limited, and it may take time to see change so it’s important to celebrate what you are doing so far! And think about which small changes can make big impacts!*

## Action plan EXAMPLE

*🖉Note: Consumer participation doesn’t occur in a vacuum, nor can it successfully achieve outcomes relying on one individual. For participation to occur and have successful outcomes, we need to take the entire organisation on a journey. Participation requires buy-in from all members of the organisation’s ‘community’. It takes time, awareness raising, education, understanding and most essentially it requires all members to understand the benefits of participation – ultimately consumer participation can save lives. We hope this brief example assists you in laying the foundations for organisational change.*

| **Action plan priority: Policy & Planning – Incorporating Consumer Participation into Organisation Structure/Culture** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Timeframe:** | | | | **Review date:** | |
| **Actions** | Timeline | Resources | Lead | Support/Stakeholders | Progress & Achievements |
| Communicate benefits of consumer participation and engagement:   * Identify champions * Identify training opportunities * Raise profile of consumer voice | 6 months | Internet searching  NADA advisement  NUAA – consumer support | Champions | Internal: participants, Board, management, front-line and administrative staff, former residents.  External: NADA, NUAA, local Aboriginal Community Controlled Health Organisations (ACCHOs) Aboriginal elders and researchers. Consumer representatives/advocates (NUAA), NADA and trainers | Ongoing |
| Develop a consumer advisory group:   * Review existing groups * Examples of terms sf reference, processes etc. * Source and support consumers | 6 – 12 months | Examples of documentation already existing  Sitting fees  Venue  Catering | Champions | Consumers, staff support (administration)  Management support  External supporters: NUAA, NADA, PHN | Ongoing |

## Action plan template

| **Action plan priority: Policy & Planning** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Timeframe:** | | | | **Review date:** | | |
| **Actions** | Timeline | Resources | Lead | | Support/Stakeholders | Progress & Achievements |
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## Action plan template

| **Action plan priority: Service Delivery** | | | | | | |
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| **Timeframe:** | | | | **Review date:** | | |
| **Actions** | Timeline | Resources | Lead | | Support/Stakeholders | Progress & Achievements |
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## Action plan template

| **Action plan priority: Access & Equity** | | | | | | |
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| **Timeframe:** | | | | **Review date:** | | |
| **Actions** | Timeline | Resources | Lead | | Support/Stakeholders | Progress & Achievements |
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## Action plan template

| **Action plan priority: Capacity Building** | | | | | | |
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| **Timeframe:** | | | | **Review date:** | | |
| **Actions** | Timeline | Resources | Lead | | Support/Stakeholders | Progress & Achievements |
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## REVIEW REPORT

#### Recommendations from last review (if applicable)

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| --- |
| Insert brief overview of recommendations/priority areas from the last review. |

#### What we are doing well

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| --- |
| List some of the things you have achieved, or you are doing well. |

**Reflections**

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| --- |
| Insert brief reflection of changes expected and achieved since the last review. |

**Recommendations** **for current review**

|  |
| --- |
| Insert brief overview of recommendations/priority areas for the next twelve months. |

**Review schedule**

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| --- |
| Detailed recommendation report to be completed by: |

|  |
| --- |
| Action plans to be developed by: |

|  |
| --- |
| Next review scheduled for: |

## Action plan PRIORITY

| **Action plan priority:** | | | | | | |
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| **Timeframe:** | | | **Review date:** | | | |
| **Actions** | Deadline | Resources | | Lead | Support | Progress |
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## Appendix A. Risk mitigation

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| **Issue** | **Impact** | **Considerations** |
| Consumer and staff turnover | As consumers are core to the process of participation, it is imperative that they be involved. However, the nature of the drug and alcohol treatment landscape means that consumers routinely come in and out of services. This may mean that consumers who may be interested in participating do not remain in services for enough time to see initiatives through to completion.  While staff may be positive and supportive in relation to consumer participation and organisation change staff turnover and inherent organisational history/knowledge may be lost. | Ensure that the project has at least two staff and two consumer ‘champions’ or leaders who communicate regularly with service management.  Consider engaging with both newer service users and those who have been with the service longer to establish a mentoring or support opportunity.  Document processes and procedures and ensure management are aware of the location of relevant documentation. |
| Lack of motivation/interest | Often consumers feel that they have tried to make a change (through complaints or other mechanisms) in the past, which led to nothing changing or not being ‘heard’. This perception can mean that consumers are reluctant to get involved on any change-inspired activity.  Staffs’ perceptions of consumers can also mean that they believe that consumers are uninterested or unmotivated to make a positive change to the service(s) which they utilise or the programs they are involved with.  Staff can sometimes feel that consumers are incapable of being ‘involved’ in participation activities. | Throughout the project, and in meetings and training, acknowledge the positive benefits of consumer participation.  Recognition that many consumers are altruistic and have a desire to ‘give back’ and are respectful of having the opportunity to ‘voice’ their lived experience.  Contact consumer organisations for support and positive examples of participation in practice.  Utilisation of ‘lived experience’ from other services, consumers and staff who have been engaged in consumer participation initiatives. |
| Disbelief in the concept of consumer participation as an agent for change | It may be sometimes felt by staff and consumers alike that the concept of consumer participation itself cannot make any difference in service environments or provision. As a difficult concept to grasp and comprehend this is understandable. It can sometimes be an intangible or seemingly slow process. | Staff training, ongoing communication – having participant representative at staff and service user meetings and supportive management structure. |
| Lack of resources and funding leading to de-prioritisation of consumer participation | While consumer participation may not necessarily involve a great deal of expenses, it can take time out already filled service delivery schedules – particularly at the onset. | Examine the benefits of consumer participation and balance this with the longer-term efficiency’s and benefits. |
| Lack of support and/or understanding from management/staff/consumers | The ongoing support and involvement of these stakeholders from the onset is essential for consumer participation to be effective. | Contact relevant consumer organisations and stakeholders such as NADA for advice, and request meeting(s) and training.  Research relevant statistical and ethnographic information on the positive benefits of consumer participation.  Hold information and feedback sessions prior to audit and at specific points during the process; for instance, at review/progress points 6 and 12 months. |
| Staff concerns: i.e. employment, loss of authority, extra workload | When consumer participation is an unknown entity it may be easy to believe negative issues that might have an impact on individual staff members. These concerns may lead to reluctance to participate or engage. | Utilisation of ‘lived experience’ from other services, consumers and staff who have been engaged in consumer participation initiatives. Invite stakeholders to engage with staff.  Ongoing and open communication. Hear staff concerns. |

## Appendix B. Levels of consumer participation

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| **Level** | **Activity example** | **Considerations** |
| **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.  *For example, the development of a consumer participation policy without input from consumer representatives.* |
| **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.  *For example, the service develops an information flyer and asks consumers for their preferred colour choices.* |
| **Medium**  Partnerships | 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.  *For example, the service partners with a local drug user organisation to fund and undertake a peer support project.* |
| **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.  *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.* |
| **Medium High**  Recognition of expertise | Staff selection panels.  Staff performance reviews  Consumer positions on Boards.  Consumers developing service policy, training and resources. | Recognises the expertise associated with lived experience.  May require training and support from peer-led organisations.  Requires power to be balanced equally and a measure of control handed over.  *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.* |
| **High**  Control | Consumer/peer run organisations.  Self-help groups | All decisions and control of resources resides with consumers/peers.  *For example, the service is fully staffed by people with lived experience of drugs and alcohol.* |