Appendix 3

Demonstration Projects: Expressions of Interest

Att: <enter service>

Dear Sir/Madam,

AIVL’s Treatment Service Users (TSU) Project is a pioneering project which is being implemented in collaboration with The National Centre in HIV Social Research and it focuses on consumer participation in drug treatment agencies. The project is funded by the Commonwealth Dept. of Health and Ageing.

The Treatment Service Users (TSU) project has now entered its second phase. During this phase, 5 demonstration consumer participation projects across 3 Australian states/territories, NSW, VIC and WA will be implemented. A small grant ranging $5,000 - $9,000 will be available to agencies interested in implementing these projects. Since AIVL works closely with state/territory Drug User organisations, interested agencies will be required to work in collaboration with them in developing the projects and implementing them. The demonstration projects will then be evaluated and the findings disseminated within the sector. After this, we will bring together all key stakeholders in a nationally convened workshop and develop a nationally agreed framework for consumer participation in drug treatment agencies.

In this regard we are offering your organization an opportunity to apply for a grant between $5,000 and $9,000 to develop and implement a demonstration consumer participation project. Added to this your organization will also get a fully funded evaluation of the project which will be conducted by AIVL and the National Centre in HIV Social Research.

In order to help you apply for this grant we have enclosed the following documents;

1. An application form to address criteria for expressions of interest.
2. A guide to help you develop a consumer participation project.
3. A document broadly defining consumer participation.
4. A flyer on your local drug user organization.

The last date for receiving completed applications will be 4th April 2008, and applications must be mailed to;

AIVL – TSU Project Phase 2
PO Box 12720 A’ Beckett Street
VIC 8006

Or emailed to: johnf@aivl.org.au

You may also contact John Francis the TSU Project Officer at email: johnf@aivl.org.au or tel: 03-93291500 for any assistance in completing and submitting your applications. We look forward to your response and thank you for your interest in the TSU Project.

Yours Sincerely,

Tamara Speed
AIVL Program Manager, AIVL Treatment Service Users Project

ABN: 20 467 449 392
GPO Box 1552
Canberra ACT 2601

Level 2, Sydney Building
112-116 Anlina Street
Canberra ACT 2601

Telephone: (02) 6279 1600
Fax: (02) 6279 1610
www.aivl.org.au
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THE TREATMENT SERVICE USERS PROJECT - PHASE 2

Criteria for Expressions of Interest

1. Criteria for agencies to apply
   (Organizations interested in applying for a grant should meet the following criteria and provide the information that has been requested in this document).

   1. The organisation should be registered as a;
      - Government
      - Non-Government

   2. The organisation should provide one or more of the following drug treatment services;
      - Detoxification
      - Residential rehabilitation
      - Pharmacotherapy

   3. The location of the treatment service of the organization should be;
      - Metropolitan
      - Regional

   4. The organisation should have partnerships/alliances with the state drug user organizations and the state AOD peak body.
      Briefly describe your partnerships/alliances with; (Please mention specific activities you have been engaged in and projects you have collaborated in)
      Your state drug user organizations;
Appendix 3 — Demonstration Projects: Expressions of Interest cont...

Your state AOD peak body.

5. Briefly describe any consumer participation activities your organisation is currently implementing or has implemented in the past;

6. Describe any organizational policies supporting consumer participation that may exist in your organisation;
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2. **Proposed consumer participation project**

Making use of the information provided to you in this mail-out, please complete the following:

1. **Title of the project**

2. **Briefly describe your proposed project**

3. **Amount of funding requested for implementing the project. (Should be between $5,000 and $9,000)**

4. **Specific outputs that will be achieved.**

5. **Specific performance indicators that will be met.**

6. **Timeframes for completion of activities.**

7. **Your plan for making the project sustainable.**
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8. The education/training component of your project – How will you provide training for your staff and consumers to prepare them for undertaking a consumer participation activity? (You need to collaborate with your local state/territory drug user organisation in developing this component)


10. Ensuring there is no adverse effect as a result of participation for staff/consumers.

11. How will the project be developed in consultation with your consumers?

12. A feedback procedure for your consumers/staff.

Please send this completed form back to;
AIVL – TSU Project
PO Box 12720
A’ Beckett Street
VIC 8006

Or

Email;
johnf@aivl.org.au
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**Model of Consumer Participation in Drug Treatment Services**

The purpose of this document is to provide a framework for conceptualising and implementing consumer participation in drug treatment services. While there is a role for consumer participation at a number of levels (individual, local, State, and National), the focus here is in developing and implementing consumer participation at the organisational level of drug treatment services and not in relation to individual treatment plans. The examples of consumer participation provided in this document are not exhaustive and nor are they intended to be prescriptive, but rather to provide a guide for developing and implementing consumer participation in drug treatment services.

Treatment service users are not a single identifiable group or community and therefore individual consumers and consumer groups will want different degrees and forms of consumer involvement (Greater London Authority, 2005). Likewise different drug treatment services will have different needs and capacities and this will influence the types and levels of consumer participation that are appropriate for an individual service to conduct.

This model was developed with reference to available literature on consumer participation, findings from Treatment Service Users Project, Phase 1 and through consultation with the members of Treatment Service Users Project, Phase 2 Project Advisory Committee.

**Definition of Consumer Participation**

‘Consumer participation’ is broadly defined as ‘the process of involving health consumers in decision making about health service planning, policy development, setting priorities and quality issues in the delivery of health services’ (Commonwealth Department of Health and Aged Care, 1998).

Consumer participation models typically incorporate varying degrees of involvement in service planning and delivery, ranging from the sharing of information and opinions about services to engaging in shared problem solving and joint decision-making (National Resource Centre for Consumer Participation, 2002).

**Definition of Consumer in the Drug Treatment Context**

In the context of drug treatment services, consumers can be defined as treatment service users, including current and past users of services and people who are contemplating treatment (New South Wales Health, 2005:3).

**Steps to Developing and Implementing Consumer Participation Activities in Drug Treatment Services**

Drug treatment services need to establish where the organisation is before developing a new consumer participation initiative as it may be difficult to develop and implement consumer participation at the level of shared decision making if the organisation does not already have a range of low
Appendix 3 — Demonstration Projects: Expressions of Interest cont...

level consumer participation activities in place such as mechanisms for feedback, information sharing and recognition and commitment to consumer participation in vision statement (Greater London Authority, 2005). Consumers and service providers will need to identify what if any forms of consumer participation already exist within the service. Identifying existing levels of consumer participation will assist the service in determining what level of consumer participation is most appropriate in the current environment. For example if a drug treatment service wanted to involve consumers at the higher shared decision-making level the service needs to be able to answer yes to these two questions.

1. Does the organisation currently have mechanisms for keeping service users routinely informed about service developments?
2. Does the organisation have mechanisms for getting feedback from service users?

Answering no to these questions does not mean the service is not ready for consumer participation per se. However it does mean the service will need to implement some strategies for sharing information and getting consumer feedback as a first step in the process of implementing and developing meaningful consumer participation. In addition to ensuring there are mechanisms for information and opinion sharing treatment service users and providers should explore the following questions:

- In what ways would consumers like to participate in the service?
- What kind of skills will be required?
- What are different levels and possibilities for participation within the service?
- How will the contributions of consumers in terms of time and expertise be supported?
- How will staff be encouraged and supported to engage with new practices of consumer participation?

Services will need to identify the skills already available and the skills that it will be necessary to build.

Training and skills development will be important for consumers, staff and management. For example a consumer may need training around meeting procedures and business planning in order to participate in an effective way on a management committee. Staff and management may need training in approaches to communication and information sharing in order to build their capacity to work in a collaborative way with consumers (Greater London Authority, 2005).

Core Guiding Principles for consumer participation in drug treatment services:
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- Service providers need to acknowledge the benefits of consumer participation and the right of consumers to have input into how services and programs are run.
- Consumers need to be engaged and involved from the beginning.
- Effective consumer participation requires leadership, funding and support.
- The purpose of consumer participation programs/initiatives need to be clear from the outset.

Consumer participation initiatives should:

- Involve a range of different consumers.
- Provide support and encouragement for consumers to participate; and provide practical assistance to consumers to enable them to participate fully.
- The form and purposes of consumer participation need to be able to evolve over time
- There needs to be appropriate training available for staff and consumers
- Together consumers and providers need to create a non-threatening environment for both staff and consumers
- Processes need to be established whereby both positive and negative feedback can be conveyed to staff
- A budget needs to be established to fund consumer participation activities, including financial remuneration for consumer representatives. Remuneration has both a material and symbolic value.
- Mechanisms need to be developed to ensure that consumer participation does not have adverse effects for the consumers involved
- Commitment and capacity for trust and mutual understanding needs to be established and maintained
- Acknowledgment that consumer participation might involve organisational change, including managers and staff being willing to relinquish decision-making power in order to achieve shared of decision-making.
- Consumer participation activities should be evaluated, reviewed and where necessary adapted to ensure consumer participation activities remain responsive to the needs of consumers.

The typology of consumer participation below was used in the Treatment Service Users Project Phase 1. The diagram recognises varying degrees of consumer involvement, from ‘low degree’ information provision and consultation to ‘high degree’ involvement such as shared decision-making between consumers and providers (following Arinstein’s (1969) ladder of citizen participation). The model provides examples of consumer activities associated with each degree of consumer participation, ranging from ‘low’ level information provision and consultation, to ‘mid’ degree involvement of consumers in non decision-making activities, to ‘high’ degree shared decision-making (Australian Injecting and Illicit Drug Users League (AIVL), 2007)
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<table>
<thead>
<tr>
<th>Degree of consumer involvement</th>
<th>Type of participation</th>
<th>Example of Activity</th>
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</table>
| HIGH                           | Activities in which consumers share in decision-making                               | **Consumer representatives involved in service planning committees** – the service has had a consumer representative as a member of any committee that plans or makes decisions about services or programs.  
**Consumer representatives attend staff meetings** – the service has had a consumer representative regularly attend staff meetings.  
**Consumer representative involved in staff recruitment** – the service has had a consumer representative involved in the recruitment process for new staff at the service e.g. a consumer representative contributed interview questions or was a member of an interview panel.  
**Consumer representative involved in staff performance appraisal** – the service has had a consumer representative involved in assessing staff job performance e.g. consumer representatives meet with the nursing unit manager to give feedback on staff performance. |
| MID                            | Activities in which consumers have non-decision-making roles                          | **Consumer involvement in resource development** – consumers involved in writing or reviewing written materials such as brochures, fact sheets, newsletters, magazines or educational resources.  
**Consumers involved in staff training** – consumers involved in determining the content of in-service training that is directly relevant to consumers and their treatment. |
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<table>
<thead>
<tr>
<th>LOW</th>
<th>Activities that promote and support consumer involvement</th>
<th>Consumers are supported to conduct their own group activities – a service has ways to help consumers facilitate and run their own support groups (e.g. fitness groups, mums’ and dads’ groups) such as providing space, training or transport.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>Activities concerned with providing information to or receiving information from consumers</td>
<td><strong>Service displays user group publications - Consumer forum</strong> – the service displays or makes available in other ways the publications of drug user organisations (e.g. NUAA, VIVAIDS, WASUA).</td>
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<td><strong>Consumer councils</strong> – committees or groups of consumers whose role it is to advise the service about how services and programs are run.</td>
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<td></td>
<td><strong>Forums</strong> – open meetings held in which consumers could express their views about how services or programs are run.</td>
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<td></td>
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<td><strong>Surveys</strong> – surveys that specifically asked consumers for their opinions about how programs and services could be improved.</td>
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<td><strong>Suggestion box</strong> – the service provides a box where consumers can leave written comments regarding their views about how service or programs are run and suggestions for changes and improvements.</td>
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<tr>
<td></td>
<td></td>
<td><strong>Complaints process</strong> – the service has put in place a process for consumers to register their complaints about the delivery of the service.</td>
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<td></td>
<td><strong>Produce resources for consumers that include information about service planning</strong> – the service has written or produced its own brochures, fact sheets, newsletters, magazines that specifically include information about changes to the policies and programs of the service.</td>
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| Consumer participation built in to values and policies of service | Consumer participation incorporated into vision or mission statement; Consumer charter of rights – a document is produced outlining client/patient rights, responsibilities and expected levels of service. |

These levels represent a range of opportunities for consumer participation. In practice participation does not occur in all of these areas, in all services, or for all consumers all of the time. Opportunities to develop and implement consumer participation are greatly affected by context, environment and the attitudes of those who provide the services and the desires and needs of individual consumers. (Australian Injecting and Illicit Drug Users League (AIVL), 2007:23-24). Furthermore while shared decision-making is a marker of high level consumer participation it should be noted that information-sharing and the inclusion of consumer participation in the values and policies of services, for example a consumer charter of rights are not insignificant. In many cases these lower level activities will provide the basis for the development and implementation of other higher-level forms of consumer participation.

References:


A GUIDE TO DEVELOPING & IMPLEMENTING A CONSUMER PARTICIPATION PROJECT FOR PHASE 2 OF THE TREATMENT SERVICE USERS PROJECT

STAGE 1 : Planning for implementing a consumer participation activity

Introduction
Planning for consumer participation is no different from planning for other activities. Planning should always aim to be a collaborative exercise between consumers and service providers and it is important that the planning process be informed by consumer experience.

Important: those involved in the planning exercise should seek advice from your state/territory drug user organization.

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Where are we now?
Assess present conditions & experience in consumer participation activities

What do we want to achieve?
Level of consumer participation activity that is aimed for; low, medium or high

How will we get there?
Choosing the right consumer participation activity to implement – strategies & methods

How will we know we have achieved our goals?
Process indicators, outputs, outcomes & impact

Did we achieve what we set out to do?
Evaluate the project. Get new learning’s & ideas to improve future initiatives

Implement the activity?
Action

THE PLANNING CYCLE

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Appendix 3 — Demonstration Projects: Expressions of Interest cont...
STAGE 2 : Developing a consumer participation project

Agencies should look to address the following components while developing their consumer participation projects.

- Your objectives.
- The participants you wish to involve.
- The consumer participation activity you have chosen for implementation.
- Timelines
- Budget and personnel required.
- How the project will be documented so you can promote your efforts and share lessons learned.
- The key partners that you need to involve in the project other than your service consumers.

(Having the above information available will assist you in better addressing the expressions of interest criteria).

STAGE 2 : Choosing a suitable consumer participation activity

Phase 2 of the Treatment Service User’s Project requires agencies to implement mid to high levels of consumer participation activities. The activities on the following pages have been provided as examples to help you develop your own consumer participation project. Please note these are only examples to assist you with ideas – there are many other types of consumer participation projects you may wish to consider for your project.
CONSUMER PARTICIPATION ACTIVITIES

1. **Participation in direct service delivery**
In this activity a consumer group would elect a representative who would assist regular staff in the direct delivery of services. This representative would help staff better understand the needs of consumers and act as a liaison between the staff and the consumers. The consumer representative would be present during actual service delivery and would act more in a consultative role than that of an actual worker.

Some examples of specific activities the consumer representative could be involved in are:
- As a pharmacotherapy support worker for a pharmacotherapy service – Supporting pharmacotherapy prescribing services in better meeting client needs.
- A support worker in a detoxification service – Supporting clients undergoing withdrawals in a detoxification service.
- In residential rehabilitation service – Assisting in the structuring and developing of daily client activities.

The consumer group should keep in regular periodic contact with their representative, providing direction and inputs.
2. **Participation in the planning of service delivery and evaluation**
In this activity the service provider establishes a consultative consumer group, members of which are appointed by the consumers of the treatment service. This group then acts as an expert committee providing insight and direction to the service provider on the delivery and evaluation of the service.
3. **Participation in staff recruitment**

In this activity consumers actively participate in the recruitment of staff. Consumers elect their representatives who as a consumer group, then become part of an interview panel for the recruitment of a position that is directly involved with service planning and/or delivery. They are involved in the development of the position description, recruitment tools and also the actual interview process.
4. Participation in staff training
   In this activity consumers actively participate in the training of staff. Consumers elect their representatives who as a consumer group, then;
   - Organize training for the consumer representative on consumer participation (which might be provided by the local user organisation).
   - Work with local drug user organizations to develop a training session for staff of the service on issues and needs of service consumers and/or attitudes and values which could then be delivered as part of a larger training program and evaluated.