

Partnering with Consumers: Development of a Consumer Engagement Strategy

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Introduction

Consumers of rehabilitation services (also known as service users) have a valuable role to play in the development and delivery of rehabilitation services and in conducting and translating rehabilitation research.

How to meaningfully partner with consumers in these activities is an important issue for the Division of Rehabilitation (DoR) and a key focus of The Hopkins Centre (THC).

The DoR and THC recognised that an appropriate and coherent strategy was required to effectively engage and partner with service users. A 12-month Consumer Engagement Strategy Project is in process.

The Project aims to design, plan and document a sustainable consumer engagement strategy which embeds into clinical, management, education and research activities of the DoR and THC.

Defining Consumers & Engagement

A **consumer** is someone who is using or has used a DoR service. Consumers are also referred to as **service users**.

Consumers can also be **family members or carers** of people using or who have used DoR services.

Consumer Engagement is meaningfully involving people (consumers) who have used DoR services in the **planning, delivery & evaluation** of DoR services & research.

Different Levels of Consumer Engagement¹

The IAP2's Public Participation Spectrum² is often used as the standard to define the consumer role in engagement processes. Different roles are appropriate for specific activities.

EMPOWER	• Users of a rehabilitation unit suggest changes to the existing service model in feedback provided to the hospital. Staff follow up on the feedback & ask the users to partner with them to develop a consumer-centred service model.
COLLABORATE	• A rehabilitation unit puts together a steering committee including staff members, researchers & service users to oversee the development of a new model of care. The steering committee is involved in all aspects of the decision making.
INVOLVE	• Staff from a rehabilitation unit put together a focus group of consumers who have used the unit to consider their concerns and preferences prior to the development of a new model of care. This information is incorporated into the new model.
CONSULT	• A rehabilitation unit has designed a new service for the region. They ask the hospital consumer advisory committee for feedback, some of which is evident in the final service model.
INFORM	• A hospital produces a fact sheet to let the community know about a new service being offered in the rehabilitation unit.

Methods

The Project involved four interconnected phases:



Stakeholder Consultation Outcomes

- Level of interest in being involved in consumer engagement activities >70% for all stakeholder groups.
- High level of agreement regarding important Consumer Engagement Strategy attributes.
- Staff & researchers identified skill areas to build, including: procedures & processes, communication skills, activity planning & partnering for service co-design & evaluation.
- Identified facilitators of consumer engagement included the following:

Staff:

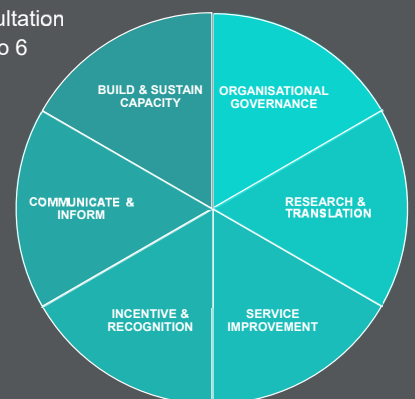
- Allocated time
- Awareness of opportunities
- Training / Education

Consumers:

- Contribution is valued & respected
- Accessibility & flexibility
- Understandable & timely information
- Training for effective participation
- Feedback on engagement outcomes

Emerging Strategy Domains

The literature review & consultation outcomes have contributed to 6 potential 'strategy domains'.



References

1. Adapted from the Health Consumers Queensland *Consumer and Community Engagement Framework 2017*. <http://www.hcq.org.au/for-consumer-representatives/resources/>
2. International Association for Public Participation (IAP2) *Public Participation Spectrum* <https://www.iap2.org.au/About/About-IAP2-Australasia-Spectrum>