Incorporating the consumer voice

How Queensland community organisations deliver consumer-centric services – November 2020

About QCOSS

We are QCOSS (Queensland Council of Social Service), Queensland's peak body for the social service sector.

Our vision is to achieve equality, opportunity and wellbeing for every person, in every community.

We believe that every person in Queensland – regardless of where they come from, who they pray to, their gender, who they love, how or where they live – deserves to live a life of equality, opportunity and wellbeing.

We are a conduit for change. We bring people together to help solve the big social issues faced by people in Queensland, building strength in numbers to amplify our voice.

We're committed to self-determination and opportunity for Aboriginal and Torres Strait Islander people.

QCOSS is part of the national network of Councils of Social Service lending support and gaining essential insight to national and other state issues.

QCOSS is supported by the vice-regal patronage of His Excellency the Honourable Paul de Jersey AC, Governor of Queensland.

Join us to mobilise a force for equality, opportunity and wellbeing. To join visit the QCOSS website (www.QCOSS.org.au).

Contents

Executive Summary

Understanding the characteristics, experience and perspectives of consumers is an important element of designing products and services that are fit for purpose.[4]

This report seeks to identify how Queensland community organisations incorporate consumer voices in service design and delivery. For the purpose of this report "incorporating the consumer voice" refers to engagement tactics that generate consumer information (such as the characteristics, perspectives and experience of service users), as well as the process of analysing this information and integrating findings into service design and delivery.

This report also explores the capability and capacity of organisations to enhance consumer engagement processes and shift the inclusion of the consumer voice from the individual level to the organisation and system level.

Over a period of three weeks, representatives from 20 community organisations in Queensland were interviewed and a survey was conducted. Consumers of community organisations were also interviewed and surveyed and a literature review was undertaken.

Community organisations in Queensland deliver services to people who are often experiencing disadvantage and vulnerability. This report found that organisations often use organic and informal engagement methods to understand consumer needs. For example, interacting with consumers in the context of trusted relationships and adjusting the way services are delivered based on an individual's characteristics and preferences. These engagement methods usually occur at the individual level.

Community organisations also adopt more formal approaches to engaging with consumers to understand their needs. Examples of formal methods include surveys, social media campaigns, complaint management and service ratings.

There is enthusiasm in Queensland for using the consumer voice to improve service design and delivery. Organisations expressed a strong desire to be able to utilise more formal methods in the integration and analysis of consumer information. This was driven by an understanding of the benefits that can come from effective consumer engagement, such as improving accessibility of services for vulnerable and marginalised consumers.

Consumers also saw the benefit of being engaged in service design. Of those interviewed, there was a belief that services would benefit strongly from this approach, seeing consumer engagement as an opportunity to incorporate their lived experience to design better products and services. Consumers indicated a range of preferences for engaging with service providers. This included providing feedback on specific services, to being engaged in all aspects of service design and delivery through committees and boards.

However, organisations identified external structural factors such as the siloed nature of funding as barriers to shifting an organisation's engagement from an individual level to an organisation and system level. As well as this, narrow service-level reporting requirements and defined service delivery outcomes did not always support organisations to meet the needs of the consumer. These factors were described as issues that prevented organisations from adopting a more structured approach to using consumer information to develop and improve services.

Significant opportunities are available to improve the collection and integration of consumer information. If data is captured consistently and shared in a deidentified and ethical way, it could be shared across organisations as a strategy to support consumer centric design and improve outcomes at a system level.

Background

Queensland's community sector is experiencing significant changes. From shifts in funding approaches, such as the roll-out of the NDIS, the impact of changing technologies and increases in service demand, community organisations are required to continuously adapt in order to remain responsive to community need.[5] A strategy for ensuring an organisation remains responsive is to include the consumer voice in every aspect of service design and delivery.

The process of including the consumer voice involves an outside-in perspective of service delivery and places consumer needs and preferences at the centre of program and service design.[6] 'Client-centric' organisations take a cross-siloed and collaborative view of systems and processes to reorganise resources with the aim of improving consumer outcomes and experience.[7] Actively incorporating the consumer voice at every stage of decision making is especially important for organisations that deliver services to vulnerable and disadvantaged clients, such as community services.[5]

When a consumer-led system is operating effectively, consumers are acknowledged as social citizens whose lived experience and expertise informs policy and decisions related to resource allocation. Consumer information collected in this way can then be used to advocate for systemic change and to improve service design and delivery.[8]

This report explores how Queensland community organisations incorporate the consumer voice into service design and delivery. The report aims to:

- assess the current level of consumer engagement being practiced by Queensland community organisations

- identify key indicators that demonstrate the needs of consumers and how these can most appropriately be presented and shared

- explore opportunities to enhance the capacity of community organisations in Queensland to incorporate the voice of consumers in service design and delivery.

In doing so, this report provides insight into challenges for community organisations to shift approaches to incorporating the consumer voice from an individual to organisation and system level.

Methodology

In undertaking the research for this report, a mixed methods approach was utilised to understand how Queensland community organisations incorporated the consumer voice. This involved completing a literature review to identify best practice in consumer engagement across various domains including business, government and the not-for-profit sector.

Data collection involved undertaking a survey exploring current practice, conducting key informant interviews with people currently working in leadership or frontline positions in a Queensland community organisation, as well as key informant interviews with consumers who have recently accessed a Queensland community organisation.

QCOSS promoted the survey to people currently working in a community organisation in Queensland. Survey questions explored themes relating to current practices of consumer engagement, as well as challenges in implementation and opportunities to improve. The survey was open for a period of six weeks from late August 2020 and was promoted widely through QCOSS networks, such as the fortnightly Community Door newsletter, as well as the QCOSS member newsletter.

In total, 47 respondents completed the survey and 23 people were interviewed. Of the survey respondents, 40 per cent were CEOs, 35 per cent were senior managers and 25 per cent were staff such as front-line workers.

Respondents represented a range of organisations operating in service delivery areas with a focus on the following:

Service delivery area	Number
Ageing, disability and carers	17
Health-related services	16
Child, youth and family services	28
Migrant and multicultural services	8
Aboriginal and Torres Strait Islander Services	7
Lesbian, gay, bisexual, transgender and intersex services	2
Employment, education and training	9
Housing and homelessness	14
Financial support and counselling	7
Legal, advocacy and peaks	9
Community based / Community development services	13
Other	3

Semi structured interviews were completed over a three-week period beginning in September 2020 by two QCOSS staff. These interviews supported a more in-depth assessment of current practice and improvement opportunities. Interview participants were recruited through the same method as the survey, with the addition of direct invitations to organisations contacting QCOSS over the recruitment period.

Key informant interviews occurred with 23 respondents currently working in a Queensland community organisation. Organisations represented a diverse range of service areas, including aged and community care, disability support, mental health, youth justice, health, housing, family, legal and advocacy, domestic and family violence. One Aboriginal and Torres Strait Islander community-controlled organisation also participated in an interview.

The size of participating organisations varied and included large national organisations delivering services in all States, organisations operating exclusively in Queensland, and regionally based organisations providing services to their local community. These organisations were funded by a variety of sources, including state government, federal government, Primary Health Networks, as well as philanthropic organisations.

To gain a consumer perspective of accessing a Queensland community organisation, a consumer experience survey was used. The survey was promoted through the Health Consumer Queensland consumer newsletter. Further to this, three consumer interviews were completed. These semi structured interviews explored the experiences of a consumer to identify how they perceived a service to be client centered. Consumers were identified as people who have accessed a Queensland based community organisation within the previous 12-month period.

In analysing data, interview transcripts were themed using qualitative data analysis software. This was completed by two QCOSS staff who collaboratively reviewed the emerging themes. In this process, themes were structured under topic areas including service type, organisational factors, consumer engagement approaches, data and feedback systems, institutional factors and emerging issues.

Incorporating the voice of consumers in service design and delivery

The why

Inclusion of the voice of consumers is essential to improve quality, relevance and utility of service provision.[9] This is because consumers are 'expert witnesses' to their circumstances and are best placed to identify existing gaps in service provision and how their needs may best be met.[10] In addition, the inclusion of the consumer voice entails ethical and political dimensions, as consumer participation in services has often been described as a right.[11, 12]

Through the systematic collection and analysis of consumer information, consumer perspectives provide an invaluable source of data. When done well, the inclusion of the consumer voice in service design ensures it remains responsive and tailored to meet the individual and collective needs of current and potential users of the system. This is particularly the case for ensuring an organisation is providing services that are accessible to vulnerable and marginalised communities such as people with a disability, people from culturally and linguistically diverse backgrounds and Aboriginal and/or Torres Strait Islander people.[13]

Research shows that when consumers feel deeply engaged, respected and listened to, they are powerful advocates who contribute positively to service improvements.[14, 15] Improvements that are enabled by including the consumer voice include a service's ability to:

- empower and support consumers as active partners thereby facilitating more efficient and effective use of services

- address unmet needs of consumers who may experience increased disadvantage and barriers to accessing services

- improve integration to deliver better services for consumers, families and community

- improve the responsiveness and efficiency of business operations in relation to funding, quality, safety and consumer satisfaction

- identify service priorities that are based on consumer and community needs.[13]

Organisations that are delivering demand driven models of service, such as the National Disability Insurance Scheme (NDIS), may have additional motivations for finding effective ways to engage consumers. Consumer choice and control underpin these models of care. As is the case for other market-based services, providers will need to compete and tailor support to meet the individual needs of their consumer base. For these organisations, having a consumer-centric focus is key to both organisational sustainability as well as meeting consumer and community needs.[16]

The how

The consumer engagement spectrum (see Table 1) developed by the International Association for Public Participation (IAP2), defines levels of engagement that assist services to assess current practice and design more advanced consumer engagement methods.[17]

In Queensland, this consumer engagement spectrum has been adapted by Health Consumers Queensland (HCQ), a health consumer advocacy organisation supporting consumer participation in Queensland's health system. HCQ have rebadged the 'empower' level of engagement to 'consumer-led,' to more accurately reflect the consumer's active role in developing processes and structures to identify issues and implement solutions.[18]

Building on the HCQ adaptation, the engagement spectrum presented in Table 1 has been modified to apply more broadly to community service providers in Queensland.

Table 1: Consumer engagement spectrum

	Inform	Consult	Involve	Collaborate	Consumer-led
Goal of engagement	Used to keep consumers informed to assist in creating an understanding of services, issues, options and opportunities.	Used to gather information, views and feedback from a variety of consumers or advocacy groups with relevant experience.	Active participation throughout the process to ensure concerns are directly reflected in developing solutions.	Working together in a joint decision-making process incorporating suggestions in decisions and actions.	Consumer advocates develop their own processes and structures to identify issues and implement solutions.
Method of engagement	Newsletters, press releases, advertising, public forums, fact sheets, websites.	Surveys, opinion polls, focus groups, planning projects, open public forums, submissions, informal feedback, data collected during interactions with the consumer.	Participate in committees, stakeholder research, workshops.	Consensus building, participatory decision-making, committees.	Provide skills, training, resources and tools for projects and initiatives.

A mix of engagement strategies across this spectrum is required to effectively include the voice of the consumer. However, these methods of consumer engagement can also occur at different levels (see Table 2). For the consumer voice to have the most meaningful impact, engagement needs to occur beyond the individual level and be embedded into practice at an organisation and system level.
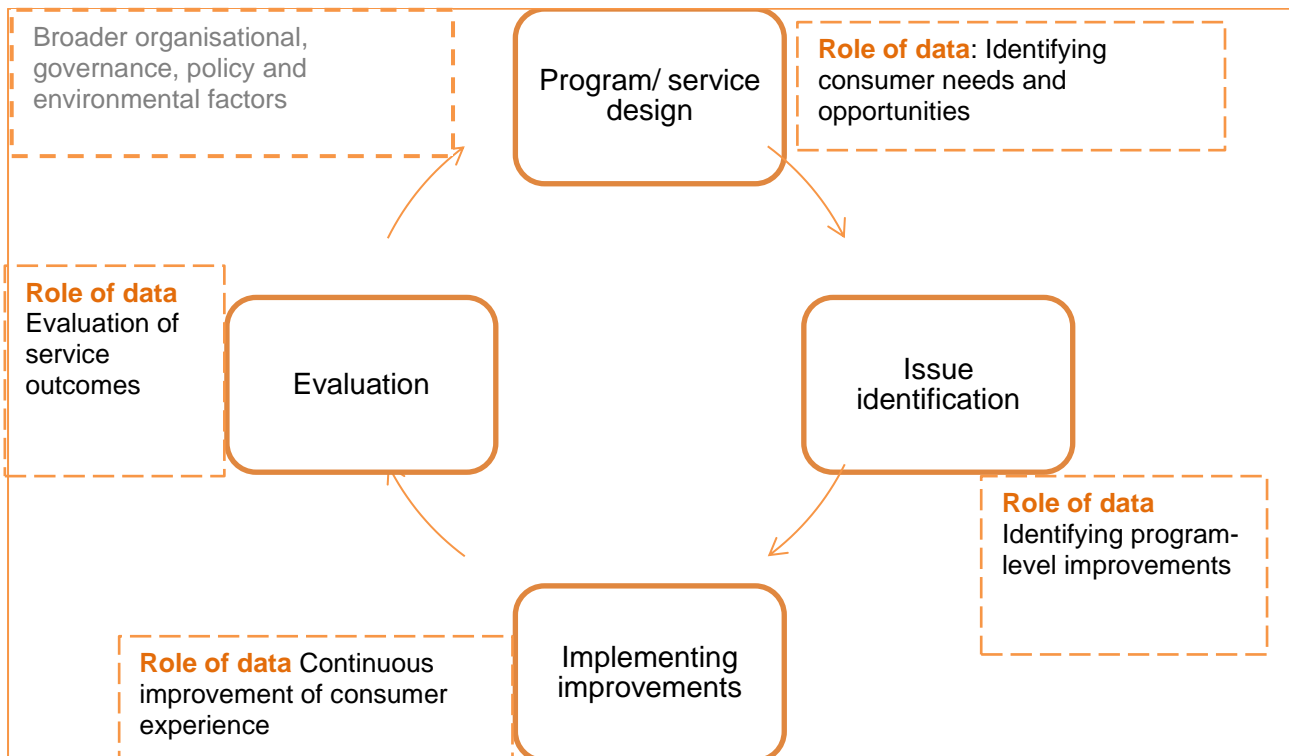
Table 2: Levels of consumer engagement[5]

Level of engagement	Where the engagement occurs	Explanation
Individual	• Individual service	This level focuses on engaging with the individual consumer and/or their family/carer as partners in their own care, support and treatment.
Service	• Program delivery • Service delivery	This level focuses on engaging with consumers to have input into how programs and services are delivered, structured, evaluated and improved.
Network	• Community organisation	This level focuses on regional engagement processes as organisations seek input into broader operational and strategic plans.
System	• Local government • State government • Commonwealth government	This level focuses on how consumers and communities engage to influence and input on policy, reform and legislation at the system level across local, state and Commonwealth jurisdictions.

Ideally, the consumer voice should be in activities such as planning, implementation, monitoring, evaluation and review.[19] In doing so, consumer information will be available for use in each stage of the service quality improvement cycle (see Figure 1) and become a key driver in identifying ongoing service improvements.[18] For example, consumer information can be used to identify consumer needs, appropriate engagement strategies, as well as to evaluate service impact.

Figure 1: Quality improvement cycle

Broader organisational, governance, policy and environmental factors

Program/ service design

Role of data: Identifying consumer needs and opportunities

Role of data Evaluation of service outcomes

Evaluation

Issue identification

Role of data Identifying program-level improvements

Role of data Continuous improvement of consumer experience

Implementing improvements

Consumer engagement in Queensland community organisations

In assessing the current level of consumer engagement being practiced by community organisations in Queensland, a wide range of strategies were identified across the consumer engagement spectrum. When self-assessing the level of engagement commonly used by an organisation, 26 per cent of survey respondents (n=8) identified they 'collaborate' with their consumers, followed by 20 per cent (n=6) reporting they primarily take an 'inform' approach to consumer engagement.

Figure 2: Where would you currently rate your organisation on the consumer engagement spectrum.
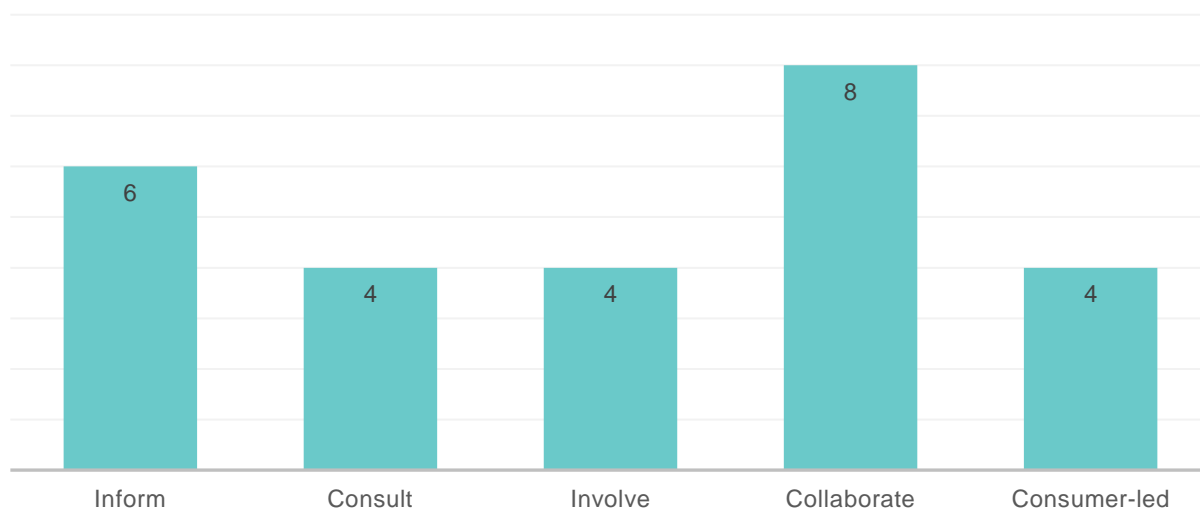
As identified through interviews with leaders and frontline workers at Queensland community organisations, common methods of consumer engagement currently include:

Social media engagement: Organisations often used social media engagement campaigns and periodic focus groups to encourage public discussion on a policy issue. This approach was seen as beneficial for organisations to inform, consult and involve a large number of consumers in participating.

> So how we do the most significant part of our engagement is through social media… we are very commonly a tagline when there is public discussion about [the issue] within Queensland in particular.

Consumer feedback mechanisms: The collection of consumer information varied across services and often involved a range of tools. Many organisations reported embedding routine feedback mechanisms as part of their consumer engagement strategy. This included customer feedback surveys, star rating systems for service satisfaction and general complaint processes. These high frequency methods of engagement facilitate collecting real time consumer experience data and is an example of a 'consult' level of consumer engagement. These day-to-day engagements occurred mainly at the local level through regular interactions between service delivery staff and consumers.

In discussing the assessment of consumer satisfaction with a service, the following comment highlights the use of consumer feedback embedded into daily practice.

> We're seeking that kind of direct feedback from people fairly regularly now, so I think that'll be quarterly, if not more. Then in different service areas, it's a little bit different. For therapy, for example, people will be asked after every session, how is that for you? Did that work okay? Did we work on the

things that you wanted to? They have that opportunity within a week or every two weeks to give some feedback.

Further to this, organisations working with clients experiencing highly complex issues often reported using approaches that were largely driven by building relationships and trust. This was identified as critical to the process of seeking feedback, as the consumer requires a level of safety to support them to engage in the feedback process.

> *Relationships for me is a really important base framework. Without the base framework of building relationship and trust, it is really difficult to actually explore the issues that are on the table. If there's significant worries, families are not going to open up with us.*

Lived experience in community education programs: Engaging with the community to offer training and mentorship was identified as an example where lived experience was a powerful way of encouraging behavioural change and maximising consumer engagement. This involved people with lived experience speaking to a less-informed audience to deliver a powerful person-centered message. These programs included an element of capacity building, providing the consumer with professional speaker training to deliver their own story and share their lived experience. Programs such as this were designed and led by people with lived experience and were primarily identified as a strategy of peer-based organisations. They are an example of a consumer-led strategy on the consumer engagement spectrum.

> *…that was an amazing opportunity where the lived experience was seen as a very powerful way of behavioural change, of stimulating behavioural change. And through understanding and through gaining a more relatable perspective and hearing from people so there was an emotional connection formed to that story. We facilitated speaker training to encourage them to speak out and find a way to share and identify what are some key messages they'd want to convey and what results they'd like to see? What change or behaviour would they like to see? Through the telling of their story and through the learning that came through that story.*

Inclusion of consumers in advisory committees and boards: Organisations reported including consumers in decision making through advisory committees and boards. These mechanisms were used periodically, or on an as-needed basis, to provide input into program design. This included using participatory processes such as focus groups and co-design methods during the initial design stage of a program or service.

Including consumers on committees and boards was also highlighted as a strategy for organisations to engage more effectively with consumers with diverse needs, such as multicultural communities and people from a refugee background. Including consumers on committees and boards is an example of a consumer-led approach on the consumer engagement spectrum.

> *Another aspect is that in the board of [organisation], there are two people from refugee backgrounds as well, the board is nine people. Two of them are from a refugee background. And that gives us, at the strategic level, some important lived experience as well.*

Hiring staff with lived experience: Organisations reported that hiring staff with lived experience and maintaining a peer-based workforce was a way to include the consumer perspective in services. Hiring staff with lived experience was seen to contribute to a culture where the consumer's best interests are understood, recognised and upheld. In discussing a lived experience workforce, interview participants highlighted that:

> *… no organisation can do a good job if you don't really have the voices of consumers and clients there as much as possible, really. For me, having a workforce that has a lived experience, for me that's vital. It has to be an internal reflection within the organisation, seeing that that's important. And that has to be at all levels of the organisation.*

I think it just gives a lot of confidence to the community that the needs of those affected, those requiring support… their best interests are understood, recognised and upheld…. I think it just instils a trust that might not be there in many other service settings, particularly where people are feeling there's stigma, discrimination, prejudice, or just ignorance. That would mean that they may or may not access the service that they need. So, knowing that [the staff have a lived experience], that just creates a sense of safety and also trust that there's people that really get it.

Best-practice in consumer-led engagement

In practice, the level of engagement an organisation undertakes is influenced by several variables, including the primary goal, timeframes, resources and the level of concern an organisation has in including consumers in decision-making processes.[17]

From interviews with leaders of Queensland community organisations, a broad range of factors were found to impact the type and level of consumer engagement being practiced. This includes an organisation's history, purpose, structure and culture. Organisations that highlighted the greatest commitment to best practice approaches in consumer-led engagement were:

▪ Consumer advocacy organisations

Organisations with a primary purpose in consumer advocacy were found to naturally incorporate strong consumer engagement methods because of the nature of the service they provided. These organisations reported being more client driven, where listening and responding to client need was their main reason for existence.

> *…that's what we're about. We're not businesses or statutory agencies that have a goal, which is… self-centred, in terms of business. I say that without being critical. That's the point, they are there to make money for themselves to create an income. That is their reason for being. What they do will be about themselves. But if you're a community agency, then the whole point of view is that you are with the community, that means you're with the people you're working with. That means you're with your clients.*

▪ Peer-based organisations

Upon analysis of the data collected, a clear distinction emerged in consumer engagement strategies being practiced by peer-based organisations in comparison to organisations that were not peer based. Using the consumer engagement spectrum, peer-based organisations were found to be utilising numerous strategies that were consumer-led. These included executive decision making through appointment of consumers to boards and committees, consumer involvement in recruitment panels and a focus on consumer-centric training and organisational culture. When discussing the involvement of consumers, peer-based organisations indicated that:

> *We already do that… but we don't want to get lazy about it and complacent. It is nice that other places are trying to do more of it. It just makes our job easier because our clients have bad experiences at other places.*

Peer-based organisations were considerably more proactive in seeking further ways to include the consumer, identifying this as a method to improve access for harder to reach cohorts and improve consumer outcomes. For example, one peer-based organisation, with a lived experience board and a considerable lived experience workforce, was seeking to establish a consumer advisory committee to further improve their consumer engagement approaches.

- ## Aboriginal and Torres Strait Islander community-controlled organisations

A limitation of this report is the minimal participation of community-controlled organisations. However, it is noteworthy that the organisation that was interviewed had a clear understanding and importance placed on consumer participation. In this example, consumer-led committees were involved in the delivery of all programs.

> *As part of any activities that we deliver, we first engage with the Elders. The staff actually have a checklist, engage with the Elders, engage with traditional owners, tell them our ideas, and if it's okay, that's when we start planning. And most of our major activities are planned by a steering committee or reference group of community members.*

As a community-controlled organisation, the idea of consumer engagement was embedded in all their practice. Consumers were engaged through consumer-led approaches in all decision making, with the consumer driving the decision-making process for the program.

Challenges to consumer engagement

A number of challenges were identified by organisations seeking to improve their level of consumer engagement. These included:

Defining the consumer with lived experience: Some organisations indicated that a challenge was to include the voice of the individual receiving the care, rather than just the preferences of their carer or family member.

> *I think some of the challenges are determining who are the consumers… you may [find that] community groups that are the most vocal are actually carers. And so, what you've got is another group of people that are representing the views of the person with the lived experience. And so, I think it's just good to understand those complexities. Otherwise you just make huge assumptions that aren't necessarily correct. I think [knowing] who's a consumer and who's talking on their behalf, who gets to say what, and with what authority? I think there's a challenge in all of this.*

While other organisations also identified the challenge in defining who the actual affected consumer is. This is particularly the case for community development programs that are not providing individualised care.

> *…if I come back to problem gambling then who are we talking about when we're talking about consumers, are we talking about the people that have been identified as problem gamblers? Are we talking about the people that turn up in venues that gamble? Are we talking about the 10 to 20 people that are affected by that person's behaviour? And if we talk about place-based approaches, then we start to get away from the idea of talking to individuals and we start to talk about communities and community needs. So, I think it's complicated.*

Desire and ability of consumer to engage: Organisations highlighted the desire and ability of consumers to engage as one of the determining factors of consumer engagement. Often, organisations had a desire to improve their methods of consumer engagement, but due to the vulnerability of their consumer groups, found that consumers do not want to engage beyond accessing services.

> *…it's also a bit where people are at, do you know what I mean? [Not providing feedback] is not because they don't think you've done a good job. It's just not what's important to them at that point, you know what I mean? We don't feel it's our job to hustle them. We ask, we encourage, but if they don't, we're not going to be on their backs.*

…our key challenge is the reluctance of community to be involved and associated. [We want to] provide privacy and mechanisms for people to be able to contribute, but not necessarily be a face or be a name in that way.

Representativeness of consumer groups: The limited desire and ability of many consumers to engage was seen as resulting in a lack of representation in many consumer groups. Organisations raised concern that when engagement only occurs with those who want to participate, you may end up with consumer groups that do not always act in the best interest of who they seek to represent.

The challenge is that sometimes the people you attract will be people who've got good intentions, who want to support or help their peers, but have no real understanding of what their peers' life is actually like. With the best intentions in the world, sometimes young people can be the most judgmental about young people.

With homelessness we've used focus groups. We did try having a lived experience group, but it was a disaster. Brisbane's a pretty small place. And when you start having people speak on behalf of other people… you get people come up and say, no, no, no.

Organisations also highlighted this as a limitation in using committees and boards as a primary mechanism to engage consumers. Many indicated that consumers on a committee or board were not always representative of the broader community, resulting in biased advice and preferences. Further to this, consumer capability to engage in a committee or board was an issue seen to result in biased representation of consumer preferences. Consumers who were time poor, lacked access or training, or were part of highly vulnerable groups are more likely to be left out of a formal engagement process. These consumer groups are also people most often in need for community services. To overcome this limitation, organisations used a range of options across the consumer engagement spectrum. This recognises the importance of including inform and consult engagement options, such as consumer ratings and collating general feedback at key touchpoints.

Consumer fatigue and over-consultation: As a growing number of private enterprises and community organisations implement consumer engagement mechanisms, survey fatigue becomes an issue impacting an organisation's ability to engage their consumers. Several organisations identified consumer fatigue in completing surveys as a challenge to seeking participation in engagement processes:

I think the challenge in measuring is the fatigue of clients. I mean, I get fatigued; I get off a phone call from Telstra and I get a survey. It seems everything that we're involved in now… there's these opportunities to provide feedback. I do think we need to be particularly conscious about that. And then when you're thinking about fatigue, you want to keep the questions really short or maybe only ask three or four key questions.

Resourcing to support consumer participation: Organisations identified lack of funding as a key issue affecting consumer engagement. A significant amount of time and effort is required to implement meaningful engagement strategies, and this is not always recognised by funding bodies.

I think often you need the top down support. I actually think you need government to be supporting or promoting co-design approaches for them to be successful. Particularly if you need to be providing a high number of outputs in relation to your funding. Co-design processes may not fit into that so nicely. So, I think you really need the government or funding support to be promoting and suggesting co-design processes.

… that population of people also have a very diverse range of needs. So then it's really how do you take that beyond [basic consumer engagement]. But we don't get funded for it in a way that allows you to do it as comprehensively as you'd like. We did integrate it into our funding in terms of making the people have a voice to politicians and to the leaders of organisations.

The experience of service users

In the process of assessing the current level of consumer engagement being practiced by Queensland community organisations, people accessing these services were surveyed and interviewed. The purpose of this was to understand the perspective and experience of the consumer through their engagement with a service. Any person who has accessed a service from a Queensland community organisation in the previous 12-months was eligible to participate.

Findings indicate that consumers strongly understood the benefits that can be gained when a service appropriately engages their consumers.

> I have a voice and perhaps it can help some of the service providers understand what the client needs are.

> It's excellent because consumers know what they need, and having stuff foisted on them that planners think they need is a different matter altogether.

However, consumers had varying preferences on how they would like to be engaged. This appeared to depend on their ability and willingness to participate. Suggestions for engagement also included a range of options across the consumer engagement spectrum. This highlights the importance of organisations providing a variety of choices to ensure they meet the needs of consumers at their level of willingness and ability. In asking people to indicate how they would like to be engaged, responses included:

> Surveys are OK to get some brainstorming or targeted focus areas, however I see my more "personal lived experience" to be most valuable to demonstrate where "falling through the [service delivery system] gaps" become insurmountable, and actually further result in greater harms.

> I would like a service to engage me as much as possible in planning and design of programs.

> Have consumers sitting on committees at every level of service delivery and planning and design.

> General feedback.

> From the design phase. Pull from my experience and the community experience of others like me.

The consumer experience of engagement varied considerably, with some respondents believing this to be either an organisational approach, or due to a specific staff member. In response to a question asking the consumer to describe how the service they accessed was, or was not consumer-centric, comments were:

> I would consider it to definitely be person centered because it was all about him. She wasn't patronising, she connected directly with him. She didn't talk to me about him, her instructions to him were clear. She spoke in a calm voice. She didn't wave her arms. She gave instructions that were easy to understand, she didn't give him a whole barrage of instructions and then wonder why he couldn't remember what the instruction was. It wasn't patronising in any way and she was talking as if she was talking to a three-year-old, it was all age appropriate. He felt very confident. He felt calm. He felt safe. He understood, because with autism, he also suffers greatly from anxiety, especially if he doesn't understand what's going on. So he always felt safe and he wasn't distressed in any way afterwards. And very happy.

> Really listening to the details of individual's situations and being prepared to suggest tangible ways services can actually help (when I have been in significant need, the amount of stress I was under made making decisions in opaque environments even more stressful).

Negative experiences of consumer engagement often related to the siloed nature of funding. This is highlighted by one consumer who accessed a service that was not funded to deliver an aspect of the required support and did not make the appropriate connection with another service.

> *I've seen health services turn person-centered, but unfortunately, I have not seen that happen in the community services. I've felt the opposite; I'm being told what to do. When I bring up something, people don't really know how to address it. I think they're so used to telling people what to do. When I bring up an issue, they told me about another service and they would communicate with the other service. But then I've found they've not done that. When I brought it up, it was just ignored. Instead of things being addressed, I found they were just not dealt with. I guess in my experience; I've not seen this person-centered. Unfortunately, a lot of people claim they are. You try guide what happens, but I've found nobody's actually even listened. You're told what to do. And then if you don't fit that, they're like, I don't know what to do.*

While acknowledging the limited sample size of consumers engaged in this report, this experience highlights the need for improved service integration to ensure services can provide consumer-centric services as per consumer expectations.

Sharing data with consumers

Overall, consumers generally felt service providers could do better at engaging service users. While they supported approaches to communicate the impact of consumer engagement strategies and organisation outcomes back to them, few were able to clearly articulate the form that they would want this to take. This places more emphasis on the organisation to continuously engage with consumers to 'close the loop' in the quality improvement cycle.

When asked how a consumer would like to be informed about an organisation's achievements, and how information should be shared, a number of suggestions included:

> *Outreaching to some sub-population groups needs to be active, transparent, relationship/trust-building and offer opportunities for multiple-channel contributions, and for consumers to be reimbursed for their travel, time and valuable contributions.*

> *[Organisation] communicating in the back two pages of the local Village News regularly is excellent, and a way to keep a little connected-in. It also does not require everyone to have internet access or a smartphone.*

> *Tell consumers you want to hear from them. Advertise it in lifts, bathrooms, clinics, share spaces and online. Offer different levels of engagement as well as different methods. For example, online forums and Teams meetings. Recompensate for any out-of-pocket expenses, but also budget to pay the consumer a fee for their time and effort.*

> *Keep a feedback loop where consumers are advised of what has happened to their feedback via email and other appropriate communication.*

A number of consumers raised the issue of compensation when discussing their involvement in consumer engagement. HCQ recommend the remuneration of consumers engaging in formal consumer partnerships, as well as reimbursement for expenses such as travel.[20] However, this raises additional limitations and challenges for community organisations to participate in formal processes when they are not adequately resourced to do this.

The need for service integration at a system level

The following case study highlights the experience of a consumer accessing care. It is presented in the consumer's own words to highlight why inclusion of the consumer voice requires integrated services across the system.

I'm a carer for my husband. He's had a chronic life-limiting illness since 2010. In 2015, I also took on the care of my mother. She's 78 and is now in a wheelchair and starting dementia. She lives in a granny flat beside us so I get services in to help with Mum as well. Probably the biggest thing I find with Mum is understanding what is and isn't allowed [from a service].

When we were going through [an agency], I found that it was dependent on the actual person who was managing Mum's account. It was dependent on them and what they thought, not on what I said was a need. Eventually, I had to get the doctor on board and he was writing letters saying that in his opinion, this particular service would keep [mother] in the community and at our own home longer. Once I got around and got that working, they had to accept it.

Probably the biggest thing with Mum is the lack of ability to get the right level of funding. We waited over two years for Mum's level three package to actually take effect. That had a massive negative impact on me, as well as mum and my relationship because I was just getting burnt out. Mum went from being able to walk with a bit of assistance, to ending up in a wheelchair and requiring assistance all the time. It was a lot more work.

We finally got the extra money, but we now no longer get things like her incontinence pads. We have to buy them out of that package funding now. No one told us that was going to happen. In a lot of ways, that actually was a little bit of a step backwards for us financially, because even though we got more money, I need to buy more things with it than we had to do when it was on a lower level [of assistance].

I spoke to the carers gateway and the help lines. They all just told me the same thing, that their hands were tied. They felt for me and my situation, there was nothing more they could do because the funding just wasn't there. The only thing [care provider] could offer me in the way of any sort of respite was one hour a fortnight with a man, which my mum, she wouldn't cope with that. She comes from a background of sexual abuse. For her to be alone in a house with a man is a huge thing.

I had to say, no, I can't accept that because I can't do that to Mum. Now that the funding has gone up a bit and we've got that level three now in place, and I mean, mum really needs to be a level four, but I'm not going to start that fight yet because it's all just too hard. I'm the lucky one. I mean, I've got Mum on level three and that's because I fought so hard for it, but I know in the community, there's a whole lot of people who need to be on aged care packages who are just being put off because they're told it's not there, or it's not available to them.

[On the issue of providing feedback] I find if I just give feedback as myself [to a provider] that often not much happens. Certainly not what I'd expect for it being addressed. When I've given feedback on the stress that I've been under, trying to deal with mum, particularly with the funding and with her care needs you just get told that there's other people worse off than your mother, she's lucky she's got you. Those sort of thing isn't like, it's not great.

As far as the hospital systems go, since I became a consumer representative I find my feedback is a lot more, it gets addressed a lot better because I'm actually on committees and things like that where I can be heard by people at a higher level. The actual process of making changes is much slower and harder to deal with. Sometimes you almost feel tokenistic.

This experience highlights challenges in consumer involvement in feedback provision at the individual level. Comparative experiences as a consumer representative in a more formal capacity also indicates the effectiveness of system level, collaborative approaches from the consumer perspective. Therefore, to most effectively incorporate the consumer voice in service delivery and design, a variety of engagement strategies at multiple levels are required.

Capacity and capability of services

Interviewees reported that consumer engagement primarily occurred at points of service delivery between staff and clients. This consumer engagement was often informal and resulted in service quality improvements happening in real time. While this informal approach empowers frontline staff to improve service quality at various service touchpoints, it restricts consumer engagement to the individual level.

At the service level, consumer information was typically managed by program or team leaders through spreadsheets who then used the information to make program level decisions. Many organisations operating at this level of engagement reported using team meetings to discuss consumer information and plan strategic service level changes. Strategies to include the consumer voice were then communicated to executive management through periodic reporting.

Barriers that inhibit organisations to shift their engagement approach to the organisation and system level often related to internal data systems. Organisations identified that the ability to integrate consumer information from various sources was a considerable limitation to incorporating the consumer voice to achieve more consumer-centric programs. The complexity and cost of data management is highlighted by the CEO of one community organisation:

> *About 18 months ago, [organisation] was given a once off injection of funds from [Department] to overhaul our client information system. Previously, we had relied on paper files or an Access database. There was also a separate database for each service, which was really tricky. And being able to actually find physical files, as you can imagine was pretty tricky as well. Our data is incredibly valuable, and it's constantly requested from the department… [The purpose built system] is quicker, it's easier to navigate, it's easier if you need to add a support letter for a client… it's easier to find a client. Yeah, I feel like in every way, it is 1000 times better. We're looking at the moment in terms of how we can interface it with Power BI or, you know, some other kind of warehousing system to pull the data out so that we can manipulate that independently. Because the cost of building reports within the system is absolutely prohibitive. Yeah.*

At the organisation and system level, staff resourcing was also identified as a key issue impacting an organisations capacity to collect, analyse and effectively utilise consumer information (see Table 3). This was identified as the primary issue that would enable better understanding of consumer needs.

> *I think that it's really difficult when you've got a case management model. All the data that we collect is quantitative, except for the occasional case study that we report back to the department. So we have a huge amount of quantitative data and not a lot of analytical support from the back end to look at some of the more qualitative outcomes and trends to see what's happening, besides stuff that's going on anecdotally. We just don't have that solid evidence base or structure embedded into our program, and our reporting systems.*

> *…that's the area that we can improve on really. Trying to get all that [data] into the one spot. But first it's really about funding. You don't get funded to do that stuff.*

> *I think we're having trouble probably recruiting people with evaluation skills and even your data analytics, we're training people how to do it because we can't pay the rates for the people who can really do it. So you're training people as you go.*

Table 3: Case study of a service using consumer data

A regional community service organisation identified a need to incorporate the voice of consumers to overhaul the No Interest Loan Scheme (NILS) they provided to community. When the organisation put consumer data systems in place, they were able to start collating information to get consumer insights on referrals to financial counsellors, the distance to get to financial counselling sessions and the likelihood of clients attending counselling sessions. From this consumer behaviour data, the organisation has also been able to understand how many consumers have high risk loans, such as payday loans and lease agreements. These insights have helped the service design and deliver financial education sessions for consumers. Further to this, the provider also identified the lack of staffing and resources as a key barrier to shifting from an informal feedback approach at the individual level, to implementing service quality improvements at the organisation or system level. As they did not receive funding that enabled this more intensive approach, they conducted additional training sessions for staff that aimed to turn an informal approach to consumer feedback into a more formal quality improvement cycle.

In discussing program funding, organisations stated that this was structured in a way that did not enable a thorough program evaluation. As a result, services were limited in their ability to incorporate the consumer voice for system-level service improvement.

> *I think we need more funding for evaluation and what the organisation needs to contribute to that evaluation. So not just funding to do an evaluation but fund us to have a person to coordinate [the evaluation]. You can't ask people to keep doing that in their own time. Cause that's what happens.*

However, organisations strongly indicated a desire to be able to do more. There was an interest in being able to collect more useful consumer information to inform service improvements.

> *…we see the importance of common data. It is vital for us to inform our services, to improve our services, to show to a funding body that what we are doing is vital.*

> *...we have an incredibly rich data set. I think it's really important that we start to get more strategic about how we then use that data to actually be proactive within a prevention space. Even though that's not our core remit, why wouldn't we. We absolutely should be taking the learnings from the work that we do, I think it's important not only from a data perspective, but also for the staff, to be able to articulate how they work, even though we are constantly responding and reacting, how learnings from that can actually help. This is really exciting stuff for us to be in a position as an organisation to build that into our work. It's pretty tough when we are significantly underfunded for the demand of the service, which is highly unpredictable and quite reactionary.*

Key performance indicators

All organisations reported measuring outcomes as part of their funding agreements. However, not all respondents believed that the outcomes they were required to measure identified relevant consumer needs and issues.

Several respondents spoke about the siloed nature of government funding that defined needs and outcomes in a narrow and fragmented way. These funding silos inhibited the ability of services to include the consumer voice. This is because services could only be responsive within pre-defined contractual arrangements.

> *The government procurement process and funding process ends up in siloed funding, siloed funding will then be represented in siloed services and it is managed through siloed compliance.*

> *I think what they ask is valid in relation to the money they provide… If I was them, I would want to know more, I would want to know more about… what people are actually coming to us for. They*

don't actually ask that. We can give them a case study, but they don't ask what are the top five reasons someone actually contacts your service? And I'm also really interested in referral pathways in and out of our service. Where are they coming from? Where are they going and who else are we linking to?

When questioned how data is presented and shared within the organisation, no organisation clearly articulated the use of data visualisation methods or software to facilitate sharing of insights at an organisational level. This is likely the result of resource limitations and the expense of data visualisation programs. Therefore, communicating findings with a wider audience was challenging for many organisations.

A number of organisations did express an interest in exploring data sharing opportunities. Sharing data across organisations was identified as a strategy that would support consumer-centric design and improve outcomes. This was viewed as an opportunity to shift consumer engagement to a system level and improve service design.

…you need to put [data] in a repository where it's accessible by anyone. Of course, anonymise data, and safety, of course. Data is vital for us. And that's why we are working on that, we have developed a national minimal data set across our services.

The following two case studies provide an example of how data sharing has been initiated by government agencies in Australia and New Zealand to enable more consumer-centric services.

Case study One: Multi-Agency Data Integration Project (MADIP) in Australia

The Multi-Agency Data Integration Project (MADIP) is a partnership among Australian Government agencies to develop a secure and enduring approach for combining information on healthcare, education, government payments, personal income tax, and population demographics (including the Census) to create a comprehensive picture of Australia over time.

Authorised researchers can use deidentified MADIP data to look at patterns and trends in the Australian population and provide new insights into the development and evaluation of government policies, programs, and services (such as healthcare) to ensure they are delivering value to the people and communities who need them.

Examples of research projects from MADIP that have resulted in public value are helping vulnerable Australians survive heatwaves, understanding the socioeconomic characteristics of Australians using Medicare, providing a geospatial perspective of Medicare use by age pension recipients, and understanding the characteristics of those at risk of homelessness.

Case study Two: New Zealand's Integrated Data Infrastructure (IDI)

New Zealand's Integrated Data Infrastructure is a large research database that holds microdata about people and households. The data is about life events such as education, income, benefits, migration, justice and health. It comes from government agencies, Statistics New Zealand (Stats NZ), surveys, and non-governmental organisations (NGOs). The eight broad categories of data in IDI are health, education and training, benefits and social services, justice, people and communities, population, income and work and housing. The data is linked together to form the IDI and provides a holistic understanding of life events and needs of community service users.[2]

Some examples of how community organisations have partnered with IDI to use data insights include:

• Providing early intervention for young people at risk

• Having a holistic understanding of community needs

• Evidence based service design and delivery to maximise well-being

• Provide insights into how services can be better tailored to needs

• Use in conjunction with geographic information systems (GIS) to understand areas with most needs

• Ground truthing data with lived experience

Stats NZ has a data and information leadership role throughout the public sector and oversees the IDI data. Data providers are responsible for maintaining and providing up-to-date data for inclusion in the IDI.[3]

Operating under the 'Five Safes' framework, data that has been completely anonymised and de-identified can only be accessed by approved researchers who must undergo a stringent vetting process.

To create a consumer-centric measurement system, there was a belief that this needed to occur at the system level under the guidance of funding contracts. This would support consumer-centric services with goals being measured across organisations.

A consumer-centric measurement system must include a range of key performance indicators (KPIs). A library with consumer engagement KPIs is presented in Appendix A, which can be adapted to specific organisations and services. These KPIs capture dimensions of consumer engagement across the system including appropriateness, equity, efficiency and effectiveness.

Indicators presented in the library are not exhaustive and should be customised to specific services and situations. The Queensland Government *Performance Management Framework Measuring Customer Experience Reference Guide* is recommended for use by Queensland community organisations.[21]

Future action

Establishing more formal, consumer-led strategies for consumer engagement requires up-skilling of the community sector workforce and additional resourcing. Through interviews with community sector leaders, opportunities for the pooling of resources was identified as a potential strategy to support organisations to overcome challenges in their ability to effectively utilise consumer data for service improvement. In response, QCOSS will establish a Research and Evaluation Network in 2021 that will bring together organisations to share learnings and provide opportunities to further develop a sector wide culture of ongoing improvement. Notably, a network with this purpose was also highlighted as a potential strategy in the *Forecasting the future Community Services in Queensland 2025[22]* report.

The Research and Evaluation Network will promote improvements in the analysis and utilisation of consumer data across community organisations. Acknowledging the limitations of many organisations that do not have capacity for a dedicated evaluation lead, this network will explore opportunities to up-skill workers who do not have a data analysis skill set. Further to this, the network will also seek to identify opportunities for data sharing across community organisations. In response to questions exploring actions and solutions to overcome limitations in resource requirements for collecting and analysing data, several CEOs expressed a desire for a connected data system across community organisations. This approach to data sharing was viewed as an opportunity to pool resources and support higher level, cross-organisational outcomes.

> *I don't know how it would work, but if every organisation had to develop all these skills and have them on hand all the time, it's probably not going to happen. If we could somehow have a group, an organisation that was there to resource those things. We just don't have the systems in place to make it easy for us to evaluate our impact.*

> *It [data sharing] can be managed… I come from a research background… they [academics] publish data a lot… you need to put that up in a repository where it's accessible by anyone. Of course, anonymise data, safety, of course. Data is vital for us. And that's why we are working on that, we have developed a national minimal data set across our services. We are developing that because we see the importance of common data. It is vital for us to inform our services, to improve our services, to show to a funding body that what we are doing is vital.*

Data sharing was also seen as a strategy to remove silos and promote collaboration. While recognising the challenges associated with this, organisations believed data sharing would encourage stronger partnerships and support discussion on longer-term planning.

Secondly, further research will be conducted to explore how the sector can improve their ability to measure outcomes and strengthen their evidence-base by utilising data representing the consumer voice. The development of this research will be guided by the Research and Evaluation Network and will include an analysis of best practice case studies to identify methods of engaging consumers, as well as collecting client feedback and client outcome data. This will aim to identify strategies that support organisations to improve the use of consumer data for the continuous quality improvement of programs. This can involve identifying and agreeing on methods of data collection, utilisation and reporting across network organisations.

Conclusion

The community sector is underpinned by a strong service-minded ethos, which is a key enabler in incorporating the needs and preferences of consumers in service design and delivery. However, commitment to including the consumer voice is often determined by several factors including broader institutional governance and policy, as well as individual factors like need, preferences and capacity to engage.

At present, Queensland community organisations use a range of approaches and tools to include the voice of consumers in service delivery and design. This report found that the bulk of consumer engagement occurs through interactions between frontline staff and consumers through informal feedback. This relationship-based approach drives consumer engagement at various points of service delivery at the individual level.

Shifting consumer engagement to the organisation and system level is more challenging. To establish more formal, consumer-led strategies for consumer engagement requires additional resourcing. This would also promote improvements in the analysis and utilisation of consumer information across community organisations. As best practice and case studies in this report have demonstrated, there are significant benefits to incorporating a data driven approach to consumer engagement. This includes improved identification of needs and better design and delivery of services.

Community organisations indicated a genuine commitment to providing services that meet the needs of their communities. Organisations were aware that consumer engagement can lead to services that are more accessible, responsive and tailored to meet the needs of consumers, particularly those who are vulnerable and marginalised.[5] By enabling participation for people with lived experience, Queensland's community sector can more effectively work with the consumer to deliver consumer-centric services and support user choice and control. This approach of including the consumer in every aspect of service design and delivery leads to more appropriate and effective services that result in improved client outcomes.[23]

Appendix A – Indicator library

Description	Examples of indicators
Consumer outcome indicators	
Client-level outcomes are the outcomes achieved by the client of a particular program, service or intervention. Sectors, agencies, and providers are accountable for client level outcomes, through accountability documents such as service level agreements, approved business cases or contracts.	Consumer outcome indicators are dependent on the program, examples may include: • # and % of service recipients who have reduced debt • # and % of service recipients who enrol in early childhood education • # and % of service recipients who do not reoffend in the first year after receiving the service
Consumer experience indicators	

Common themes that are used to measure consumer experience are:
• Timeliness
• Ease of access
• Staff characteristics
• Quality of service
• Outcomes
• Overall satisfaction.
The themes are likely to vary depending on the type of service provided.
	On a rating scale, the following indicators measure consumer satisfaction with the service provided:
	• Services are provided within agreed timeframes
	• Service is easy to access
	    o Effort score
	• Staff are
	    o Knowledgeable
	    o Understand need of consumer
	    o Helpful
	    o Easy to work with
	• Quality of the service
	• Outcomes
	    o Satisfactory outcomes achieved
	• Overall satisfaction
	On a rating scale, the following indicators measure consumer engagement
	• Feeling of being engaged
	• Can see that contribution made is making an impact
	• Feeling that needs are listened to carefully
	• Feel advice is explained in a way that is understood
	• Training is provided to enable participation in boards/ committees.

Consumer experience metrics aligned with the Queensland Human Quality Services Quality Framework	Indicators measuring consumer experience and engagement aligned with the Queensland Human Services Quality Framework are:[24]

Indicators measuring consumer experience and engagement aligned with the Queensland Human Services Quality Framework are:[24]

Service access
- Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service.
- The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services.
- Where an organisation is unable to provide services to a person due to ineligibility or lack of capacity, there are processes in place to refer the person to an appropriate alternative service.

Responding to individual need
- The organisation uses flexible and inclusive methods to identify the individual strengths, goals and aspirations of people using services.
- The organisation formulates service delivery that respects and values the individual (e.g. identity, gender, sexuality, culture, age and religious beliefs).
- The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
- The organisation has partnerships and collaborates to enable it to effectively work with community support networks, other organisations and government agencies as relevant and appropriate.

Safety and wellbeing
- The organisation provides services in a manner that upholds people's human and legal rights.
- The organisation proactively prevents, identifies and responds to risks to the safety and wellbeing of people using services.
- The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
- People using services are enabled to access appropriate supports and advocacy.
- The organisation has processes that demonstrate the right of the individual to participate and make choices about the services received.

Feedback, complaints and appeals
- The organisation has fair, accessible and accountable feedback, complaints and appeals processes.

- The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders.
- People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals and assisted to understand how they access them.
- The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.

Population level outcomes

Population-level outcomes are the outcomes or results for an entire population. A 'population' could be:
- a specific geographic region (e.g. a country or region), or
- a particular demographic, e.g. an ethnicity or age group.

No single provider or program is responsible for achieving a population-level outcome. However, the services they deliver should contribute to achieving a population level outcome.[25]

Health
- Percentage of people who have access to a Primary Care Provider.
- Percentage of people who have had a Primary Care Provider check-up in the past 12 months.
- Percentage of adults who receive regular dental check-ups.
- Percentage of children receiving regular medical check-ups.
- Proportion of individuals who are unable to obtain or delay obtaining necessary medical care, dental care, or prescription medicines.

Human services
- Employment rate of youth 16 to 18.
- Number of people on welfare or disability income.
- Availability of independent or assisted living facilities or services, or other housing dedicated to seniors and people with disabilities.
- Availability of bilingual and other programs aimed at helping immigrant children.
- The percentage of people who are below the poverty line, homeless, or receiving public assistance.

References

1. Australian Bureau of Statistics (ABS). *MADIP Data and Legislation*. Accessed 06/11/2020. https://www.abs.gov.au/websitedbs/D3310114.nsf/home/Statistical+Data+Integration+-+MADIP+data+and+legislation
2. Stats NZ. *Integrated Data Infrastructure*. Accessed 06/11/2020. https://www.stats.govt.nz/integrated-data/integrated-data-infrastructure/
3. Milne BJ, Atkinson J, Blakely T, et al. Data Resource Profile: The New Zealand Integrated Data Infrastructure (IDI). *Int J Epidemiol*. Jun 1 2019;48(3):1027. doi:10.1093/ije/dyz054
4. McKinsey & Company. *Customer experience: Creating value through transforming consumer journeys*. 2016. https://www.mckinsey.com/~/media/McKinsey/Industries/Public%20and%20Social%20Sector/Our%20Insights/Customer%20Experience/Creating%20value%20through%20transforming%20customer%20journeys.pdf
5. Health Consumers Queensland. *Consumer and Community Engagement Framework*. Accessed 12/11/2020. http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf#:~:text=The%20Consumer%20and%20Community%20Engagement%20Framework%20is%20designed,embed%20consumer%20and%20community%20engagement%20in%20their%20work.
6. Gilbert SJ. *The Outside-In Approach to Customer Service*. Accessed 06/11/2020. https://hbswk.hbs.edu/item/the-outside-in-approach-to-customer-service
7. Bhattacharjee D, Müller LH, Roggenhofer S. *Leading and governing the customer-centric organization*. 2016. https://www.mckinsey.com/~/media/McKinsey/Business%20Functions/Operations/Our%20Insights/Leading%20and%20governing%20the%20customer%20centric%20organization/Leading%20and%20governing%20the%20customer%20centric%20organization.pdf?shouldIndex=false
8. McShane L, Sabadoz C. Rethinking the concept of consumer empowerment: recognizing consumers as citizens. *International Journal of Consumer Studies*. 2015;39(5):544-551. doi:10.1111/ijcs.12186
9. Davidson L, Ridgway P, Schmutte T, O'Connell M. Purposes and Goals. *Handbook of Service User Involvement in Mental Health Research*. 2009:87-98.
10. Boote J, Telford R, Cooper C. Consumer involvement in health research: a review and research agenda. *Health Policy*. 2002;61(2):213-236. doi:https://doi.org/10.1016/S0168-8510(01)00214-7
11. Health Consumers Council. *Principles & Best Practice Strategies for Consumer Engagement in the Alcohol and Other Drugs Sector in Western Australia*. 2016. https://www.hconc.org.au/wp-content/uploads/2018/03/AOD-Consumer-Engagement-Strategies-FINAL.pdf
12. Bastian H. Speaking Up for Ourselves: The Evolution of Consumer Advocacy in Health Care. *International Journal of Technology Assessment in Health Care*. 1998;14(1):3-23. doi:10.1017/S0266462300010485
13. Queensland Government. *Consumer and Community Engagement Framework*. Accessed 29/10/2020. http://www.hcq.org.au/wp-content/uploads/2016/03/HCQ-Consumer-and-Community-Engagement-Framework-20121.pdf
14. Bryant J, Saxton M, Madden A, Bath N, Robinson S. Consumers' and providers' perspectives about consumer participation in drug treatment services: is there support to do more? What are the obstacles? *Drug and Alcohol Review*. 2008;27(2):138-144. doi:10.1080/09595230701829405
15. Ehrlich C, Slattery M, Kendall E. Consumer engagement in health services in Queensland, Australia: A qualitative study about perspectives of engaged consumers. *Health & Social Care in the Community*. 2020;28(6):2290-2298. doi:10.1111/hsc.13050
16. Deloitte. *How consumer driven care is reshaping the community care sector*. Accessed 29/10/2020. https://www2.deloitte.com/content/dam/Deloitte/au/Documents/life-sciences-health-care/deloitte-au-lshc-consumer-driven-care-reshaping-community-care-sector-

180614.pdf#:~:text=How%20consumer%20driven%20care%20is%20reshaping%20the%20community,Insurance%20Scheme%20%28NDIS%29%20and%20Consumer%20Directed%20Care%20%28CDC%29.

17. International Association for Public Participation (IAP2). *Public participation spectrum*. Accessed 29/10/2020. https://iap2.org.au/wp-content/uploads/2020/01/2018_IAP2_Spectrum.pdf

18. Landgren F. *A guide to using data for health care quality improvement*. 2008. https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0006/273336/vqc-guide-to-using-data.pdf

19. Lawson G. *Health Consumers Queensland. Consumer and Community Engagement Framework*. 2017. http://www.hcq.org.au/wp-content/uploads/2017/03/HCQ-CCE-Framework-2017.pdf

20. Health Consumers Queensland. *Remuneration and reimbursement of consumers*. Accessed 13/11/2020. http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf

21. Queensland Government. *Performance management framework- Measuring customer experience reference guide*. 2017. https://www.forgov.qld.gov.au/sites/default/files/measuring-customer-experience.pdf

22. Deloitte Access Economics. *Forecasting the future Community Services in Queensland 2025*. 2016. https://www2.deloitte.com/au/en/pages/economics/articles/forecasting-future-community-services-queensland.html

23. Victorian Government. *Client voice framework for community services*. 2019. https://www.dhhs.vic.gov.au/sites/default/files/documents/201910/client-voice-framework-for-community-services.pdf

24. Department of Communities Disability Services and Seniors. *Human Services Quality Framework*. Accessed 12/11/2020. https://www.communities.qld.gov.au/resources/dcdss/industry-partners/funding-grants/hsqf/framework.pdf

25. New Zealand Government. *How to measure outcomes and outputs*. Accessed 28/10/2020. https://www.procurement.govt.nz/procurement/specialised-procurement/social-services-procurement/developing-a-social-services-procurement-plan/how-to-measure-outcomes-and-outputs/