



Government of **Western Australia**
Mental Health Commission

WORKING TOGETHER TOOLKIT

Designed to support the practical implementation of the Mental Health and Alcohol and Other Drug Engagement Framework

2018-2025





We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of our State and its waters. We wish to pay our respects to Elders both past and present and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

We also acknowledge the adverse effects of colonisation. This includes the destruction and breakdown of culture, experiences of racism, and impacts of government policies, such as the Stolen Generations. Having a comprehensive understanding of our history provides the rationale as to why improving the health and wellbeing of Aboriginal and Torres Strait Islander people is important, and needs to be considered in all aspects of the design and delivery of health services.^{i, ii}

ⁱ *The Social, Cultural and Historical Context of Aboriginal and Torres Strait Islander Australians, In Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, ed. Purdie, N, Dudgeon, P & Walker, R, pp. 25-42, ACT: Commonwealth of Australia.*

ⁱⁱ *Words and Image provided by Aboriginal Health Council of Western Australia. Inapaku Dreaming, Malcolm Maloney Jagamarra.*

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Introduction

The co-designed Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 (Engagement Framework) outlines five guiding principles and strategies to enable best practice engagement.

This Working Together Toolkit (Toolkit) accompanies the Engagement Framework and aims to provide a process to planning, developing, actioning and reviewing engagement strategies and practices in line with the five guiding principles (described on the following page).

The Toolkit outlines specific strategies and resources for engaging with diverse groups including Aboriginal Peoples, Culturally and Linguistically Diverse Communities, Children and Young People and People with Intellectual Disability.

The Toolkit showcases 10 practical examples of how government and non-government groups and organisations have positively actioned the five guiding principles across a variety of Western Australian projects and programs. It is these very examples that provide the foundation for the Engagement Framework and this Toolkit. People who participated in these projects and programs have also shared their experiences and insights through direct quotes throughout the Toolkit.

Barriers to effective participation in the mental health and alcohol and other drug sectors are detailed in the Toolkit and as well as the resulting positive benefits of applying the five

guiding principles. There are a number of selected resources listed throughout the Toolkit that provide additional support to information presented.

The Toolkit includes a practical evaluation template that can be tailored to suit, that captures the demographics of participants as well as their engagement experience. This feedback will be invaluable for measuring effectiveness, informing future engagement, and improving engagement practices. In addition, indicators of progress that align with state and national standards are outlined at individual, service, sector and system levels. Effective Engagement Checklists have been developed to enable organisations to monitor and evaluate their progress against the five guiding principles and associated strategies at an executive level as well as practices at program and project level.

The Engagement Framework and Toolkit are designed to be used by organisations and agencies at individual, service, sector and system levels and are intended to be accessible and easy to use for all people, including those receiving services, those providing services, and those developing policies and strategies in the mental health, alcohol and other drug sectors. While the Engagement Framework and Toolkit were developed for these sectors, the guiding principles and their application are considered universal and transferrable across other sectors.

The Five Guiding

Principles



Safety: Start Here

Developing cultural, physical, moral, ethical and emotional safety for everyone involved.

Safety is creating an environment where everyone feels comfortable to share their experiences, perspectives and opinions in an inclusive, respectful space.



Authenticity: Be Real

Being reliable and trustworthy, with a real motivation to work together to improve things.

Authentic engagement means working with people in an open, honest and trustworthy way. People can then work together in genuine partnership.



Humanity: People First

Showing empathy, kindness and graciousness in our relationships and understanding what happens affects all of us.

Humanity is about showing compassion for the human condition and valuing people's experiences, perspectives, knowledge and beliefs.



Equity: Equals Fairness

Treating people with equal worth and value, therefore sharing power, resources, and knowledge.

Equity is about fairness, it is about making sure people get access to the same opportunities. In order to achieve equity, it is important to recognise people's needs and value their culture, unique diverse strengths and perspectives. This includes addressing inequalities and barriers to ensure all people are able to engage in an equal and fair way.



Diversity: Everyone In

Valuing uniqueness as a strength and ensuring ways of belonging.

Diversity includes acceptance and respect of all people involved. It means understanding that each individual is unique, and recognising our individual differences. These include race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, and other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment³.

Engagement

Approaches

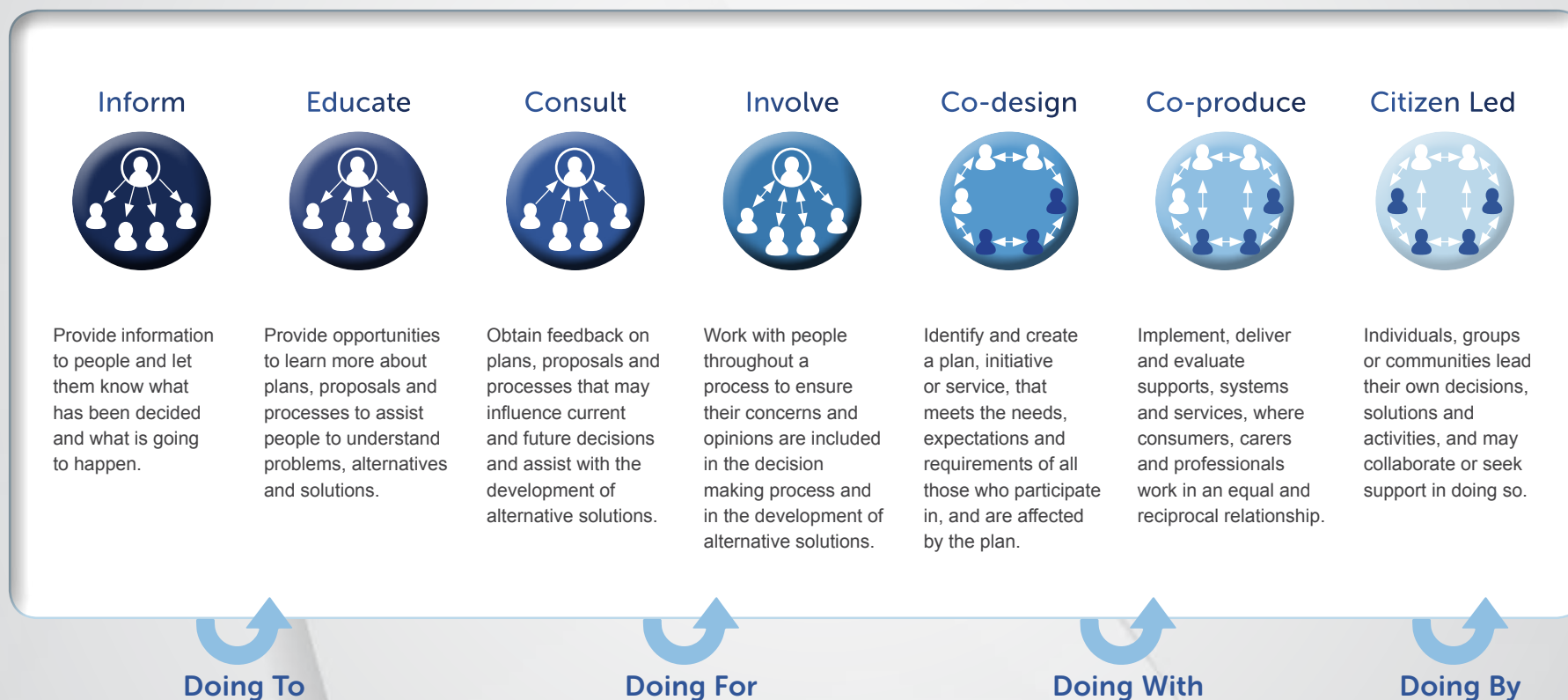


DIAGRAM 1: Types of Engagement Approaches⁴

A Guide to Implementing the

Five Guiding Principles

The process outlined below is structured to ensure the five guiding principles of Safety, Authenticity, Humanity, Equity and Diversity not only support but drive the planning, development, action and review of engagement activities. Those activities can be project (either long or short term) or program based, occurring on an ongoing basis. The process always begins with a planning stage, providing a solid foundation for the development and actioning of effective engagement activities.

While reviewing occurs towards the end of the process, it can be initiated shortly after the planning stage has started by capturing the 'lessons learned', formally and/or informally at every opportunity. Each stage does not have to be completed before beginning the next and the stages will tend to naturally overlap rather than stand alone.

It is important to understand that engagement with stakeholders, in particular with consumers, families, carers and the community occurs at every stage of the process, not just during the actioning of the engagement activity. Different people may participate throughout the four stage process but it is not necessarily the same people. Consideration of what skills, knowledge and (lived) experience is needed at the different stages (and even with tasks within the stages) will ideally inform who could be involved, to what extent and when.



DIAGRAM 2: Principles, Processes and Approaches

Plan

Planning is vitally important no matter what the scale or purpose of the engagement, from organisational engagement strategy and policy development, through to service delivery and evaluation, and education campaigns and information provision. Understanding the **context, scope, people, purpose and influence** will provide a foundation for effective engagement, decision making and action.

While the principle of authenticity asks people to work together in genuine partnership, at this early planning stage the context, scope, people, purpose and influence may need to be partially clarified before involving consumers, families and carers (and other stakeholders). Organisational constraints including timelines, confidentiality, business processes and governance structures may also need to be considered. However, where possible, consumers, families, carers and other key stakeholders with strategic and/or business level experience (sourced internally or externally from the organisation) should be engaged at this important planning stage.

Explores the background history, importance, resources, timing and what needs to happen.

How can we ensure the people affected most by this project or program are engaged from start to finish and influence the decisions made?

Context and Scope

People

Purpose and Influence

Identifying and involving the relevant people and their interest and role.

Being clear about the purpose and the desired outcome of the engagement is essential to deciding how people can be involved. It also generates goals and criteria for evaluation of the process.

Planning for Effective Engagement



Plan cont.

Context and Scope

Explores the background history, importance, resources, timing and what needs to happen.

Identify the Focus:

- ▶ What is the project/program about?
- ▶ What is the aim of the project?

Set the Context:

- ▶ Why are we doing it?
- ▶ Who does it benefit?
- ▶ What are the pressures?
- ▶ What are the risks and benefits?
- ▶ What decisions need to be made?

Know the Limits

- ▶ How far along the project are we?
- ▶ What are the constraints and boundaries? (Budgets, financial limitations, timing, geographical area, demographics, what are the non-negotiables?)

People

Identifying and involving the relevant people and their interest and role.

Background:

- ▶ Is there a history and any particular issues we need to consider about the project, program and/or stakeholders?
- ▶ Has there been a similar project with stakeholder involvement?

Identifying these stakeholders:

- ▶ Who will lead the engagement, us, another organisation, consumers, families and carers or the community?
- ▶ Who is co-hosting or partnering with us?
- ▶ Who are the key groups with a passion or interest in the issues?
- ▶ Who are the community members and public that are interested?

Impact and Interest

- ▶ Who is impacted?
- ▶ Who would be interested based on past experience?
- ▶ Who is talking about similar projects elsewhere?
- ▶ Who is typically hard to reach?
- ▶ Who is missing?
- ▶ Who is talking and who isn't?
- ▶ How can we find this out?

Purpose and Influence

Being clear about the purpose and the desired outcome of the engagement is essential to deciding how people can be involved. It also generates goals and criteria for evaluation of the process.

Key Questions:

- ▶ Why make the effort to engage?
- ▶ What do we want from stakeholders?
- ▶ What do they want from us?
- ▶ What influence will stakeholders have on the decisions and actions?

What is the purpose/s of the engagement?

- ▶ Providing information
- ▶ Legal or standards compliance
- ▶ Social licence
- ▶ Behaviour change
- ▶ Relationship development
- ▶ Generating support for change
- ▶ Capacity and capability building
- ▶ Drafting or reviewing a policy, strategy, plans
- ▶ Identifying problems or opportunities to address
- ▶ Generating alternatives, new ideas or further propositions
- ▶ Understanding reactions, or implications or consequences of a proposal
- ▶ Delivering a new service
- ▶ Something else?
- ▶ How will we know it has been successful? (All going well, what will it look like?)



Develop

The work involved in planning the engagement process will inform and influence engagement approaches as well as the method and design of those approaches. Leading with a small group of consumers, family, carers and other key stakeholders, the outcomes and the experiential aims can now be identified and an engagement strategy developed. This is where incorporating all of the guiding principles of **safety, authenticity, humanity, equity and diversity** can be addressed. Applying the guiding principles will naturally lead to a doing *with* engagement approach rather than a doing *to* or *for*. Aiming for approaches that will maximise engagement opportunities for more equal and reciprocal relationships, the sharing of roles and responsibilities, including decision making, is likely to result in positive changes.

For real transformative change to occur in the mental health and drug and alcohol sectors, **power differentials have to be addressed**. There can be multiple stages during the development and delivery of services or initiatives where consumers are partners, such as in co-planning, co-design, co-delivery, and co-evaluation. In co-production, consumers are partners throughout all of these stages. The real difference is how **co-production deliberately sets out to create a culture that values all expertise and knowledge**, particularly the expertise and knowledge of the people that are most affected by the problem and solution. **Co-production recognises and seeks to address power differentials within partnerships**. Co-production in mental health, therefore privileges consumer perspective, and promotes and develops consumer leadership, which shifts away from an historical positioning of 'professionals' as the experts that steer the agenda.

» *Co-production - Putting principles into Practice in Mental Health Contexts. Cath Roper, Flick Grey & Emma Cadogan (2018).*



[Co-production - Putting Principles into Practice in Mental Health Contexts](#) provides practical information regarding understanding and addressing power imbalances including a list of useful resources. The work includes a section on preparing for co-production with templates for questions to consider, questions for co-production partners and an activity to explore power.

The United Kingdom's National Development Team for Inclusion's [Co-production in Mental Health Toolkit](#) includes a framework, practical guide and a checklist of key questions.



Develop cont.

The answers to the two key questions below will inform the engagement strategy and approach (or approaches):

Key Question:

Rational aims of the engagement

What are the outcomes you are looking for?

For example: inform, gaining an understanding, a list of issues and concerns, input, feedback, comment, ideas, solutions, alternatives, decisions, next steps etc.

Key Question:

Experiential aims of the engagement

What effect do we want this to have on our stakeholders?

For example: informed, robust discussion, calmness, called to action, supported, understood, valued, appreciated etc.

Keep revisiting factors identified in the Planning stage, including:

What is the scale of the engagement?

Individual, small group, large group, public or something else?

How much time may be required?

Half days, full days, weeks, months, ongoing?

What is the purpose of the engagement and level of influence required?

To inform, make comment, gain input, provide feedback, make decisions?

What are the critical success factors for the project or program?

The who, what, where and when non-negotiables.

What is the context and limitations that need to be considered?

Budgets, tight timelines, high/low trust, complexity, interest, relationships, political, emotive, current understanding, capacity, external expertise?

Will the engagement approaches and method(s) chosen suit stakeholders?

Do they reflect the principles of safety, authenticity, humanity, equity and diversity?

There should now be:

- ▶ A clear understanding by a small group of key stakeholders about the program or project's context and scope, the people to be included, the purpose of engaging and the level of influence stakeholders can have; and
- ▶ A good understanding about the rational aims (the outcomes to be achieved) and the experiential aims (the experience) for stakeholders engaged with the project or program.



Develop cont.

Across the project or program timeline, identify:

- ▶ What major tasks need to be undertaken, completed and when and by who?
- ▶ What decisions are required and by who?
- ▶ How can consumers, families, carers and stakeholders be genuinely involved in the above?

Ideally the engagement process will run **continuously throughout the life of the project or program using a variety of approaches and methods.** This is dependent on the purpose of engaging as well as the rational and experiential aims. It is important to identify the stages during which engagement will occur and how each activity builds on and relates to the one before.

With co-design and co-production approaches, all the details do not have to be worked out at this point and this may sit uncomfortably for some people. The important thing is that consumers, families and carers have been involved as early as possible in the planning and development stages and everyone involved has an understanding of what outcomes and outputs are to be achieved and by when. There may be considerable discussion about how to best progress forward in an inclusive and respectful manner. It is important to let people have their say on the task at hand. However, this does not mean some next steps cannot be agreed and progressed. There are tangible benefits of having early, in depth discussions in the planning and developing stages including:

- ▶ An understanding about the boundaries and limitations involved;
- ▶ Providing insight into processes that might otherwise be unseen;
- ▶ Early stakeholder support and buy in;
- ▶ Stakeholders' knowledge, skills and experiences become assets;
- ▶ The sharing of roles and responsibilities;
- ▶ Strengthening relationships, building trust and respect;
- ▶ Providing a space for leadership to emerge and grow for all stakeholders; and
- ▶ Providing a solid foundation for future co-design and co-production.

Thus, if professionals can start to step back a bit, to share power and acknowledge the contribution of 'experts by experience', then all parties can benefit.

» *Making Recovery a Reality, Geoff Shepherd, Jed Boardman & Mike Slade (2008).*



Action

The actioning of the engagement strategy for the program or project will depend on what was confirmed in the planning and developing stages. Success will rely on individual and organisational capacity and communication skills to effectively action the engagement strategy across a range of engagement approaches and methods.



Inform and Educate

Informing and educating involves providing opportunities for people to understand and be informed about something that may affect and impact them.

- Methods may include fact sheets, posters, reports, announcements and statements made available through notice boards, media, social media, newsletters, brochures and websites. Launches, open houses and presentations provide for face-to-face engagement and an opportunity to answer questions and clarify important points. Tailor communication to suit different stakeholders, one size does not fit all.



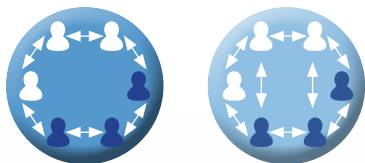
Involve and Consult

Involving and consulting allows stakeholders (from the broader community through to experts in their fields) to provide feedback, express their concerns and suggest alternatives.

- Methods may include one on one or small group meetings, forums, workshops, focus groups, surveys, public comment and large meetings, stakeholder advisory groups and steering committees. It is important to clarify with stakeholders how their involvement will influence decisions. Be aware of consultation fatigue. Cultural considerations include asking to be guests in their community and 'contact before content'.



Action cont.



Co-design and co-production

Co-design and co-production approaches see consumers, families and carers involved in defining the problem, designing and delivering the solution, and evaluating the outcome.

- ▶ Consumers, families and carers are involved in setting the priorities and agenda and making decisions from the very beginning. Roles may include chairing, facilitating, delivering, researching and evaluating. See the community as the primary factor of change and identify strengths and assets.



Citizen Led

Citizen led approaches involve consumer, family, carer, consumer individuals, groups and/or communities leading their own decisions, solutions and activities.

- ▶ Citizen led groups may also invite others to collaborate on initiatives for mutual benefit, including co-design and co-production initiatives, or seek support from others to advance common aims.

At every point where engagement occurs, clarify the following:

- ▶ Project or program stage
- ▶ Engagement purpose
- ▶ Outcome aim
- ▶ Intended participant experience
- ▶ Engagement approach and method
- ▶ Risk and mitigation plan
- ▶ Roles and Responsibilities in
 - » Who is leading or coordinating?
 - » Planning and designing
 - » Facilitation or delivery
 - » Participant recruitment
 - » Participant liaison and support
 - » Recording and data collection/collation
 - » Evaluation and reporting of information
- ▶ Review of engagement approach and method
- ▶ Pre and post activities, follow up and de-brief

A range of engagement methodologies may also be included as part of co-production, including consultation. For example, a co-production initiative may require extensive consultation with a number of stakeholders (including consumers external to the 'co-production' partnership) to obtain broader perspectives. Different people may participate at various stages of a co-production initiative; it is not necessarily the same cohort of people throughout. Consideration of what expertise and knowledge is needed at the different stages should inform who is involved, to what extent and when.

» *Co-production - Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan. (2018)*



Review

Reviewing is usually done towards the end of a project or program; however it is suggested that reviews of engagement practices are done throughout the life of the project or program. The learnings can be implemented to improve the rational and experiential outcomes (identified at the development stage) as the project or program progresses. The final review of the program or project should seek to identify if the reason for initiating the project or program has been achieved (identified in the planning stage) as well as the impact on the people affected by the project or program.

Evaluation of Engagement Activities






The evaluation of engagement activities is essential to measuring effectiveness, informing future engagement, and improving engagement practices⁵. An **Engagement Evaluation Template** (the evaluation template) has been developed to gauge participants' experiences at the conclusion of engagement activities (Appendix1). The evaluation template has been designed to capture information about the diversity of people engaged, their level of satisfaction and the organisation's progress against the five guiding principles outlined in this engagement framework.

The evaluation template can be modified and tailored to suit specific engagement activities and participants. The personal demographic questions from one to five, aim to establish what perspective(s) and experiences a participant may bring to an activity. It allows organisations to understand and monitor who they may (or may not) be engaging with. Question six, regarding how participants found out about the engagement activity, will reveal the effectiveness of promotion and recruitment efforts. Question seven, eight, and nine are open ended to allow participants to answer what worked, what didn't and suggest alternatives, in their own words. These answers can be surprising and extremely helpful for future engagement activities.

The extensive list of questions in the table of the evaluation template seeks to identify if engagement practices align with the five guiding principles of safety, authenticity, humanity, equity and diversity. Some of the questions may not be relevant to the engagement activity at hand and may be amended or omitted. The scale of satisfaction in the template that could also be changed to suit the diversity of participants, **from:**

Question 1 Not applicable | Very unsatisfied | Unsatisfied | Neutral | Satisfied | Very satisfied

to:

Question 1 Not applicable |  |  |  |  | 

or:

Question 1 Not applicable | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10



Review cont.

Evaluation of a Program or Project

An **Effective Engagement Practices at a Program/Project Level Checklist** (Program Checklist) (Appendix 2) has been developed for use by organisations to support the inclusion of best practice approaches to engagement in their work as outlined in the Engagement Framework and Toolkit. It is suggested that programs and/projects use the Program Checklist to align their engagement practices with the five guiding principles of safety, authenticity, humanity, equity and diversity. The Program Checklist has been designed to foster active improvement of engagement practices rather than a 'tick box' approach.

Practices at a program or project level include:

- ▶ Lines of authority, remuneration and accountability are clearly outlined;
- ▶ Early engagement and preparedness takes place so a co-design and/or co-production approach can occur;
- ▶ Variety of engagement approaches (e.g. forums, workshops, meetings, social media, yarning circles) across every stage of the program or project are identified and planned;

- ▶ Approaches to address equity and diversity have been considered;
- ▶ Time has been built in to build relationships and to support people in the engagement activity;
- ▶ People are provided with information in a timely manner in way they can access and understand; and
- ▶ People have been informed about the outcome of the engagement and how their involvement influenced decisions and the changes that resulted.

The Program Checklist, where possible, is presented in a logical manner, where one action follows another to plan, develop, action and review engagement activities. While the Program Checklist appears extensive, organisations will no doubt already have some or all of these practices in place. The Engagement Framework and Toolkit aims build on these existing good practices, and when applied consistently at individual, service, sector or system levels, will result in better outcomes for people who are affected by mental health issues and/or alcohol and other drug use.



Specific Strategies for Engaging with Diverse Groups

Engaging with Aboriginal Peoples⁶

Building respectful and honest relationships is central to successful engagement with Aboriginal peoples⁷.

When planning engagement with Aboriginal peoples, it is important to understand the diversity between each community, and language and family groups. While there may be similarities, each individual and group will have their own unique needs, experiences, and perspectives. Understanding and respecting identity and culture, including respect for cultural protocols, is essential for developing successful relationships to enable effective and successful engagement.

It is also important to acknowledge the adverse effects of colonisation. This includes the destruction and breakdown of culture, experiences of racism, and impacts of government policies, such as the Stolen Generations. Having a comprehensive understanding of our history provides the rationale as to why engaging with Aboriginal peoples is important, and needs to be considered in all aspects of the design and delivery of health services.

Strategies⁸ to support effective engagement with Aboriginal peoples are provided below:

- ▶ Identify and connect with community Elders and leaders prior to and during any community engagement to ensure appropriate local protocols and practices are adhered to;
- ▶ A Welcome to Country must always be performed by a recognised Elder of the community on whose traditional country the meeting/event is held. It is performed to welcome visitors to their lands or waters and the practice will vary depending on the Elder;

- ▶ Ensure an Acknowledgement to Country (performed by an Aboriginal or non-Aboriginal person) respectfully acknowledges the Traditional Custodians of the lands and waters on which the meeting/event is held;
- ▶ Holding meetings in culturally secure locations and venues, close to transport, with consideration given to travelling in remote areas;
- ▶ Partner with local Aboriginal services which are owned and managed by an elected board of Aboriginal people from within the local community; and
- ▶ Provide access to localised cultural awareness training for staff and volunteers that includes an understanding of cultural protocols and perspectives, and intergenerational trauma.

Practices⁹ may include flexibility with appointment and meeting times, 'yarning', and flexibility around location and venues for discussions.

As an example, the Statewide Specialist Aboriginal Mental Health Service provides a culturally secure service by incorporating concepts of cultural security, social and emotional wellbeing and cultural connects including:

- ▶ Tailoring an approach at the local level to meet localised need;
- ▶ Engaging in more face-to-face contact; and
- ▶ Having culturally appropriate and competent mental health workers to maximise trust and engagement between clients and the health service.



For further information, the following resources provide good information:

- ▶ [Western Australian Aboriginal Health and Wellbeing Framework 2015–2030](#)
- ▶ [National Cultural Respect Framework for Aboriginal Health 2016–2026](#)
- ▶ [Aboriginal Cultural Security Guide for Human Service Organisations - First Edition](#)
- ▶ [Looking Forward Project](#) including [The Minditj Kaart-Moorditj Kaart Engagement Project](#) and the [Open Hearts, Open Hands: A Spiritual Journey of Change Handbook](#)

Specific Strategies for Engaging with

Diverse Groups cont.

Culturally and Linguistically Diverse Communities

Culturally and linguistically diverse communities include groups and individuals who differ according to religion, race, language and ethnicity, except those whose ancestry is Anglo Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander¹⁰. Engaging culturally and linguistically diverse communities requires an understanding of the cultural diversity within the community.

As Australia's cultural diversity grows, so does the need for mental health, alcohol and other drug services to be more responsive in their local communities ensuring greater access and equity in service delivery for culturally and linguistically diverse communities¹¹. It is important that opportunities for the participation of culturally and linguistically diverse communities are developed in consultation with culturally and linguistically diverse communities, Elders and leaders¹².

Strategies and practices to support effective engagement with culturally and linguistically diverse communities include¹³:

- ▶ Respecting community protocols, beliefs and practices;

- ▶ Holding engagement activities in culturally appropriate venues, at convenient times and in ways that are comfortable for that community;
- ▶ Considering important cultural days, events and ceremonies;
- ▶ Applying multilingual communication strategies materials in ways that will help people to understand the issues and express their views, such as different language formats, easy English, audio visual and pictorial aides, face-to-face meetings, and engaging bi-cultural interpreters if required;
- ▶ Connecting with community networks, recognising that ethnic and religious differences exist within the same country of origin and may result in the formation of many different groups within a community;
- ▶ Allowing time for leaders to increase the participation of community members, for trusting relationships to grow and for information to circulate; and
- ▶ Partnering with organisations/existing programs that engage with culturally and linguistically diverse backgrounds, including those who recently arrived as refugees.



For further information and resources for engaging with culturally and linguistically diverse communities:

- ▶ [Mental Health in Multicultural Australia: Towards culturally inclusive service delivery framework](#); has been developed to help organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for culturally and linguistically diverse communities.
- ▶ [The Department of Local Government, Sport and Cultural Industries, Office of Multicultural Interests](#) provides list of ethnic organisations and metropolitan multicultural networks as well as guides for the public sector and community consultations.

Specific Strategies for Engaging with

Diverse Groups cont.

Children and Young People

Approximately one in every seven children and young people are estimated to have a mental health disorder¹⁴.

Children and young people should be recognised and respected for their unique insights, ideas and solutions that they have, and for the role that they can play in enhancing decision making processes to ensure that services, organisations, policies and other outcomes are relevant and appropriate for them. Given the barriers that they often face in being recognised as equal partners and decision makers amongst adults or adult orientated systems, it is vital that there are specific processes in place to enable and facilitate their engagement and participation¹⁵.

Engagement with children and young people works best when it occurs in a way that is meaningful, sensitive and responsive to their individual needs. It is vital to recognise that there is no one size fits all model for participation of children and young people. Engagement approaches will vary depending on the age of the child or young person, their cultural backgrounds, whether they live in regional areas, their capacity or abilities, and individual preferences for participating.

Strategies and practices to support effective engagement with children and young people include:

- ▶ Recognising the diversity of children and young people and using targeted approaches to engage a variety of children and young people;

- ▶ Being flexible about when and how children and young people can engage by providing a range of ways they can participate for example: online mechanisms, youth led advisory groups, think tank sessions, interactive forums or peer interviews;
- ▶ Using creative, interactive, engaging and fun presentations and activities, for example: art, games, video, collage, or picture cards;
- ▶ Providing opportunities for approaches to be youth led to enhance the skills of individuals and provide a sense of ownership;
- ▶ Engaging children and young people through their usual locations or settings (for example: schools, community groups, youth centres);
- ▶ Engaging parents, adults and community leaders, where appropriate, to support the participation of children and young people, particularly for Aboriginal children and young people, and children and young people from culturally and linguistically diverse backgrounds; and
- ▶ Incorporating protective behaviours, protocols and principles into any engagement with children and young people.
- ▶ Organisations must also consider how they will seek and gain informed consent from children, young people and their parents, carers or guardians for participatory activities. This ensures those children and young people and their families and carers are aware of what their involvement will entail, any implications for this, and give them control ability to make a decision about whether they want to participate.

Specific Strategies for Engaging with

Diverse Groups cont.

Disability resides in society not the person.

» *United Nations.*

People with Intellectual Disability

People with intellectual disability are significantly more likely to develop a co-occurring mental health issue than the general population due to biological, social and/or psychological factors¹⁶.

People with intellectual disabilities may require tailored approaches or supports to assist in learning, understanding and/or communication. Whatever their ability to understand or express themselves, people with intellectual disabilities have a right to the same courtesy, respect and participation that any other person can expect. Some individuals may request specific communication approaches or methods that work for them, while others may request to bring a family member, friend or support worker to advocate for them. The relationship of the support person, and their role within the engagement activity, should be clarified. A supportive decision making approach should be encouraged. The person themselves should always be the primary focus of the engagement.

People with an intellectual disability may have difficulty understanding language that is complex and contains abstract concepts or technical jargon. It is therefore important when talking with someone with an intellectual disability to:

- ▶ Ask if the person has any preferred communication approaches or methods they would like to you know about.

- ▶ Speak slowly and leave pauses for the person to process your words. Provide enough time for the person to respond and formulate their questions.
- ▶ Speak directly to the person, and ensure they remain central in the communication.
- ▶ Speak in clear, short sentences and use simple words. Pause to enable the person to process what you are saying.
- ▶ Ask one question or talk about one thing at a time and provide adequate time for the person to think about and share their response.
- ▶ Provide opportunities for the person to ask questions if they are not sure what has been asked or said. If the person prefers to use a communication device or tools, ensure they have access to it, read the directions (usually on or in the device/book) if they need assistance to use the tool, and use it with them.
- ▶ Use visual cues – objects, pictures or diagrams to clarify meaning. Observe facial expressions and body language for further clues¹⁷.



Additional

Resources

Children and Young People

The Commissioner for Children and Young People has developed a number of resources including:

- ▶ [Involving Children and Young People Participation Guidelines](#)
- ▶ [Involving Children and Young People Overview and Checklist](#)
- ▶ [Engaging with Aboriginal Children and Young People Toolkit](#)

The Department of Communities has developed a [Youth Participation Kit](#) to support the practice of involving young people in service delivery and decision-making in their communities. The nine part resource kit is designed to assist organisations in understanding how they may benefit from involving young people in their decision making processes and provides a step-by-step guide to planning for youth participation.

People with Intellectual Disability

The following resources provide additional information to assist with engaging with people with intellectual disabilities:

- ▶ [Developmental Disabilities WA](#) provides independent information, support and advocacy for people with intellectual and other developmental disability, their families and the people who support them.
- ▶ [People with Disabilities](#) is the peak body by and for people with disabilities in Western Australia, and provides information, advocacy and systemic advocacy to support the rights and equality of people with disabilities.
- ▶ [A Core Capability Framework](#) for working with adults with an intellectual disability and co-occurring mental health issues was developed in consultation with service providers and carers and family members of people with co-occurring intellectual disability and mental health issues. The Framework can be used at an individual and organisational level to ensure best practice service delivery.
- ▶ [Working with People with Intellectual Disabilities in Healthcare Settings Fact Sheet](#) by the Centre for Developmental Disability Health Victoria provides practical strategies and communication tips for respectful engagement.
- ▶ [Introduction to Intellectual Disability](#) provides excellent information including appropriate language, disability etiquette, communication and writing tips.

Barriers to

Effective Participation

At the Engagement Framework Workshops, consumers, support persons and organisations identified a number of areas that may impact their participation including:¹⁸

- ▶ fear, stigma, discrimination and prejudice;
- ▶ lack of communication with individuals involved in the engagement;
- ▶ organisational culture is not supportive of engagement with consumers and support persons;
- ▶ concerns about their ability to influence the outcome; and
- ▶ personal circumstances and accessibility. ➡

Other agencies, organisations and services also identified four main areas that affect the quality of engagement approaches¹⁹

- ▶ time and resources;
- ▶ understanding and attitude;
- ▶ skills, training and support; and
- ▶ quality of leadership.



Personal circumstances and **accessibility** are not unique to people experiencing mental health, alcohol and other drug issues and can impact any member of the community. They may include:

- ▶ level of wellbeing and health status;
- ▶ lack of confidence in self and/or knowledge and skills;
- ▶ family, work, study or other commitments;
- ▶ timing of engagement i.e. day of week and time of day;
- ▶ location is too difficult to access due to distance or transport options;
- ▶ lack of funds, for example for transport;
- ▶ not having the skills or knowledge to participate effectively;
- ▶ systems that don't support cultural ways of working for Aboriginal people and people from diverse backgrounds;
- ▶ the individual's first language is not English; and
- ▶ inability to access engagement opportunities due to impairment or disability.

Time and Resources

Barriers

- ▶ Timelines too tight for meaningful and inclusive engagement processes.
- ▶ Insufficient budget allocated for genuine and effective engagement.
- ▶ Difficulty accessing people with the specific experiences, skills and knowledge required.
- ▶ Lack of time to manage, develop and support engagement processes and practices.
- ▶ Consultation fatigue.



Leads to

- ▶ Limited opportunities for meaningful engagement to influence decisions being made.
- ▶ People feeling their input is not valued and their efforts not supported.
- ▶ People feeling disappointed and frustrated.
- ▶ People being left out of pocket due to lack of remuneration and/or reimbursement of out of pocket expenses.
- ▶ People may not have the relevant skills, knowledge, or experience for roles they are involved in.
- ▶ The same people are engaged again and again.
- ▶ Lack of training, support and resources available for people to be able to fulfil their roles.
- ▶ People opt out of engagement as they feel overwhelmed, under supported and become disenchanted.

Understanding and Attitude

Barriers

- ▶ Lack of understanding of the benefits of engagement.
- ▶ Unaware of rights and responsibilities around decision making.
- ▶ Resistant and defensive attitudes, which may be due to previous negative experiences.
- ▶ Attitudes around superiority, power and control i.e. "What do they know anyway?"
- ▶ Feelings of inadequacy e.g. "What do I know?"
- ▶ Fear of change and accountability.



Leads to

- ▶ People experience stigma, shame, discrimination and prejudice e.g. being identified without their consent as a former or current illicit drug user ('outing') or perceived as not being able to cope.
- ▶ An unproductive and antagonistic 'us and them' culture.
- ▶ Fear that people's views and input could negatively impact on their current or future treatment, care, and support.
- ▶ Power imbalances around decision making and effecting change.
- ▶ The rights of people to be involved in decisions that affect them not being respected.
- ▶ Behaviour that is indifferent and uncaring to the needs of others.

Skills, Training and Support

Barriers

- ▶ Individuals and organisations don't understand the rights and responsibilities that affect them.
- ▶ People don't know how to engage effectively to ensure equality, inclusivity and diversity.
- ▶ Lack of understanding and awareness of governance, organisational and operational structures and processes.
- ▶ Policies and procedures are not in place and/or implemented to support genuine engagement that effects change.
- ▶ Lack of access to training, support and development to engage effectively.



Leads to

- ▶ Ad hoc and inconsistent (and sometimes harmful) approaches to engagement.
- ▶ Lack of skills and confidence to engage effectively.
- ▶ Poor engagement practices with people feeling disrespected.
- ▶ Not being heard or supported to engage effectively.
- ▶ Lack of clarity about the purpose of engagement, the context, stakeholders and their influence.
- ▶ Risk of legal and/or organisational requirements not being met.
- ▶ Risk to individual and/or organisational reputation.
- ▶ Poor communication including:
 - » potential breaches in confidentiality or confidentiality restrictions getting in the way of consulting with networks;
 - » too much or too little information provided about the subject matter to effectively participate;
 - » information not provided in a timely manner to allow for informed engagement;
- ▶ Information difficult to understand because of use of jargon, medical/technical words or acronyms; and
- ▶ Not knowing how information provided or gathered will be used or stored.

Quality of Leadership

Barriers

- ▶ Genuine engagement not prioritised and/or supported by senior management and executive.
- ▶ The organisational culture to engagement is not conducive to positive and productive engagement practices.
- ▶ Structures not in place to ensure engagement processes are consistent through funding and management changes.
- ▶ Policies and processes that support 'person centred' health care are not imbedded into the organisation.



Leads to

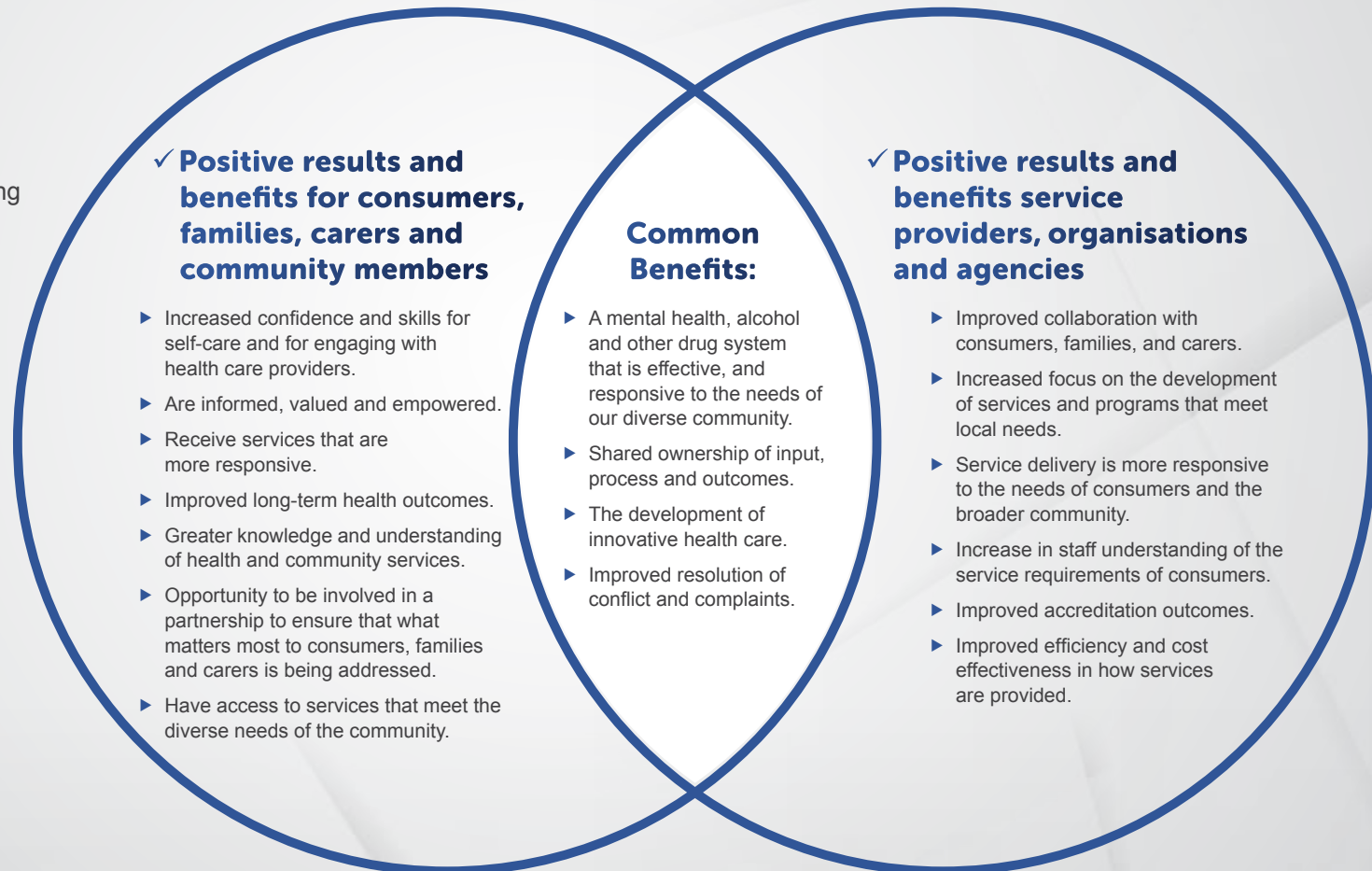
- ▶ Tokenistic participation with little or no acknowledgement or payment.
- ▶ Lack of clarity about 'who does what'.
- ▶ Ineffective changes and lack of quality improvement.
- ▶ Poorer health outcomes.
- ▶ Inefficient services that don't meet the needs of the community.
- ▶ Negative attitudes towards engagement and increasing dissatisfaction.
- ▶ Higher stress levels, high turnover, and low participation levels of consumers, families, and carers.

Strategic

Monitoring and Evaluation

Positive Results and Benefits

The following positive results can be expected when applying the five guiding principles to engagement practices:



Monitoring and Evaluation cont.

Indicators of Progress

Organisations will have a range of strategies, approaches and methods in place that engage consumers, families and carers at various levels that ultimately result in better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use.

Every organisation will likely have different indicators based on the service they provide, and the mission of the organisation. Ideally, to support engagement indicators, qualitative and quantitative measures will include:

- ▶ The number of activities held to engage with consumers and support persons.
- ▶ The number of individual consumers and support persons engaged across individual, service, organisation and governance levels.
- ▶ The number of different engagement methods used such as forums, advisory groups, surveys, planning days, membership on committees.

- ▶ The level of satisfaction, the quality and effectiveness of the engagement through the use of the feedback tools such as complaint and compliment mechanisms, feedback tools and evaluation forms (see Appendix 2).

The indicators below may assist services, organisations and agencies to monitor and evaluate their progress in meeting consumer, family and carer engagement targets as set out in State and National Standards:

- ▶ The National Standards for Mental Health Services, Standard 3: Consumers and carers are actively involved in the development, planning, delivery and evaluation of services;
- ▶ National Safety and Quality Health Service Standards, Standard 2: Partnering with Consumers - consumer and community involvement in the planning, design, delivery and evaluation of health services; and
- ▶ Standard on Culturally Secure Practice (Alcohol and Other Drug Sector), Expectations 1.1, 2.1, 2.2, 3.1 and 3.2 regarding consumer needs, rights and involvement.

Strategic

Monitoring and Evaluation cont.

Examples of Indicators



Individual Level

People have the right to be engaged in decision-making processes about their own health care and support.

Examples of indicators of engagement at an individual level:

- ▶ Individual plans developed in partnership with the consumer and their families and carers; and
- ▶ Individuals have active and regular participation in recovery.



Service Level

People are engaged in the planning, delivery and evaluation of the services and programs.

Examples of indicators of engagement at the service level:

- ▶ Co-design and co-production approaches are used;
- ▶ Peer workers co-ordinate and/or support engagement activities;
- ▶ Ongoing lived experience advisory groups;
- ▶ Focus groups for specific projects;
- ▶ Consumer and support person members of working groups and committees;
- ▶ A variety of feedback processes are in place; and
- ▶ People report improved health outcomes via feedback mechanisms including K10, HoNOS, YES survey etc.



Sector Level

People are engaged in processes that impact the functioning and quality improvement of services and programs.

Examples of indicators of engagement at a sector level:

- ▶ Peer workers employed in supervisory, consultant and advocacy roles;
- ▶ Consumer, family and carer members of working groups and committees;
- ▶ Consumer, family and carer participation on staff selection and recruitment panels and staff training;
- ▶ Training, support and mentoring is provided to ensure all people are competent in their roles; and
- ▶ Engagement of peak bodies and advocacy groups representing consumers and support persons.



System Level

People are engaged and respectfully remunerated in roles around decision making, accountability and authority.

Examples of indicators of engagement at a governance level:

- ▶ Consumer, family and carer members of the governance committee or board;
- ▶ Budget allocation for consumer and support person engagement;
- ▶ Co-designed and co-reviewed policies and procedures;
- ▶ Consumer and support person participation in strategic planning; and
- ▶ Partnerships with peak bodies and advocacy groups representing consumers, family and carers.

Monitoring and Evaluation cont.

Effective Engagement Strategies at an Executive Level

An **Effective Engagement Strategies at an Executive Level Checklist** (Executive Level Checklist) (**Appendix 3**) has been developed to support best practice strategies to engagement in organisations as outlined in the Engagement Framework and Toolkit.

It is suggested that organisations use the Executive Level Checklist to align their strategies with the five guiding principles of safety, authenticity, humanity, equity and diversity and enjoy the resulting benefits. The Executive Level Checklist has been designed to foster active improvement of engagement strategies rather than a 'tick box' approach.

Strategies at an executive level include:

- ▶ board commitment;
- ▶ modelling organisational behavior;
- ▶ fostering an inclusive culture;
- ▶ developing an engagement strategy and structure;
- ▶ resource allocation;
- ▶ paid participation policies; and
- ▶ staff recruitment and training.

These strategies will require ongoing monitoring to progress positive changes; they can then be evaluated more periodically to inform strategic planning. While the Executive Level Checklist appears extensive, organisations will no doubt already have some or all of these strategies in place. The Engagement Framework and Toolkit aims to build on those existing strategies, and when applied consistently, will result in better outcomes for the organisation and importantly, for people who are affected by mental health issues and/or alcohol and other drug use.

Good Practice Examples of the

Five Guiding Principles in Action

Development of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: (the Plan) outlines a comprehensive package of reforms to reshape the delivery of services to Western Australians with mental health, alcohol and other drug issues. A first of its kind for the State, the Plan sets a bold agenda to create a more connected, high quality and person centered system focused on the provision of holistic care and support.

The Plan provides a targeted and phased approach to investment over the 10 years to deliver the optimal mix and level of services to meet the needs of the current and future population. This includes an increase in hospital beds and specialist care, a shift towards the provision of more services in the community and enhanced programs and strategies that prevent mental illness, reduce drug and alcohol-related harm, and that intervene early to reduce the development of serious illness.

The engagement process in the development of the Plan was comprehensive, involving over 2,300 individuals and organisations.

Expert Reference Groups were formed and online surveys, consultation forums and individual meetings were undertaken to ensure all stakeholders had an opportunity to contribute their experience, thoughts, opinions and ideas. In developing the Plan, the Mental Health Commission:

- ▶ Held a forum specifically aimed at receiving advice and recommendations from consumers, families and carers;
- ▶ Held nine forums in regional Western Australia, eight targeted forums in the metropolitan area, and one large public forum;
- ▶ Published reports from the forums and the online survey on the Commission website for transparency;
- ▶ Provided presentations to key stakeholders, including to peak consumer and carer bodies;
- ▶ Held numerous individual meetings; and
- ▶ Used the feedback provided during the consultation period, including feedback on the draft Plan, to inform the revision of the final Plan.

Good Practice Examples of the

Five Guiding Principles in Action cont.

Mental Health Act 2014 Implementation

The *Mental Health Act 2014* (the Act) provides for the treatment, care, support and protection of people who have a mental illness, the protection of the rights of people who have a mental illness, and the recognition of the role of families and carers.

Prior to the Act's proclamation on 30 November 2015, an extensive 12 month implementation process took place. The Mental Health Commission developed and led the implementation planning process in collaboration with other relevant stakeholders.

The Mental Health Bill Implementation Reference Group (the Reference Group) was established and included consumers, families and carers, the Chief Psychiatrist, the Head of the former Council of Official Visitors (now Mental Health Advocacy Service), the President of the former Mental Health Review Board (now Mental Health Tribunal), and representatives from the Mental Health Commission, Department of Health, Area Health Services, the Royal Australian and New Zealand College of Psychiatrists, the Australian College of Mental Health Nurses, and non-government organisations.

The Reference Group received ongoing input from numerous working groups, including the Non-government Organisations Roundtable, Aboriginal Advisory Group, and a Lived Experience Advisory Group (LEAG), amongst others. The role of the LEAG was to liaise within their network of people who experience mental illness and their families and carers, including those who have had experience of involuntary treatment, and use this network to provide the consumer, family, carer perspective to inform the work of the advisory group. Key points regarding the establishment and work of the LEAG included:

- ▶ A comprehensive selection process with the criteria ensuring there was representation from people who had lived experience of being an involuntary patient.
- ▶ There were equal numbers of both consumer and family/carer representatives on the LEAG.
- ▶ Meetings were co-chaired with a person with lived experience who was also selected through a formal selection process.
- ▶ The LEAG Terms of Reference was developed and approved by the LEAG members.

- ▶ Their agreed purpose was to provide a consumer, family and carer perspective to the Reference Group regarding strategies and priorities to optimise the implementation of the Act.
- ▶ Two consumer and two carer LEAG members were integral members of the Reference Group. Most other Bill Implementation Working Groups included two LEAG representatives, being a consumer and a carer representative.
- ▶ LEAG members met every two months to review documentation associated with the implementation of the Act including the Clinicians' Practice Guide and eLearning materials.
- ▶ LEAG members developed the Consumer Handbook and a Family and Carer Handbook.
- ▶ Through their involvement in other Working Groups, the LEAG members also assisted with the establishment of the Mental Health Advocacy Service and the content of the Act's brochures.

Good Practice Examples of the

Five Guiding Principles in Action cont.

Development of the Exposure Draft Compulsory Treatment (Alcohol and Other Drugs) Bill 2016

In the development of the Exposure Draft Compulsory Treatment (Alcohol and Other Drugs) Bill 2016 and associated summary model of service, the Mental Health Commission used a range of strategies to ensure close and regular engagement with a Community Advisory Group.

Practices outlined below demonstrate how the process aligned with the five guiding principles.

- ▶ A broad expression of interest was circulated and the selection panel included a person with a lived experience of mental health, alcohol and other drug issues.
- ▶ The Advisory Group consisted of people with a broad range of experiences and perspectives, including regional, Aboriginal, youth, sexuality, gender and bodily diverse orientation and people from culturally and linguistically diverse backgrounds.
- ▶ For those members who were based regionally, the Mental Health Commission provided an opportunity for them to attend a meeting in Perth so that they could meet the other Advisory Group members in person.
- ▶ Advisory Group members were included from the beginning of the process, and the organisation was clear with the Advisory Group about their ability to influence the draft legislation.
- ▶ The Advisory Group was Co-chaired by a family member supporting a person with a lived experience of mental health, alcohol and other drug issues.
- ▶ The Lived Experience Co-chair was also a member of the Project Steering Committee, which was recognised to have equal influence with the Advisory Group in relation to the development of the draft legislation.
- ▶ Advisory Group members were remunerated in line with the Mental Health Commission's Consumer, Family, Carer and Community Paid Partnership Policy.
- ▶ Meetings were held at a location with easy access to public transport.
- ▶ Prior to meetings, Advisory Group members were provided with information and issues for discussion.
- ▶ Members were provided with access to free counselling via the organisation's employee assistance scheme, if required.
- ▶ During the meetings, respectful discussion and debate was encouraged and well facilitated.
- ▶ The organisation demonstrated how and where Advisory Group recommendations had been reflected in the draft legislation. Where final outcomes were not the same as Advisory Group recommendations, these were transparently outlined and explained to the Advisory Group.



"The group was respectful in listening to various opinions and everyone had opportunity to express their views and debate the issues."

"The respect with which our input was treated by the Commission's staff... left me feeling that my time was well spent and my lived experience was actually of value, as I hoped it would be."

"The organisation, support, knowledge and cooperative approach was a very worthwhile experience for all stakeholders."

"Respect for lived experience input was evident in the Commission's attention to detail: making name tags available for all meetings; furnishing hard copies [of documents]; ensuring payment forms were processed quickly; timely sending out of papers before meetings; seeing the Advisory Group's input in the documents as they progressed and in the feedback from the Commissioner and Steering Committee."

» *Feedback from Advisory Group members regarding the process of the development of the draft legislation.*

Good Practice Examples of the

Five Guiding Principles in Action **cont.**

The Western Australian Mental Health Network

The Western Australian Mental Health Network aims to improve health outcomes for people with mental health issues by building engagement, co-operation and consensus between consumers, support persons, health professionals, hospitals, health services, community managed organisations, the Mental Health Commission and the Department of Health, to inform mental health policy and reform, and to strengthen and increase coordination of mental health care and support across the State.

The Network has facilitated a strong partnership between consumers, support persons, service providers and Government organisations by:

- ▶ Appointing two Co-Leads: one with clinical experience and knowledge, and one representing the views of the community.
- ▶ Including two lived experience presentations as part of the launch of the Network, followed by a series of workshops that allowed the two newly

appointed Network Co-Leads to listen to and understand consumers and support persons' views on the broad range of issues and future aspirations for the mental health and wellbeing of Western Australians.

- ▶ Including consumers and carer representatives in the Network Executive Advisory Group's membership, together with representatives from Government agencies and peak bodies.
- ▶ Open meetings held by the Sub Networks, included people with a lived experience, families, carers, mental health advocates, health professionals, university academics, service providers and organisations. At the meetings, participants were asked to consider how services and systems could be improved.
- ▶ Expressions of interest were requested for individuals to join a steering group to drive each of the Sub Networks. Each Mental Health Sub Network Steering Group was required to have representation from: consumers and

support persons, non-government and government service providers, government agencies and peak bodies. In addition, the Sub Networks aimed to have representation from a wide range of perspectives including regional remote, Aboriginal, and a range of different age cohorts.

"Being able to express my opinion from a consumer perspective and [be] seen as a valued person".

"The opportunity to share my opinions and experience in a context that could influence future mental health outcomes for WA".

"The structure of the Mental Health Network launch allowed everyone to have their say and to identify the main priority issues".

» Members of the Mental Health Network.

Good Practice Examples of the

Five Guiding Principles in Action **cont.**

Looking Forward Aboriginal Mental Health Project 2011-2015

The Looking Forward Aboriginal Mental Health Project aims to change the way mental health and alcohol and other drug support services respond to the needs of Nyoongar families living in the south-east Perth metropolitan corridor (Armadale to Bentley).

Twelve organisations worked in partnership with a research team and 18 Nyoongar Elders to develop and implement a framework for developing culturally accessible and responsive services to Aboriginal people. Together, they designed and implemented an engagement framework to create organisational change, called Minditj Kaart-Moorditj Kaart, meaning 'from a sick head to a good head'.

The Project Processes demonstrate how the project aligned with the five guiding principles:

- ▶ The governance structure included a Project Steering Group, a Project Reference Group and an Aboriginal Community Steering Group.
- ▶ A number of events and activities were held by the Project Team and Nyoongar Elders with service providers to develop an understanding of, and respect for, Nyoongar culture and its centrality to mental health and wellbeing. Activities included damper and bush medicine making, storytelling, community days and walks on country. These activities helped to build much needed trust and establish relationships that were meaningful and sustainable.
- ▶ Nyoongar consultants were engaged at various phases of the project to ensure compliance with Nyoongar cultural protocols.
- ▶ Nyoongar Elders provided cultural advice and guided executives and staff of the mental health and alcohol and other drug services in:
 - » developing a better understanding of an Aboriginal (Nyoongar) worldview;
 - » working more effectively with the needs and aspirations of the community; and
 - » building service capacity so staff can more confidently and competently work in a culturally safe and secure way with Aboriginal (Nyoongar) families.

Through the co-design process, the project harnessed the cultural leadership of Nyoongar Elders to create effective systemic change. Project findings revealed the importance of working within the local context, based on the principles of kinship, Eldership and country.

"Relationships are the foundation for this work and the two stakeholder groups have spent much time and effort building and deepening their relationships in order to be prepared for the next phase, that is, to co-design a culturally safe systems change innovation, shaped by this relationship-based approach."

» Dr Michael Wright.

Good Practice Examples of the

Five Guiding Principles in Action cont.

Families 4 Families Western Australia

Mental Health Matters 2, a community advocacy action group, established the Families 4 Families Western Australia (F4FWA) program. F4FWA is a recovery based, peer led, support group for consumers, families, and carers who support someone with co-occurring mental health, alcohol and other drug issues. F4FWA is run by families, for families and recognises the lived experience and expertise which comes from listening to and honouring that perspective. It has since evolved into an award winning partnership with a drug and alcohol organisation.

Practices outlined below demonstrate how the process aligned with the five guiding principles.

- ▶ Families and support persons identified experiencing stigma and discrimination in the community around co-occurring issues that included mental health, alcohol and other drug and criminal justice involvement.
- ▶ Consumers and families were involved in developing the program from the beginning in line with co-production principles.
- ▶ An accessible, safe space focusing on peer support and mentoring and based on recovery principles led to F4FWA being created.
- ▶ A no cost, accessible venue, close to public transport and available in the evenings was offered by Helping Minds.

- ▶ Clear guidelines and support have been developed by people with lived experience in order to build capacity, support volunteers, and create sustainability.
- ▶ Peer volunteers are involved in running every aspect of the program.
- ▶ Cyrenian House, an alcohol and other drug rehabilitation and support organisation, partners in the delivery of the F4FWA program by providing a specialist co-occurring counsellor who attends the bi-monthly evening groups. The counsellor provides individual support and advocacy regarding access to services.
- ▶ Cyrenian House ensures a specialist clinician is available in the evenings, and for reflection and debriefing with the group facilitator within 48 hours of the group meeting. They also provide insurance for the volunteers and ad-hoc financial assistance.

- ▶ F4FWA has taken a strong 'on top, not on tap' approach in the partnership which has ensured that peers continue to lead, organise, and deliver the program.
- ▶ The program includes education around service and system navigation and opportunities to provide input into research and feedback into service and system evaluation.
- ▶ A co-designed and co-delivered paper on the F4FWA program was positively received at a national mental health services conference.

Mental Health Matters 2 was proud to be announced winner of the Equal Opportunity Commission Award for human rights, equity and diversity at the 2015 Mental Health Good Outcomes Awards.

"Families of lived experience, comparing experiences, engaging in reflection and gaining insight, within a thoughtful and inclusive environment, strengthening ourselves in pursuing inclusion within mental health services."

"Compassion, feelings of not being alone. Togetherness."

» *Participants' experience of the F4FWA Program.*

Good Practice Examples of the

Five Guiding Principles in Action cont.

Peer Support Plus Project

The Peer Support Plus (PSP) Project has been actively promoting hope and optimism for consumers at Cyrenian House, an alcohol and other drug treatment service. The project is informed by the values of peer support, and a greater sense of consumer empowerment and involvement in service development and delivery. A Consumer Advisory Group was formed at the very start of the process to ensure principals of co-design and co-production were embedded in the project from the outset. The identified goals of the PSP Project include improving quality of life for consumers in recovery, particularly through enhancing social connectivity and increasing the range of treatment options and outcomes. The two main components of the project include:

- ▶ the PSP Training Program; and
- ▶ group co-facilitation and support activities delivered by graduated participants.

Eight Cyrenian House consumers, with experience of personal recovery, completed training to become volunteer Peer Support Workers.

The Peer Support Workers use their lived experience to support and inspire hope in others, whilst supporting and being supported in their own on-going recovery journey. Since the inception of the PSP Project, Peer Support Workers have been engaged in supporting consumers in social connectivity activities, co-facilitation of established residential pathway groups, and the co-production of a new weekly peer-led support group. Benefits for the Peer Support Workers include gaining work skills and experience, access to ongoing training and supervision, and support through peers and workers.

The project won the Consumer Participation Award for the significant and ongoing contribution to improving lives of people with alcohol and other drug issues at the 2018 Alcohol and Other Drugs Excellence Awards.

Good Practice Examples of the

Five Guiding Principles in Action cont.

The Theatre of Transformation Project: 'Given Half a Chance'

The Theatre of Transformation project "Given Half a Chance" was a community based activity aimed at creating a safe space to support a group of young Aboriginal people 12 years of age and older to write and present their own play for the Halls Creek Community that captured and communicated their experiences of alcohol-related harm.

The Project was a joint partnership between:

- ▶ Kimberley Community Drug and Alcohol Service (KCADS);
- ▶ Yura Yungi Aboriginal Medical Service;
- ▶ Halls Creek High School; and
- ▶ Melbourne based theatre director, Bryan Derrick.

The Project partners chose to work with this group of young Aboriginal people using the theatre of transformation model because they are deeply affected by alcohol related harm but rarely have an opportunity to voice how it affects them or to exert any influence on how to prevent or treat it.

The theatre of transformation has a number of theatre models that aim to give voice to the lived experience of the voiceless. The forum model was adopted as it is a short and powerful style of play comprising a number of scenes where dialogue is kept to a minimum and, at the end of the play, audience members are invited to suggest how a better outcome could have been achieved and act out their suggestions with the actors on stage.

Key considerations for the Project included:

- ▶ Ensuring the young people had the full support from their primary carers to participate in and out of school hours;
- ▶ Ensuring permission was given before photos and videos of the young people were taken and shared;
- ▶ Providing a safe, quiet and secure space for rehearsals; and
- ▶ Identifying and managing cultural security – careful consideration was given to what topics could be included and what may be contentious.

The Project partners were also mindful that the content of the play may provoke strong emotional responses in participants, some of whom were considered at risk. The Project partners identified these young people and developed a strategy to manage and mitigate this risk which included:

- ▶ Ensuring the director, a personal helper and mentor from Yura Yungi and the young people's high school teacher, were present at each rehearsal;
- ▶ Ensuring an experienced drug and alcohol counsellor, and a team leader and psychologist from the Social and Emotional Wellbeing team at Yura Yungi, was on call during the rehearsals, and attended the public performance;

Good Practice Examples of the

Five Guiding Principles in Action **cont.**

- ▶ Negotiating a code of conduct; the group identified unacceptable behavior and agreed on consequences; and
- ▶ Early warning signs were monitored and early intervention, such as time out or break away groups with one or more students were applied as required.

A number of initiatives were implemented to promote the project and encourage participation including:

- ▶ Flyers were designed and posted among the community, town camps and outstations a month before the project start date;
- ▶ Radio Interviews with staff from the partner organisations and the director were conducted on local radio; including an invitation for interested actors and their families to attend a community barbeque to learn more about the project;
- ▶ Project partners met with stakeholders in town to introduce the director and talk about the forum theatre model; and
- ▶ The director met with local Aboriginal Elders for dinner to talk about the project and listen to the Elders stories and advice.

The key lessons learnt included:

- ▶ A safe, secure, private space for rehearsals, shared only with their peers, the director, their teacher and one of the personal helpers and mentors, meant the actors who felt shy, ashamed or vulnerable had the support to work through these emotions;
- ▶ At the first rehearsal the director suggested that he call the group 'actors' rather than their first names and all agreed. This removed any negative connotations associated with their real names and encouraged participants to reinvent a more positive version of themselves;
- ▶ Effective coordination and collaboration between the project partners was critically important during the lead up phase of the project;
- ▶ Recognising and harnessing partner capacities; and
- ▶ Allowing enough lead up time to develop a joint project between the project partners.

The participation of young people was critical to the success of the project, while the adults provided the space, cultural security, privacy and boundaries. In this context, young people produced and performed a play that was an honest and confronting representation of their lived experience of alcohol related harm.

Good Practice Examples of the

Five Guiding Principles in Action **cont.**

Consumers of Mental Health WA

Consumers of Mental Health WA (CoMHWA) is Western Australia's mental health consumer association. CoMHWA was established in 2005 by a group of committed and passionate people who shared lived experience of mental health issues and recovery. The group had a passion for achieving human rights and equality through growing mental health consumer representation and supporting a consumer movement to grow and flourish in Western Australia. Its founders recognised that a consumer-led organisation was essential to achieving a strong, assertive, independent voice for social change.

In 2011, CoMHWA received establishment funding to become Western Australia's independent mental health consumers' association and has continued to grow and develop through a dedicated team of Board, staff and volunteers.

CoMHWA is member-based and peer-led, comprising of a majority Board and staff who self-identify as having a lived experience of psychological or emotional distress, issues or illness. CoMHWA undertakes a range of activities to support consumer leadership, promote their human rights and to ensure the diverse range of consumer voices are heard and acted upon.

CoMHWA's work with services and across the wider community, includes:

- ▶ Awareness raising, education and training;
- ▶ News and member events to strengthen relationships and connections;
- ▶ Consumer-led research and consultation to advance the views and priorities of people with lived experience;
- ▶ Consumer participation advice, training and assistance;
- ▶ Systemic advocacy and consumer representation;
- ▶ Advancement of consumer advocacy and self-advocacy;
- ▶ Partnerships with peer workers and employers in the growth and development of the peer workforce.

CoMHWA's values of Kindness, Respect, Inclusivity, Courage and Partnership support principles outlined in the Engagement Framework, such as diversity, safety and humanity. On an ongoing basis, CoMHWA works collaboratively with a diverse range of stakeholders and advocates for broad-based, representative and inclusive participation across all reforms.

Good Practice Examples of the

Five Guiding Principles in Action cont.

Establishing an Independent Alcohol and Other Drug Consumer Peak Body

The journey toward incorporation of an independent alcohol and other drug consumer peak.

In 2014, the former Drug and Alcohol Office held a consumer and stakeholder forum that sought input on how to improve consumer engagement within the alcohol and other drug sector. In 2015, the Health Consumers' Council received funding to progress recommendations from this forum. Their first action was to establish the Alcohol and Other Drug Advisory Group (Advisory Group). Key organisations, including the Western Australian Network of Alcohol and other Drug Agencies, Peer Based Harm Reduction WA and Consumers of Mental Health WA were invited to be members. Individual consumers were invited through an expression of interest process. Families and significant others were included in the definition of 'consumer'.

Over time, the Advisory Group strengthened its capacity for consumer leadership and many decisions and consequent actions are now consumer led. The quorum requires 50% of a meeting's attendees to be consumer members in order for it to progress. This was established to recognise consumer members' participation as vital to the legitimacy of the Advisory Group's work. A project to develop a common set of principles for consumer engagement was undertaken by a consumer consultant and overseen by the Advisory Group.

Robust engagement principles were applied to achieve success, which include:

- ▶ A human rights focus with core values of empowerment, respect, inclusivity and non-judgement were upheld by the host organisation (Health Consumers' Council).
- ▶ A foundation of consumer ideals and expectations based on the above values was established from the beginning.
- ▶ A focus on inclusivity stating the definition of 'alcohol and other drug consumers' to include family and significant others.
- ▶ The prioritising of consumer led contribution through the engagement of a consumer consultant to develop a set of principles for engagement: [Principles and Best Practice Strategies for Consumer Engagement in the Alcohol and Other Drug Sector](#).
- ▶ The partnership with representative organisations built a safe platform for less experienced consumer members to begin to understand and step into the workings of the group.
- ▶ The broader, strategic engagement of other representative organisations including WA Primary Health Alliance (funding body) and Mental Health Matters 2 (grassroots consumer and family systemic advocacy group).

Good Practice Examples of the

Five Guiding Principles in Action cont.

- ▶ Attitudes upholding respect, transparency and willingness from organisational representatives to listen, share knowledge and step back, built the capacity of consumer members and allowed ownership to take place.
- ▶ Time was allowed for relationships and trust to develop and the Advisory Group were able to journey through formation dynamics and stabilise.
- ▶ Ongoing commitment to consumer ownership and support of consumer initiatives encouraged emerging leadership.

Active problem solving, attitudes of belief, hope and persistence in conjunction with the provision of resources and a commitment to a consumer focus resulted in the delivery of a 'think-tank' forum. The forum was utilised to progress the establishment of an independent alcohol and other drug consumer peak in 2018. The Advisory Group's clarity around purpose and mindful planning included:

- ▶ Commitment to inform and educate people before the event, supporting meaningful participation.
- ▶ Supporting safety through use of an appropriate venue, authentic facilitation and peer support.
- ▶ Direct acknowledgement of the diversity of the consumers at the event served to equalise and unify. Family members were formally acknowledged as part of consumer membership.

- ▶ Content was well considered, appropriate and delivered using language that was both respectful and relatable to the audience on the day.
- ▶ Attendees were offered a participation payment to acknowledge their time and lived experience expertise.

With an overwhelming and positive response from consumers identifying the need and desire for an independent alcohol and other drug consumer peak, the Advisory Group is now progressing to incorporation.

Appendix 1

Engagement Evaluation Template

Thank you for your participation in this engagement opportunity. We would appreciate your feedback about your experience so we can continually improve.

1. Do you identify as (you can select more than one):

- ☐ A person with a lived experience of mental health, alcohol and other drug issues (a consumer)
- ☐ A support person (a family, carer, friend, significant other)
- ☐ A community member
- ☐ An individual working in the mental health, alcohol and other drug sector
- ☐ An individual working in another sector
- ☐ Something else

2. Do you live:

- ☐ In the metropolitan area
- ☐ In a regional, rural or remote area, please state

3. Do you identify as (you can select more than one):

- ☐ Aboriginal or Torres Strait Islander
- ☐ Culturally and Linguistically Diverse
- ☐ A person with a Disability
- ☐ A person from the LGBTIQ+ Community
- ☐ A person with Justice or Forensic experience
- ☐ A Child or Young Person
- ☐ A group not mentioned

4. Are you:

- less than 18 years ☐ 18 – 24 ☐ 25 – 39 ☐ 40 – 59 ☐ 60+ ☐

5. Gender:

6. How did you find out about this engagement opportunity?

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7. What did you like best?

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8. What did you like least?

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9. Do you have any further comments or suggestions for improvement?

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With your engagement experience, how satisfied were you with the following	Not applicable	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
The application and/or selection process for this engagement opportunity						
The information provided to you beforehand						
The day and time of the engagement						
The location of the venue						
The venue itself						
The catering						
The engagement method or style used						
The welcome, housekeeping and introduction						
The information was communicated in a way you understood						
The context and purpose of the engagement was clearly explained						
Explanations around disclosure and confidentiality						
Comfortable sharing your experiences and opinions						
Your input was acknowledged and valued						
How your input will be used to influence decisions was explained						
Sufficient time was provided to 'get the work done'						
Understanding and support provided by staff						
How differing views and perspectives were managed						
Next steps and how you will be kept informed after today						
The participation payment process						

Thank you.

Appendix 2

Checklist for Effective Engagement Practices at a Program/Project Level²⁰

Practices at an Program/Project Level	Activities and Comments	Opportunities for improvement	Met	Part Met	Not Met	Assessment Date	Next Assessment Date
The context and purpose of engagement is outlined and clearly communicated							
Lines of authority, remuneration and accountability are clearly outlined							
The level of influence people will have on decisions and outcomes is clear and transparent							
Consumers and support persons (families and carers) are identified as separate groups who experience different issues and require specific representation (i.e. they cannot represent each other)							
Early engagement and preparedness takes place so a co-design and/or co-production approach can occur							
Identify a variety of times and days to engage to meet people's work, family and health responsibilities (e.g. school times, sorry business, cultural and religious events and holidays, important appointments, effects of medication etc.)							
Variety of engagement approaches (e.g. forums, workshops, meetings, social media, yarning circles) across every stage of the program or project are identified and planned							

Practices at an Program/Project Level	Activities and Comments	Opportunities for improvement	Met	Part Met	Not Met	Assessment Date	Next Assessment Date
Approaches to address equity and diversity have been considered including: <ul style="list-style-type: none"> ▶ safe, welcoming and comfortable spaces for engagement to take place ▶ ensuring accessibility to venues (location, transport, disability access day and time) ▶ engaging an external, skilled facilitator ▶ engaging people with a lived experience as co-facilitators and/or co-chairs ▶ multilingual communication methods 							
A budget for the engagement activity or program is allocated							
Time has been built in to build relationships and to support people in the engagement activity e.g. pre briefing, debriefing, talking one on one, additional phone and email time							
Plans have some level of flexibility to ensure equity and access for everyone e.g. changes to timing, location, catering and travel							
A clear process is in place to respond and support people who may experience distress (trauma free engagement)							
Everyone's roles and responsibilities are clearly identified and outlined							
Everyone's lines of reporting and accountabilities are clearly identified and outlined							
Engagement opportunities are promoted broadly through a variety of networks to ensure diversity							

Practices at an Program/Project Level	Activities and Comments	Opportunities for improvement	Met	Part Met	Not Met	Assessment Date	Next Assessment Date
A communications plan has been developed to ensure people are kept informed on a regular basis							
Established networks and resources are accessed especially to gain an understanding around diversity, equity and access issues							
Community Elders and/or leaders have been contacted and their assistance and input sought							
People are provided with information in a timely manner in way they can access and understand, this includes: <ul style="list-style-type: none"> ▶ relevant background information including rights ▶ their roles and responsibilities, including level of influence ▶ time commitment ▶ location/venue details ▶ transport/parking options ▶ payment and reimbursement details including tax and Centrelink implications ▶ issues around confidentiality and disclosure ▶ use and storage of information ▶ a contact and/or support person training and support opportunities 							
People have been engaged using an open and transparent selection process							
The above information is discussed, further co-developed and refined face-to-face relevant to the engagement activity							

Practices at an Program/Project Level	Activities and Comments	Opportunities for improvement	Met	Part Met	Not Met	Assessment Date	Next Assessment Date
Communications are clear and there is minimal use of jargon, acronyms, medical and technical words and where used these are clearly defined							
Hard copies of information are provided in recognition that people may not have reliable internet access and the costs of printing and data downloads							
People are remunerated and reimbursed in a timely manner and provided with 'payslips'							
People are acknowledged and thanked and next steps are communicated							
People are kept informed about the progress and outcomes of next steps							
Engagement is evaluated and people are provided with feedback							
People have been informed about the outcome of the engagement and how their involvement influenced decisions and the changes that resulted							
Everyone is included in a variety of events to recognise success across the life of the engagement activity							
There is ongoing engagement, monitoring and evaluation by consumers and support persons of the organisation's programs and projects							

Appendix 3

Effective Engagement Strategies at an Executive Level²¹

Strategies at an Executive Level	Activities and Comments	Opportunities for improvement	Met	Part Met	Not Met	Assessment Date	Next Assessment Date
There is a commitment from the executive/board to genuine and meaningful engagement at every level throughout the organisation							
A culture that supports genuine engagement is encouraged and modelled through the organisation, from top down							
Employees have attributes and competencies that are valued by those using the service and their support persons							
The development of an Organisational Engagement Strategy							
Staff induction and training includes: <ul style="list-style-type: none"> ▶ a lived experience component ▶ benefits of genuine engagement ▶ the importance of engaging to the organisation ▶ the rights of people to be engaged ▶ equality, inclusivity and diversity in the workplace confidentiality ▶ cultural awareness training (including the impact of trauma) 							

Strategies at an Executive Level	Activities and Comments	Opportunities for improvement	Met	Part Met	Not Met	Assessment Date	Next Assessment Date
The allocation of a specific budget for engagement that includes paid participation, training and support							
Staff training is evaluated for satisfaction and usefulness							
There are solid structures and mechanisms in place to ensure people can be engaged and influence decisions at all levels on an ongoing basis							
There is a variety of roles around engagement across the organisation including peer workers							
Policies are implemented and actioned that provide support to people in their roles and engagement practices							
A Paid Participation Policy that is fair and respectful is developed and actively implemented							
Processes are in place to ensure the timely payment and reimbursement of expenses							
Training and support is available and accessible for all people involved							
Access to resources including work spaces, computers, libraries, research tools is provided to all people involved							
Strategies are in place to support engagement with diverse groups including Aboriginal people, culturally and linguistically diverse communities, children and young people, people with disabilities etc.							

Appendix 4

Glossary

The following terms have been used throughout the Engagement Framework and Toolkit and are defined below.

Term	Definition
Carer	A person who provides ongoing care, support and assistance to a person with disability, a chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide ²² .
Co-design	Identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by the plan ²³ .
Consumers	Consumers are people with a personal experience of mental health, alcohol and/or other drug issues, irrespective of whether they have a formal diagnosis or have accessed services and/or received treatment. <i>*Note: we acknowledge that many people may prefer to use the words personal or lived experience, experts by experience, community members, clients, service users, patients, residents, customers, peers, or survivors.</i>
Co-production	Implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.
Cultural safety	An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening .
Engagement	Engagement with consumers and their support persons refers to people actively participating in their own health care and in health policy, planning, service delivery and evaluation at individual, service, sector and system levels.
Lived Experience	Any person who identifies as having a current or past personal experience of psychological or emotional issues, distress, mental health and/or alcohol other drug issues, irrespective of whether they have a diagnosed mental illness and/or AOD issue and/or have received treatment. This definition also extends to family and friends who have personal experience of providing ongoing care and support to a person who has a lived or living experience as outlined above. <i>*Note: we acknowledge that these terms may be uncomfortable and some people may prefer to use other terms to describe their experiences.</i>

Term	Definition
Mental health	A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.
Mental illness	A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).
Participation	Participation refers to practices that directly engage people. Examples include community forums, advisory groups and online surveys.
Peer workers	People who are employed in designated roles (either paid or volunteer) to use their personal lived experience of mental ill health and/or alcohol and other drug issues (including family and carer roles) to inform their work. Peer work roles include (but not limited to) support workers, representatives, advisors, academics, consultants educators, trainers, evaluators and researchers.
Recovery	Recovery is a term with different meanings in the mental health and alcohol and other drug sectors. Recovery is personal and means different things to different people. Personal recovery is defined within the National Framework for Recovery oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. In regards to alcohol and other drug use, it may or may not involve goals related to abstinence.
Social and emotional wellbeing	Aboriginal people have a holistic view of mental health and prefer a social and emotional wellbeing approach to mental health. The domains of wellbeing that typically characterise Aboriginal definitions of social and emotional wellbeing include connection to: body, mind and emotions, family and kinship, community, culture, language, country, spirit, spirituality and ancestors.
Support Persons	Refers to a family member or significant others impacted by someone else's mental health and/or alcohol and other drug use. A large proportion of support persons are carers as defined in the Western Australian <i>Carers Recognition Act 2004</i> , the Australian <i>Carer Recognition Act 2010</i> and the Western Australian <i>Mental Health Act 2014</i> . In this document, the term "support persons" includes carers, families, significant others, friends and advocates.
Stakeholders	Stakeholders are any individual, group of individuals, organisations, or political entity with a stake in the outcome of a decision ²⁵ .
Trauma	A deeply distressing or disturbing experience that may result in mental health issues or emotional problems.

Appendix 5

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