

Evaluation of the Stretch2Engage Framework Pilot Final Report

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Report prepared for Queensland
Mental Health Commission



Queensland **Mental Health Commission**

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Lirata Consulting acknowledges the traditional owners of the land on which this evaluation took place, and pay our respects to their Elders past, present and future.

Lirata would like to thank the participants who contributed their time and organisational documentation to this report.

Lirata acknowledges that organisations supporting service users are busy and activities such as participating in this evaluation of the Stretch2Engage Framework are additional to their day-to-day work.

In particular Lirata would like to thank the staff and leadership of the following organisations:

The Queensland Mental Health Commission (QMHC)
The Queensland Network of Alcohol and Other Drug Agencies (QNADA)

The Queensland Alliance for Mental Health (QAMH)
Enlightened Consultants (EC)

Belmont Private Hospital
Darling Downs Hospital and Health Service
Karakan

Metro South Hospital and Health Service
Queensland Injectors Health Network (QuIHN)

Sunrise Way
Toowoomba Clubhouse

We also acknowledge, value and thank the people with a lived experience of alcohol and other drug and mental health problems, and their families who participated in this evaluation.

Executive Summary

The Queensland Government is committed to improving the inclusion of people who use mental health (MH) and alcohol and other drug (AOD) services, and their families and supporters, in service design activities.

The Queensland Mental Health Commission (QMHC) has led work to address this strategic priority by funding a partnership between the Queensland Network of Alcohol and Other Drug Agencies (QNADA), the Queensland Alliance for Mental Health (QAMH) and Enlightened Consultants (EC) to develop more structured and intentional methods to engage people using AOD and MH services in their design. This resulted in the development of draft guidelines (2015) and the publication of the Stretch2Engage Framework (2017).

This report presents the findings of an independent evaluation of the Stretch2Engage Framework Pilot Project conducted between November 2018 and November 2019 by Lirata Consulting.

About the Stretch2Engage Framework

The Stretch2Engage Framework was developed in collaboration with the AOD and MH sectors in Queensland, and through consultations with people who have a lived experience of MH and AOD problems. The Framework provides a conceptual frame in which to offer contemporary, inclusive and comprehensive engagement practice in direct service settings.

About the Stretch2Engage Framework Pilot Project

The Stretch2Engage Framework Pilot Project occurred between September 2018 and March 2020

The pilot project was funded by the Queensland Mental Health Commission and led by a partnership between the QNADA, QAMH and EC. Seven pilot organisations from public, private and government AOD and MH services in Brisbane and Toowoomba participated.

The project introduced the Stretch2Engage Framework to pilot organisations and assisted them to implement the framework in their unique and diverse settings via a range of learning strategies and resources.

About the evaluation

The Queensland Mental Health Commission (QMHC) commissioned Lirata Consulting to undertake an evaluation of the effectiveness, impacts, sustainability and value for money of the Stretch2Engage Framework as a service improvement tool for the AOD and MH services participating.

The evaluation was guided by six questions:

1. **Effectiveness—engagement capacity.** How effective is the Stretch2Engage Framework in improving the capacity of services to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation?
2. **Effectiveness—engagement in action.** How effective is the Stretch2Engage Framework in strengthening services' engagement of people with lived experience, their families, friends and supporters in service design, improvement and evaluation?
3. **Other impacts.** What other impacts (positive or negative) have resulted from the Stretch2Engage pilot?

4. **Enablers and barriers.** What are the enablers and barriers to implementing the Stretch2Engage Framework within services?
5. **Sustainability.** What are the success factors for sustainably embedding the Stretch2Engage Framework into practice?
6. **Value for money.** How do the costs compare to the benefits of Stretch2Engage as a service improvement tool?

The methodology incorporated extensive data collection and analysis involving:

- document and literature scan
- attendance at workshops (4 workshops)
- two pilot organisation surveys (baseline 44 participants) and (follow up 27 participants)
- seventeen focus groups and interviews with 32 participants at baseline
- collection of 'significant change stories' and interviews with three participants mid-way through the project
- forty-six focus groups and interviews with 80 participants at follow up.

Evaluation participants included:

- QMHC as funding body
- Stretch2Engage Partnership as project leaders
- Stretch2Engage coaches
- pilot organisation project leaders
- pilot organisation staff from participating programs and sites
- people who used pilot organisation services during the pilot project.

Capacity building approach

The QMHC wanted to test the Stretch2Engage Framework to identify whether it would improve AOD and MH organisation's capacity in the area of service-user engagement for the purpose of service design. The QMHC funded the Stretch2Engage Partnership to use a range of learning strategies and resources with seven pilot organisations to facilitate capacity development. These tools and strategies included reflection tools, workshops, coaching, and the provision of technical engagement tools and training. A participatory, action-learning approach was used to build shared understanding and a Stretch2Engage Theory of Change was also developed to act as a roadmap, this continues to be iterated.

Did the Stretch2Engage Framework build engagement capacity?

Both new and increased engagement capacities were identified as a result of the Stretch2Engage Framework Pilot Project. Key factors in assisting capacity development were the Stretch2Engage Framework alongside two important learning strategies: workshops and coaching. The framework was considered a necessary condition of increased capacity; however, workshops and coaching were also viewed as important interdependent variables.

Engagement capacity changes were most notable in relation to new concepts and knowledge, but a range of novel engagement skills and practices were also developed and implemented. There was evidence of emerging culture change in organisations, which further assisted in implementing engagement practice. Beyond knowledge and skill development changes, cultural developments were most evident in relation to

staff values and attitudes; there were also emerging changes to prioritisation and resourcing (although it requires continuing focus), and the use of organisational control systems.

Evaluation findings suggest capacity changes are evident in pilot organisations and the Stretch2Engage Framework and broader pilot project activities and resources have provided the basis for these changes.

Effectiveness—engagement in action

Pilot organisations have implemented a range of new engagement strategies and activities as a result of the Stretch2Engage Framework Pilot Project. There was significantly more engagement activity occurring as the project progressed. Strategies and activities included those shared by the Stretch2Engage Partnership, and novel approaches developed by individual pilot organisations. Many successful strategies identified by pilot organisations have been freely shared with others.

There appears to have been an increase in both the quantity and quality of engagement practice, and in the range of stakeholders engaged, as the pilot project has progressed. While some evaluation participants were hoping more engagement activity would have occurred, it is understandable that pilot organisations needed to first build foundational engagement concepts prior to testing and trialling new practices. Furthermore, new engagement practices require changed values and attitudes in staff, and the development of systems to effectively capture the perspectives of people using services and act on them, and this also takes time.

This evaluation suggests engagement practice changes are evident in pilot organisations and the Stretch2Engage Framework, and broader pilot project activities and resources, have provided the basis for these changes.

Other impacts

A range of additional positive impacts was identified during the pilot project. These include broader impacts on service delivery and service user perceptions about their central role in improving services, workforce development and career advancement benefits for staff, and important collaboration benefits for participating pilot organisations. The growing recognition that quick and cost-effective changes could be made which had a significant impact on engagement was another positive impact for some pilot organisations. While some negative impacts were noted these were not considered significant.

This evaluation suggests that other impacts resulting from the project are emerging, but will require further time to effectively assess.

Implementation enablers and barriers

Multiple enablers and barriers to implementation of the Stretch2Engage Framework Pilot Project were identified. These are important to review in any future implementation of the framework across the AOD and MH sectors.

Key implementation enablers were identified as:

- leadership support provided in pilot organisation settings
- pilot organisation staff exposure to the Stretch2Engage Framework— understandably broader and deeper exposure to the framework was viewed as increasing uptake of the framework and improving practice
- learning strategies and other resources provided by the Stretch2Engage Partnership, including the expertise of the lead workshop facilitator

- opportunities for peer learning and collaboration facilitated by workshops and other activities (especially in Toowoomba) was viewed as a significant additional project enabler
- pre-existing commitments to enhancing engagement practice that pilot organisations brought to the project were viewed as important
- energy, interest and motivation that pilot organisation staff demonstrated while participating in the project were considered important to building and retaining momentum.

Identified barriers to implementation of the Stretch2Engage Framework Pilot Project included:

- complexity of the Stretch2Engage Framework— a simplified House Model was subsequently developed to assist with this
- lack of funding for pilot organisations to cover their costs in project participation—this was especially the case for pilot organisations that were smaller, community-based and received funding based on support to individual service users
- clinical settings were viewed as more difficult environments in which to effect culture change and some professional groups appeared to find it harder to relinquish control for decision making and did not demonstrate a change in values, attitudes and language as much as others
- involving people using services in the Stretch2Engage Framework Pilot Project was more difficult than expected at all pilot organisations— this will be an important area for consideration in any future implementation of the framework
- some evaluation participants noted that many of the activities trialled at pilot organisations were those shared by the Partnership or developed by other pilot organisations rather than more unique and novel engagement activities that were conceptualised and implemented by individual sites rather than being drawn from elsewhere
- organisational risk appetite was noted as a potential barrier to testing innovative, creative and new engagement strategies; however, this was largely considered to have been effectively navigated by project leaders.

Sustainability

Key factors in sustainably embedding engagement thinking and practice at pilot organisations included continued use of the Stretch2Engage Framework, possibly with support of ongoing learning strategies (e.g. coaching) and the provision of other freely accessible resources. Ongoing peer learning and collaboration activities were also viewed as likely to be helpful.

The capacity of pilot organisations to embed engagement as usual business was also seen as crucial to sustaining gains made through the project, including the capacity of organisations to continue creating and embedding control systems that facilitate receipt of feedback, the analysis and actioning of this feedback, and methods to monitor and report on engagement activities at all levels. This appeared to be increasingly occurring as the project concluded.

This evaluation considers the likelihood of pilot organisations sustaining gains made through the project to be good.

Value for money

While the Stretch2Engage Framework Pilot Project involved significant financial and in-kind investments by QMHC and pilot organisations, these investments have resulted in clear improvements in organisational

service engagement capacity and practice. The immediate objectives of the project were therefore achieved.

Pilot organisations are now well positioned to continue developing engagement practices trialled during the pilot project without substantial additional funding. However, it is important to recognise internal resourcing and prioritisation will continue to be required.

Learnings from the pilot project have been identified and these can be used to implement more efficient processes for the broader rollout of Stretch2Engage across the AOD and MH sectors in Queensland. To be effective, implementing learnings will likely still require substantial resourcing; however, the ability to leverage the enthusiasm, knowledge and tools created during the pilot will aid efficiency.

This evaluation considers the Stretch2Engage Framework Pilot Project to have been good value-for-money. However, more detailed economic analyses are recommended to better understand the cost effectiveness of future projects.

Summary

Although longer-term project impacts are still emerging, there are indications that enhanced engagement capacity is having important cultural and strategic organisational benefits. There is no evidence to suggest that service improvements related to engagement capacity has had any adverse impacts, and it remains possible that service improvements resulting from better service engagement could improve quality of life and positive health and wellbeing outcomes for service users, which in turn would provide broader social benefits and potentially result in reduced service system costs.

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1 Introduction

This report presents the findings of an independent evaluation of the Stretch2Engage Framework Pilot Project that operated in select alcohol and other drug (AOD) and mental health (MH) agencies in Queensland between November 2018 and November 2019.

The evaluation considers the effectiveness of a new framework—the Stretch2Engage Framework—in assisting pilot organisations to further improve the way they engage with people who use their services, and their families and supporters, in the design, delivery and evaluation of services.

The Queensland Mental Health Commission (QMHC) engaged the Stretch2Engage Partnership to implement the pilot. The Stretch2Engage Partnership included the Queensland Network of Alcohol and Drug Agencies (QNADA); the Queensland Alliance of Mental Health (QAMH); and Enlightened Consultants (EC). QMHC engaged Lirata Ltd to evaluate the pilot.

The findings of the evaluation are designed to assist QMHC assess the suitability of the Stretch2Engage Framework as a service improvement tool, and to maximise the effective application of the framework in future.

An evaluation partnership approach was used for this project. This participatory and iterative approach allowed pilot organisations to contribute to data collection reflections and provide meaningful input into the findings and recommendations.

1.1 Evaluation team

The evaluation was conducted by Lirata Ltd (www.lirata.com), an independent, not-for-profit organisation that specialises in monitoring and evaluation in the health, community services and education sectors.

The evaluation team comprised:

- Nich Rogers (Senior Consultant and Project Lead).
- Karen Rosauer (Consultant).
- Mark Planigale (CEO, Project Oversight).
- Dr. Trini Espinosa Abascal (Research Officer and Data Analyst).
- Celia Clapp (Director Consulting Services).
- Dr. Leannda Read (Senior Consultant).
- Dr. Tonya Stebbins (Associate Professor, La Trobe University, Project Advisor).

1.2 Terminology

We acknowledge that language is powerful and different pilot organisations and sectors have carefully chosen the words they use to describe the people they work with and support. To maintain organisational anonymity, we have chosen to interchange the terms ‘service users’, ‘people with a lived experience’, ‘people accessing services’ and ‘people using services’ in this report.

Pilot organisations also used the terms: ‘consumers’, ‘clients’, ‘people’, ‘individuals’, and ‘patients’ to describe the people they work with.

Key terms used in this report

Capacity building: The process by which individuals and organisations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.

Coaches: Stretch2Engage coaches who provided individual support and mentoring to pilot organisations to progress engagement thinking and practice.

Direct service staff: Staff located where Stretch2Engage Framework Pilot Project activities took place and who worked directly with service users in some capacity.

Managers and administrators: Managers and administrators who worked for pilot organisations and had either oversight for, or other involvement in, the Stretch2Engage Framework Pilot Project.

Pilot organisations: The seven organisations chosen to participate in the pilot project.

Project leaders: Key representatives for the Stretch2Engage Pilot Project who worked at pilot organisations. Project leaders developed initial plans, attended design labs, workshops and coaching sessions, and led project developments at their organisation. Each organisation had between two and four project leaders.

Service users or People using services or People accessing services: People with a lived experience of problematic alcohol and other drug (AOD) use, and/or mental health (MH) problems, and who were accessing services at one of the seven pilot organisations during the pilot project.

Stretch2Engage Framework: The framework was implemented in seven pilot organisations to build organisational capacity to engage with people using their services for the purposes of service design.

Stretch2Engage Partnership: The three organisations who led and facilitated the Stretch2Engage Pilot Project (QNADA, QAMH and EC).

Abbreviations

ACCOS	Aboriginal Community Controlled Organisations
AOD	Alcohol and other drugs
EC	Enlightened Consultants
HRECs	Human Research Ethics Committees
IAP2	International Association for Public Participation
MH	Mental health
QAMH	Queensland Alliance of Mental Health
QMHC	Queensland Mental Health Commission
QNADA	Queensland Network of Alcohol and other Drug Agencies
7Cs	The seven principles listed in the Stretch2Engage Framework to assist organisations in thinking differently about engagement of service users for service design purposes

1.3 Guide to this report

This evaluation report outlines the history of Stretch2Engage, the broader context related to other frameworks and sector capacity, and evaluation methods used to evaluate the Stretch2Engage Framework. The report then evaluates the Stretch2Engage Framework Pilot Project's effectiveness across five key domains:

1. **Engagement capacity building** (Chapter 4): How effective the Stretch2Engage Framework Pilot Project was in improving the capacity of services to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation.
2. **Engagement in action** (Chapter 5): How effective the Stretch2Engage Framework was in strengthening services' engagement of people with lived experience, their families, friends and supporters in service design, improvement and evaluation.
3. **Impact** (Chapter 6): The other impacts (positive or negative) that have resulted from the Stretch2Engage Pilot Project.
4. **Sustainability** (Chapter 7): The extent to which the Stretch2Engage Framework was sustainably embedded into practice, and the success factors affecting this.
5. **Value for money** (Chapter 8): How the costs compare to the benefits of the Stretch2Engage Framework as a service improvement tool.

2 Project context

This chapter provides an overview of the Stretch2Engage Framework, its development, and the structure and intended outcomes of the Stretch2Engage Pilot Project.

2.1 Stretch2Engage history

The Stretch2Engage Framework (QMHC, 2017) was born out of a 2014 Queensland Government strategic commitment to:

Improve inclusion, meaningful participation and outcomes by drawing on the diversity of the experience and wisdom of people with a lived experience of mental health difficulties and substance use problems, their families and carers.

It has previously been acknowledged that, historically, most engagement activities with people using services have focused on fitting service users into existing organisational participation structures and processes:

“It was about how you can engage with our services, not how we can engage with you.”
(Partnership member)

In order to address this identified gap, in 2015 the QMHC engaged the Queensland Alliance for Mental Health Inc. (QAMH) to work in a consortium with the Queensland Network of Alcohol and other Drug Agencies (QNADA) and Enlightened Consultants (EC) to draft best practice principles that aimed to improve and increase engagement of people with a lived experience, their families and carers in service design.

These best practice principles are embedded in the *Stretch2Engage Service Engagement Framework for Mental Health and Alcohol and other Drug Services* (Stretch2Engage Framework) (QMHC, 2017). Stretch2Engage aims to guide efforts to increase and improve engagement in the MH and AOD public and non-government sectors. It was developed through consultations with service users, their families and supporters, and with MH and AOD organisations. The Stretch2Engage Framework was released by QMHC in February 2017.

To build on the sectors' capacity to implement and test the framework, QMHC provided further funding to pilot the Stretch2Engage Framework in MH and AOD services in 2018. QMHC committed to testing the framework in public, private and non-government organisation settings. They also set aside funds to complete an evaluation.

During the pilot, the Stretch2Engage Framework was tested in seven organisations across Brisbane and Toowoomba.

2.2 Previous engagement capacity building initiatives

While the Stretch2Engage Partnership acknowledge a range of existing good practices are emerging in the area of service user, family and supporter engagement in service design activities, they have suggested that work in this area is still formative.

The Partnership acknowledged the following good practices, frameworks and associations helped shape the development of the Stretch2Engage Framework:

- Corporate sector practices that recognise that the engagement and participation of people using services is critical to the continuing business success of products and services.
- [The International Association for Public Participation](#) (IAP2, 2020). IAP2 seeks to promote and improve the practice of public participation, and community and stakeholder engagement. The IAP2 Framework describes a continuum of participation that includes: informing, consulting, involving, collaborating and empowering.
- The Western Australian Government (2018) developed [Working Together: Mental Health and Alcohol and Other Drug Engagement Framework \(2018–2025\)](#). This co-designed framework outlines guiding principles and strategies to encourage best practice in engagement, with the goal of working together to achieve better outcomes for people whose lives are affected by MH issues and/or AOD use.
- Aboriginal Community Controlled Organisations (ACCOs) have been initiated and controlled by Aboriginal people and acknowledge their right to self-determination. ACCOs are experienced in participatory approaches to needs identification, planning and implementation of activities in close collaboration with the communities they serve.

2.3 Current sector engagement capacity

Baseline Stretch2Engage Partnership interviews suggested that both the AOD and MH sectors in Queensland were still evolving their understanding and practice of service-user engagement in service design activities. Partner members agreed that the AOD and MH sectors have not historically received sufficient support, resources and incentives to progress this element of their practice.

Partnership members made the following comments in relation to the AOD and MH sectors' capacity to undertake service user, family and supporter engagement in service design:

- Guidelines on engagement continue to confuse therapeutic and service design engagement.
- Guidelines often focus on 'tick a box' quality assurance and accreditation that does not meaningfully consider the preferences of people using services.
- Sectors and services have been orientated to risk reduction, which impacts on their capacity to think creatively and experiment with different engagement techniques and ways of working.
- Many staff have great intentions but are not provided leadership, resources or professional development to complete effective engagement of people using services for design purposes.
- Many services have not considered why service-user engagement in design is important, or what they could be doing differently to enhance it.

2.4 Stretch2Engage Framework

The [Stretch2Engage Framework](#) (QMHC, 2017) has been designed to be used by MH and AOD organisations to assist them in better engaging people using services, their families and supporters in service design activities.

The Stretch2Engage Framework defines engagement as:

Encompassing the processes and techniques that organisations employ to involve people using services, and their families, carers and friends in the design or redesign of their services.

The Stretch2Engage Framework makes a clear distinction between ‘therapeutic engagement’ and ‘service design engagement’. While the former focuses on giving more control to service users in their own planning, support and treatment, engagement for service design purposes describes how service users are engaged, consulted and supported to have greater control in service design decision making.

Stretch2Engage is founded on the core value that engagement of people with a lived experience of mental illness and/or substance use problems, and their families and carers, is a fundamental human and citizenship right.

The Stretch2Engage Framework outlines seven principles (the 7Cs), which help MH and AOD services to think differently about how they can undertake engagement activities. It requires organisations to ask: ‘How can my organisation more effectively engage?’

This question places the responsibility for engagement with organisations. This change of focus is intended to influence how engagement is viewed, resourced, assessed and evaluated. It has been suggested that moving towards this change of emphasis involves thought-provoking culture change for many organisations.

Stretch2Engage principles (The 7Cs)

The Stretch2Engage principles were developed through a consultation process with people using services, their families and supporters, and with service providers in the MH and AOD sectors.

The seven principles are:

1. **Stretch2Be Curious:** Eager to know or learn.
2. **Stretch2Be Clear:** Initiatives are transparent in their reason and are easily understood.
3. **Stretch2Be Champion:** Vigorously lead, promote and support the organisation in their engagement initiatives.
4. **Stretch2Be Creative:** Use imaginative methods to evoke new ideas.
5. **Stretch2Be Collective:** Intentionally seek out and engage people from diverse backgrounds and experiences.
6. **Stretch2Be Comprehensive:** Willing to explore all aspects and embrace divergent views.
7. **Stretch2Be Committed:** Pledge to ongoing service engagement initiatives.

Stretch2Engage Theory of Change

During the Stretch2Engage Pilot Project, a Theory of Change was developed to help funders, the Stretch2Engage Partnership and pilot organisations clarify how they believe the Stretch2Engage Framework Pilot Project will lead to changes in engagement capacity. The Theory of Change identifies intended impacts at three levels: changes in services and systems, benefits for people using services, and benefits for service delivery organisations and their staff.

Development of the Theory of Change occurred via a two-stage process. The Stretch2Engage Partnership completed a workshop with the evaluators to map out key activities, resources and outcomes sought, and how these were causally related. This draft Theory of Change was then shared with pilot organisations to

refine the theory and understand its applicability in different service and sector contexts. The Theory of Change is in Appendix B.

The Theory of Change may assist further implementation of the Stretch2Engage Framework at pilot organisations and across the sector more broadly by clarifying the intended impact of the framework; showing hypothesised causal relationships between project resources, activities and outcomes; and identifying factors that are understood to influence success.

2.5 Stretch2Engage Pilot Project

The Stretch2Engage Framework was piloted in seven MH and AOD services across metropolitan Brisbane and Toowoomba during 2018–2019. The pilot project was intended to help better understand the value of the framework in further developing organisational service-user engagement capacity for the purposes of service design. It also focused on strengthening the engagement of people using services, their families and supporters.

Pilot organisations

Pilot organisations were chosen through a selection process focused on identifying organisations with a strong motivation to improve service-user engagement in service design activities. Interested organisations first attended a ‘design lab’ to help them understand more about engagement practices and to formulate ideas they could undertake in their organisation. Organisations were then asked to submit an initial Stretch2Engage Project Plan and seven pilot organisations were selected to participate. No funding was provided to services for their participation in the selection process; however, a wide range of capacity building resources, tools and activities were offered. Significant professional expertise was also provided to train pilot organisations in using specific technical engagement tools and templates.

Table 1 outlines the seven pilot organisations and, where applicable, the specific services or areas in which they implemented and tested the Stretch2Engage Framework.

TABLE 1: STRETCH2ENGAGE PILOT ORGANISATIONS

ORGANISATION	AREA OR SETTING IN SCOPE	SECTOR
Belmont Private Hospital <ul style="list-style-type: none">Queensland’s largest private mental health hospital	Perinatal mental health service	Mental health
Darling Downs Hospital and Health Service <ul style="list-style-type: none">A public hospital and healthcare service covering a large predominantly rural area including the major regional centre of Toowoomba	Acute Mental Health Unit (working in collaboration with other Toowoomba sites)	Mental health
Karakan <ul style="list-style-type: none">A National Disability Insurance Scheme (NDIS) Support service who help people with mental health challenges and disability	Two supported accommodation settings	Mental health
Metro South Hospital and Health Service <ul style="list-style-type: none">The major provider of public health services, and health education and research, in Brisbane south, Logan, Redlands and Scenic Rim regions	Logan Adolescent Drug Dependencies Early Response Service (LADDERS)	Mental health and Alcohol and other drugs
Queensland Injectors Health Network (QuiHN) <ul style="list-style-type: none">A state-wide, not-for-profit health service that	Region-wide across metropolitan Brisbane	Alcohol and other drugs

ORGANISATION	AREA OR SETTING IN SCOPE	SECTOR
provides a variety of health services to illicit drug users throughout Queensland		
Sunrise Way <ul style="list-style-type: none"> An alcohol and other drug residential rehabilitation service in Toowoomba 	Alcohol and other drug residential rehabilitation program (working in collaboration with other Toowoomba sites)	Alcohol and other drug
Toowoomba Clubhouse <ul style="list-style-type: none"> A National Disability Insurance Scheme provider offering an environment where people support each other through recovery from mental illness 	Entire service (working in collaboration with other Toowoomba sites)	Mental health

2.6 Project aims

Interviews with the project funders (QMHC) and the Stretch2Engage Partnership (QNADA; QAMH; EC) identified consistent aims for the pilot project to achieve, including aims incorporated in this evaluation.

Immediate aims

- Assess whether the Stretch2Engage Framework has a positive impact on the way people experience the health and community services that support them (*Evaluation aim*).
- Test the practical value of the Stretch2Engage Framework in seven diverse MH and AOD settings (*Evaluation aim*) by assessing whether the framework:
 - influences organisational culture and practice
 - influences sites to work in a more person-centred way
 - helps guide practical engagement innovations.
- Challenge the broader AOD and MH sector by trialling innovative and experimental approaches that will provoke different thinking (*Project aim*).

Longer-term outcomes

- Achieve cultural change in the AOD and MH sectors, addressing the power imbalance between people using services and service providers, and providing more control for decision making to people using services (*Project aim*).
- Identify AOD and MH policy and funding changes which better support people using services (and family and supporter) engagement in, and control of, key organisational decision making (*Project aim*).
- Assess whether the Stretch2Engage Framework (or alternative approaches) are best suited to service-user engagement in service design activities (*Evaluation aim*).
- Develop tools and resources to assist organisations to build their service engagement capacity (*Project aim*).
- Identify how to best sustain positive changes in service user, family and supporter engagement activities (*Project aim and Evaluation aim*).
- Identify some of the costs and benefits of implementing and embedding service-user engagement practice in line with the Stretch2Engage Framework (*Evaluation aim*).
- Scale positive findings across the MH and AOD sectors in Queensland (*Project aim*).

“Ultimately, I want to see greater organisational accountability in the same way corporate providers must be responsive to their customers’ needs.” (Partnership member)

3 Evaluation design

This chapter provides an overview of the evaluation questions, methodology and limitations. More detailed information on evaluation design is available in the Evaluation Study Protocol (Lirata, 2019).

3.1 Key evaluation questions

The Stretch2Engage Framework pilot evaluation was guided by six key evaluation questions, each associated with one domain.

TABLE 2: EVALUATION DOMAINS AND QUESTIONS

DOMAINS	EVALUATION QUESTIONS
Effectiveness—engagement capacity building	1. How effective is the Stretch2Engage Framework in improving the capacity of services to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation?
Effectiveness—engagement in action	2. How effective is the Stretch2Engage Framework in strengthening services' engagement of people with lived experience, their families, friends and supporters in service design, improvement and evaluation?
Impact	3. What other impacts (positive or negative) have resulted from the Stretch2Engage pilot?
Enablers and barriers	4. What are the enablers and barriers to implementing the Stretch2Engage Framework within services?
Sustainability	5. What are the success factors for sustainably embedding the Stretch2Engage Framework into practice?
Value-for-money	6. How do the costs compare to the benefits of Stretch2Engage as a service improvement tool?

Standards were developed by the evaluators in collaboration with the QMHC and Stretch2Engage Partnership, to assist in assessing performance of the framework using key evaluation criteria. Performance has been rated for the all the domains except the enablers and barriers domain, which is not appropriate to rate. The standards are summarised in Appendix A.

3.2 Approach and methods

The Stretch2Engage Framework pilot was conducted using an action research approach, which included cycles of planning, action and reflection. The action research process was driven by the Stretch2Engage Partnership coaches rather than by the evaluators. However, the evaluators engaged with the workshop facilitators, coaches and pilot organisations at strategic points to listen to experiences and assist with the reflection process. The lead evaluator also attended most workshops and participated on the Stretch2Engage Steering Committee.

The Stretch2Engage evaluation included data collection at three time points: at baseline (February 2019); during the pilot project (July 2019); and at the pilot project completion (November 2019).

Baseline data collection

Literature scan

A brief literature scan was conducted to identify a range of strategies and findings that had previously been documented in relation to service engagement. The literature scan included key materials identified through initial discussions with the project funders and Stretch2Engage Partnership. The literature scan was useful in orienting the evaluation to a range of service engagement processes, identifying initial constructs in relation to engagement capacity and cultural change, and clarifying what the Partnership was hoping would be changed through pilot organisation participation. Key concepts reviewed were:

- service-user engagement for service design purposes, including in previous frameworks such as consumer participation (Treloar et al., 2011) and experience-based co-design (Piper et al., 2012)
- organisational cultural constructs, including the cultural web (Johnson & Scholes, 2011)
- processes of organisational cultural change and capacity building (e.g. Carlström & Ekman, 2012; Mierke & Williamson, 2017).

Document review

Three sites provided baseline documentation they believed related to service user, family or supporter engagement in service design practices. Some documentation related to service-user engagement for therapeutic purposes and is not included here.

Relevant documents included:

- [Service user] representative invitation to participate in a Steering Committee
- [Service user] engagement policy
- [Service user] feedback, actions and outcome form
- [Service user services] role description.

Workshop attendance

The lead evaluator attended four of the five Stretch2Engage workshops to gather data and provide broader reflections to pilot organisations in line with the action research methods being used. Workshops were facilitated by the Stretch2Engage Partnership and included discussions among representatives of the seven pilot organisations.

Interviews and focus groups

- An interview with the project funder (QMHC) (1 participant)
- Interviews with the Stretch2Engage Partnership (QNADA; QAMH; Enlightened Consultants) (3 participants)
- Focus groups with pilot organisation project leaders (6 focus groups; 21 participants).

Baseline pilot organisation staff survey

A baseline pilot organisation survey was completed. There were 98 pilot organisation staff invited to participate across roles including project leaders, direct service staff, managers, administrators and other staff who were working at sites or services where the Stretch2Engage Pilot Project was being implemented.

A total of 44 people participated in the baseline pilot organisation survey, representing a response rate of 45 per cent. Participants included both project leaders, and staff of the programs and sites where the pilot

project was being implemented. Over half the responses came from one organisation, meaning that response data shown for the baseline survey was heavily influenced by their perspective. Two organisations did not have any participants in the baseline pilot site survey.

More than 75 per cent of baseline survey participants had worked at their organisation for more than one year suggesting that most participants had a strong understanding of how their services operated. There was a strong response rate from both direct service staff (frontline staff members) and managers.

Notes

Some project leaders participated in both interviews and/or focus groups, and the baseline survey.

Midpoint data collection

Interviews

- Interviews with the Stretch2Engage coaches (3 participants).

Most Significant Change stories

- Coaches and pilot organisation project leaders gathered qualitative significant change stories they identified at their pilot organisations during the pilot project (July–November 2019) (13 stories)

Follow up data collection

Interviews and focus groups

- Interview with the project funder (QMHC) (1 participant)
- Interviews with the Stretch2Engage Partnership (QNADA; QAMH; Enlightened Consultants) (3 participants)
- Interviews with the Stretch2Engage Coaches (3 participants)
- Interviews with pilot organisation project leaders (8 participants);
- Interviews with pilot organisation staff who participated in, or had some connection to the pilot project (10 participants)
- Interview with service users at pilot organisations (7 participants)
- Focus groups with pilot organisation project leaders (6 focus groups; 15 participants)
- Focus groups with pilot organisation staff (6 focus groups; 20 participants)
- Focus groups with service users at pilot organisations (2 focus groups; 13 participants).

Follow-up pilot organisation staff survey

A pilot organisation survey was completed at project completion. Ninety-eight pilot organisation staff were invited to participate, across roles including pilot organisation project leaders, direct service staff, managers, administrators and other staff who were working at sites or services where the Stretch2Engage Pilot Project was being implemented.

A total of 27 people participated in the follow-up pilot organisation staff survey, representing a response rate of 28 per cent. Participants included both key organisational representatives and staff of the programs where the pilot project would be implemented. Responses came from six of the seven organisations, with 70 per cent of the responses coming from two organisations, so response data shown from the follow-up survey will be heavily influenced by the perspectives of people from those two organisations. Reasons

reported by pilot organisations for the low response rate included the significant time required for the project (and evaluation) and did not constitute a lack of interest in the pilot project or evaluation, but rather limited time and resources to dedicate amongst competing demands.

All of the follow-up survey participants had worked at their organisation for more than one year, and around 60 per cent had worked at their organisation for over three years, suggesting that most participants had a strong understanding of how their services operated.

Of the 27 people who completed the follow-up survey, 24 had also completed the baseline survey, allowing for analysis of change in responses at baseline and follow-up with these participants. Responses were matched using a linkage key, which meant that the data analysts were not aware of the identity of participants.

Notes

- Some project leaders participated in both an interview and focus groups. Project leaders were also invited to participate in the follow-up pilot organisation survey.

Evaluation limitations

A range of limitations were identified during data collection, which weaken the strength of evidence available to the evaluation:

- High numbers of participants in both the baseline and follow-up pilot organisation surveys came from two organisations. These pilot organisations contributed more than 70 per cent of participants in both the baseline and follow-up surveys. One organisation contributed more than 50 per cent of participants in the baseline survey and more than 40 per cent of participants in the follow-up survey. Summary survey findings are therefore heavily influenced by the perspectives of staff from these agencies.
- Survey samples are low, especially for follow ups, and only 24 participants completed both baseline and follow-up surveys. Caution should therefore be exercised in interpreting survey results. While survey data is indicative of the views of those participating, it should not be viewed as representative of the wider population of staff at the pilot organisations. Significance testing has not been undertaken on the pre- and post-comparison data given the small sample.
- No families or supporters attended interviews or focus groups so data could not be collected from this group.

3.3 Evaluation governance, ethics and approvals

A Stretch2Engage Steering Committee provided oversight to both the pilot project and the evaluation. The committee was convened by QMHC and comprised representatives of:

- QMHC (1)
- Stretch2Engage Partners (QNADA; QAMH; EC) (3)
- Queensland Department of Health—Mental Health, Alcohol and Other Drugs Branch (1)
- people with lived experience of mental illness and/or alcohol and other drug problems (5)
- pilot organisations (4)
- Lirata Consulting (1).

The following approvals were obtained for the evaluation to be conducted:

1. Approval from senior management at each of the seven pilot organisations for involvement of their organisation in the evaluation.
2. Approval from two formally constituted Human Research Ethics Committees (HRECs):
 - a. Bellberry HREC approval letter dated 4 February 2019.
 - b. Darling Downs HREC approval letter dated 20 March 2019.
3. Additional site-specific authorisations from Executive Directors at:
 - c. Darling Downs Hospital and Health Service
 - d. Metro South Hospital and Health Service.

4 Effectiveness—engagement capacity building

The Stretch2Engage Framework Pilot Project was designed to build the capacity of pilot organisations to effectively engage with people using their services, and families and supporters, for the purposes of service design. This chapter presents evaluation findings in relation to the effectiveness of the framework in achieving this capacity building purpose.

The analysis relates to Key Evaluation Question 1: *How effective is the Stretch2Engage Framework in improving the capacity of services to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation?*

Chapter 5 analyses a further aspect of effectiveness: whether any capacity changes resulting from the framework and pilot project led to changes in the service-user engagement activities actually undertaken by pilot organisations.

4.1 Overview

For the purpose of this evaluation capacity building has been defined as:

...the process by which individuals and organisations obtain, improve, and retain the skills, knowledge, tools, equipment, and other resources needed to do their jobs competently.

As is clear from this definition, capacity has both individual and organisational aspects, and both need to be considered in assessing the extent of changes in capacity.

When the project started, the Stretch2Engage Partnership articulated that improving service-user engagement in service design decision making required pilot organisations to review and re-frame key organisation cultural dimensions related to values, structures, systems, resources and practices. They also identified that enhanced engagement capacity should ultimately result in transitioning greater power and control for decision making to people using services.

This evaluation has adapted cultural dimensions developed by Johnson and Scholes (1992) to assist in understanding how the Stretch2Engage Framework Pilot Project may have influenced important organisational cultural elements. The evaluation supplemented this with additional elements of capacity including knowledge and skills, and attitudes, and resourcing.

Questions about a range of dimensions of culture and capacity were included in evaluation interviews, focus groups and surveys. The Stretch2Engage self-reflection tool developed by the Stretch2Engage Partnership and used during pilot coaching provides a detailed set of capacity indicators organised within the 7Cs of the framework. In addition, the evaluation team developed a service engagement ‘capacity wheel’ tool that pilot organisations completed at baseline and follow up. The capacity wheel includes nine scaled items, shown in Figure 1 – Service Engagement Capacity Wheel.

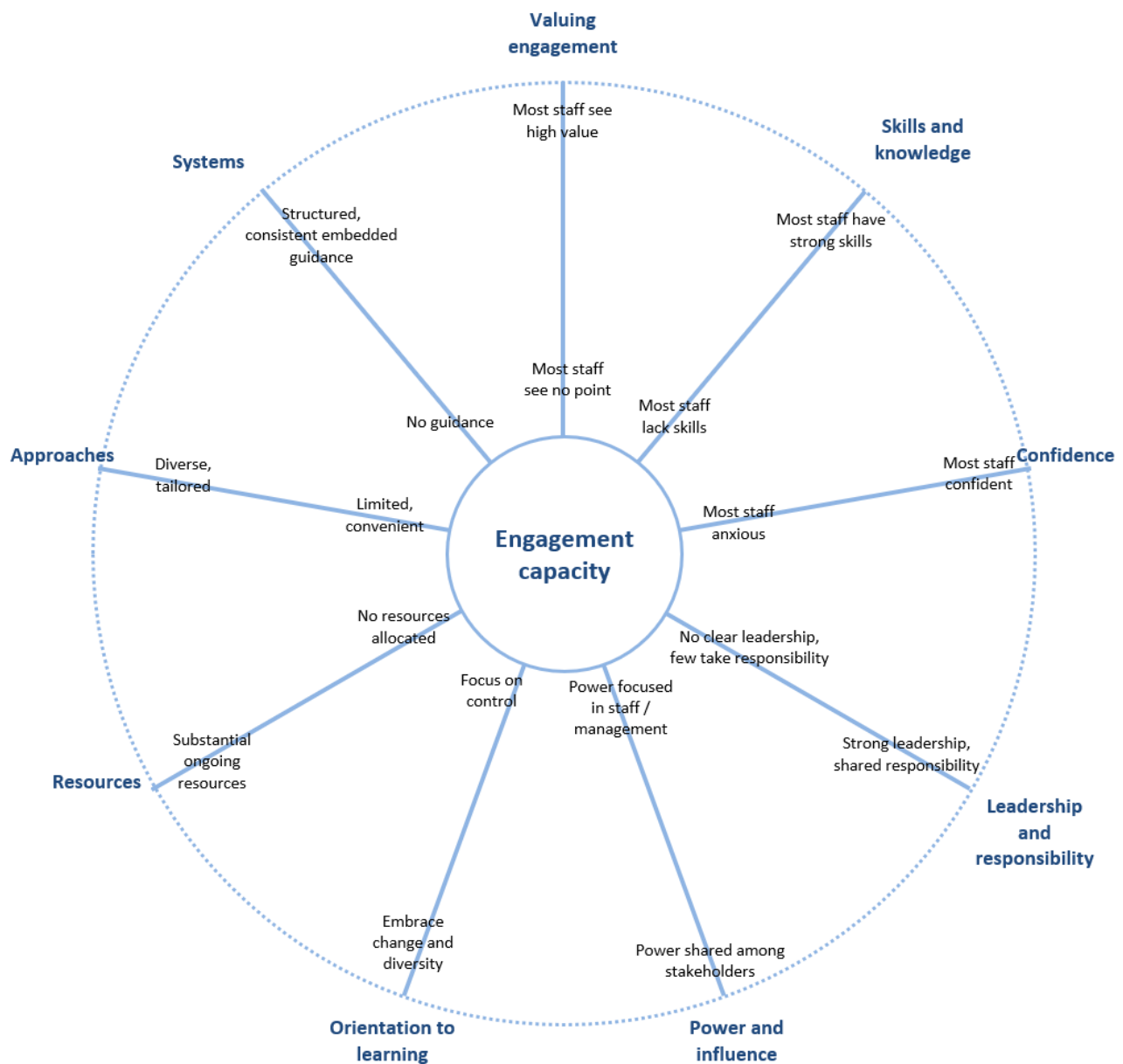


FIGURE 1 SERVICE ENGAGEMENT CAPACITY WHEEL

For purposes of presentation in this report, the multiple and complex dimensions of service engagement capacity have been grouped into six sections:

1. Stories and symbols
2. Organisational and power structures
3. Control systems
4. Values and attitudes
5. Knowledge and skills
6. Priorities and resources.

Capacity building findings from this evaluation suggest the Stretch2Engage Framework and pilot project has significantly progressed engagement capacity at pilot organisations. The following discussion explores aspects of change in engagement capacity from baseline to project completion.

4.2 Baseline capacity

When the project began, QMHC and the Stretch2Engage Partnership acknowledged that AOD and MH sector capacity in the area of service-user engagement for the purpose of service design is still emerging. These stakeholders stated that they did not have any expectations about the level of existing skills, knowledge or resources that would be within pilot organisations. However, they did recognise a strong commitment from these pilot organisations to progress service-user engagement for service design purposes.

Partnership members did acknowledge that strong cultural foundations highlighting the importance of service-user engagement were evident in pilot organisations during the project application phase (e.g. at design labs and in project planning application documents). All participating services articulated principles that supported increased service-user participation in, and control of, service design decision making.

One Partnership member suggested that while there were service design engagement practices emerging, they were often ad hoc, and not effectively embedded in structured frameworks or processes.

“I have never seen anything that puts the responsibility on organisations, not [service users], that doesn’t assume people who access services require some skills to be able to engage.”
(Partnership member)

Most project leaders agreed they did not have strong frameworks in which to conceptualise engagement activities for the purpose of service design during baseline data collection. Most stated they had little experience in, or exposure to, existing frameworks.

Two pilot organisations believed they had well-progressed engagement thinking and practice in place at baseline. They referenced changed requirements related to individualised funding, ‘peer workers’, ‘consumer advisors’, ‘consumer advocates’ and regular surveys. However, Stretch2Engage Partnership members believed these pilot organisations may have been confusing traditional ‘participation’ activities with true service design ‘engagement’ during the early project phase. They also highlighted the common confusion between engagement for ‘therapeutic’ rather than ‘service design’ purposes, suggesting this may have inflated initial pilot organisation capacity ratings.

Nonetheless, some pilot organisations were undertaking service design engagement activities with people using their services during baseline data collection, and this was acknowledged by the Stretch2Engage Partnership. Examples of existing service engagement activities included:

- service-user membership on an organisational board
- service-user involvement in strategic and operational planning activities
- service-user input into the development of program content.

“[The] first thing that comes to mind is around the strategic planning. For an organisation to involve everyone from the community, this doesn’t happen much.” (Project leader)

Pilot organisations that had previously participated in other service design engagement initiatives or had exposure to other engagement frameworks (e.g. IAP2), typically rated their baseline capacity more cautiously, as did organisations with a strong history of service user led activities.

“We have long history in this space; we just see this as another small stepping stone. We have a long way to go.” (Project leader)

While many pilot organisations acknowledged they initially didn't have strong frameworks to conceptualise engagement of people using their services, project leaders and staff generally believed they knew what a good engagement culture should look like; examples included:

- greater organisational ownership by people using services
- challenging traditional organisational beliefs and power structures
- greater diversity of perspectives
- service-user representatives at all organisational levels
- ongoing, structured and diverse engagement practices.

4.3 Capacity building approach

The Stretch2Engage Partnership hypothesised that providing the Stretch2Engage Framework to help conceptualise and structure service-user engagement for service design purposes would improve pilot organisational capacity. They also provided a range of other resources to help embed the framework and broader engagement thinking.

The Stretch2Engage Partnership believed that capacity would be developed in pilot organisations by:

- providing access to, and training in, the Stretch2Engage Framework
- running workshops facilitated by people with expertise in engagement of service users for service design purposes, including facilitators with technical expertise in specific engagement practices. A series of five workshops were facilitated to help pilot organisations unpack the Stretch2Engage Framework and build a foundational understanding of key engagement concepts
- providing coaching to pilot organisations to assist in implementing thinking and practice. Coaches attended pilot organisations and worked with project leaders, and in some cases a broader set of organisational staff, to help embed new thinking, and reflect on the activities being implemented
- providing a range of practical tools and resources. Workshops and coaching included a practical focus, with a range of technical engagement tools shared which had been proven to work in other settings (e.g. corporate and business settings)
- a participatory and 'action learning' evaluation approach, which provided further opportunities for organisational staff to reflect on their progress with service engagement.

The Stretch2Engage Theory of Change will also act as a future roadmap for current pilot organisations and the sector more broadly, to continue building capacity and implementing an engagement culture.

4.4 Changes in engagement capacity

There is strong support from evaluation participants to suggest that the Stretch2Engage Framework Pilot Project advanced organisational engagement capacity. This was evidenced through identification of important changes in organisational culture, including knowledge and practice.

Stretch2Engage Partnership members and coaches highlighted broad capacity areas they believed had changed through the course of the project:

- **Increased knowledge**, for example better understanding of the difference between 'participation' and 'engagement' and significantly improved understanding of the framework.

- **A broader range of engagement practices available**, including the adaptation of some contemporary engagement practices used in other settings, and the development and testing of novel and new activities.
- **Changes in values and attitudes**, for example reduced defensiveness from staff in receiving feedback and an increased recognition that engagement of people using services for service design purposes is everybody's responsibility.
- **Changes in organisational systems**, for example regular reporting and monitoring of engagement activities.

"People definitely understand the framework better now. This took some time and we have a way to go, but there has been progress." (Partnership member)

"People realise you can do it [service design engagement] as part of everyday activities. It is different to therapeutic engagement, but you can do it alongside." (Partnership member)

Pilot organisational staff also identified important changes. For example, of respondents to the pilot organisation follow-up survey:

- 90 per cent believed that participation in the project had **increased their pilot organisation's engagement capacity overall**
- more than 75 per cent agreed that the Stretch2Engage Pilot Project had **"changed the way our service thinks about engaging people who utilise services, and their friends, families or other natural supports"**.

"We knew things were changing when staff started using the Stretch2Engage language and thinking." (Project leader)

While people using services were less aware of the pilot project, they too identified organisational changes, which supported improved opportunities for them to participate in key organisational design decisions, referencing discussions with them about the importance of their voice in key decision making and increased consultation opportunities.

Our findings suggest that pilot organisation changes in engagement capacity are most evident in improved knowledge related to service-user engagement for the purpose of service design; however, trends in emerging cultural change are also apparent. While it is acknowledged that culture change takes time, follow-up interviews with the Stretch2Engage Partnership and coaches highlighted the following broad cultural developments:

- Pilot organisations had **strengthened their understanding that fundamental changes to organisational engagement culture are necessary** to embed greater control of decision making with people using services.
- Pilot organisations were well advanced in **creating an authorising organisational environment that supports service-user engagement** through buy-in from organisational leaders and direct service staff, and by changing key organisational systems and structures to better support engagement.
- **Staff at pilot organisation were demonstrating important values and attitudes changes.**
- **There were positive changes in language and mindset** apparent in pilot organisations that were facilitating greater engagement of people using services in service design activities.

Evaluation participants overwhelmingly believed the Stretch2Engage Framework was necessary to facilitating these capacity improvements.

Stories and symbols

The stories and symbols shared by organisations provide information about what is prioritised and valued, and what behaviours are endorsed. These artefacts provide an important guide to what organisations believe is important.

Partnership and coaches

The Stretch2Engage Partnership and coaches identified changes to, and more conscious articulation of, key organisational narratives about service users and engagement practice as the project progressed. These changes were identified in shared workshops and individual pilot organisation coaching sessions.

Stretch2Engage partners and coaches reported hearing emerging narratives such as:

- **It is the organisation's responsibility to engage** with people accessing their services and we need diverse and innovative methods to do this.
- **Service users are experts** about the programs we provide; they have important information we need to improve our services.
- **We are open to feedback** and will curiously explore this with people using our services rather than feel defensive.
- **We are allowed to test new things** and it's perfectly OK if they don't work out. We can learn from this to iterate better programs and services.
- **Gathering and responding to feedback from people using our services is everybody's business.** We should not leave this just to one person.
- **We need to gather feedback from a diverse range of service users**, including those who were dissatisfied with, or never attended, our services.

While it is important to acknowledge that pilot organisations already held many of these beliefs at project commencement, Stretch2Engage Partnership members and coaches believed these were being articulated more clearly and explicitly as the pilot project progressed.

*"Stories have changed. People are now saying it's not that hard; you don't need money."
(Partnership member)*

Pilot organisations

Pilot organisations provided similar examples of evolving narratives about service users and engagement practice that resulted from participation in the Stretch2Engage Pilot Project. Key examples noted in interviews and focus groups included:

- **Increased discussion by project leaders about the impact of service-user engagement** in service design activities on improving health and wellbeing outcomes. Explicit discussions that services will not be effective unless they listen and respond to the perspectives of people using services.
- **Increasing acknowledgement by project leaders that it is the organisation's responsibility** to find people, processes and practices that engage people using services in service design decision making, and that people using services do not need to have or learn any special skills to effectively engage.
- **Direct service staff discussing the fact that engaging service users around service design was a core part of their role.**
- **Emphasising and communicating service user membership on governance groups, expert committees and interview panels.**

- **A decision to have a symbol included on key organisational documents** showing that they have been reviewed and endorsed by people using their services.

“New staff talk about it [service design engagement] as part of normal business. Previously they approached us; now they recognise it’s all our responsibility.” (Project leader)

“Staff recognition about it [service design engagement] being their job [has changed]. They talk about it as a part of their role now.” (Staff member)

“Have heard lots of language change, e.g. talk about the 7Cs and the House Model.” (Pilot organisation survey response—follow up).

Service users

Service users also identified emerging changes in organisational engagement stories and symbols. Participants in one service user focus group noted their pilot organisation was actively talking to them about their ‘right’ to have a say, and the need to improve methods to gather their feedback.

This organisation had suggested to people using their services that traditional paternal approaches had not sufficiently valued their perspectives and they had a fundamental right to participate in more service design (and therapeutic/personal care) decision making. While acknowledging that these ‘rights-based’ conversations were initiated prior to Stretch2Engage, this organisation agreed that the pilot project had provided further principles and foundations to support this approach.

Organisational structure and power

Organisational structure and power include both the structure defined by the organisational chart, and the unwritten lines of power and influence that indicate whose contributions are most valued. Organisational structure and power can provide a guide to who gets to make decisions and how these decisions are made. Other elements of capacity related to this theme include the way in which leadership is provided for service engagement, and the breadth or narrowness of responsibility for and involvement in service engagement processes across roles and teams within the organisation.

Partnership and coaches

The Stretch2Engage partners and coaches identified emerging changes to organisational structures and power relations as the project progressed; however, it is unsurprising that significant shifts in this area were not obvious. Changing organisational structures and patterns of decision making are likely to be longer-term outcomes of evolving service-user engagement practices, not something evident during a 12-month pilot project.

Emerging capacity developments related to organisational structural change included:

- **trends to suggest that governance and leadership groups were increasingly committed** to engaging people using their services
- a trend in some pilot organisations to **including services users at multiple organisational levels**
- developing **structures and processes to support the employment of people with a lived experience** of MH or AOD problems
- **reducing practices and processes that involve a consumer representative** speaking on behalf of a broader group.

“What they’ve stopped doing is just as important [as what they are doing]. The representative model has now been stopped in its tracks.” (Partnership member)

Pilot organisations

During follow-up interviews and focus groups, all project leaders discussed the need to consciously and transparently transfer more power and control for decision making to service users. Some project leaders also acknowledged that historical organisational structures had diminished the voices of people who have a lived experience in service design decisions and that traditional ‘representative’ or ‘participation’ models may not effectively include a sufficient diversity of consultation mechanisms or perspectives.

Pilot organisation staff also increasingly acknowledged the need for all staff roles to engage with people using their services in service design activities. Together, this indicates a strong understanding by pilot organisation staff that organisational and power structures need to be more inclusive of service users if they are to effectively participate in service design decisions.

“It’s all about handing over the power—easier said than done.” (Staff member)

Follow-up pilot organisation survey responses also show small but consistent trends toward pilot organisations demonstrating changed thinking and practice related to organisational structure and power, compared to baseline survey findings.

Figure 2 shows strong support for transferring more power to people using services in the shaping the way services are designed and delivered.

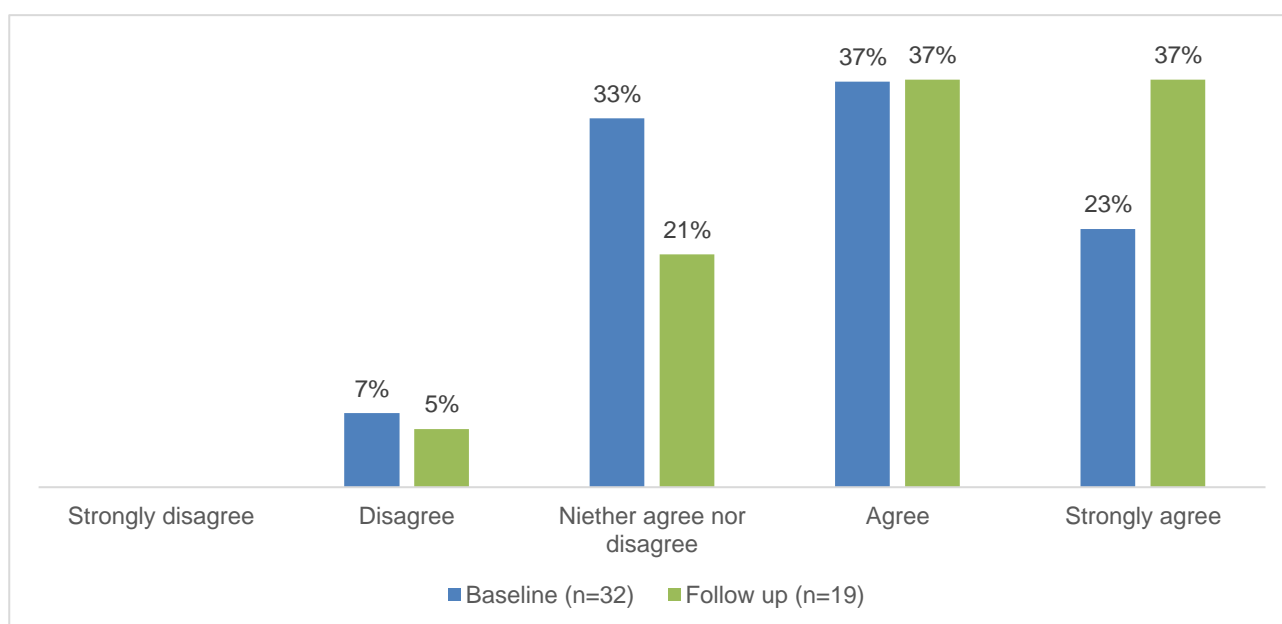


FIGURE 2 PILOT ORGANISATION SURVEY: STAFF IN OUR TEAM/SERVICE WOULD READILY ACCEPT A SITUATION IN WHICH PEOPLE ACCESSING SERVICES HAD THE POWER TO SUBSTANTIALLY SHAPE THE WAY THAT OUR SERVICES ARE DELIVERED

While 74 per cent of staff (14/19) ‘agreed’ or ‘strongly agreed’ with the statement: *Staff in our team/service would readily accept a situation in which people accessing services had the power to substantially shape the way that our services are delivered*. 21 per cent responded neutrally and 5 per cent disagreed with this statement at follow up.

Pilot organisation staff appeared to increase their understanding that service-user engagement for the purpose of service design was part of everyone’s role during the pilot project.

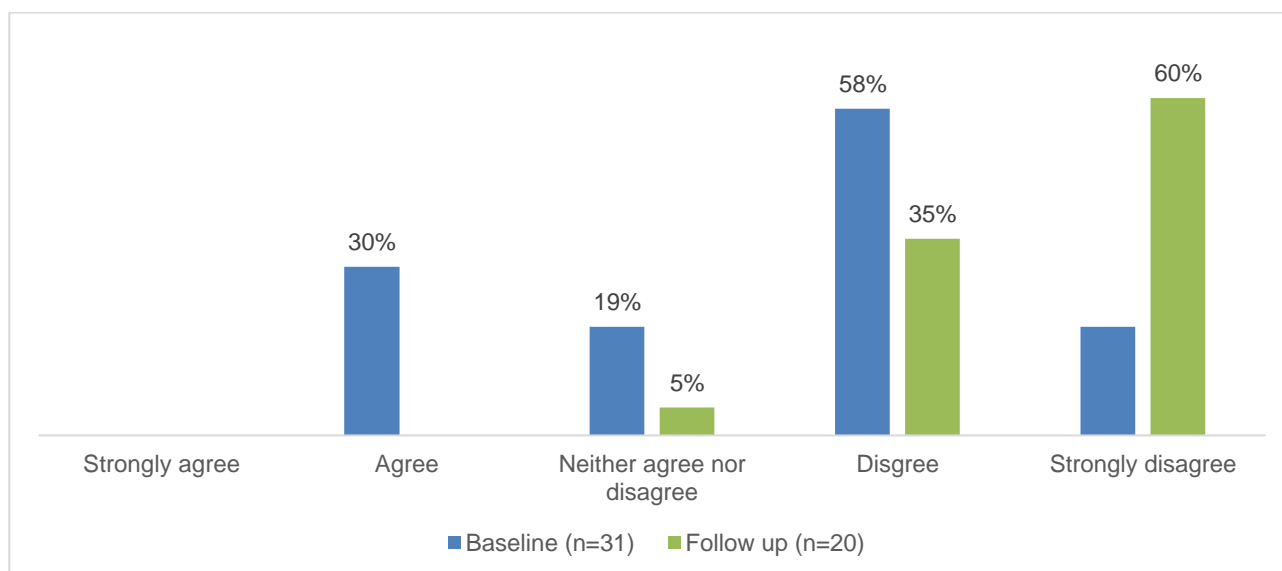


FIGURE 3 PILOT ORGANISATION SURVEY: SERVICE ENGAGEMENT IS DIFFICULT AND IS BEST LEFT TO EXPERTS

More than 95 per cent of respondents in the follow-up survey 'disagreed' or 'strongly disagreed' that engagement should be 'left to experts' such as 'consumer consultants' or paid service user representatives. This was an increase from baseline responses (67 per cent).

Thirteen participants completed this item at both baseline and follow-up surveys. Of these participants, two provided the maximum positive rating (strongly disagree) at both data points. Of the remaining eleven participants, four (around 40 per cent) showed a positive change in rating at follow up, while six (around 50 per cent) showed no change. One participant (around 10 per cent) showed a negative change in rating at follow up.

Compared to the baseline, pilot organisation survey staff showed stronger follow up responses to the statement: *The views of people accessing services are as important as the views of staff when deciding how services should be designed and delivered.*

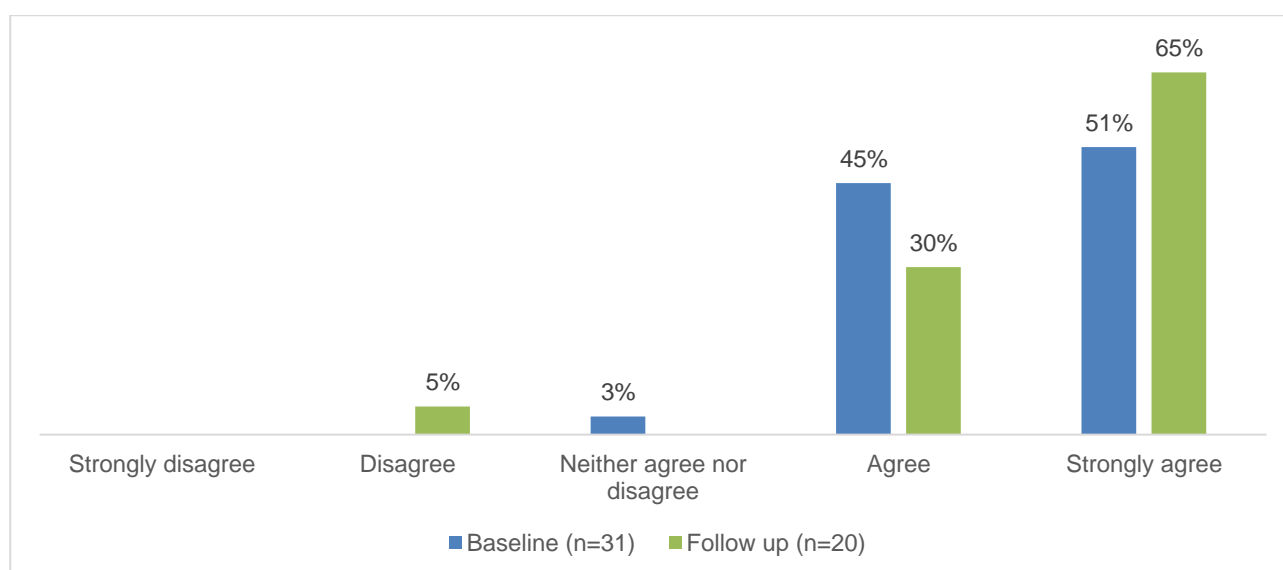


FIGURE 4 PILOT ORGANISATION SURVEY: THE VIEWS OF PEOPLE ACCESSING SERVICES ARE AS IMPORTANT AS THE VIEWS OF STAFF WHEN DECIDING HOW SERVICES SHOULD BE DESIGNED AND DELIVERED

While responses falling in the 'agree' and 'strongly agree' categories are approximately equal (96 per cent and 95 per cent) across both surveys, it is notable that there was an approximately 15 per cent increase in response to 'strongly agreed' at follow up, again showing a small but consistent positive trend.

There was a slight decrease in ratings by pilot organisation staff to the statement: *Leaders in my area model meaningful engagement*.

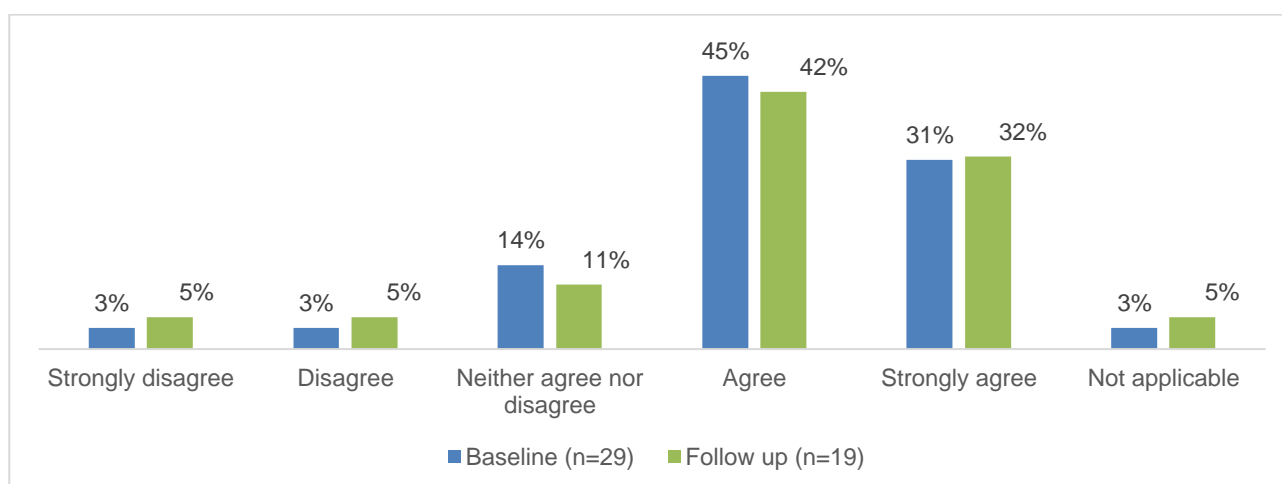


FIGURE 5 PILOT ORGANISATION SURVEY: LEADERS IN MY AREA OF THE ORGANISATION MODEL MEANINGFUL ENGAGEMENT OF PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES OR FRIENDS, IN SERVICE DESIGN AND IMPROVEMENT

While more than 70 per cent of participants 'agreed' or 'strongly agreed' with this statement at both baseline and follow up, slightly more staff agreed at baseline.

Ten participants completed this item at both baseline and follow-up surveys. Of these participants, two provided the maximum positive rating (strongly agree) at both data points. Of the remaining eight participants, four (50 per cent) showed a positive change in rating at follow up, while one (around 15 per cent) showed no change. Three participants (around 40 per cent) showed a negative change in rating at follow up.

Given these findings suggest a trend toward greater understanding of engagement during the project, it may be that staff who initially considered their leaders' practice competent in this area reduced their ratings based on improved knowledge of good engagement practice. It may be that some traditional participation practices were considered to be 'meaningful engagement' at baseline, but that as the project developed, staff increasingly recognised these approaches did not capture the diversity of engagement methods and voices required to effectively engage.

Capacity wheel analysis

The capacity wheel (Figure 1) dimension **Leadership and responsibility** asked participants to rate their organisation from high (*Strong leadership, shared responsibility*) to low (*No clear leadership, few take responsibility*). Participants rated their organisation as lower on this dimension at follow up compared to baseline. As discussed, it is possible that with increased understanding of good service engagement practice participants recognised their organisational leadership and the shared responsibilities required to effectively demonstrate good engagement was more accurately identified.

The capacity wheel dimension **Power and influence** asked participants to rate their organisation from high (*Power shared among stakeholders*) to low (*Power focused on staff and management*). At baseline there was a relatively even spread between responses ranging from very high to very low. At follow up there was a trend to rating this dimension higher, with fewer low and very low responses. A trend toward sharing power and influence more broadly is consistent with the aims of the Stretch2Engage Framework Pilot Project. It is possible that organisational size, while not controlled, may have an impact on participant ratings, with larger organisations possibly finding it harder to divest power more equitably.

Service users

Service users were not aware of changed organisational or power structures resulting from the Stretch2Engage Pilot Project and this is unsurprising given such changes take time, and people using services are not always aware of the way organisations are structured, who holds power and how decisions are made.

Control systems

Organisational control systems refer to the ways an organisation is monitored and controlled. These systems include explicit systems to support and guide financial, quality, compliance, and human resources functions. However, they also include subtler controls that exert influence such as the way people are rewarded or cautioned about their behaviour and practice within an organisation.

In relation to service engagement, increases in capacity could be indicated by the increased clarity, communication and/or sophistication of policies and processes for service engagement, clearer expectations of staff behaviour in relation to engagement, and improvements in the way that engagement policies and processes are monitored and iterated.

Partnership and coaches

Stretch2Engage Partnership members and coaches referenced some changes to the way service engagement for the purposes of service design was being managed and controlled in pilot organisations. These changes provide important signals to staff about the importance of engagement practices. Changes included:

- **increased systems and structures** in which to gather and analyse feedback, and respond to it
- **increased monitoring and reporting** of engagement activities, in team, management and governance settings
- **increased professional development** activities, highlighting the importance of developing these practices for staff.

“It’s good to see more reporting of engagement activities occurring.” (Partnership member)

Pilot organisations

Follow-up data collection with pilot organisations also identified emerging changes to organisational control systems that may improve the engagement of service users in key organisational decision making. Key developments over the course of the project included:

- a commitment to **building service-user engagement systems and processes** to improve both the gathering of and actioning of feedback from people using services
- three pilot organisations discussed **incorporating standing meeting agenda items and reporting** on service-user engagement in service design activities. This included at team, management and board levels

- one organisation discussed **including presentations by service users at team meetings** where people using services could provide feedback about programs and services in their own words. These service users were assisted by key workers when making presentations to ensure they were supported to do this safely
- greater **involvement in role development activities**. Two pilot organisations discussed new approaches that included people using services in both identifying key role competencies, and in the employment of staff to these roles.

“Would love to see more [service user] presentations at team meetings. We are trying to implement this.” (Project leader)

“Twelve months workplans to really embed engagement into our broader work and systems.” (Project leader)

Pilot organisation staff generally improved their understanding of what was expected of them in relation to service-user engagement as the project progressed.

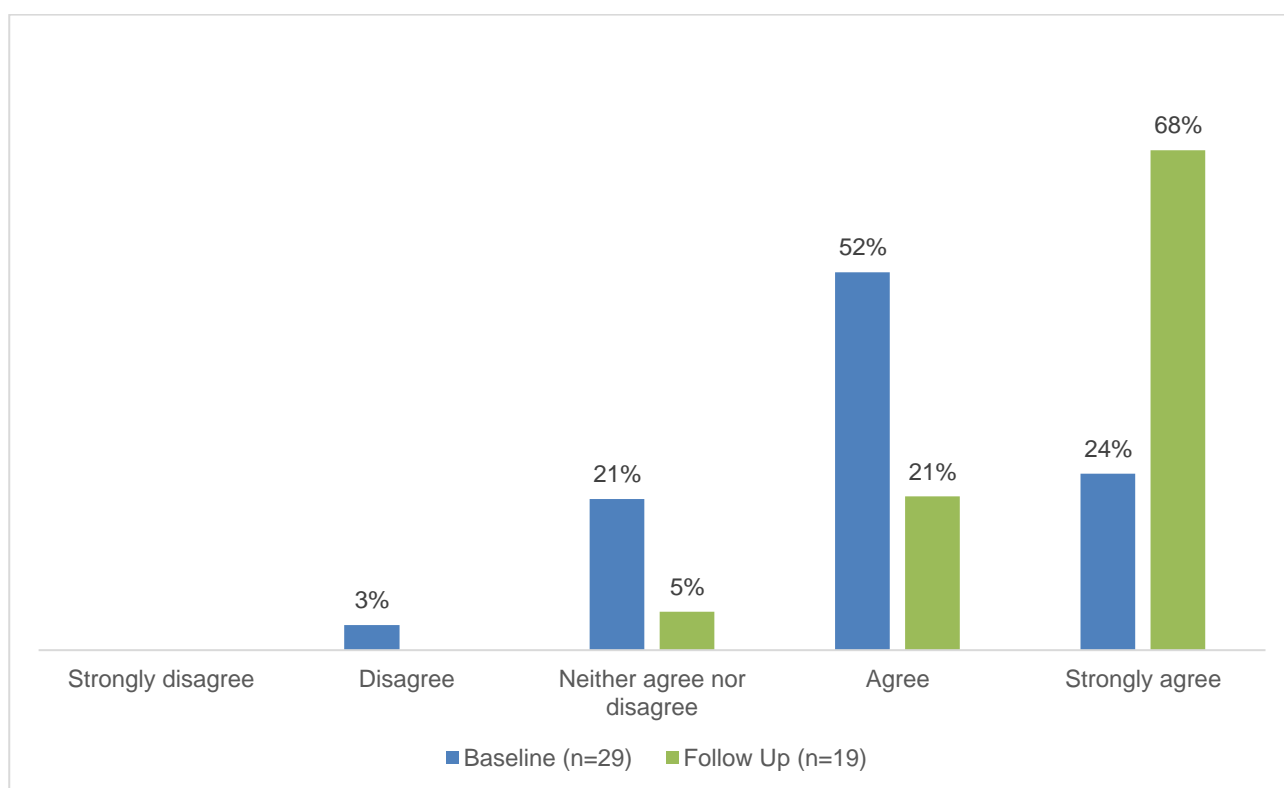


FIGURE 6 PILOT ORGANISATION SURVEY: I KNOW WHAT MY ORGANISATION EXPECTS OF ME IN THE AREA OF SERVICE ENGAGEMENT

Nearly 70 per cent of participants strongly agreed with the statement at follow up: *I know what my organisation expects of me in the area of service engagement*. This figure is compared to less than 25 per cent at baseline.

Twelve participants completed this item at both baseline and follow-up surveys. Of these participants, four provided the maximum positive rating (strongly agree) at both data points. Of the remaining eight participants, six (approximately 75 per cent) showed a positive change in rating at follow up, while two (around 25 per cent) showed no change. No participants showed a negative change in rating at follow up.

Together, this data again suggests a small but consistent trend toward pilot organisation staff improving their understanding of expected service engagement processes during the pilot project. This information indicates pilot organisations were beginning to create and embed systems to support, develop and monitor staff capacity in the area of service-user engagement for service design purposes.

Interview and focus group data suggests that expectations of staff in relation to service engagement were more clearly communicated as a result of the pilot project, due to improved documentation and increased discussion and verbal direction provided to staff by project leads.

Responses from staff about the level of support and guidance they receive to improve their engagement practice was mixed.

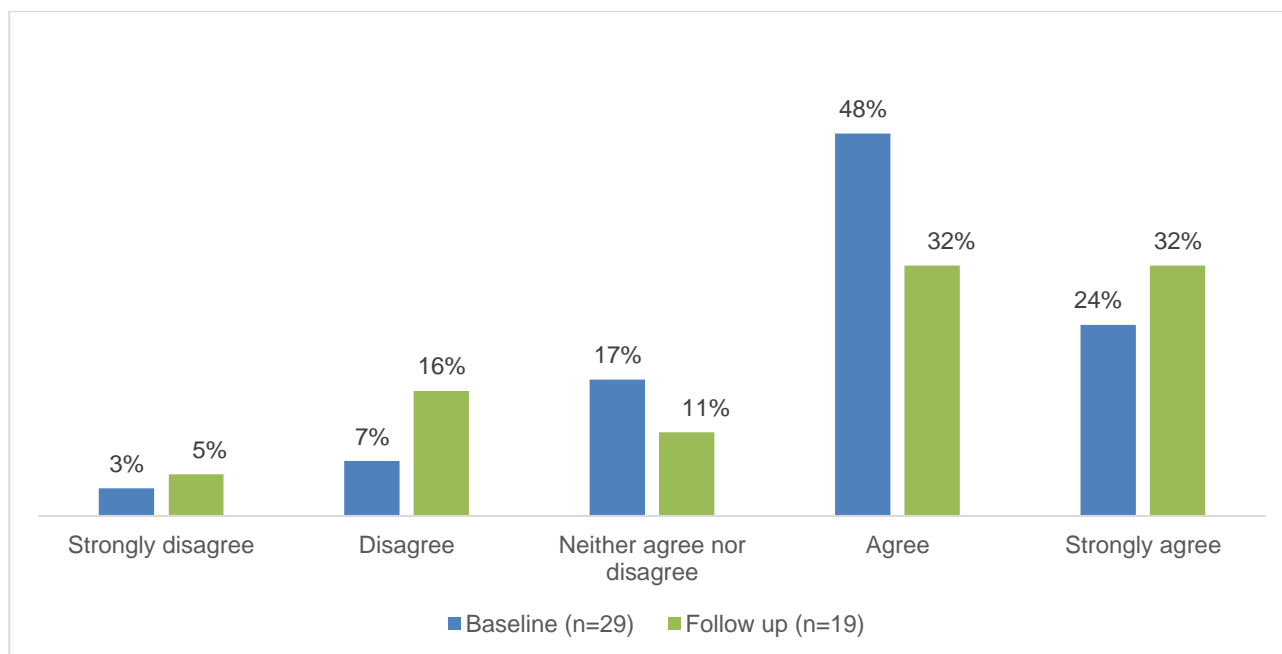


FIGURE 7 PILOT ORGANISATION SURVEY: I RECEIVE SUPPORT AND GUIDANCE TO IMPROVE THE WAY I ENGAGE PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES OR FRIENDS, IN DISCUSSIONS ABOUT SERVICE DESIGN AND IMPROVEMENT

While 21 of 29 (72 per cent) staff 'agreed' or 'strongly agreed' that they received support and guidance to improve their engagement practice in the baseline pilot organisational survey. This response rate dropped to 12 of 19 (63 per cent) staff at follow up, a slight decrease.

Eleven participants completed this item at both baseline and follow-up surveys. Of these participants, two provided the maximum positive rating (strongly agree) at both data points. Of the remaining nine participants, three (33 per cent) showed a positive change in rating at follow up, while three participants (33 per cent) showed no change. Three participants (33 per cent) showed a negative change in rating at follow up.

These results may again suggest that with increasing knowledge about good engagement practice, and increased expectations from organisations about staff undertaking engagement activities, came an increasing expectation from staff around the level of expertise their supervisors need to have in order to support them effectively in this practice. This response may be the reason for some participants showing a decrease in agreement to this statement at follow up compared to baseline.

There was wide variability to the statement: *If I was not undertaking service engagement activities with people accessing services, this would be noticed and followed up with me by management*. However, small positive trends can again be identified.

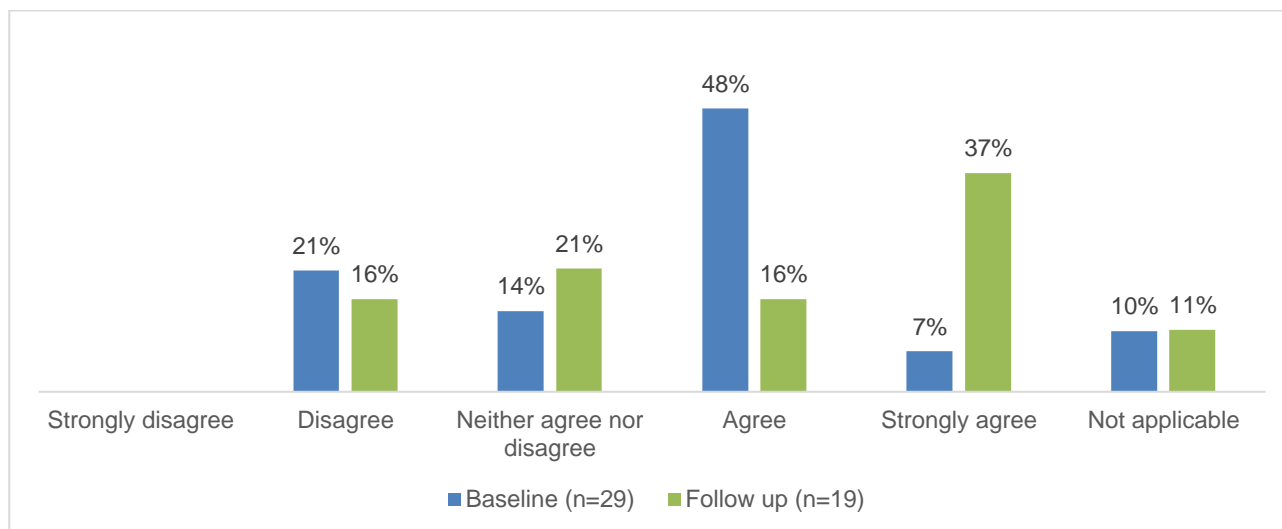


FIGURE 8 PILOT ORGANISATION SURVEY: IF I WAS NOT UNDERTAKING SERVICE ENGAGEMENT ACTIVITIES WITH PEOPLE ACCESSING SERVICES, THIS WOULD BE NOTICED AND FOLLOWED UP WITH ME BY MANAGEMENT

Responses demonstrate a shift from 'agree' to 'strongly agree' between baseline and follow up, more participants 'strongly agreed' (nearly 40 per cent) to this statement at follow up compared to baseline (less than 10 per cent).

Nine participants completed this item in both the baseline and follow-up surveys. Of these participants, three provided the maximum positive rating (strongly agree) at both data points. Of the remaining six participants, three (50 per cent) showed a positive change in rating at follow up, while three (50 per cent) showed no change. No participants showed a negative change at follow up. Again, this suggests a small trend to stronger agreement with this statement at follow up compared to baseline.

Approximately one third of respondents at follow up indicated their management would not notice or follow up a lack of service engagement activities with them. This response is indicative that there is still significant work to do in embedding service engagement as an expected part of 'business as usual' and as a priority in management roles.

This data supports earlier comments suggesting that as knowledge of good engagement principles and practices emerged during the project, pilot organisation staff recognised that their organisation and leaders may not have been as aware of good engagement practice as they considered them to be when the project started.

Capacity wheel analysis

The capacity wheel dimension **Approaches** asked participants to rate their organisation from high (*diverse and tailored*) to low (*limited and convenient*). This dimension was similarly rated by pilot organisations at baseline and follow up. There was a very small trend in rating this dimension higher at follow up.

The capacity wheel dimension **Systems** asked participants to rate their organisation from high (*structured, consistent, embedded guidance*) to low (*no guidance*). This dimension was rated by pilot organisations similarly at baseline and follow up, with participant ratings high at both data points. This is somewhat

surprising given the focus group and interview data that demonstrated the initiation of a 'Feedback to Action Group' initiative in many pilot organisations, standing meeting engagement agenda items and reporting lines, and the development of annual workplans.

Service users

Service users were not typically able to articulate significant changes to organisational control mechanisms related to service-user engagement in service design activities. This is understandable given changes in such practices were formative and people using services had limited understanding of existing organisational controls.

One service-user group did acknowledge attempts by their pilot organisation to re-frame control for decision making during the project and this was supported by data collected from staff. Service users and staff at this organisation highlighted that a concerted effort was being made to help some long-term service users understand their fundamental right to participate in service design decisions, and to facilitate more structured consultation opportunities.

"I've noticed it's more part of their culture to have regular feedback processes." (Service user)

Values and attitudes

Values and attitudes are key elements of capacity, which have a profound effect on the ability of organisations to implement desired changes and to achieve intended outcomes. Values help guide behaviour while attitudes tend to be an emotional or psychological response to behaviour resulting from values. In this sense, values tell us what we think is right or wrong, good or bad, and attitudes are likes and dislikes of activities, experiences or people based on these values. The expressed and enacted values and attitudes of organisational staff can have a major effect on whether and how service engagement occurs.

Partnership and coaches

Stretch2Engage Partnership members and coaches noticed important shifts across many pilot organisations in their values and attitudes related to service-user engagement for service design purposes during the pilot project. They acknowledged that along with significant knowledge development this was a key change area, although they noted change was variable across different pilot organisations. Key developments included:

- **expecting that the perspectives of people using services will be included** in service design decision making
- **recognising that all staff are responsible** for service design engagement activities with service users
- **recognising that traditional 'participation' strategies were not sufficiently diverse or comprehensive**
- **valuing more diverse engagement approaches**, and the need for a diversity of voices, including people who may not have accessed pilot organisation services previously
- **changed attitudes to feedback** including increased curiosity and less defensiveness
- **greater commitment to collaboration** and the sharing of ideas between services in an environment where organisations typically view each other as competitors for scarce resources.

"They're good at collecting data now, but what do we do with it? The Feedback to Action Group is one way. We need more." (Coach).

Pilot organisations

Pilot organisation representatives believed there had been important value and attitude shifts among staff at their pilot organisations as a result of the Stretch2Engage Pilot Project. Broadly, these value and attitude shifts related to:

- staff articulating that **engagement was the responsibility of organisations**, not the people using their services
- staff articulating that **people using services had a fundamental right to participate** in service design decision making and their views were just as important as any other stakeholder group
- project leaders and direct service staff believing that **service-user engagement was everyone's job**
- staff recognising that **services users are interested in contributing** to service design activities
- staff acknowledging that **multi-faceted approaches to engagement** are necessary
- staff recognising that **seeking out and valuing the opinion of a wider variety of service users** (or potential service users) was important.

"[There is] a recognition by clinicians that language and approach has to change. It's a slow process." (Project leader)

Almost all staff participants in both the baseline and follow up pilot organisation survey agreed that people using their services would like to contribute to improving services given the right opportunities.

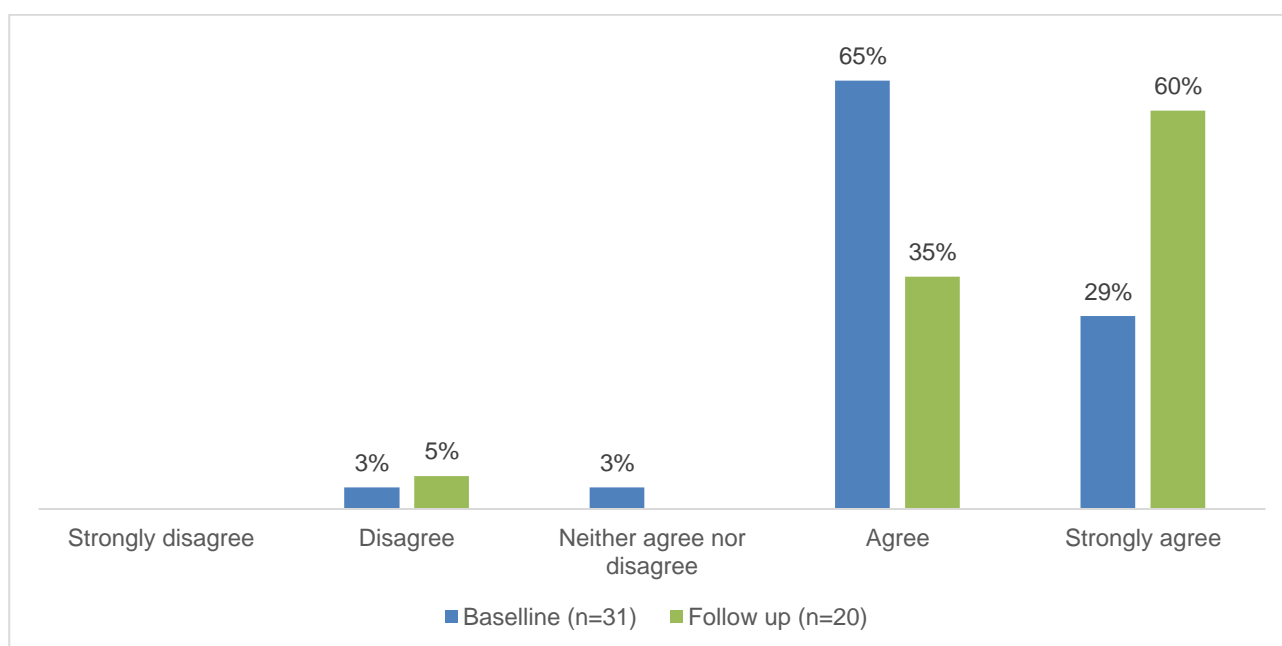


FIGURE 9 PILOT ORGANISATION SURVEY: MANY PEOPLE WHO UTILISE OUR SERVICES WILL BE KEEN TO CONTRIBUTE TO IMPROVING SERVICES IF WE CAN PROVIDE THE RIGHT OPPORTUNITIES

There was strong existing agreement in the baseline pilot organisation survey to the statement: *Many people who utilise our services will be keen to contribute to improving services if we can provide the right opportunities*. There was a trend to stronger agreement with this statement in the follow-up survey, with 60 per cent of participants 'strongly agreeing' at follow up, compared to only 29 per cent at baseline.

Thirteen participants completed this item at both baseline and follow-up surveys. Of these participants, three provided the maximum positive rating (strongly agree) at both data points. Of the remaining 10 participants, six (around 60 per cent) showed a positive change in rating at follow up. The remaining three

participants (30 per cent) did not change their baseline rating. One participant (10 per cent) showed a negative change in rating at follow up.

Pilot organisation survey participants agreed that the views of people accessing services were just as important as the view of staff when designing and delivery services.

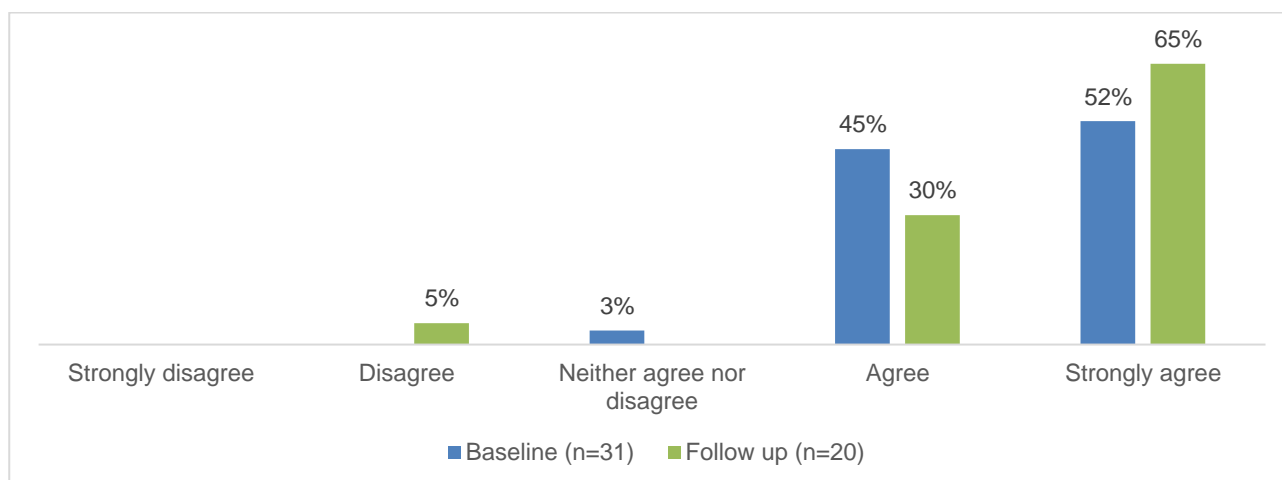


FIGURE 10 PILOT ORGANISATION SURVEY: THE VIEWS OF PEOPLE ACCESSING SERVICES ARE AS IMPORTANT AS THE VIEWS OF STAFF WHEN DECIDING HOW SERVICES SHOULD BE DESIGNED AND DELIVERED

More than 65 per cent (14/21) of participants in the follow-up pilot organisation survey ‘strongly agreed’ with the statement: *The views of people accessing services are as important as the views of staff when deciding how services should be designed and delivered*. This figure is compared to 52 per cent (16/31) at baseline. This information suggests a very small trend to stronger beliefs in relation to this statement as the pilot project progressed.

Staff completing the pilot organisation surveys recognised they needed to take responsibility for ensuring the perspectives of people using their services, and families and supporters were heard.

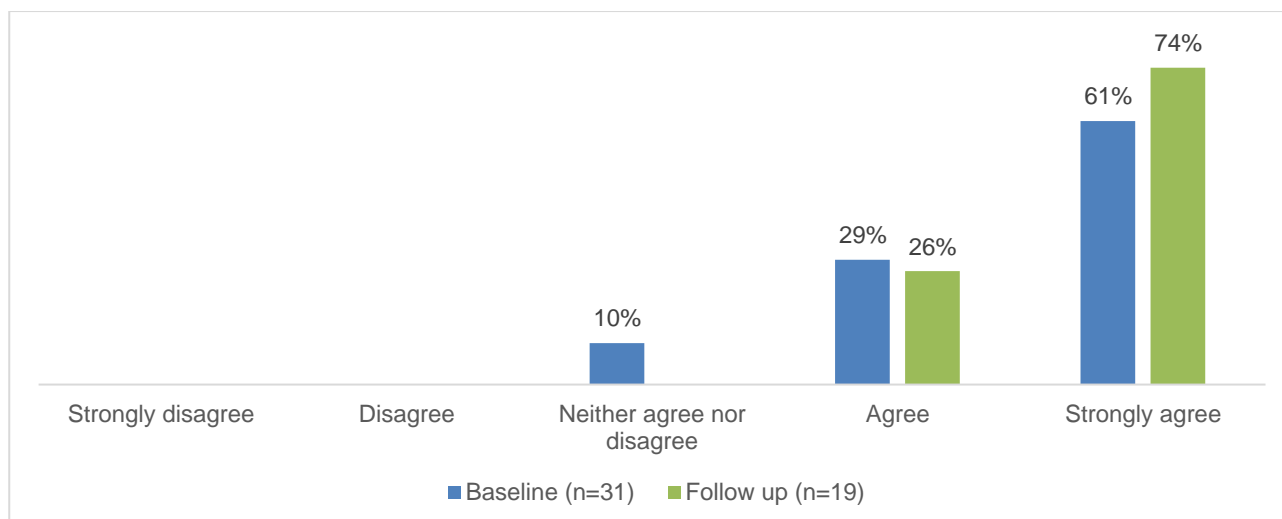


FIGURE 11 PILOT ORGANISATION SURVEY: STAFF NEED TO TAKE RESPONSIBILITY FOR ENSURING THAT THE PERSPECTIVES OF PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES AND FRIENDS, ARE HEARD WITHIN OUR ORGANISATION

Staff agreed that they ‘needed to take responsibility for ensuring that the perspectives of people accessing services, and their families and friends are heard’ throughout the pilot project. There were again very small

trends to stronger agreement with this statement in the follow up pilot organisation survey cohorts (74 per cent), compared to baseline (61 per cent).

Twelve participants completed this item at both baseline and follow-up surveys. Of these, six (50 per cent) provided the maximum positive rating (strongly agree) at both data points. Of the remaining six participants, two (33 per cent) showed a positive change in rating at follow up, while two (33 per cent) showed no change. Two participants (33 per cent) showed a negative change in rating at follow up.

Two participants who completed both surveys reduced their ratings. This is surprising given the strong qualitative finding that staff increasingly recognised that eliciting service design feedback from service users was a core part of their role. This may indicate that there are complexities or challenges in relation to staff assuming this responsibility, which needs to be further explored and addressed.

Pilot organisation survey participants believed that service engagement improves services and outcomes.

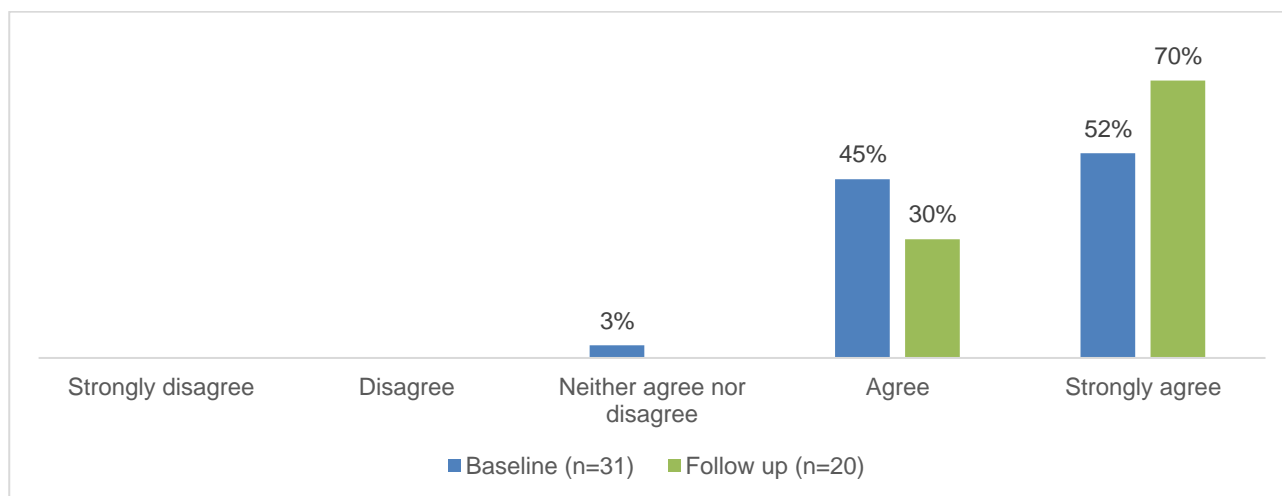


FIGURE 12 PILOT ORGANISATION SURVEY: SERVICE ENGAGEMENT LEADS TO IMPROVED SERVICES AND BETTER OUTCOMES

There was strong agreement by pilot organisation staff participating in both baseline (97 per cent) and follow-up (100 per cent) surveys that service-user engagement leads to improved service and outcomes, although again there was a trend to strong agreement. More participants 'strongly agreed' at follow up (70 per cent), compared to baseline (52 per cent).

Thirteen participants completed this item at both baseline and follow-up surveys. Of these participants, seven (approximately 50 per cent) provided the maximum positive rating (strongly agree) at both data points. Of the remaining six participants, two (33 per cent) showed a positive change in rating at follow up, while three (50 per cent) showed no change. One participant (around 20 per cent) showed a negative change in their rating at follow up.

Together, analysis of the baseline and follow-up pilot organisation survey data demonstrates modest but consistent positive changes in staff perceptions related to engaging people using services in service design activities. While broad agreement was evident at baseline, these views were strengthened at follow-up, and this would appear important in embedding culture changes, which were a principal long-term project aim.

Capacity wheel analysis

The capacity wheel (Figure 1) dimension **Valuing engagement** asked participants to rate their organisation from high (*most staff see high value*) to low (*most staff see no point*). This dimension was rated highly by pilot organisation participants at baseline and follow up. This result is unsurprising because pilot organisation staff rated their organisations 'high' at baseline as they had demonstrated an interest in, and valuing of, service-user engagement by participating in the pilot project. There was, however, a small trend to higher ratings during follow up data collection.

The capacity wheel dimension **Orientation to learning** asked participants to rate their organisation from high (*embrace change and diversity*) to low (*focus on control*). This dimension was rated very similarly at baseline and follow up, with a spread of responses from high to medium.

Service users

While service users had less direct contact with the pilot project and may have found it difficult to identify the small trends in changed staff engagement values and attitudes, they did identify two important changes.

Some service users in one organisation discussed a stronger staff focus on their fundamental right to participate in key decision making, for both service design and therapeutic care purposes. Service users at two organisations also acknowledged increased openness to feedback from staff, and an interest in facilitating more consultation opportunities.

"I feel like I can approach anyone here. Even a receptionist. Anyone." (Service user)

"Their desire to get feedback and improve their program was exemplary. They did it often, [and] enthusiastically. [They] explained the reasons to us, why we should get involved."
(Service user)

Knowledge and skills

The development of engagement knowledge and skills is a key element of capacity, and a necessary pre-condition for pilot organisations if they are to strengthen their engagement of service users in service design decision making.

Partnership and coaches

Stretch2Engage Partnership members and coaches discussed significant changes in pilot organisation engagement knowledge and skills during the project. Four key areas of knowledge development were consistently reported:

1. improved **understanding of the distinction between 'participation' and 'engagement'**
2. improved **understandings of the Stretch2Engage Framework, in particular the 7Cs**, although it was acknowledged that sophisticated knowledge of the framework was still developing
3. stronger **understanding of some technical engagement activities** and processes
4. improved **understanding of the distinction between 'therapeutic' and 'service design' engagement** in most pilot organisations.

Stretch2Engage partners and coaches also acknowledged the emerging development of new engagement skills through the pilot project. Pilot organisations were provided with an array of technical tools and templates to support engagement activities during the Stretch2Engage Workshops and these skills were trialled at many pilot organisations. Skill development areas included:

- **focused question development activities** and processes to iterate these activities
- **ideation processes**
- **journey mapping**
- **empathy mapping.**

“I like the [organisational name] questions of the month. [It] seems to have traction.” (Coach)

Pilot organisations

Project leaders believed they had significantly improved their understanding of the broad concept of ‘engagement’, and the Stretch2Engage Framework more specifically, through involvement in the pilot project. They also acknowledged that important technical practices and processes had been learned.

Knowledge development

A common response from project leaders during the baseline data collection phase was that the Stretch2Engage Framework was complex and taking them some time to feel confident sharing with other staff at their pilot organisation. However, in follow-up interviews they largely agreed they had built strong understanding of the Stretch2Engage Framework. Many project leaders referenced a simplified diagrammatic version of the Stretch2Engage Framework, which became known as the ‘House Model’, which assisted with this understanding. During follow-up data collection, project leaders also agreed that they could now effectively differentiate key service user ‘engagement’ concepts from traditional ‘participation’ approaches.

Project leaders believed the Stretch2Engage Framework had been important in building their knowledge and in creating a structure for their thinking in order to share key concepts (e.g. the 7Cs) with a broader audience at their pilot organisation.

“The complex and novel nature of new engagement thinking, and need to leave some traditional ideas behind, meant [the Stretch2Engage Framework] has taken time to be well understood.” (Project leader)

“I understand the distinction between peer roles and consumer engagement better now.” (Project leader)

Staff at pilot organisations, including direct service, management and administration staff, did not demonstrate knowledge of the Stretch2Engage Framework as effectively as project leaders, but many believed they had a sound understanding of basic engagement concepts. For example, staff discussed the need for increased curiosity when feedback was provided by people accessing services and distinguished this from historically defensive responses. They also highlighted the importance of including diverse voices, deeper reflection and further questioning prior to decision making. However, better understanding of the distinction between ‘therapeutic’ and ‘service design’ engagement was a common area that both Stretch2Engage Partnership members and organisational project leaders felt could be further strengthened among pilot organisations staff.

Some pilot organisations provided training to staff in the Stretch2Engage Framework and engagement thinking and practice more broadly. Staff who participated in this training reported finding it valuable. Training included discussions about:

- different levels of participation (e.g. using the ‘participation ladder’ (Arnstein, 1969))
- other engagement models
- the Stretch2Engage Framework, including the updated and simplified House Model version
- technical engagement strategies that had been successfully used in other settings.

“Our recent professional development day was largely focused on Stretch2Engage.” (Staff member)

Other organisations shared engagement principles with staff by placing diagrams of the House Model around the office, through regular discussions in team meetings and other settings, and via weekly ‘Stretch2Engage emails’ where staff were invited to reflect on and respond to information shared. These activities were also reported by staff to assist in building their knowledge around service-user engagement in service design practice.

Pilot organisation survey data suggests that, overall, pilot organisations developed an improved understanding of the framework as the project progressed.

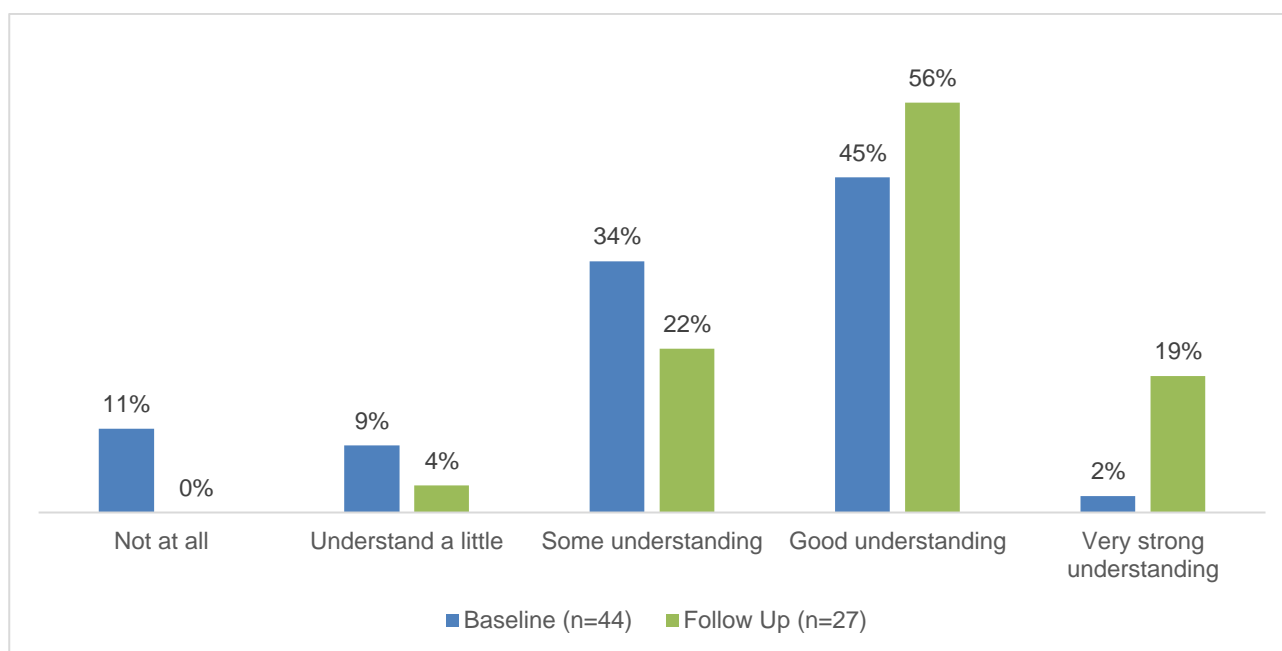


FIGURE 13 PILOT ORGANISATION SURVEY: HOW WELL DO YOU FEEL YOU KNOW THE STRETCH2ENGAGE FRAMEWORK?

More participants rated their understanding of the Stretch2Engage Framework as ‘good’ or ‘very strong’ at follow up (85 per cent) compared to baseline (47 per cent). However, caution should be exercised with these results as it is likely people who have a better understanding of Stretch2Engage are more likely to complete the survey, especially at follow up.

Twenty-four participants completed this item for both the baseline and follow-up surveys. Of these participants, eleven (about 45 per cent) showed a positive change in rating at follow up, while eleven (about 45 per cent) showed no change. Two participants (about 10 per cent) showed a negative change in rating at follow up.

This means that one person who rated their understanding as ‘very strong’ at baseline decreased this rating at follow up. While this may initially appear surprising, it may relate to previously discussed inflated beliefs about engagement capacity at baseline rather than reflect a lack of change in understanding.

Overall, these results suggest that pilot organisation staff understanding of the Stretch2Engage Framework developed through the project and most participating pilot organisation staff did improve their knowledge of the framework.

Skills

Pilot organisation staff, including project leaders, direct service staff, and managers and administrators all agreed that the most significant changes resulting from participation in the Stretch2Engage Pilot Project occurred through changes in knowledge and understanding of service-user engagement principles and the Stretch2Engage Framework. However, they also identified some important development in practice through their exposure to technical engagement proficiencies and access to resources.

Consistent with responses from Stretch2Engage Partnership members and coaches, project leaders commonly referenced the following technical practice development areas. Each of these came with processes and resources to support implementation:

- **Focused question development activities** that encouraged service users to begin and continue conversations with their pilot services about service design thinking. This practice included:
 - crafting questions that were accessible to service users and easily understood
 - crafting questions that sought a response to a particular and specific area of enquiry (rather than broad-based ‘satisfaction’ questions)
 - presenting these questions in common spaces or in a manner, which allowed multiple service users to participate
 - iterating and developing further questions based on initial feedback from people accessing services.
- **Ideation processes** to help generate ideas, broaden thinking and then develop well supported thinking into practical innovations.
- **Journey mapping** activities with service users to better understand their experience when accessing services, including why they chose to access the services, what needs they had and the ‘pain points’ (problems) they experienced in relation to service access and use.
- **Empathy mapping** to understand more about service user and family and supporter behaviour and attitudes.

While pilot organisation staff believed they understood what good service engagement practice would look like at baseline, it is clear that they further developed their understanding and confidence as the project progressed.

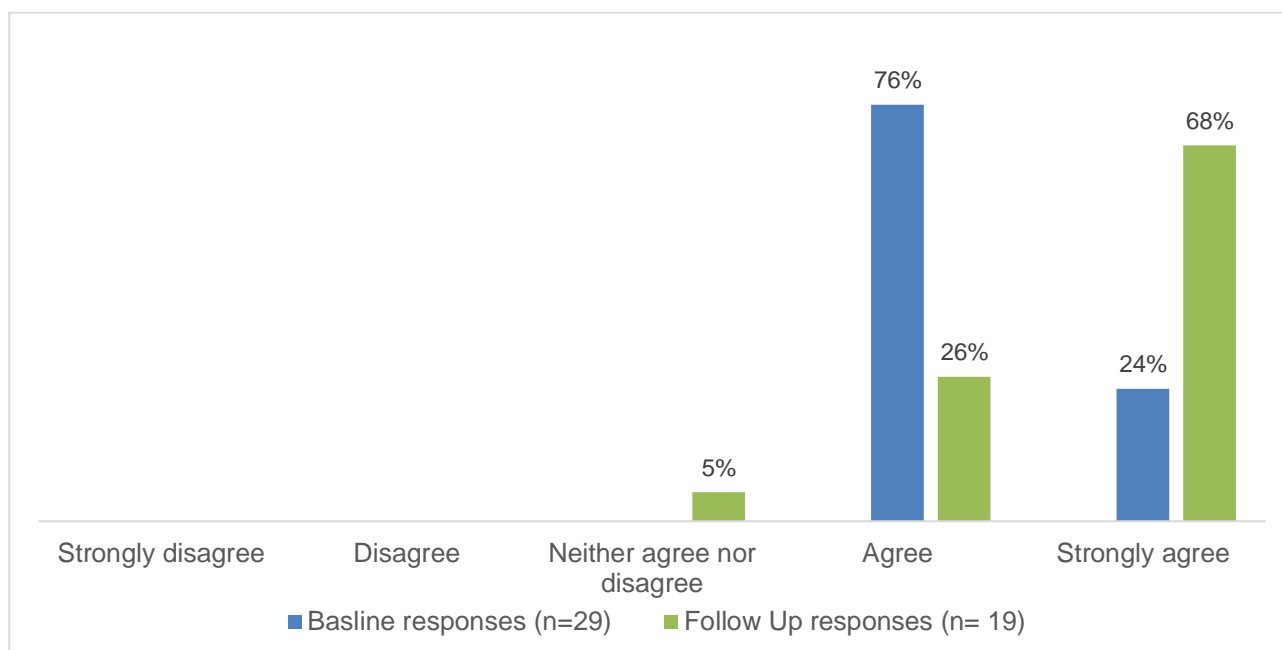


FIGURE 14 PILOT ORGANISATION SURVEY: I UNDERSTAND WHAT SERVICE ENGAGEMENT WOULD LOOK LIKE IF IT WAS WORKING WELL

There was a substantial increase in participants' ratings of their understanding of what good service engagement looks like through the project. More than 65 per cent of respondents 'strongly agreed' to this in the follow-up survey, compared to less than 25 per cent at baseline.

Twelve participants completed this item at both baseline and follow-up surveys. Of these participants, four provided the maximum positive rating (strongly agree) at both data points. Of the remaining eight participants, four (50 per cent) showed a positive change in rating at follow up, while three (about 40 per cent) showed no change. One participant (about 10 per cent) showed a negative change in rating at follow up.

Together with the data, this information supports the idea that staff improved their understanding of what good engagement practice looked like during the pilot project. While one respondent recorded a decrease in understanding between baseline and follow up, this response may be due to overestimated beliefs about their expertise in this area at baseline.

Most survey respondents believed they had the skills to meaningfully engage with people using services for service design purposes when the pilot project concluded.

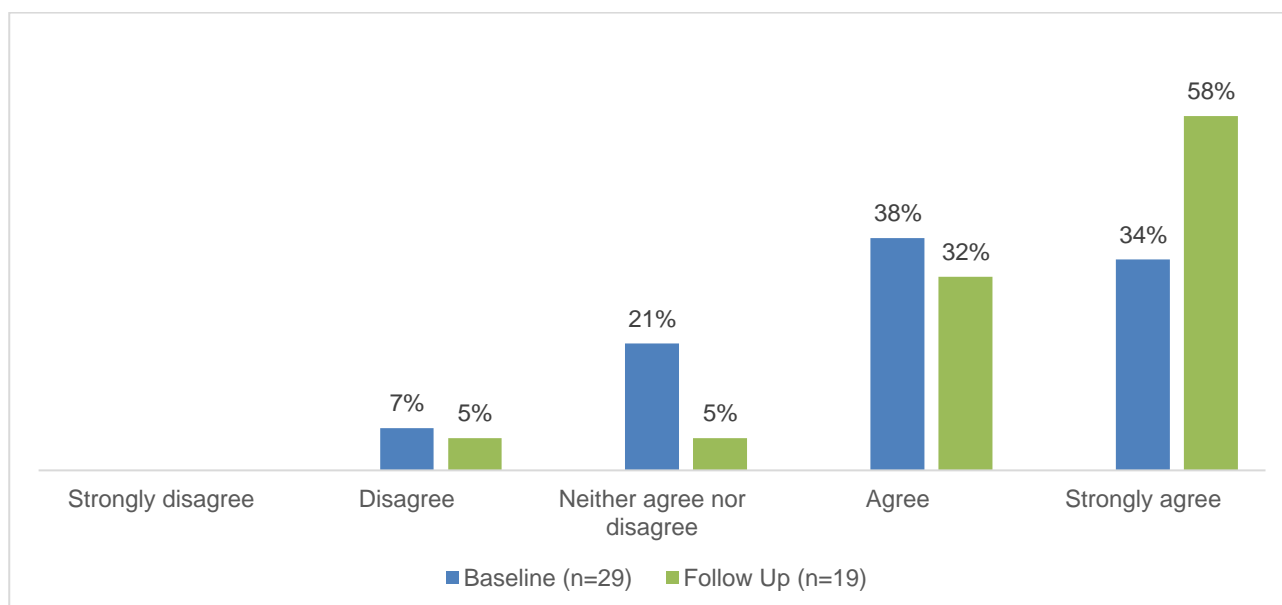


FIGURE 15 PILOT ORGANISATION SURVEY: I HAVE THE SKILLS TO MEANINGFULLY ENGAGE SERVICE USERS IN SERVICE DESIGN IMPROVEMENT

More than 90 per cent of respondents ‘agreed’ or ‘strongly agreed’ they had the skills to meaningfully engage at follow up, an increase from 72 per cent in the baseline survey.

Twelve participants completed this item at both baseline and follow-up surveys. Of these participants, six provided the maximum positive rating (strongly agree) at both data points. Of the remaining six participants, two (33 per cent) showed a positive change in rating at follow up, while three (50 per cent) showed no change. One participant (about 15 per cent) showed a negative change in rating at follow up, it may be this participant reduced their rating because their developing knowledge and skills caused them to re-assess their capacity.

Other items from the pilot organisation survey also indicated staff skill development in the area of engaging people using services for service design purposes:

- More than 70 per cent (15/21) of participants believed the Stretch2Engage Pilot Project had **‘changed the strategies used to engage people using services and their families and supporters’**.
- More than 85 per cent (18/21) of participants believed their **‘capacity to engage a more diverse range of people accessing services’ had improved**.

Capacity wheel analysis

The capacity wheel (Figure 1) dimension **Skills and knowledge** asked participants to rate their organisation from high (*most staff have strong skills*) to low (*most staff lack skills*). This dimension was rated higher at baseline than follow up. Baseline responses largely fell within the mid-point or higher; however, at follow up there was a wide spread of ratings across low, medium and high.

This supports earlier findings that with increased engagement knowledge and skills, participants were typically more cautious about their capacities. This does not indicate actual reductions in engagement capacity, but suggests that with increased knowledge expectations around organisational capacity were also increased. Ratings at follow up may therefore demonstrate a more accurate picture of current capacity compared to baseline based on the development of emerging engagement knowledge and skills.

The capacity wheel dimension **Confidence** asked participants to rate their organisation from high (*most staff confident*) to low (*most staff anxious*). Responses at baseline and follow up were broadly similar, with most participants rating themselves at the mid-point to high.

Service users

Service users were not generally familiar with the Stretch2Engage Framework and broader engagement concepts and practices as described in the Stretch2Engage workshops. This is unsurprising as workshop participants had limited direct exposure to the pilot project itself. However, some service users were broadly aware of the pilot project and had developed an understanding of key goals, if not of engagement knowledge and skills. Service users typically described the project aim as increasing service user involvement in decisions and improving feedback and other consultation processes.

“My understanding [is] that it’s a program to test a way of feedback with mental health organisations. Its aim is to better the mental health services and to engage the [service users] in that feedback process. Getting the first-hand knowledge of the people who access services.”
(Service user)

Priorities and resourcing

What an organisation prioritises and resources is a good indication of its perceived importance. Pilot organisations that demonstrate a commitment to service-user engagement are likely to highlight and fund these activities. The availability of resources is also an essential element of organisational capacity in relation to service engagement and has a major influence on the extent of activity that is able to occur in relation to that service engagement.

Partnership and coaches

The Stretch2Engage Partnership and coaches pointed to a range of priority setting and resourcing activities that pilot organisations had undertaken during the Stretch2Engage Framework Pilot Project.

Partnership members identified a wide range of enhanced prioritisation and resourcing activities by pilot organisations that occurred during the Stretch2Engage Framework Pilot Project. These activities included:

- prioritising time in team, management, and governance group meetings to discuss, monitor and report on engagement activities
- resourcing service engagement capacity building roles
- funding discrete engagement activities such as the World Café and Family Open Day
- prioritising time to build broader organisational workforce capacity through training days, and other reflective opportunities
- developing service engagement workplans.

Furthermore, the Stretch2Engage Partnership acknowledge that pilot organisations largely maintained resourcing commitments they agreed to when the project started including things like significant time for staff to participate in workshops, coaching, engagement activities, and this evaluation and the backfilling of direct service staff where necessary.

Pilot organisations did not receive any funding to participate in the Stretch2Engage Pilot Project. The financial and in-kind commitments made by these organisations in connection with their participation highlights the priority they placed on improving engagement capacity.

Pilot organisations

Pilot organisations agreed that they had invested resources in progressing service-user engagement activities for service design purposes during the project and were unanimous that they intended to continue doing so. Major resource investments noted by pilot organisations were similar to those listed by the Stretch2Engage Partnership. Project leaders most often mentioned changed prioritisation and resourcing investments related to:

- funding of engagement capacity building roles
- prioritisation of broader workforce development activities within their organisations
- people using services participating in planning activities, including strategic and business plans, and team and individual work plans
- implementation of engagement activities, including events which engaged multiple people accessing their services, and their families and supporters, and required considerable planning and coordination (e.g. family and supporter interviews and focus groups, the World Café and High Tea)
- important changes in the amount of time invested in planning, monitoring and reporting on engagement activities
- prioritising consultation with service users in the development of role descriptions, employment of senior staff and ratification of tools used with service users (e.g. Assessment Form), which were acknowledged to take up considerable staff time and resources.

“We have ensured consumer engagement features heavily in our strategic plans, company values, business plans, team plans and [are] now rolling this into individual staff work plans.”
(Project leader)

However, some project leaders did acknowledge that identifying resources continued to be difficult and would require concerted and ongoing advocacy within their pilot organisation.

“We really do need extra money to go into client engagement. We have no budget to do this.”
(Project leader)

A comparison of the participants completing the baseline and follow-up pilot organisation surveys suggests that prioritisation of service-user engagement for the purposes of service design was perceived to have increased during the pilot project.

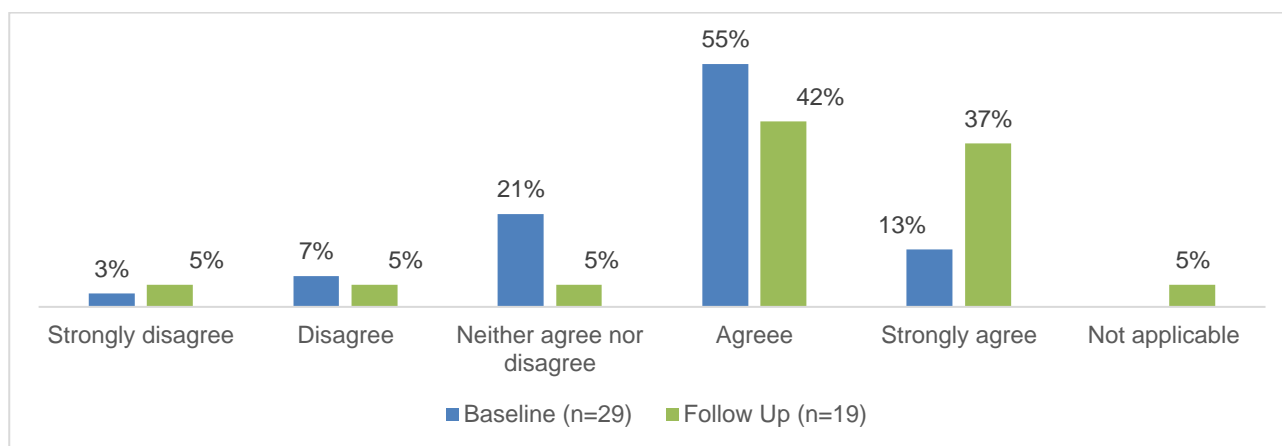


FIGURE 16 PILOT ORGANISATION SURVEY: OUR ORGANISATION PRIORITISES ENGAGING PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES AND SUPPORTERS, IN SERVICE DESIGN AND IMPROVEMENT

Nearly 80 per cent of respondents in the follow-up survey 'agreed' or 'strongly agreed' that their organisation prioritises service-user engagement for service design purposes, an increase of more than 10 per cent on baseline. The fact that those participants who 'strongly agreed' with this statement increased from 13 per cent at baseline to 37 per cent at follow up, a 24 per cent increase, is notable. However, three participants (15 per cent) were either non-committal or disagreed that prioritisation of service-user engagement had increased at their pilot organisation suggesting there was further work to do in some settings.

Eleven participants completed this item at both baseline and follow-up surveys. Of these, one provided the maximum positive rating (strongly agree) at both data points. Of the remaining ten participants, six (60 per cent) showed a positive change in rating at follow up, while three (30 per cent) showed no change. One participant (10 per cent) showed a negative change in rating at follow up. This data support general findings above that prioritisation and resourcing had, on balance increased across pilot organisations during the course of the pilot project.

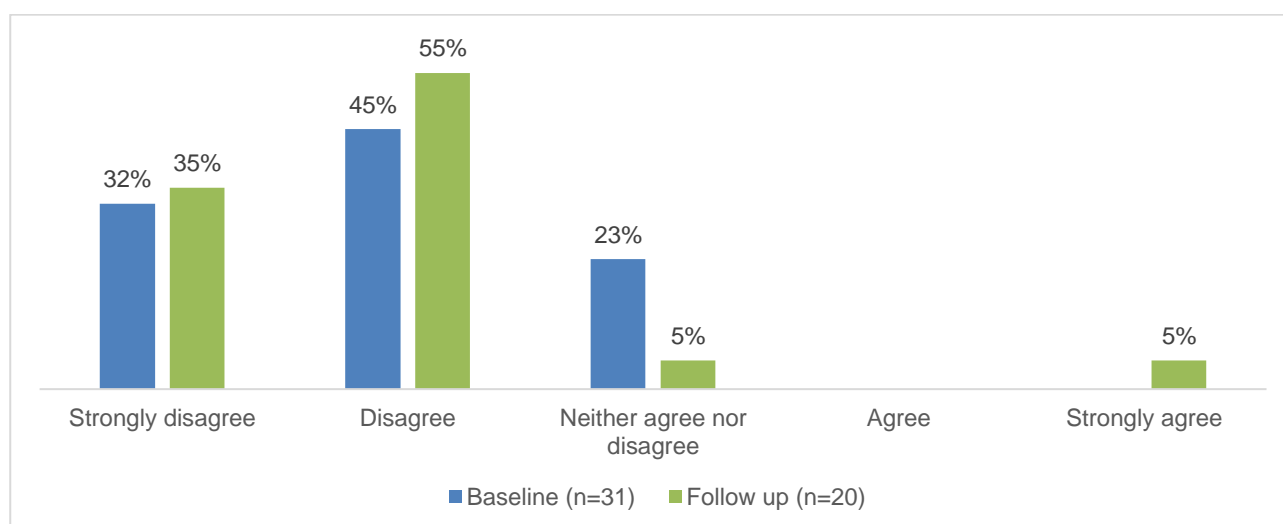


FIGURE 17 PILOT ORGANISATION SURVEY: SERVICE ENGAGEMENT TAKES RESOURCES AWAY FROM MORE IMPORTANT WORK

More than 75 per cent of respondents at baseline either 'disagreed' or 'strongly disagreed' with the statement: *Service engagement takes resources away from more important work*. This response rate increased to 90 per cent in the follow-up survey, demonstrating that participants believed directing

resources toward service-user engagement was important. However, these findings should be cautioned as it is possible that people who do not consider service engagement important did not respond to the survey.

Thirteen participants completed this item at both baseline and follow-up surveys. Of these, two provided the maximum positive rating (strongly disagree) at both data points. Of the remaining 11 participants, five (about 50 per cent) showed a positive change (towards disagree) in rating at follow up, while two (about 20 per cent) showed no change. Four participants (about 40 per cent) showed a negative change (towards agree) in rating at follow up and this appears important. While it may not demonstrate that these participants do not consider service engagement important, it does indicate they considered there were other priorities to resource that were of equal or greater importance.

While broad pilot organisational commitments to prioritising and resourcing service-user engagement for service design purposes were also evident in focus group and interviews, staff also frequently acknowledged that further investment was required to embed these activities as everyday practice. This is supported by both the data immediately above. Further evidence for this is also shown in the following section.

Staff do not always feel they have time within their role to engage people using their services, and their families and supporters in service design consultation.

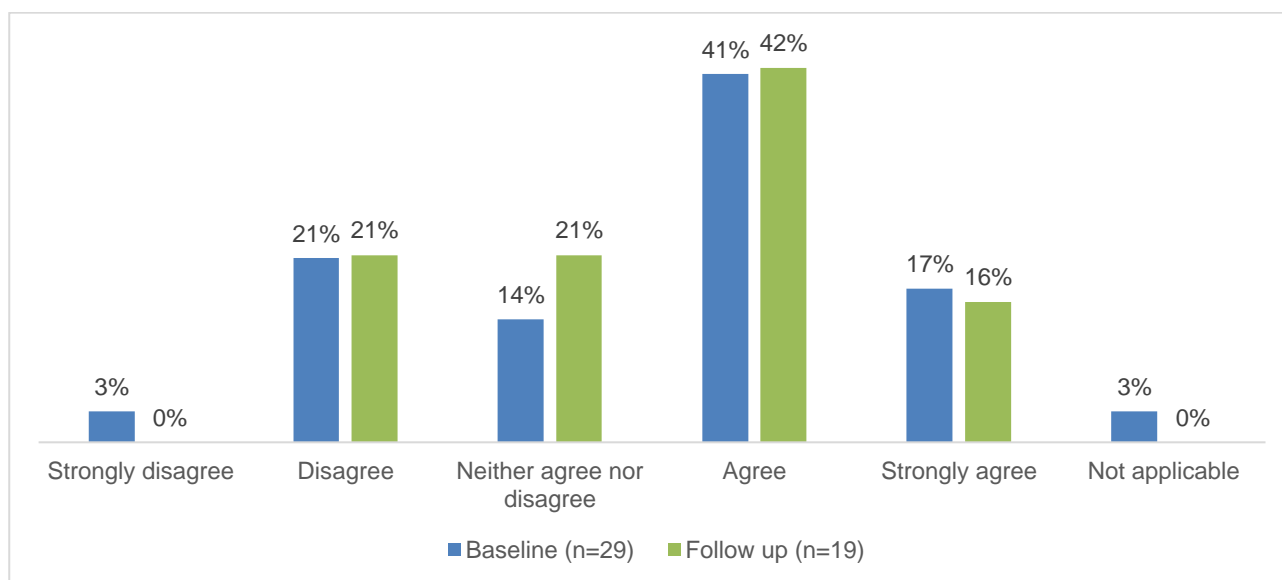


FIGURE 18 PILOT ORGANISATION SURVEY: I HAVE TIME WITHIN MY ROLE TO SEEK OUT AND HEAR THE VIEWS OF PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES OR FRIENDS, ABOUT THE WAY THAT SERVICES ARE DESIGNED AND DELIVERED

Only 58 per cent of respondents 'agreed' or 'strongly agreed' with the following statement in both the baseline and follow up pilot organisation survey: *I have time within my role to seek out and hear the views of people accessing services, and their families and or friends about the way services are designed and delivered*. There was minimal change in the pattern of responses on this item between baseline and follow up surveys.

Twelve participants completed this item at both baseline and follow-up surveys. Of these participants, one provided the maximum positive rating (strongly agree) at both data points. Of the remaining 11 participants, five (about 50 per cent) showed a positive change in rating at follow up, while three (about 30 per cent) showed no change. However, three participants (about 30 per cent) showed a negative change in

rating at follow up. Some participants decreasing their rating might suggest that some pilot organisations still had work to do in embedding a service engagement culture in their organisations.

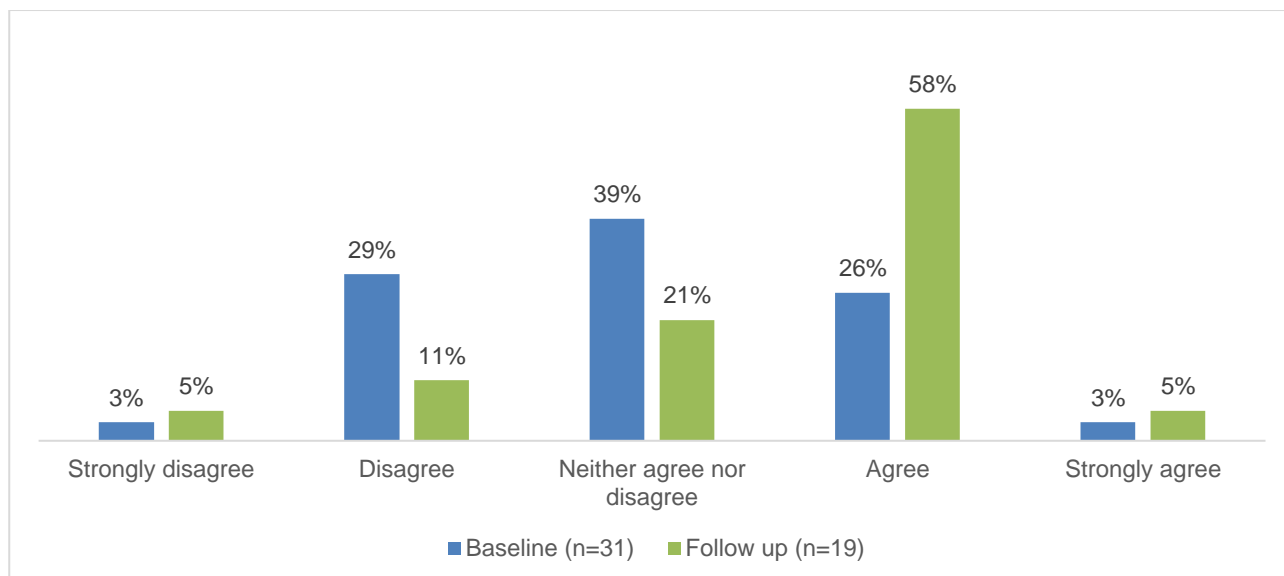


FIGURE 19 PILOT ORGANISATION SURVEY: OUR TEAM/SERVICE TENDS TO FIT SERVICE ENGAGEMENT IN AROUND OTHER ACTIVITIES WHEN CONVENIENT

Nearly 65 per cent of participants (12/19) in the follow up pilot organisation survey ‘agreed’ or ‘strongly agreed’ with the statement ‘*our team tends to fit service engagement in around other activities when convenient*’, suggesting further work was required to prioritise and further resource this area.

Surprisingly, less than 30 per cent of respondents ‘agreed’ or ‘strongly agreed’ with this statement during the baseline pilot organisation survey. This finding may appear counter intuitive as it suggests a trend toward less prioritisation of service-user engagement over the course of the project. However, given the findings suggest that pilot organisation staff came to have a more complete knowledge and understanding of what is required to effectively engage service users in service design activities during the project, this finding may suggest that with improved knowledge about service engagement participants were more realistic about the day to day use of these activities in their work.

Capacity wheel analysis

The capacity wheel dimension **Resources** asked participants to rate their organisation from high (*substantial ongoing resources*) to low (*no resources allocated*). Responses at baseline and follow up were broadly similar with a wide range of ratings from high to low.

Stretch2Engage capacity wheel summary

Figure 20 is summary diagram of approximate grouped ratings across all pilot organisation participants is shown for baseline and follow-up. Commentary about each capacity wheel dimension is discussed in the previous sections.

Service engagement capacity wheel

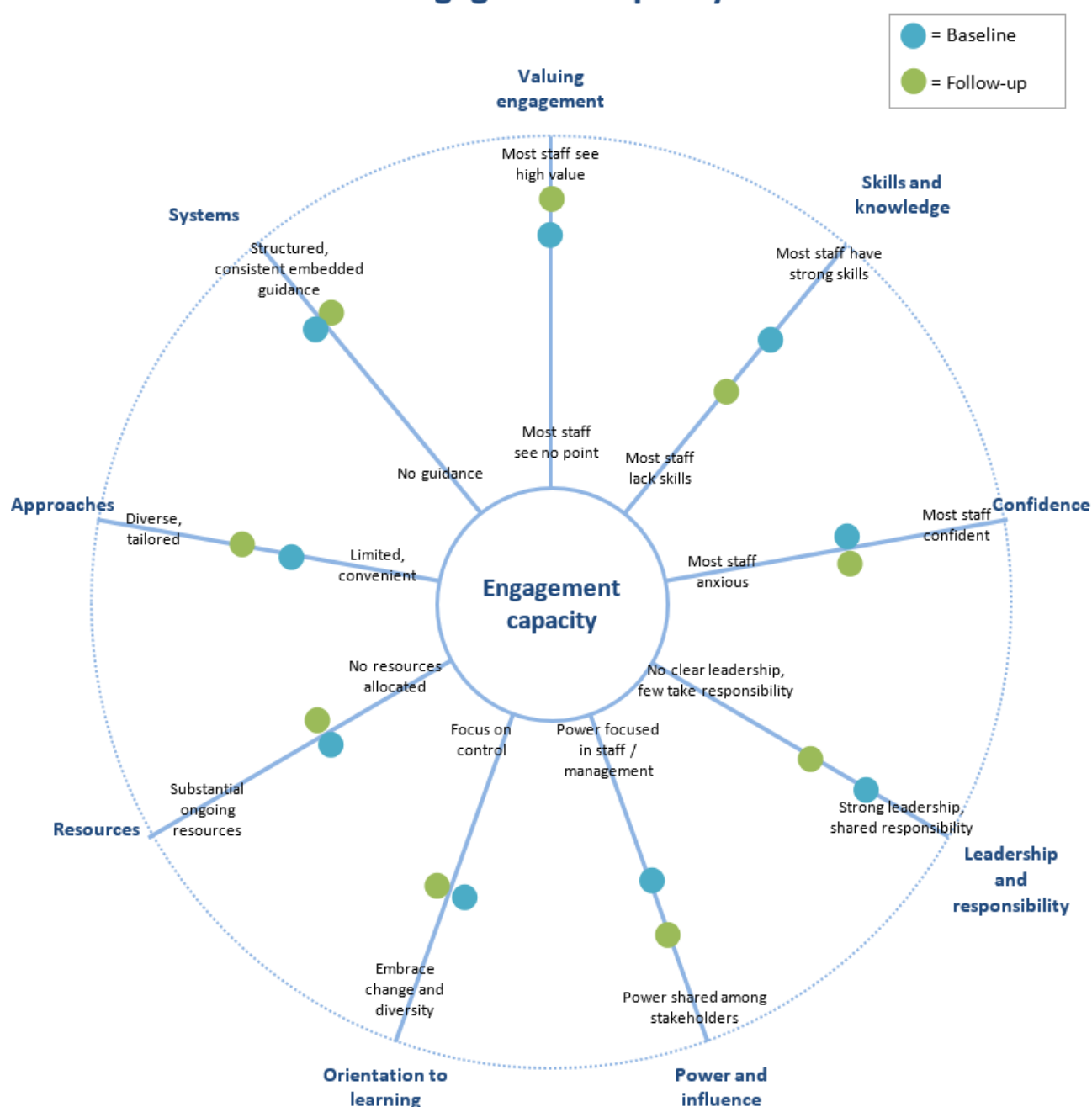


FIGURE 20 SUMMARY CAPACITY WHEEL RATINGS AT BASELINE AND FOLLOW UP

4.5 What improved engagement capacity?

Stretch2Engage Partnership members, coaches and pilot organisation staff were asked to identify key factors they believed improved engagement capacity over the course of the Stretch2Engage Pilot Project.

They suggested the structure of the project, specifically provision of the Stretch2Engage Framework, shared workshops and individual coaching sessions were crucial to firstly embedding key concepts and then adapting and testing these in local pilot organisation environments. It was also suggested that opportunities to share engagement experiences and activities across the pilot organisations had been important in building capacity during the pilot project.

Opportunities to participate in this evaluation were also recognised as an important reflection opportunity, and a mechanism to enhance broader sector engagement capacity into the future.

Baseline capacity identification

Reflecting on baseline pilot organisation capacity was highlighted by the Stretch2Engage Partnership as valuable during project implementation. This reflection occurred through a self-reflection tool and the baseline pilot organisation survey completed for this evaluation. Partnership members believed this activity helped organisations orient themselves to engagement thinking and practice and delineate it as different from traditional participation approaches. It was suggested this helped pilot organisations to better understand the work they needed to do in engagement capacity building and implementing practices, which enhanced service user control of key organisational decisions.

Value of the Stretch2Engage Framework

Almost all evaluation participants strongly supported the value of the Stretch2Engage Framework in building organisational capacity to engage people accessing services in service design activities.

Partnership members and coaches believed that having a framework in which to share engagement thinking and practice was helpful given this was an emerging area with a paucity of information currently available to the AOD and MH sectors. They also believed the framework helped clearly distinguish contemporary 'engagement' models from traditional 'participation' models.

Pilot organisation project leaders also believed the Stretch2Engage Framework has been a useful frame, which helped to structure and provide more sophistication to engagement thinking and practice. Many project leaders referenced the 7Cs in their conversations about the Stretch2Engage Framework and believed these conversations had been helpful in progressing engagement capacity building at their individual sites. They also acknowledge the framework provides a common language with which to discuss engagement.

"The Stretch2Engage Framework provides a common language to be able to ensure this is put into action. This is significant because it means that engagement strategies and initiatives don't have to rely on the leaders in the organisation; it becomes everyone's responsibility to do their part." (Project leader)

"The framework helped retain fidelity to Stretch2Engage key concepts. Coaching was an integral part of this too." (Project leader)

Pilot organisation staff also supported the value of the Stretch2Engage Framework in building engagement capacity, although this varied by the level of exposure they had to the framework. Staff with direct exposure to the Stretch2Engage Framework frequently discussed using the 7Cs to help broaden and deepen their thinking and using the Stretch2Engage House Model as a helpful conceptual frame. Other pilot organisation staff had less direct access to the framework and had not received any formal introduction to it. This group were still aware of the framework and believed that project leaders had shared important engagement concepts and practices from it, most often referencing the 7Cs. To this extent, pilot organisation staff considered the framework was useful for project leaders in building pilot organisation knowledge of engagement concepts, and as a tool to assist in thinking about better practice.

"Training during the [organisation name] days showed just how far we have come, as staff. What we heard made people excited and motivated." (Staff member)

“I haven’t seen the framework, but people are talking about it. We are still learning what it means.” (Staff member)

Service users participating in this evaluation had a limited understanding of the Stretch2Engage Framework and most had not heard this term.

Value of other resources

Beyond the Stretch2Engage Framework itself, pilot organisations reported strong satisfaction with the range of supports, tools and resources provided by the Stretch2Engage Partnership to assist them in building engagement capacity. They considered these important in building their understanding of the framework (workshops) and trialling key engagement practices (coaching).

Other resources considered valuable can be split into: learning strategies, and accompanying tools and materials.

Learning strategies

Design lab

A one-day ‘design lab’ was provided to organisations interested in participating in the Stretch2Engage Framework Pilot Project. The design labs were intended to help orientate organisations to foundational engagement concepts, and to outline both the commitments required, and resources available should they wish to participate.

Both Partnership members and pilot organisation project leaders who attended provided only partial support for the design labs.

Partnership members acknowledged that while some important foundational engagement concepts were shared in the design labs, there may be alternative ways to share these concepts. However, this view was countered by one Partnership member who believed the novel, nuanced and somewhat complex concepts behind service-user engagement practices require face-to-face contact. Decision making about the most appropriate pilot organisations to participate was facilitated by direct engagement with people at these services during the design labs. Partnership members also recognised that the original plans prospective organisations were asked to complete were not extensively used during the pilot project.

While some project leaders suggested that orientation to engagement thinking and experimental practice was useful, others also believed this information could have been shared more efficiently in alternative summary forms, for example through written communications. Many project leaders also noted that their application, including a ‘plan’ for the pilot project took up considerable time and also noted this plan was not referenced much once the project started.

Workshops

Five workshops for pilot organisation project leaders were held to support pilot organisations in understanding key ‘engagement’ concepts, and how these differed from traditional ‘participation’ approaches. Workshops also provided an opportunity to explore the Stretch2Engage Framework and a variety of technical engagement practices and tools.

The Stretch2Engage Partnership believed workshops were particularly valuable in building initial understanding of key engagement concepts, which were widely acknowledged as novel and sophisticated by partnership members and workshop participants. One Partnership member acknowledged that the

workshops were an opportunity for everyone, including Partnership members, coaches and pilot organisations to explore and reflect on key engagement concepts and practice together given this was an emerging area. This Partnership member also suggested that the workshops (and project more broadly) had been an opportunity to review and further iterate the Stretch2Engage Framework. Coaches believed the workshops were a helpful way to create consistent understandings about what good service-user engagement looked like.

Pilot organisation project leaders suggested that workshops provided a safe and supportive environment in which to explore the Stretch2Engage Framework. Project leaders repeatedly underlined the collegiate, collaborative and supportive culture established in the workshops, and across the project more broadly as important in building their capacity to both understand the framework, and to test and reflect on new engagement activities.

Coaching

Stretch2Engage Partnership members believed that coaching activities helped organisations to implement service-user engagement activities. They believed the opportunity to work individually with pilot organisations allowed for more targeted learning opportunities and contextualised engagement thinking and practice to specific service user populations, organisational types and geographic settings. Coaches agreed that the opportunity for focused, specific consideration of local environmental factors at pilot organisations facilitated the transfer of concepts shared in workshops into practical activities.

Coaches believed that those services who included staff in coaching sessions provided the best opportunity to embed key engagement thinking and practice, although it was recognised that some services had more resources and capacity to free up staff time to do this than others.

“[Organisation] always invite more people to coaching; for example managers not involved in the implementation. Their whole focus is around culture changes.” (Coach)

Two coaches suggested that coaching may be further improved through provision of a more structured, stepwise approach and additional tools for coaches. They believed this would have made coaching processes more systematic and consistent. Coaches noted that some pilot organisations took up more coaching opportunities than others and they believed those organisations who had more coaching and included more staff in coaching gained the most from this activity.

Project leaders found the role of coaches to be invaluable in transferring broader engagement concepts shared in workshops to the development of specific activities, which could be trialled at their service, considering factors such as target population, services provided, and available staffing and resourcing. Project leaders and staff when they participated believed that coaching sessions allowed pilot organisations to explore and tailor specific engagement strategies.

“The coaching allowed us to turn the workshop theory into useful practices and processes at our site, for our people.” (Staff member)

“Coaching has been fundamental to transferring conceptual thinking into practical activities, which are specific to the pilot services, service users and other context factors.” (Coach)

Sector events and conferences

Some Partnership members and project leaders highlighted the importance of a sector event held during the project as a way to familiarise the broader AOD and MH sectors with engagement thinking and to begin expanding engagement practices in these settings. They believed sector events and the provision of other engagement tools and resources would be an important next step in broadening engagement thinking and practice across the AOD and MH sectors in Queensland.

Evaluation

Stretch2Engage Partnership members and pilot organisation project leaders highlighted the importance of the evaluation as another mechanism by which to improve sector wide engagement capacity. They highlighted the importance of documenting learnings from the pilot project to inform further engagement efforts.

All Partnership members referenced the importance of 'action learning' as part of the project and believed that the participation of the evaluation team in workshops helped with sharing learnings as they developed.

Accompanying tools and materials

Tools and templates

During the pilot project the Stretch2Engage Partnership showcased a range of contemporary engagement resources and tools, some successfully used in corporate settings. Training in use of these tools occurred in workshops and was then further elaborated in coaching sessions. External facilitators were engaged to provide training in some tools.

Pilot organisations believed the range of tools and resources shared by the Stretch2Engage Partnership through workshops and coaching were helpful to building organisational engagement capacity. They highlighted the value of these tools as a way to clarify current engagement capacity (e.g. self-reflection tool), share engagement concepts (e.g. participation ladder), and practically undertake engagement activities (e.g. ideation, journey mapping). Project leaders were particularly supportive of these tools as a scaffold to help them in building their pilot organisation's capacity to undertake practical engagement activities.

Stretch2Engage resource management

Finally, pilot organisations and Partnership members were unanimous in their support for a dedicated platform where Stretch2Engage tools and resources could be easily accessed for future use. They also believed such a resource would be helpful to other organisations in the AOD and MH sectors, and possibly other sectors, that want to improve their engagement capacity.

Implementation challenge

One important challenge to implementation of the framework was noted by the Stretch2Engage Partnership. They suggested there was an important distinction between trying new 'engagement' activities and giving up unhelpful 'participation' approaches. It was suggested that while new approaches were being used in all settings, this did not necessarily mean traditional approaches had ceased. While not the case in the majority of pilot organisations, continuing with traditional approaches was considered an important limiting factor in further implementing contemporary engagement practice.

“All sites have tried new things; not all have given up traditional and less helpful approaches.”
(Partnership member)

4.6 Summary

Findings related to pilot organisation capacity building during the pilot project suggest that although there were already strong cultural foundations on which to trial engagement thinking and practice at baseline, this foundation increased further through participation in the pilot project.

Partnership members and coaches have identified new and strengthened service-user engagement culture, knowledge and practice at pilot organisations. They believe the Stretch2Engage Framework, and broader pilot project activities and resources, have provided an important foundation to enhance organisational engagement capacity.

Project leaders reported increased confidence and capacity in using the Stretch2Engage Framework principles, and broader engagement concepts, tools and practices. They also believe that the framework has been an important scaffold to frame and progress engagement conversations.

While pilot organisation staff have more varied and less complete understandings of the Stretch2Engage Framework nearly all acknowledge there have been changes at their organisation resulting from the pilot project.

Although most people using services were unaware of the Stretch2Engage Framework Pilot Project, they could identify emerging organisational cultural and practice changes, which they agreed improved their capacity to participate in service development and design activities.

The most obvious changes in pilot service organisational capacity have clearly been around knowledge of engagement concepts, specifically the Stretch2Engage Framework, and emerging culture changes related to key areas such as values and attitudes, and control systems, and in some cases resourcing.

While changes to engagement practice, and cultural changes related to organisational structure and power and prioritisation were also apparent these were still emerging as the pilot project came to a close. This is unsurprising as pilot organisations needed to first build contemporary knowledge about service-user engagement prior to initiating these practices.

On balance pilot organisations believe the Stretch2Engage Framework was a necessary but not sufficient condition in building their engagement capacity. While the framework was important, the range of learning strategies offered alongside allowed both exploration of the concepts embedded in the framework (workshops) and practical exploration of experimental strategies and practices in unique pilot organisation settings. While accompanying tools and resources were also recognised as helpful, on balance these were viewed as less important to capacity development than the framework itself and the learning strategies provided.

Table 3 provides a performance rating for the Stretch2Engage Framework against the criteria of ‘effectiveness’. It considers how effective the Stretch2Engage Framework was in building engagement capacity within organisations.

TABLE 3: PERFORMANCE RATING FOR EFFECTIVENESS (ENGAGEMENT CAPACITY) CRITERION

CRITERION	PERFORMANCE RATING	STANDARD DESCRIPTOR	STRENGTH OF EVIDENCE
Effectiveness—engagement capacity building	Good	Many stakeholders agree that the Stretch2Engage Framework is helpful in assisting organisations to build their capacity to engage people with lived experience, and their families, friends and supporters, in the design or redesign of services. There is evidence of the Stretch2Engage Framework helping three or more pilot organisations build their engagement capacity across multiple dimensions. There is some evidence of deep cultural change within organisations in relation to engagement. No substantive negative feedback was received on the helpfulness of the Stretch2Engage Framework.	Moderate <ul style="list-style-type: none"> Substantial and consistent qualitative data from interviews, focus groups and surveys Some scalar data from surveys (small matched sample)

5 Effectiveness—Engagement in action

While the development of organisational capacity for service engagement can have benefits in itself, it is also intended to trigger further outcomes. The Stretch2Engage Framework Theory of Change suggests that improved engagement capacity will lead to changes in the way that organisations engage with service users, families and supporters, towards stronger, more meaningful and more effective engagement. This chapter considers evaluation findings in relation to the effectiveness of the framework in achieving improved engagement practice.

The analysis relates to Key Evaluation Question 2: *How effective is the Stretch2Engage Framework in strengthening services' engagement of people with lived experience, their families, friends and supporters in service design, improvement and evaluation?*

5.1 Overview

While pilot organisations have developed significant engagement capacity as a result of being introduced to the Stretch2Engage Framework and participation in the pilot project, the flow-on impacts related to strengthening service-user engagement are still emerging. This is understandable given the baseline starting positions of pilot organisations and the significant cultural and practice changes that are required to improve service-user engagement in service design activities.

Some Stretch2Engage Partnership members and coaches noted that the implementation of practical engagement activities at sites had taken longer to start than initially thought. However, they acknowledged that this was likely because new and detailed knowledge about engagement practices were a necessary pre-condition to testing innovative engagement practices, and conceptual understandings about engagement was a strong focus of initial Stretch2Engage Workshops.

Pilot organisations demonstrated a growing motivation and momentum in trialling new engagement activities once engagement concepts were embedded, which saw a marked increase in engagement activities occurring later in the project and sustainably continuing as the pilot concluded.

Most people using services who were interviewed as part of this evaluation had limited knowledge of, or exposure to, the Stretch2Engage Framework; however, some could reference new activities they had been involved in that improved their capacity to participate in service design decision making.

5.2 What practices did pilot organisations trial?

Stretch2Engage Partnership and coaches

The Stretch2Engage Partnership and coaches believed that pilot organisations had successfully trialled a range of new engagement practices and processes as part of the project. Key practices commonly referenced by the Stretch2Engage Partnership included:

- **The use of technical engagement tools** and processes demonstrated to work in corporate settings (and shared in workshops). The most common examples were: focused question development and exploration; ideation processes; empathy mapping; and journey mapping.
- **The implementation and testing of other novel approaches and practices**, for example service-user participation on interview panels, and the development of Feedback to Action Groups that included both staff and people using services at multiple pilot organisations.

- **An increase in structured processes** designed to plan, monitor and report on engagement activities, and to facilitate decision making about service user preferences.

Pilot organisations

Pilot organisations were initially asked to trial an engagement activity titled ‘coffee catch-ups’ (a focused question development practice), where staff and people accessing services (and their families in some cases) spent time together exploring organisational service design questions in an open-ended and non-judgemental fashion. This activity was intended to build relationships and open dialogue with a view to reframing any staff defensiveness about feedback and encourage more curious enquiry.

Some pilot organisations subsequently built on the idea of the coffee catch-ups and evolved these into events titled World Café, Family Open Day and High Tea. These events also provided a safe, positive and non-judgemental environment for people using services and staff to openly discuss and explore key service design questions aimed at creating reduced power disparities. Information gathered through these activities was subsequently themed for further use and in some cases acted on.

All pilot organisations adapted and trialled the focused questioning practices shared in early Stretch2Engage workshops; these workshops used the 7Cs to ensure engagement activities were retaining fidelity to the Stretch2Engage Framework. A key element of this practice included asking well considered and focused questions, which were publicly displayed and encouraged service users to engage in an ongoing conversation with the pilot organisation. Initial service-user responses were designed to provide a jumping off point to further questions, which were in turn written up to stimulate further conversation. One well-used initial question was: *What would you change if you were boss for the day?*

“We brainstorm on the board...It goes up on the board, and the staff work through it. There were a couple of significant things that changed when I was on the program.” (Service user)

A range of key technical engagement tools and practices shared in workshops were also adapted and tested by pilot organisations, often with specialist support from coaches.

- **Ideation activities** were creative processes used by some pilot organisations to help generate ideas, broaden thinking and then develop well-supported thinking into practical innovations. Approximately half the sites intentionally used ideation activities and tools shared in workshops. Three services reported using structured ideation practices.
- **Journey mapping** was used to create a visual representation of the process a service user or prospective service user goes through while interacting with the service. Pilot organisations used journey maps to help understand service users’ motivations, needs and pain points (*problems experienced*) as people move through the service (or through multiple services where cross-organisational collaboration was occurring). Five pilot organisations reported using journey mapping activities, and all believed these processes generated valuable additional information from service users. Some project leaders noted they will need to repeatedly practice using this approach to refine it for their specific setting and service-user population.
- **Empathy mapping** was used to understand more about service-user behaviour and attitudes. Pilot organisations used empathy maps to understand more about what people using services say, think, do and feel by completing interviews and using simple templates. Two pilot organisations that trialled empathy mapping reported discovering important information about the needs and preferences of service users (and family members/supporters) using this approach. They considered this especially valuable to better understand the experience of families and supporters of people using their services.

“Doing the empathy interviews with the loved ones and looking at what were some of the barriers or hurdles prior to coming in [and] realising it was really basic stuff they wanted support or help around.” (Project leader)

“We completed the journey mapping process. Allowing our team to take the feedback one step further by actioning the pain points. It’s this thinking process that we endeavour to continue with moving forward. As my role is relatively new this feedback based solely on the client’s experience directly influences how I do my job.” (Staff member)

A range of other experimental practices were also trialled by pilot organisations and momentum appeared to be building as the pilot concluded. Key practices being tested included:

- **A Feedback to Action Group**, which was developed by one organisation following recognition that although they regularly gathered feedback it wasn’t always effectively actioned or responded to in a timely way. The Feedback to Action Group includes service users, pilot organisation project leaders, direct service and other staff who triage key feedback and emerging themes to identify what can be actioned immediately and what requires further consultation and discussion. A key outcome of this group has been faster responses to service user feedback. Three of six service users from this pilot organisation who participated in the evaluation referenced this group during follow up data collection. Multiple other pilot organisations have now adopted a Feedback to Action Group and results have been strongly supported in all trial settings.
- **Focused consultations** with people using services about things such as intake processes, staff induction processes, support worker titles and injecting equipment. This included multi-pronged approaches including structured focus groups, a ‘question of the month’, the World Café, High Tea or Family Open Day conversations, and receiving feedback as part of regular service-user appointments. Some pilot organisations used the 7Cs outlined in the framework to structure their consultations with service users.
- **Organisations funding engagement capacity building roles**. Importantly, these roles are not designed to elicit and respond to feedback, but to build service engagement capacity in all staff across the organisation.
- **Increased use of volunteers to support people using services and to gather feedback from them.**
- **A service user member on the organisation’s board.**
- **Incorporating service user feedback into planning cycles**, this included ensuring that themed responses from service users were considered when teams developed annual plans.
- **Including people using services on interview panels and expert committees.**

“I think that we have started the journey of more meaningful engagement with systems in place to ensure that this feedback is used in a purposeful way.” (Project leader)

“I understand it’s everyone’s job but having one person hold the engagement space has been important in building momentum.” (Staff member)

“Several of my [service users] have expressed their excitement in being invited to give feedback either directly to support staff or in focus groups.” (Staff member)

Significant change stories

Significant change stories were used to collect practical examples of thinking and practice change at pilot organisations during the pilot project. These stories allowed pilot organisations to demonstrate important

changes they believed facilitated improved engagement of people using their services in service design activities. Three pilot organisations contributed significant change stories to the evaluation. Highlighted significant change stories are shown in boxes like the one below.

Significant Change Story

Young people helping make our organisation feel more inviting

Written by: Project leader

What was the significant change?

One of the primary outcomes from Stretch2Engage was asking our [service users] what they would change. They told us changing the waiting room in the clinic rooms was important to them. With ongoing consultations, we made a number of changes including lifting the blinds, adding posters with themes from young people, adding a rug and a radio, and making some colour changes in the clinic

We have found by doing this the [service users] like the feel of the waiting room and clinic rooms, and ongoing feedback suggests that [service users] really notice and like the difference. Anecdotally, we have noticed when [service users] arrive early for appointments, they are more likely to stay and wait, previously they would leave and not return at the appointment time, and the clinicians are reporting that they are more settled when they go in for their appointment

A natural unintended consequence from the waiting room [changes] was our staff also felt more pride in the service and we are more willing to engage in the development of the service. This also led to a lot of interest in what was done at [program name] across other components of the service and meant because changes were easy to do, and low to no cost, other services start asking similar questions making and changes based on the [service users] feedback as well.

Why is this story significant?

It's significant because it made our service feel more welcoming and user friendly, and this occurred by taking the time to ask [service users] what it was they wanted

How did Stretch2Engage contribute?

Stretch2Engage gave us the platform and the framework to look at how to do things differently, including considering different ways to ask questions ... and we found a way that works to get feedback. We looked at how to keep asking questions to elicit further feedback

What is your connection to this story?

I was one of the project leaders working on implementing the Stretch2Engage ideas.

5.3 Did activities strengthen service-user engagement?

All pilot organisations believed that the activities they implemented at their sites strengthened service-user engagement over the course of the pilot project. They believed engagement activities and feedback received was improved in quality and quantity compared to their usual practices.

While organisations acknowledged that many activities they initiated were being tested and they did not expect them all to work, all organisations felt that the range of new strategies trialled had resulted in more feedback, and often better-quality feedback. Evidence they provided for this included:

- **Growing recognition by people using services that they had a fundamental right to participate** in service improvement decision making, thereby encouraging them to provide feedback more frequently and spontaneously. However, this culture change was acknowledged as a long-term project that would require concerted ongoing focus.
- **Reports from direct service staff that service users were increasingly providing feedback** across a wide range of pilot organisations.
- **Strong service user interest in, and attendance at, engagement events** such as the coffee catch-ups, World Café, Family Open Day and High Tea. These events were reported to gather significant information and this information was subsequently collated and effectively used in all pilot organisation settings.
- **Questions and feedback received through focused questioning exercises** that were prominently displayed (e.g. in waiting rooms), and people using services being encouraged to respond in order to 'start a conversation'. While this activity was reported to work better in some settings than others, some pilot organisations believed the quality of feedback received through iterative questioning processes allowed a rich conversation to emerge with people using their services.
- **Feedback received from families** was directly used to improve information and communication to them.
- **Using partnerships with other services to gather feedback** promoted a perceived increase in the openness and honesty of responses. This activity was reported to increase the amount and type of feedback provided, and reduce any concerns service users might have had about criticising staff or the organisation they were receiving services from.

Most engagement activities occurred with people currently using pilot organisation services. This is not surprising given pilot organisation had best access to this group. However, some activities were undertaken with families of people using services were reported to provide valuable new information.

Well-considered and strategic engagement activities undertaken with people who have complex and high-support needs were demonstrated in one pilot organisation, with emerging evidence that engagement activities were changing service user perceptions about their role in providing service design advice to this organisation.

Resourcing constraints were reported to make it harder for pilot organisations to engage with people who had left their service (although this was tried), and people who had never used pilot organisation services.

Significant Change Story

Curious about entry!

Written by: Intake worker

What was the significant change?

When I first arrived at [organisation] the admission and pre-entry process was very much organisation driven. [Pilot organisation] stretched [us] to be curious and comprehensive [two of the Stretch2Engage Framework domains] and sat with a group of [service users] to gain feedback...to better the process and procedures around pre-entry, enabling potential [service users] to 'steer their ship' as much as possible.

It [the feedback] helped to identify assumptions and downfalls in the current system. For example, most assumed that when new residents arrived, they were anxious about the journey ahead; however, after engaging...it was discovered that they were hungry. A very simple change by offering them a drink and snack on arrival has proven to be one of the smallest but most significant changes to the system.

Why is this story significant?

This story demonstrates that using the Stretch2Engage model, and embracing a sense of curiosity, has proven benefits for potential [service users] and the greater [organisation] community.

What is your connection to this story?

I started as a new employee in June 2019. At this time the team were working to Stretch2Engage with potential [service users] more productively and positively.

Findings from the pilot organisation follow-up survey provided further evidence that staff had perceived a strengthening of engagement practices during the course of the pilot. When consolidated with the data Figure 21, it suggests that organisations increased the amount of feedback received and used that feedback more often to inform organisational service design activities.

Respondents were asked how recently they had participated in discussions that considered service user views related to the design of services. Evidence suggests an increase in the recency of discussions about service-user perspectives during the pilot project.

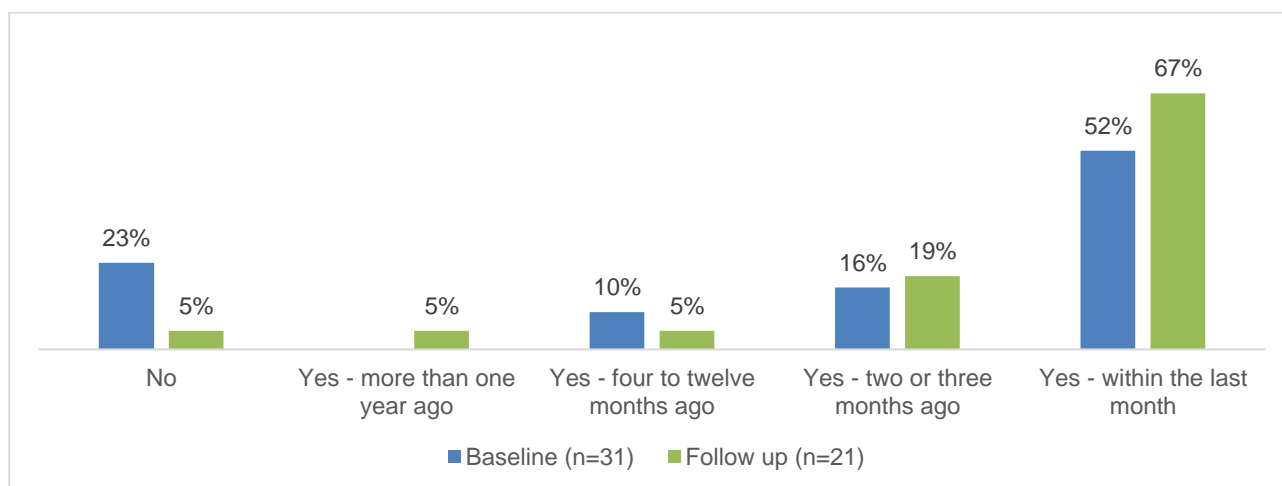


FIGURE 21 PILOT ORGANISATION SURVEY: I HAVE BEEN INVOLVED IN A DISCUSSION WITHIN MY TEAM OR SERVICE WHERE SERVICE USER VIEWS HAVE BEEN PRESENTED IN THEIR OWN WORDS AND CONSTRUCTIVELY CONSIDERED

86 per cent of participants agreed they had a conversation in the past three months at follow up compared to 68 per cent at baseline. Those staff who had not had a discussion within their team where service-user views were presented dropped from 23 per cent at baseline, to 5 per cent at follow up.

Thirteen participants completed this item at both baseline and follow-up surveys. Of these participants, two provided the maximum positive rating (Yes, in the last month) at both data points. Of the remaining 11 participants, six (about 50 per cent) showed a positive change (towards a more recent discussion) in rating at follow up, while one (about 10 per cent) showed no change. Four participants (about 40 per cent) showed a negative change (towards a less recent discussion) in rating.

While these numbers are small, they do show a trend to more recent authentic discussions of service-user perspectives. However, nearly 40 per cent of participants also indicated a negative change to this item. It may be that participants developed higher expectations about the type and quality of authentic feedback required to constitute '*information presented in their [service users] own words and constructively considered*' as their understanding of contemporary service-user engagement practices developed through the project.

"We have received feedback that our services need to be more flexible; we are working on this." (Project leader)

Figures 22–25 provide additional context and evidence to support the idea that activities undertaken by pilot organisations did strengthen engagement with people using services. These survey questions were not asked at both baseline and follow-up, so comparisons between these time points are not given in the discussion that follows.

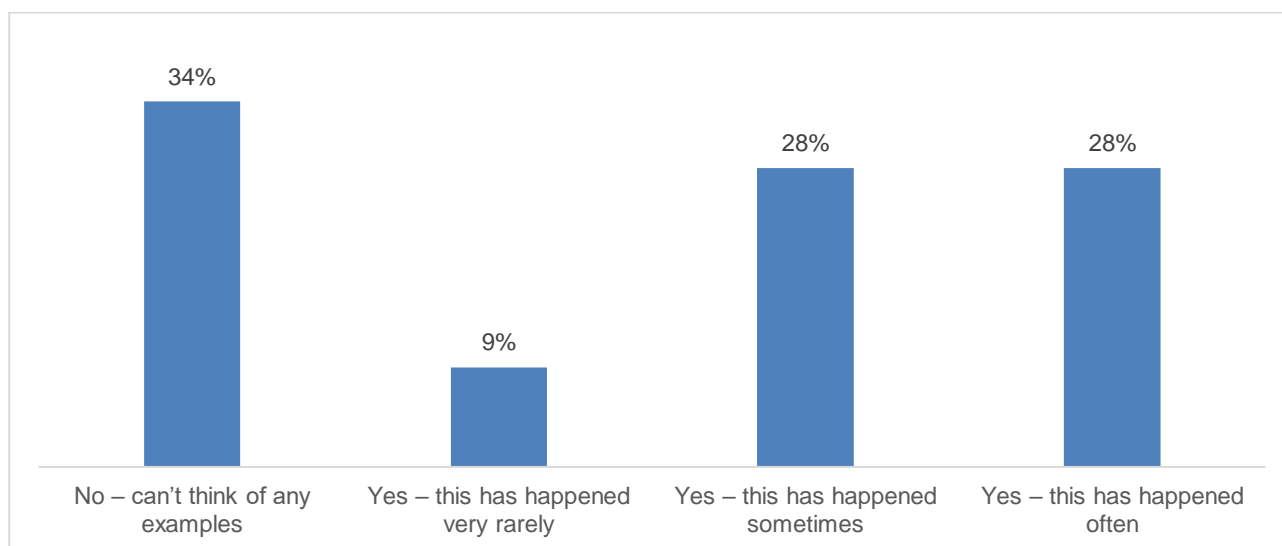


FIGURE 22 PILOT ORGANISATION SURVEY (BASELINE): CAN YOU THINK OF EXAMPLES OF WHEN THE PERSPECTIVES OF PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES OR FRIENDS, HAVE SHAPED THE DESIGN OR DELIVERY OF SERVICES IN YOUR TEAM/SERVICE DURING THE PAST YEAR? (N=32)

Data supports Figure 21. 34 per cent of participants in the baseline survey could not think of examples where the perspective of people accessing services, and their families or friends had shaped service design in their team or service. However, Figure 21 suggests that, at a minimum, discussions were frequently being held that could shape the design and delivery of services.

"We have consulted service users about role name changes after receiving negative feedback."
(Project leader)

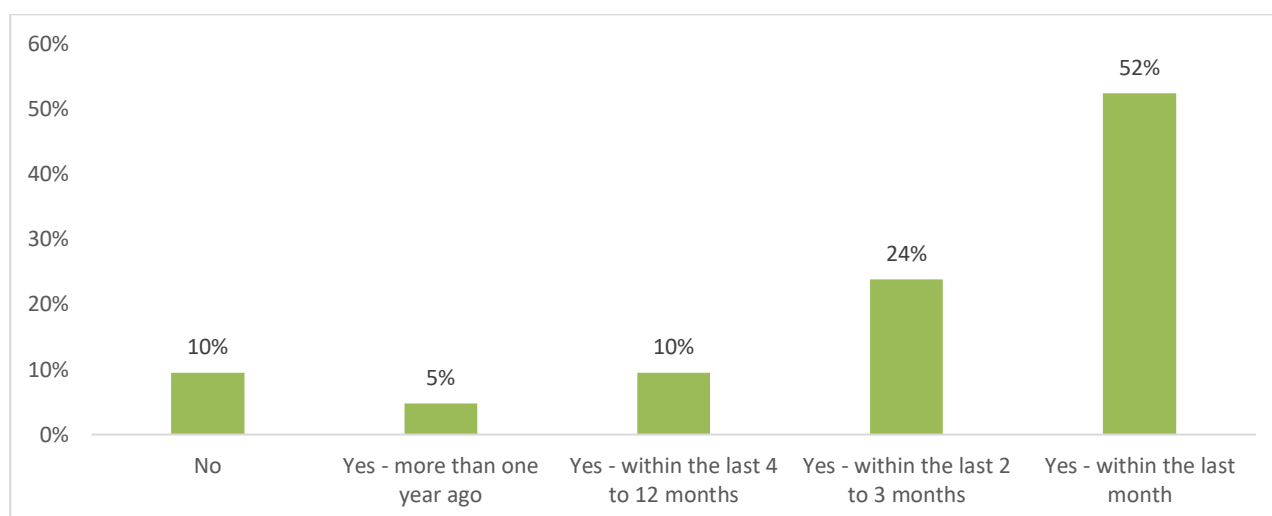


FIGURE 23 PILOT ORGANISATION SURVEY (FOLLOW UP): THE WAY I UNDERTAKE MY WORK HAS CHANGED AS A RESULT OF FEEDBACK RECEIVED FROM PEOPLE ACCESSING SERVICES, OR THEIR FAMILY MEMBERS OR FRIENDS. (N=21)

This data again supports the findings shown in Figures 21 and 22) suggesting that service-user feedback was being used more frequently at the end of the pilot project compared to when it started.

"[We got] feedback that resulted in a greater focus on sharing information with families."
(Project leader)

Summary data in Figure 24 further demonstrates that pilot organisation survey participants believe the range of strategies available to them increased during the pilot project and that the views of people accessing services increasingly influenced service design decision making.

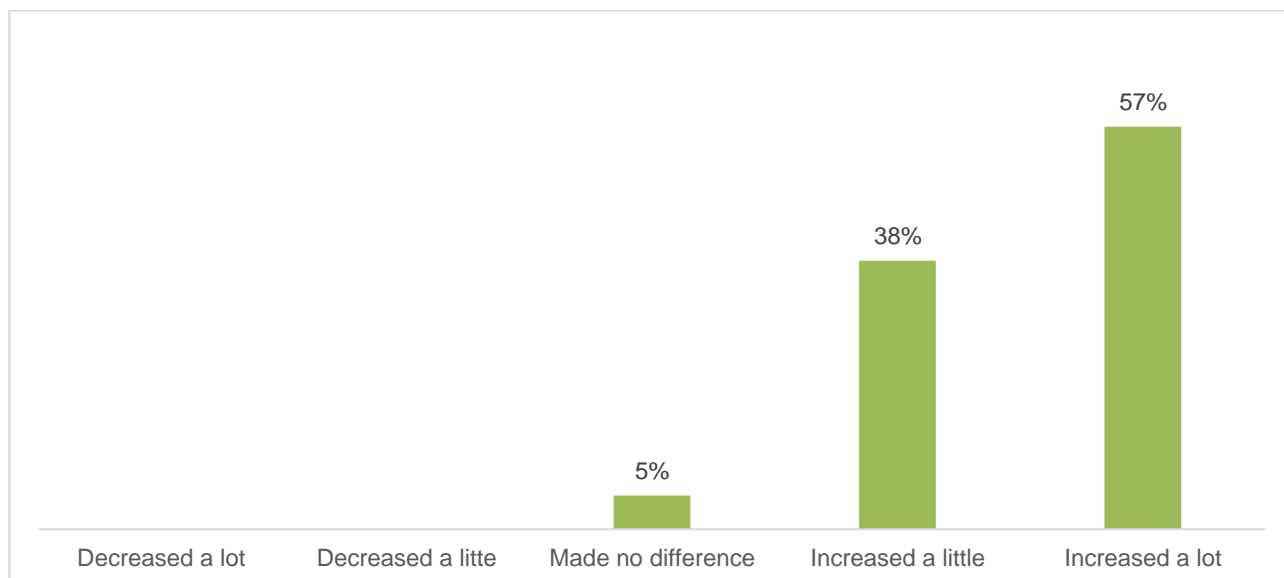


FIGURE 24 PILOT ORGANISATION SURVEY (FOLLOW UP): THE RANGE OF ENGAGEMENT STRATEGIES THAT WE HAVE BEEN ABLE TO USE TO ACCESS THE THINKING OF PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES OR FRIENDS, ABOUT SERVICE DESIGN AND IMPROVEMENT. (N=21)

More than 95 per cent of respondents believed ‘the range of engagement strategies that we have been able to use to access the thinking of people accessing services, and their families or friends, about service design and improvement’ increased during the pilot project.

“We are starting to implement strategies for engagement. In the past we have asked a small group of people for their input and advice and have done client surveys, but not full engagement as we now understand it...I think the new approaches are working.” (Project leader)

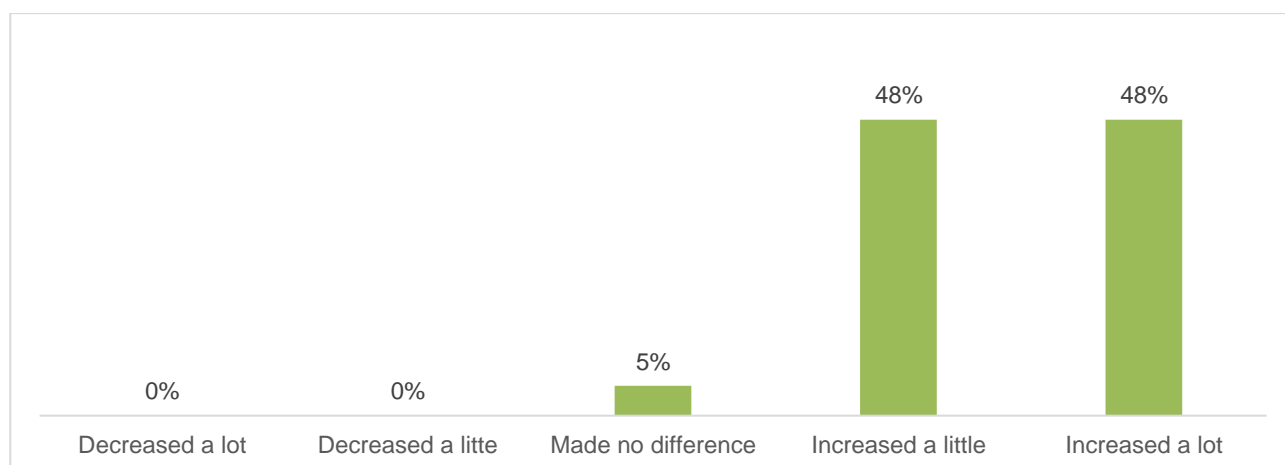


FIGURE 25 PILOT ORGANISATION SURVEY (FOLLOW UP): THE EXTENT TO WHICH THE VIEWS OF PEOPLE ACCESSING SERVICES, AND THEIR FAMILIES OR FRIENDS, HAVE INFLUENCED DECISIONS ABOUT SERVICE DESIGN AND DELIVERY. (N=21)

More than 95 per cent of respondents believed ‘the extent to which the views of people accessing services, and their families or friends, have influenced decisions about service design’ increased during the pilot project. This data suggests that the people using services were increasingly being consulted about service design thinking as the pilot project progressed, and that this information was being used to influence organisational decision making.

A range of data from focus groups and interviews with pilot organisations support the assertion that there were changes to the quantity and quality of engagement practices as the Stretch2Engage Framework Pilot Project progressed. Pilot organisations highlighted the following:

- **More frequent and explicit conversations with direct service staff** about service design preferences, and increased conversations with direct service staff about the range of consultation and engagement opportunities are available.
- **The advent of new practices prominently documenting the thinking of people using services on white boards and blackboards**, and the process of iterative questions development based on initial responses.
- **Being asked to speak about their experience of navigating the service system at a sector conference for the first time.**
- **Being asked to join as a member on an expert advisory panel.**
- **Initiating and participating in the Feedback to Action Group** (multiple pilot organisations).
- **New activities where service users were participating in focus groups with staff from other services** to discuss service design and improvement (multiple pilot organisations).
- **Participating in discussions about role descriptions and participating on interview panels**, which had not occurred before.
- **More timely responses from organisations to feedback from service users**, for example in relation to intake procedures and the provision of injecting equipment.

These examples all suggest that the pilot project had been useful in expanding the range of engagement strategies, increasing the amount of feedback received, and generating new feedback that was acted on by organisations.

5.4 Summary

Many pilot organisations have initially used engagement activities shared in Stretch2Engage Workshops and adapted these activities for their pilot organisation and service-user population and setting. Most pilot organisations have extended themselves by trialling novel activities.

While changes in engagement practice have taken time, this is understandable given the need to build conceptual engagement frameworks first. New engagement practices require changed values and attitudes in staff, and the development of systems to effectively capture the perspectives of people accessing services and act on them, and this also takes time.

Nonetheless, there is clear evidence that all pilot organisations trialled multiple new engagement practices that resulted in more feedback from service users, which was acted on. There have been clear increases in the quantity of feedback received. Pilot organisations suggest that through the range of strategies implemented there has been an increase in the quality of feedback and the breadth of stakeholders providing feedback. There has also been a high level of collaboration between services with many activities shared between participating pilot organisations.

Table 4 provides a performance rating for the Stretch2Engage Framework against the criteria of 'effectiveness'. It considers how effective the Stretch2Engage Framework was in strengthening service-user engagement within organisations

TABLE 4: PERFORMANCE RATING FOR EFFECTIVENESS (ENGAGEMENT IN ACTION) CRITERION

CRITERION	PERFORMANCE RATING	STANDARD DESCRIPTOR	STRENGTH OF EVIDENCE
Effectiveness—engagement in action	Good	Many stakeholders agree that the pilot has led to meaningful improvements in the way pilot organisations engage with people with lived experience and their families, friends and supporters. Stakeholders across three or more pilot organisations report a significant qualitative difference in the quality of engagement and the level of participation. Increases observed in extent of participation. No substantive negative feedback received on changes in engagement practice.	Moderate <ul style="list-style-type: none"> Substantial and consistent qualitative data from interviews, focus groups and surveys Some scalar data from surveys (small matched sample)

Significant Change Story

Stretch2Engage with family members

Written by: Staff member

What was the significant change?

There were a few small frustrations with family members that we were unaware of: pre-admission and during. This was mainly around not having enough information about the admission process and what to expect...Our admission process now has more information, and families know what to expect. Another frustration was around [service users] mail not being picked up regularly; we now pick up mail daily.

Why is this story significant?

It was good to hear family members experience, as I think we often forget our service also impacts them significantly.

How did Stretch2Engage contribute?

It encouraged us to think outside the box and look for things to improve in our service. The family members we connected with were very grateful and gave us constructive feedback.

What is your connection to this story?

I participated in interviews with family members of [service users].

6 Other impacts

Pilot organisations report increased organisational engagement capacity and strengthened service-user engagement as a result of using the Stretch2Engage Framework and participating in the pilot project. This has resulted in emerging cultural changes, leading to new thinking and practice. However, beyond these important developments, a number of additional positive impacts were reported during the project.

This chapter discusses these impacts in response to Key Evaluation Question 3: *What other impacts (positive or negative) have resulted from the Stretch2Engage pilot?*

6.1 Impact on service delivery

There were anecdotal reports from project leaders that pilot organisation direct service staff were energised and motivated by the concepts shared in the Stretch2Engage Framework, and this had positive effects on the way they viewed their role and how they engaged with people they were supporting.

While this evaluation did not consider whether the Stretch2Engage Framework improved therapeutic engagement, it is likely that the increased curiosity and reduced defensiveness around receiving service design feedback discussed in Chapter 4 would have also impacted the way staff engaged with people they support in their own care and planning activities.

Discussions from one project leader identified improvements in safety culture in the service area where they trialled Stretch2Engage. This evidence was supported by a Partnership member. This respondent noted that Stretch2Engage had a positive impact on their safety program, and believed that increased engagement had positive impacts in both identification of, and response to identified risks.

6.2 Impact on the workforce

Stretch2Engage Partnership members and coaches, and pilot organisations themselves all highlighted positive impacts on organisational workforces resulting from the project. These positive impacts included increased energy and motivation for direct service roles, engagement knowledge and skill development likely to enhance career advancement opportunities, and other changes in values and attitudes resulting in greater meaning and satisfaction at work. One Partnership member referenced a discussion with a project leader where it was suggested absenteeism was down and productivity up.

Some project leaders acknowledged that while the project focused on service-user engagement, there were flow-on effects noted around staff also feeling more heard. While responses were purely anecdotal, there is evidence to suggest that the project positively impacted staff wellbeing and morale.

“We have embedded the way of thinking within our staff: if someone tells you something—we want to know more.” (Project leader)

“Staff use of Stretch2Engage language is increasing; they are using the terms ‘curiosity’, ‘comprehensive’, ‘committed’. This is having an impact on how they work with [service users].” (Project leader)

6.3 Impact on service users, families and supporters

One pilot organisation discussed how Stretch2Engage had assisted them in highlighting to service users that they had a fundamental right to have a say in both service design thinking and their own care. This pilot organisation suggested that the principles and strategies outlined in the framework helped them create conversations and build shared understandings about ways that people using their services should and could have more say in the way those services were delivered.

Service users in one focus group discussed an increased sense of self-worth they felt as a result of increased consultation opportunities, especially when these opportunities related to things like presenting at a conference or to an expert advisory panel. These service users also noted that participating in role development activities and interview panels emphasised to them they had something valuable to offer. Staff suggested the people using their services were developing new skills that maybe helpful in other contexts, for example gaining employment.

These findings appear to support the Stretch2Engage Framework Theory of Change hypothesis that suggests the framework may lead to *‘increased opportunities for people to exercise rights to individual and collective self-determination’* (see Appendix B).

Multiple staff at one pilot organisation highlighted how grateful family members were when they were consulted about their needs; they believed this improved relationships and communication with families.

Partnership members also referenced the significant potential cost savings, which could be achieved by aligning services with the needs and preferences of people using them.

“[There will be] less wastage; people out of hospital sooner.” (Partnership member)

“I believe we are nearly at a point where we can integrate elements of Stretch2Engage into our practice framework and use some of this language.” (Project leader)

6.4 Impact of small wins and service improvements

Staff at almost all pilot organisations noted that the actioning of small wins or service improvement changes had a significant impact. This was something they hadn’t considered prior to the pilot project, starting with many project leaders initially conceptualising bigger structural changes as key priorities. However, multiple pilot organisations highlighted how small changes based on service user and family supporter feedback could build motivation and momentum participate more fully and for pilot organisations to take for further action.

“We are continually looking at ways we can improve our service for our clients and this experience highlighted the power of how much the small things matter. Changes don’t have to be big to be effective.” (Project leader)

“It wasn’t till around workshop three that we realised we could do smaller things at the [pilot organisation] to make a big impact.” (Project leader)

One direct service staff member highlighted the value of a subtle change involving more focused checking in with family members by asking one or two simple questions. Other small changes that were positively reported included:

- using simple posters and bright colours to make a waiting room more youth friendly

- providing meals to clients on entry to the program
- reducing the amount of initial information shared with service users on entry to the program so they could focus on settling in
- gathering feedback from service users soon after entry to the program (rather than wait until they were leaving)
- asking specific, targeted questions to people using services about the provision of equipment.

Pilot organisation staff also highlighted how small and rapid changes increased service-user interest in engaging and sharing their perspectives. The Stretch2Engage Theory of Change proposes a reinforcing loop involving organisations gathering and acting on feedback to improve services, which means that service users see positive results from service engagement and are more eager to share their views and experiences. Evidence from the pilot project confirms that this feedback loop of ‘*We asked, you said, we did*’ was occurring at many pilot organisations, with feedback provided being promptly acted on and then communicated back to services users, providing a reinforcing loop.

6.5 Impact of working together

A strongly supported, but perhaps unintended, aspect of the Stretch2Engage Pilot Project was the level of collaboration that occurred between pilot organisations. Project leaders highlighted the encouragement and support that other pilot organisations provided to each other during the project as important.

Many pilot organisations freely shared practices they had initiated with other pilot organisations. There were multiple examples of organisations using and adapting questions, groups and systems that others had successfully trialled. The consortium of services in Toowoomba developed more formal collaboration mechanisms that included regular meetings outside of the Stretch2Engage workshops, using each other’s staff to assist in gathering feedback. This occurred via focus groups held at pilot organisation sites facilitated by a staff member from one of the other organisations. The Toowoomba consortium believed this facilitated more open and honest feedback from people using services.

“We cannot miss the significant impact that the consortium had in Toowoomba. [We] kept each other honest, came up with solutions, and shared resources. I think we had even greater outcomes as a result. We were able to do things this project never even thought of.”
(Project leader)

Two other services also referenced meetings they had outside of Stretch2Engage workshops to discuss project progress and share thoughts and ideas as valuable and important to them. They reported that this allowed them to reflect on engagement practices they were specifically trialling in more detail.

Pilot organisation project leaders highlighted the value of these collaboration activities as particularly valuable in both maintaining motivation to progress changes and in sharing practice ideas.

Further impacts identified by Partnership members and coaches included:

- improved pilot organisation knowledge about other services and the range of programs they provide
- improved relationships between staff across different pilot organisations
- for services in Toowoomba, mapping service user journeys, not just within their organisation but also across organisations, with some service users accessing multiple pilot organisations.

Stakeholders noted that the level of collaboration and support among the pilot organisations was rare in an environment in which agencies are often competing for scarce funds and other resources. While it should be acknowledged that the Stretch2Engage Framework itself probably did not increase collaboration, the opportunities that pilot organisations had to work together and the collegiate environment created during the project did facilitate improved collaboration opportunities between organisations which may not have otherwise had this chance (e.g. AOD and MH services, acute clinical services and community-based services).

6.6 Other impacts

Two other potential positive impacts were discussed by the Stretch2Engage Partnership and some project leaders.

Firstly, the Partnership, and individual pilot organisations believed the project provided opportunities to influence broader sector policy and service design. The Stretch2Engage Partnership suggested this influence might occur through the findings identified in this evaluation, and through reflective conversations individual pilot organisations may have that influence other AOD and MH services in Queensland.

Secondly, some project leaders and managers and administrators highlighted the possibility that Stretch2Engage thinking, usually described as ‘the 7Cs’, might permeate other organisational initiatives or practices and this would be positively received. One example included reduced defensiveness by staff in presenting and reflecting on care and support approaches with service users.

“I hope we see more of this [less defensiveness]. Staff are more open to feedback than I’ve seen before.” (Project leader)

6.7 Negative impacts and risks

Pilot organisations also identified some possible negative impacts resulting from Stretch2Engage.

Firstly, they recognised that it was important to not only gather feedback, but effectively action it, and to report changes back to those who provided the feedback. One risk some pilot organisations identified was ensuring a ‘feedback loop’ existed so the people providing feedback were informed about any changes made, thus building further motivation for feedback.

“Need to be careful you under-promise and over-deliver. People need to be aware that you can’t follow up everything.” (Project leader)

Some pilot organisations commented that it was important to ensure involvement in service design activities supported individual service user recovery and did not adversely impact it. Most respondents discussing this point acknowledge that increased participation in key organisational decision making may have important flow-on benefits to service users; however, this needed to be balanced with consideration of how engagement might adversely impact health and wellbeing outcomes. It may be helpful for the Stretch2Engage Partnership and for pilot organisations to reflect on this more formally and begin building some models that facilitate engagement, but also provide important safety nets for people who identify engagement in service design activities are impacting their recovery and health. Models that allow people using services to increase or decrease their involvement may be useful.

Another risk identified through the pilot project was ‘ownership’ of key engagement thinking and practice, which did not facilitate a whole of organisation approach to improving service-user engagement practices for the purpose of service design. It was suggested by one respondent that project leaders at their pilot organisation had taken too much control through the knowledge and practices they learned during the Stretch2Engage Framework Pilot Project.

“[A negative impact was] the responsibility they [project leaders] have placed on themselves for the implementation of this project, and their ability to not recognise it is a whole-of-organisation responsibility.” (Pilot organisation survey response—follow up)

6.8 Summary

There is evidence to support a range of additional positive impacts emerging through the Stretch2Engage Pilot Project. In particular, there is evidence for positive impacts on service delivery and service users, and for enhanced workforce capability, which may result in career advancement opportunities. There is also evidence that participation in the pilot project, if not implementation of the framework itself, has resulted in significant collaboration opportunities. Furthermore, small and quick wins appear to have facilitated both positive changes and motivation by service users to provide further feedback and participate in further service design decision making.

There are initial signs that the pilot project is contributing to potential positive impacts across a range of areas. However, the timeframe of the pilot has been too short to see these impacts evolve and to generate a strong evidence base in relation to them. Given this, the evaluation team have chosen not to rate this criterion at this point. There are, however, early signs of emerging positive impacts.

7 Implementation and sustainability

If lasting practice changes and more explicit service user control of decision making are to occur more broadly across the AOD and MH sectors, the ability of organisations to achieve and embed cultural change related to the engagement of people using services in service design is important. The ability to sustain and further iterate changes initiated during the pilot project also provides one indication of whether the project has been good value for money (*see Chapter 8 Value for money*).

The Stretch2Engage Evaluation was therefore interested not only in pilot organisation engagement capacity and practice changes, but also in the implementation enablers and barriers to achieving these changes, and whether these changes could be sustained and further evolved following project completion. This chapter presents evaluation findings in relation to these matters.

The analysis relates to:

- Key Evaluation Question 4: *What are the enablers and barriers to implementing the Stretch2Engage Framework within services?*
- Key Evaluation Question 5: *What are the success factors for sustainably embedding the Stretch2Engage Framework into practice?*

Pilot organisation starting points

While it was acknowledged that AOD and MH sector capacity related to service engagement is still emerging, it should also be noted that individual pilot organisations started from different engagement capacity positions.

Some services had previously implemented other service engagement initiatives or had a longstanding history of service-user engagement and participation. These services typically had a clear understanding of the distinction between ‘participation’ and ‘engagement’, and between ‘therapeutic’ and ‘service design’ engagement at project initiation, but acknowledged they still had much work to do.

Other services acknowledged that while they were committed to engagement, they needed support to build their embryonic thinking and practice. They acknowledged they were using older, traditional ‘participation’ approaches that were no longer appropriate and needed help to change.

Finally, it was suggested by the Stretch2Engage Partnership that a minority of pilot organisations believed they were already undertaking significant, contemporary, service design engagement activities. The Partnership pointed to frequent confusion between traditional representative participation and contemporary engagement models; and by therapeutic and service design engagement possibly inflating the perceived capacities of these organisations.

However, Partnership members believed that although a few services continued to confuse these models and engagement focus areas throughout the project, there was largely a levelling out of capacity differences as the project progressed.

7.1 Project implementation enablers

A wide range of factors contributing to pilot project implementation were surfaced by the Stretch2Engage Partnership and coaches, and pilot organisation project leaders.

Section 4.5 noted key elements that contributed to improvements in pilot organisation engagement capacity over the course of the project. These include the Stretch2Engage Framework itself, the learning strategies used (workshops, coaching, training, sector events and evaluation), and the accompanying tools and resources provided. For organisations looking to improve their service engagement capacity, there is clear evidence that access to each of these elements will be an enabler for implementation.

Leadership support

There is strong evidence that organisational leaders at all pilot organisations supported participation in the Stretch2Engage Framework Pilot Project. In many cases, the organisational CEO or senior operational leader was also a project leader, and/or attended some of the workshops and coaching sessions. This clearly communicated a strong message to other staff that the Stretch2Engage Pilot Project was important and a priority.

Leadership support for the project also appeared to enable in implementation of new organisational systems and processes that embedded engagement thinking in organisations, such as the Feedback to Action Group and agenda and reporting items at senior management and governance meetings.

Stretch2Engage Partnership members noted that leadership support did not appear to vary greatly by the service type (e.g. public, private, government) or size. One Partnership member noted that they were surprised by the buy-in from larger pilot organisations, some of which were also government services.

Staff exposure to the Stretch2Engage Framework

The amount and type of staff exposure to the Stretch2Engage Framework varied by pilot organisation. Those staff and organisations who had more exposure appeared to have increased knowledge about engagement and momentum in relation to implementing key practices.

Project leaders had access to more training, tools and resources than broader pilot organisation staff (through workshops and coaching). Both project leaders and pilot organisations staff agreed this impacted perceived capacity and confidence in understanding and using the framework, and embedding it in daily practice. While many staff were broadly supportive of the pilot project, framework project leaders had significantly more knowledge about the framework and a more holistic understanding of it compared to other staff. This impacted their ability to implement new engagement practices that aligned closely to the framework principles (7Cs).

The level of exposure to training and coaching for pilot organisation staff about the framework also varied by organisation. Some staff received direct (multi-day) training in the Stretch2Engage Framework from their project leaders and regularly participated in coaching sessions, staff at other pilot organisations developed knowledge and skills through regular email and reflection sessions. Some staff did not have any direct exposure to the Stretch2Engage Framework or coaching, but rather learned broader engagement principles and strategies.

Those organisations that appeared to resource more professional development activities for their staff were typically community-based and smaller. One larger community-based service also undertook significant workforce development activities and had plans to expand these activities further.

Opportunities for peer learning and collaboration

A repeated and ubiquitous theme voiced by all Partnership members and pilot organisations was the importance of collaboration opportunities and the associated learning. All pilot organisations appreciated

the collegiate nature of the project, opportunities to share learnings and to understand more about other services. This implementation enabler was identified by all organisational types, settings and sizes.

Pre-existing commitments to service-user engagement

A key project enabler was clearly the existing commitments and perceived value of service-user engagement that pilot organisations brought to the project. This was demonstrated by participation in the project without the provision of any funding to offset their resource investments, including staff time and travel, and backfilling direct service staff roles.

Pilot organisations also invested in resourcing key engagement activities (e.g. room hire and catering). Furthermore, some pilot organisations dedicated full days of professional development to a wide range of staff to build their understanding of the Stretch2Engage Framework and how it could be implemented. All pilot organisations invested some time in building broader staff capability.

Pre-existing commitments to engagement were largely evident irrespective of pilot organisation type, settings or size. These pre-existing commitments are important because if organisations did not bring a substantial initial commitment to service engagement, it was less likely that they would make and sustain the investment required for implementing a framework that requires far-reaching cultural and practice change. Any similar future projects should be conscious of the need for organisations to demonstrate strong existing commitments to service-user engagement.

“We have been committed to including service users better for a long time. I think our organisation already understood how important this was. The framework has helped put it into practice better.” (Project leader)

Staff motivation

The excitement of pilot organisation staff and their growing motivation and commitment to participate in the pilot project was another significant contributor to its success. Stretch2Engage partners and coaches discussed the energy that project leaders brought to workshops and their enthusiasm to trial new approaches to engagement, which were shared. Project leaders in turn highlighted the way direct service staff in particular had embraced new thinking and roles related to engagement of people using services for service design purposes.

Again, this implementation enabler did not appear to vary significantly by organisation size, setting or other factors. Almost all project participants reported being energised, stimulated and motivated by project participation and these characteristics clearly helped implementation.

If there was a lack of enthusiasm among managers and staff for service engagement initiatives or organisational change more broadly (for example, if an organisation was experiencing low morale due to extended periods of organisational uncertainty, conflict or unsustainable workloads) it would be a challenging environment in which to attempt to implement the framework.

“I’m really excited by this project. It has given me a new lease of life in my job. I want to engage with my [service users] better.” (Staff member)

7.2 Project implementation challenges

While there is strong stakeholder support for the Stretch2Engage Framework Pilot Project as a way to improve service-user engagement capacity, a range of challenges were also acknowledged.

Framework complexity

Pilot organisation project leaders suggested that the Stretch2Engage Framework itself is complex. They also acknowledged that concepts embedded in the Stretch2Engage Framework were often novel and nuanced, meaning they took time to be understood. Project leaders noted that it took them significant time to familiarise themselves with the framework before they were able to effectively share it.

Project leaders suggested that access to workshops and other resources would have been helpful to a broader range of staff in building pilot organisational understanding of the framework.

Based on this early feedback, a simplified version of the framework, the House Model, was subsequently developed. This adaptation was considered useful in sharing the framework with broader pilot organisation staff.

Resourcing

Project leaders suggested that the Stretch2Engage Framework Pilot Project had been resource-intensive. Although highly motivated to progress engagement thinking and practice at their site, they regularly noted they had not received any funding to backfill significant time allocated to the project, including attending initial information sessions, ongoing workshops and coaching, and participation in self-reflection and evaluation activities. Four pilot organisations also participated on the Stretch2Engage Steering Committee.

“The workshops were great, but they took eight hours each time; that is a big chunk of my week.” (Project leader)

“A small amount of money would have been helpful, but it was not the most important thing.” (Project leader)

The level of resourcing available to progress engagement practice at each pilot organisation varied, although it is acknowledged that all organisations contributed significant resources to project implementation. Smaller organisations and those receiving funding on an individual service user basis had less resources they were able to allocate to Stretch2Engage.

However, one smaller organisation appeared to resource the project significantly more than others, including dedicating significant time to staff development and to trialling new engagement strategies. This organisation stated it believed the Stretch2Engage Framework effectively overlaid their practice framework, allowing them to dedicate resources to this project, which also facilitated practice development.

The financial reimbursement of people using services for their expert opinion was widely debated through the project. While there were distinct views about this, many pilot organisations firstly believed that service users should be reimbursed for their work, and secondly, that they did not have the capacity to resource this as part of the pilot project. It may be valuable for the framework to articulate a position on this so that organisations can consider setting aside funds for service-user contributions in their implementation planning.

Changing longstanding cultural values and attitudes

Some pilot organisations working in clinical settings identified longstanding cultural values and attitudes that made implementation of the Stretch2Engage Framework harder. Project leaders in these settings suggested that staff in clinical services found it harder to acknowledge the expertise of people using services and to authentically hand over control. It was suggested that cultural artefacts in clinical health

settings were hard to budge for practitioners who may have spent up to 10 years training for their profession.

Acceptance of Stretch2Engage will be influenced by the cultures of specific professions. This means that Stretch2Engage is likely to be easier to implement in some settings than others. This could influence considerations about the sequence of rollout and that specific learning approaches and materials might need to be developed for some settings and professions. Service engagement thinking may need to be embedded in professional learning early in careers.

Changing practice in these settings will also require consideration of the broader power structures and hierarchies between professions within health and community services so the power structures themselves are not a barrier to good engagement at system level.

Timing of engagement practices

Some project leaders and staff would have preferred to see more practical activities completed as part of the pilot project. They felt that while strong understandings about service-user engagement for the purpose of service design had been developed, more diverse practical activities could have been completed earlier in the project.

Project leaders suggested that easier practical starting points for pilot organisations may have been helpful in the initial project phase. They believed that early sharing of key engagement concepts may have been helped by opportunities to practically test these ideas using structured activities similar to the coffee catch-ups.

While these comments are acknowledged, they should be counterbalanced by frequent discussions in focus groups and interviews about the need to embed key engagement concepts and principles prior to initiating activities. It is likely that learning styles may lead to preferences for more theory or practice-based activities to develop capacity. Considering learning style preferences in future project participants may help in the take-up of engagement thinking and practice.

Involving service users in the Stretch2Engage Pilot Project

Pilot organisation project leaders noted that involving people using services, and their families and supporters, in the implementation of the overarching Stretch2Engage Project (pilot and evaluation) had been difficult. The project had initially intended to include service-user representation in all workshops and coaching sessions; however, this was acknowledged to be difficult and did not routinely occur.

Reasons it was difficult to include service users included: the timing and amount of workshops and coaching; the amount of travel required (especially for people in Toowoomba) and the costs to service users; considerations of where service users were on their recovery journey; and service-user confidence in participating in workshops and coaching.

In relation to the evaluation, no families or supporters were able to be recruited to participate in the evaluation, although some pilot organisations did facilitate family and supporter consultations and engagement during the project.

This is not a reflection on the involvement of service users in the implementation of the framework at each pilot site, but relates to the implementation of the pilot project overall. As previously discussed, there was widespread participation by service users at all pilot organisations during the project. Each pilot organisation engaged and consulted with their service users as part of testing new engagement practices in

their settings. Service users reported that they perceived increased opportunities to engage around service design activities.

Independent ideas testing

While the importance of collaboration and sharing engagement activities was well supported, it was suggested that more independent testing of ideas may also have been valuable. Partnership members and coaches would have liked to see pilot organisations test more novel and different ideas, as well as use those shared in workshops and developed by other pilot organisations.

Perhaps a more structured approach to collaboration and sharing, and the implementation of engagement strategies might facilitate more independent ideas testing. A focus of future projects could be to more equally balance the development and sharing of independent ideas. This could occur by requiring independent ideas to be trialled, then sharing those that worked with others.

Risk appetite

Finally, some organisations had an appetite for risk that allowed a broader suite of engagement strategies to be trialled.

One pilot organisation acknowledged that prominently displaying the question ‘What would you do if you were boss for the day?’ had initially caused anxiety in senior management; however, this trepidation reduced once the iterative questions and narratives from them were clear.

Although organisational size and setting (e.g. government or community) did seem to impact on the preparedness to take risks through the project, one Partnership member noted that they were surprised that organisations with significant bureaucracies had effectively implemented novel engagement strategies with relative ease.

Mitigating for risk, while also providing opportunities to take chances and fail is a key practical, structural and cultural challenge for all organisations and should be considered in the face of important principles and mindsets that encourage greater risk taking and ask organisations to re-frame failures as learnings.

7.3 Sustainability factors

Partnership members, coaches and pilot organisation project leaders identified a range of factors that may help pilot organisations sustain the important changes in engagement thinking and practice they have made over the course of the pilot project.

Partnership and coaches

Stretch2Engage partners acknowledged that the **pre-existing motivations** of pilot organisations to build more sophisticated service-user engagement practice were as strong when the project finished as they were when the project started. They believed that this provided a solid base for the further progression of engagement activities beyond the life of the pilot project.

Coaches and Partnership members believed that the **Stretch2Engage Framework** would remain useful for services to help retain clear thinking and practice as it related to engagement, allowing organisations to reflect on their practice to ensure it retained fidelity to contemporary engagement approaches.

The Stretch2Engage Partnership believed that the **continued iteration of the Stretch2Engage Framework** would make it more accessible to a wider audience. This Partnership member acknowledged that aspects of the framework were complex and the more accessible House Model developed during the pilot project had been important to its communication. They believed that further work could be done on the 7Cs that may assist understanding and use of the framework over time.

Partnership members and coaches all strongly supported the **continued provision of Stretch2Engage resources** (e.g. The Stretch2Engage Framework; self-reflection tool; technical tools and templates; Theory of Change) as important to the continued progression of engagement practices at sites. They highlighted the value of providing an accessible platform to distribute and maintain these resources. A **Stretch2Engage website** is considered to be the most appropriate place for this information and is intended for development soon.

Some Partnership members and coaches identified that pilot organisations who were able to **build capacity within their control systems** in relation to service engagement are more likely to be able to sustain it. Some organisations had initiated standing agenda and reporting items, and annual ‘engagement’ workplans.

Pilot organisations

All pilot organisation representatives articulated a strong commitment to sustaining service-user engagement thinking and practice beyond the life of the project and believed that organisational resources and motivation existed.

Around 70 per cent of respondents to the pilot organisation follow-up survey believed that sustaining changes their organisation had made during the pilot project would be ‘somewhat easy’ or ‘very easy’.

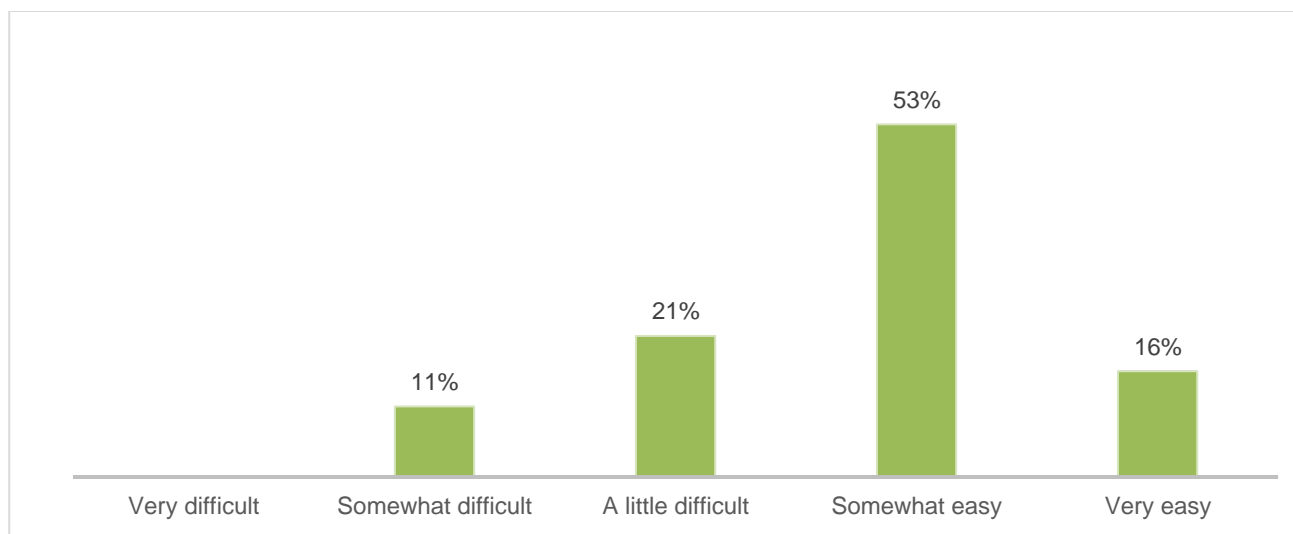


FIGURE 26: HOW EASY DO YOU THINK IT WILL BE FOR YOUR ORGANISATION TO SUSTAIN ANY IMPROVEMENTS IT HAS ACHIEVED THROUGH THE PROJECT? (N=19)

This information supports earlier findings that emerging culture changes were taking hold in pilot organisations and beginning to provide momentum to embed stronger engagement practices with people using services for the purpose of service design.

“We have embedded the way of thinking within our staff: if someone tells you something—we want to know more.” (Project leader)

The factor project leaders identified as most important to sustaining engagement practices at their services was support from organisational leaders. They believed that strong leadership supported a wide range of flow on impacts including ongoing culture change that handed more power to service users, and allocation of more time and resources to engagement activities.

“With us funding the new [engagement capacity building] role, we plan to roll this out across all [of our] sites over the next year or two.” (Staff member—Executive Manager)

“We’ve started sharing information with our management committee, so they are now expecting to see that.” (Project leader)

Some pilot organisation project leaders and managers suggested that emerging culture change relating to engagement in their organisation was crucial to sustaining changes. Although they acknowledged these cultural changes were formative, they agreed that values and attitudes, organisational systems and structures and the resources being prioritised by their organisation would all contribute to embedding engagement practice further.

Pilot organisation project leaders also highlighted the Stretch2Engage Framework itself, and the range of other tools and resources provided by the Partnership, as important to sustainability and the progression of organisational culture and practice. Some project leaders and other pilot organisation staff also recognised the need for further training to a broader set of staff within their organisation and many sites had already started this process.

“We need to expose our whole organisation to this stuff; more training and coaching would really help.” (Project leader)

Two project leaders believed the opportunity to continue with coaching activities would be valuable in ensuring their organisations retained fidelity to good engagement practice after the pilot project finished. There were discussions by some project leaders to request additional coaching, or at least opportunities to check in with coaches as required to ensure fidelity of engagement principles in their emerging practice.

“Being able to connect with the coaches another couple of times over the next period would be great—to double-check we are heading in the right direction, or to tease out any challenges we might be having.” (Project leader)

Finally, all pilot organisation staff repeatedly discussed having time and funding to further progress engagement activities at their services would significantly assist in further embedding engagement thinking and practice.

7.4 Developing sector capacity

Stretch2Engage Partnership and coaches

When reflecting on broader implementation of the Stretch2Engage Framework across the AOD and MH sectors in Queensland, Stretch2Engage partners and coaches highlighted the **need for champions** within these sectors to articulate both the reasons for, and importance of building engagement capacity, and the provision of key concepts and techniques that would facilitate this. The Stretch2Engage Partnership hoped that QMHC would continue supporting implementation of the framework in some way, but noted this did not necessarily require ongoing financial investments, although it would be helpful.

The Stretch2Engage Partnership believed the **self-reflection tool** they had developed and continue to iterate was likely to be helpful for new organisations across the AOD and MH sectors in developing a baseline understanding of their current knowledge and practice as it relates to service-user engagement for the purpose of service design. This was viewed as particularly helpful given previous discussion about the currently low perceived engagement capacity of the AOD and MH sectors in Queensland. Partner members believed developing an understanding of where services are at currently was an important first step to improving engagement capacity.

One suggestion around broadening engagement capacity across the AOD and MH sectors in Queensland was **use of a ‘train the trainer’ model**, where selected participants from this pilot project would act as coaches to new organisations that wanted to progress implementation of the Stretch2Engage Framework. They suggested that although these trainers would need further help solidifying current engagement thinking and practice in order to share it with others, this may be a cost-effective way to broaden understanding about the framework. This Partnership member believed that coupled with accessible resources consolidated in one place (e.g. a website or other platform) this may be one way to further progress engagement thinking and practice across the AOD and MH sectors in Queensland.

“A way to make all the project resources easily accessible, and to make them easy to understand and interact with will be important.” (Partnership member)

Pilot organisations

Pilot organisations provided many similar responses to how engagement practice could be further implemented and developed following completion of the project, including the value of more coaching, workforce development opportunities and an accessible platform to consolidate and access resources.

Other repeated themes considered important to further Stretch2Engage implementation across the MH and AOD sectors included:

- More **collaboration opportunities**, the opportunity for organisations to share ideas and support each other through the project was a strong finding and pilot organisation project leaders consistently reported that continued opportunities to discuss and reflect on their engagement capacity building initiative would be helpful. Some pilot organisations noted that they already plans to come together again soon. It appears these plans were being organised independently by pilot organisations.
- The **provision of funding** to assist with further implementation, which would reduce the costs to organisations. They suggested funding might be used for things such as:
 - broader workforce development activities
 - further collaboration opportunities
 - Backfilling direct service staff so they could attend further sector events, present at conferences or undertake further engagement planning, implementation, analysis and actions (while also acknowledging that engagement practice needed to be incorporated into all organisational roles).

7.5 Summary

The energy, motivation and interest in further progressing engagement thinking and practice at pilot organisations was evident as the formal and structured components of the Stretch2Engage pilot project were finishing.

A range of enablers to improving engagement practice were in place, including cultural (e.g. values and attitudes; resource prioritisation), knowledge (e.g. of the Stretch2Engage Framework) and practice-based enablers (e.g. use of technical tools, development of improved systems and monitoring structures). There is clear evidence that cultural and practice changes related to service-user engagement in service design decision making are evolving and that pilot organisation project leaders, managers and other staff are motivated to maintain these changes.

While some barriers were also identified by Stretch2Engage Partnership members and pilot organisation project leaders, these barriers largely related to practical challenges that project leaders believed could be overcome. There was some concern that deeply embedded cultural frames held in some clinical health settings may take further time to be impacted by new engagement thinking and practice.

Resourcing was identified as a significant issue, both in terms of internal organisational resourcing to fund staff time and activities that would further develop engagement, and in terms of provision of ongoing training and coaching to support embedding of new thinking and practice. Based on the available evidence, the evaluation team's view is that lack of further resourcing will not undermine the sustainability of changes that have already occurred, which are likely to be continued based on the level of commitment, capacity and enthusiasm generated through the pilot. However, in the absence of additional external support, organisations that do not have substantial internal resources to allocate to service engagement are likely to experience constraints, which slow the further development and embedding of their engagement practices.

Table 5 provides a performance rating for the Stretch2Engage Framework against the criteria of 'sustainability'. It considers how likely it is that implementation of the Stretch2Engage Framework will be able to be sustained at the completion of the pilot project.

TABLE 5: PERFORMANCE RATING FOR SUSTAINABILITY CRITERION

CRITERION	PERFORMANCE RATING	STANDARD DESCRIPTOR	STRENGTH OF EVIDENCE
Sustainability	Good	The majority of stakeholders across three or more pilot sites report that positive changes resulting from the pilot are likely to be sustainable over time, and that organisations will be able to continue using the framework to develop their engagement capacity without requiring ongoing consulting support. Evidence that changes are becoming embedded within organisational culture/values, including being embraced by a substantial number of staff within pilot sites. The majority of people with lived experience and families/friends/supporters express some confidence that gains will be maintained. ¹	Low <ul style="list-style-type: none"> Qualitative data from interviews and focus groups Aspects of the data are speculative at this point given short timeframe since conclusion of pilot

¹ Evidence from service users, families and supporters was not available in relation to this criterion. The rating has been assessed excluding this element of the descriptor.

8 Value for money

Previous chapters have presented evaluation findings showing that the Stretch2Engage Framework Pilot Project has led to clear and consistent gains in service engagement capacity across the pilot organisations. There is evidence that this has resulted in improved engagement practices being implemented in these organisations, and early signs of emerging positive impacts for people using services, and for pilot organisations and their staff.

Alongside effectiveness, it is important to consider value for money, to assess whether the level of investment required to achieve these outcomes is reasonable in the context of the AOD and MH sectors in Queensland. This chapter presents evaluation findings in relation to value for money.

The analysis relates to Key Evaluation Question 6: *How do the costs compare to the benefits of Stretch2Engage as a service improvement tool?*

8.1 Approach to analysis

The value for money analysis broadly compared the costs (financial and in-kind resource investments by the project funder, pilot organisations and other parties) with the perceived benefits of the Stretch2Engage Framework. While some costs and benefits were easy to quantify, others (such as an increase in quality of engagement) were much harder to measure and to assign a financial value to. A quantitative cost–benefit analysis was not attempted and the value for money analysis remains exploratory.

The value for money analysis explored:

- stakeholder perceptions of value for money
- the range of costs and benefits associated with the pilot project
- the extent to which these costs and benefits are related to the Stretch2Engage Framework or other pilot project aspects and activities
- stakeholder perspectives on the efficiency with which the framework could be implemented
- other resources that could be leveraged to improve implementation.

No prior research was identified on value for money of other service engagement or consumer participation strategies, so at this point, the cost-effectiveness of Stretch2Engage has not been benchmarked against other approaches.

8.2 Costs

Costs associated with the Stretch2Engage Pilot Project were borne by three main groups of stakeholders: the project funder (QMHC); the pilot organisations; and people using services, and their families and supporters who participated in engagement activities during the project. These are the main costs analysed in this section.

It is likely that there were also additional in-kind or pro-bono contributions made by various parties in connection with the project (for example, organisational staff, Stretch2Engage Partnership members, evaluation team); however, due to lack of clear information on these elements of cost, they are not included in this analysis.

In a value for money analysis, it can also be important to consider less tangible costs such as increased staff stress or dissatisfaction resulting from change processes, or from conflict among stakeholder groups. The evaluation did not find evidence of substantial intangible costs of this type for pilot organisations, and costs of this type are therefore not included in the analysis. However, the potential for costs of this type should be noted for future evaluation of service engagement initiatives across sectors.

In analysing costs, it is useful to separate expenses associated with pilot project delivery and participation, from costs associated with internal development and implementation of service engagement approaches and practices aligned with the Stretch2Engage Framework.

- Expenses associated with **project delivery and participation** are linked to the specific methodology used in the pilot, and would vary if a different set of learning and evaluation strategies were delivered in future. These expenses would be less relevant if an organisation took on the framework and attempted to use it independently, outside of a funded project context. These expenses are also time limited due to being associated with the funded project period.
- Costs associated with **internal development and implementation of service engagement** approaches will vary widely from organisation to organisation depending on the options selected, but will need to be factored in to some extent for any organisation undertaking service engagement activity. Aspects of these costs will tend to be recurrent, as organisations continue to build their capacity and undertake service engagement activities over time.

Funder

Project delivery and participation

Costs to the Stretch2Engage Framework Pilot Project funder (QMHC) were all associated with project delivery and participation, rather than internal development and implementation of service engagement approaches. The key elements were:

- funds to commission the Stretch2Engage Partnership to plan, manage and deliver the pilot project activities, including design lab, workshops, coaching, and development of tools and resources
- funds to commission the external evaluation of the pilot project, including the reimbursement of people using services participating in the evaluation
- time of QMHC staff (particularly QMHC's project manager) allocated to project activities
- funds to cater for, and reimburse people with lived experience participating on the Stretch2Engage Framework Pilot Project Steering Committee.

Pilot organisations

Pilot organisation costs were spread across project delivery and participation, and development and implementation of service engagement approaches. All pilot organisations identified a range of direct and indirect costs associated with the project. It was notable that **smaller organisations and organisations that were funded based on support to individual clients identified a greater cost to participation**. These organisations had less capacity to absorb participation costs.

Project delivery and participation

The time involved in attending Stretch2Engage activities was the most commonly identified cost by pilot organisations. These costs included time of organisational staff spent on developing project applications, attending a design lab and developing a plan, attending and participating in workshops, coaching, sector events, the Steering Committee (for four pilot organisations) and evaluation activities. Together, these

activities represented significant time costs borne by the participating organisations. At each organisation, there were typically a small group of project leads or key staff who provided the bulk of the time required; however, at some organisations a wider group of staff also participated in some of the activities (especially coaching and the evaluation).

“There were real costs, for example if three people [were] attending a workshop, especially for a small organisation. [It] did really need juggling. [This is] worth noting—but shouldn’t be a deterrent.” (Follow-up pilot organisation survey participant)

The cost of backfilling direct service staff roles for time allocated to project activities was commonly mentioned by pilot organisation managers and administrators.

Travel costs associated with attending project activities were also viewed as significant, especially for pilot organisations in Toowoomba. Most workshops were held in the Brisbane metropolitan area, although attempts were made by the Partnership to equalise some of these travel costs by holding one event in Toowoomba, and another in Ipswich (approximately halfway between Brisbane and Toowoomba).

Some project leaders and managers and administrators acknowledged that resource investments related to participating in the project meant these resources could not be directed to other organisational activities. While these opportunity costs were noted, organisations did not define what these other activities might include.

Internal development and implementation of service engagement

Organisations invested substantially in their internal development and capacity building during the project period. Costs associated with broader pilot organisation staff workforce development were therefore identified. These costs varied from organisation to organisation. Examples included:

- the self-funding of a dedicated engagement capacity building roles and activities
- staff time participating in dedicated training in the Stretch2Engage Framework
- reflective activities during supervision and development sessions.

Some pilot organisations also noted costs associated with implementing engagement activities at their sites. These costs included:

- time involved in briefing pilot organisation staff who were not directly involved in the workshops and coaching sessions
- time required to plan and implement engagement activities
- time required to analyse information gathered and to initiate any changed practices
- costs associated with hiring venues, transporting service users and providing catering.

Costs associated with the further implementation of the Stretch2Engage Framework at pilot organisations were recognised as likely to be substantial, if not easily quantifiable. All Stretch2Engage partners, and many pilot organisation project leaders and managers/administrators recognised that the significant cultural changes and subsequent re-orientation of key organisational practices and processes would take not only time, but also concerted and ongoing resource commitments to embed new ways of thinking and doing which re-framed the service around greater participation and control for key decision making by people using services.

Service users, family members and supporters

All costs identified in relation to service users, family members and supporters related to their involvement in internal development and implementation of service engagement approaches at pilot organisations. A number of service users participated on the Project Steering Committee; however, their time was reimbursed by QMHC and is therefore incorporated under funder costs above.

Internal development and implementation of service engagement

Service users did not identify costs specifically incurred through participation in the Stretch2Engage Pilot Project. Many of them were not aware of the project as a discrete activity. However, some service users acknowledged that they had participated in more consultation activities recently, that these activities took time, and they had not typically been reimbursed for these activities.

Examples of time costs identified by people using services, and in some cases also their families and supporters included:

- time responding to questions and further discussions that evolved from these responses during focused questioning exercises using whiteboards/blackboards
- time spent participating in focus groups and other consultation opportunities such as the World Café or High Tea
- time spent developing a presentation and presenting at a conference
- time participating in discussions about preferred roles for direct service staff and in interviewing staff for key roles
- time spent presenting information at expert advisory committees and other meetings.

Summary of costs

Table 6 and Table 7 summarise estimated costs noted.

Funder costs are provided as overall project estimates because these costs do not scale linearly with number of organisations involved in the pilot, and a per-organisation cost is therefore difficult to provide. All figures are approximate and exclusive of GST.

Figures for pilot organisations and service users are provided on an averaged per-pilot-organisation basis to aid thinking about potential future scaling. Cost data was provided by two pilot organisations. The figures therefore do not represent the full range of cost variance experienced by the pilot organisations; however, they provide an indicative ballpark. Costs varied by seniority of staff and amount of time allocated to the project by each pilot organisation. For the purposes of these calculations an average pilot organisation staff member hourly rate of \$70 has been assumed, inclusive of salary and on-costs.

TABLE 6: FUNDER COST ESTIMATES FOR STRETCH2ENGAGE PILOT PROJECT DELIVERY

COST ELEMENT	ESTIMATED COST
Funder	
Stretch2Engage Partnership pilot project management and delivery costs	\$362,000
Steering committee costs	\$7,500
External evaluation costs	\$130,000
QMHC staff time costs	\$39,000
TOTAL COSTS TO FUNDER	\$538,500

TABLE 7: PER-ORGANISATION SUMMARY COST ESTIMATES FOR STRETCH2ENGAGE PILOT PROJECT DELIVERY AND SERVICE ENGAGEMENT IMPLEMENTATION

ELEMENT	ESTIMATED COST
ORGANISATION COSTS	LOW END–HIGH END
Time costs related to participating in pilot project activities This includes time attending workshops and sector events, time spent travelling, coaching, project planning and administration and other activities	\$9,660–\$19,740
Time costs related to developing and implementing engagement activities at pilot organisations This includes planning, staff training, developing processes, conducting engagement activities, analysing data and actioning changes	\$3,080–\$18,780
Staff backfill costs This includes costs of replacing staff so they could participate in Stretch2Engage activities or plan, implement and analyse engagement activities at their site	Data not available
New staff roles created to support service engagement	Data not available
Costs of engagement activities This includes venue hire, catering, transporting service users and other incidental costs	\$0 - \$5,000
Participant reimbursements	\$0
TOTAL ESTIMATED COSTS TO PILOT ORGANISATIONS	\$12,740 - \$43,520

8.3 Benefits

Benefits emerging from the Stretch2Engage Pilot Project accrued to four main groups of stakeholders: people using services (and their family members and supporters), pilot organisations, pilot organisation staff, and the broader community. Many of these benefits have been documented in Chapters 4 to 6. This section provides a summary of benefits observed and posited by stakeholders.

“The benefits to the organisation are multidimensional and include greater potential for working in Partnership with consumers, improved understanding and self-agency in their healthcare journey through greater ownership and participation. Less distress for [service users] which should translate into less stress for staff and improved attendance, job satisfaction and ability to feel that they are making a difference.” (Pilot organisation survey response—follow up)

Some benefits are challenging to quantify and cost (for example, improved experience and quality of life for service users, or improved staff morale). Those less tangible benefits are noted in this analysis but no attempt is made to place a financial value on them. Other benefits are potentially easier to cost in financial terms (for example, reduced absenteeism or reduced duration of hospital stays due to improved service provision), but require a medium to long timeframe for observation. Due to the short timeframe of the evaluation and limitations on data collection, insufficient data is available to provide a robust estimate of cost savings. Again, these potential benefits are noted for now. Future research may enable their quantification.

As noted earlier in this report, while there is clear evidence of engagement capacity being built and of improved engagement practices being implemented, evidence for emerging flow-on impacts is still tentative. This analysis needs to be read with that caution in mind.

Pilot organisations

A key aim of the Stretch2Engage Pilot Project was to initiate cultural and structural reform in pilot organisations to facilitate greater service user control for decision making. It was not intended that these changes would be embedded at the completion of the project as entrenched organisational values, power structures and resource deployment priorities take significant time to change. However, partnership members and pilot organisation representatives did identify multiple benefits for pilot organisations of having improved engagement capacity and practice. Emerging benefits are identified below and are likely to be amplified as organisations grow their engagement capacity following the pilot project.

- **More confident and skilled staff**, which can have far-reaching benefits beyond the area of service engagement itself.
- **A workforce who are more open to learning and innovation**, less defensive when presented with feedback that may criticize current practices (both individual and organisational), and who have increased curiosity to genuinely and authentically explore perspectives and opportunities.
- **A more satisfied workforce with higher morale**. One pilot organisation project leader (who was also an executive manager) described anecdotally reported benefits of pilot project participation on staff satisfaction. There had been reports of improved role clarity, more motivated staff, reduced absenteeism and higher productivity in the service area that Stretch2Engage was being piloted. This has direct financial benefits for organisations.
- **Increased service user satisfaction with services**, which meant that people using services are more likely to continue using the organisation’s services and to recommend them to others in their networks. This provides competitive advantages for organisations, especially for those providing individual package-funded care under models such as the National Disability Insurance Scheme (NDIS).
- **Greater access to important strategic information** about community needs that can be used to successfully develop and market new services. This has the potential for future financial and strategic positioning benefits to pilot organisations.

“Embedding greater skills and confidence in our frontline managers through coaching and tools to work more meaningfully at person to person level and unit wide.” (Pilot organisation survey response—follow up)

Pilot organisation staff

In addition to the benefits provided to pilot organisations, as an unintended benefit of the Stretch2Engage Pilot Project, some pilot organisation staff gained career-enhancing benefits from the project.

- **Increased transferable skills and knowledge** in leading edge service engagement approaches, which potentially enhance employability. This is a particular benefit currently when this practice is not yet widespread in the MH and AOD sectors. Some staff may also have been able to apply elements of service engagement thinking to achieve positive change in contexts outside of the workplace.

Service users, family members and supporters

Evaluation participants identified three key connected benefits of improved service engagement for service users and their family members and supporters. Emerging evidence was available for the first two; the third requires a longer timeframe to assess.

1. **Programs and services which better meet the needs and preferences of service users**, including services that are more accessible, efficient and acceptable to the people for whom they are intended. Three pilot organisations also commented that Stretch2Engage Framework implementation had enhanced organisational commitment and capacity to engage with the families and supporters of service users, which contributed to more seamless entry and exit processes and better planning.
2. **Improved experience of people using services, family members and supporters** in their interaction with services.
3. **Improved health and wellbeing outcomes** for service users, resulting from better services and from increased confidence in advocating for what they need. The extent of benefit would relate to the nature of the changes made to services; however, there is potential for some changes to result in very significant improvements to outcomes.

While it is possible that service engagement might in some instances result in minor cost savings to this stakeholder group, the focus was on experiential and quality of life improvements as noted above.

Broader community/service system

Stakeholders noted a number of potential benefits to the broader community, the service system and/or taxpayers flowing on from organisational and service user benefits. Although stakeholders were positive about the potential for these broader benefits, some remain speculative at this stage as service changes resulting from service engagement practices were still in formative stages the start of the pilot project.

- **Improved collaboration among services.** Clear evidence of this was observed by the evaluation team; this appeared to result more from the pilot project methodology than from the Stretch2Engage Framework per se. Pilot organisations noted that the project had pushed them to consider ways that pilot organisations could work more effectively together, especially where they may have service users in common. The formal collaboration between the three pilot organisations in Toowoomba was reported by them to:
 - Improve knowledge of other services, including how to access these services, what programs were offered and who might be appropriate for these programs.

- Assist in recognising that some service users were accessing more than one of their pilot organisations, enabling better understanding of how people using services journeyed between their respective programs and services.
- Provide support and motivation across organisations.
- **Increased efficiencies in service provision** as people are provided with services that more accurately meet their needs. If evidenced, this could potentially provide service system cost savings and/or assist in achieving greater value from existing resourcing.
- **Decreased primary and tertiary service system costs in the long term** due to improved health and wellbeing among vulnerable populations with MH and AOD needs.

“Getting service delivery right based on what people need means less wastage; people are out of hospital quicker because they are getting the services they need.” (Partnership member)

Summary of benefits

Table 8 summarises potential qualitative and financial benefits from effective implementation of the Stretch2Engage Framework to improve service engagement capacity and practice in MH and AOD agencies. As noted above, longer-term elements of this are currently speculative; for shorter-term elements (such as improved service user experience) positive early evidence was available from the evaluation.

TABLE 8: SUMMARY OF POTENTIAL BENEFITS FROM EFFECTIVE IMPLEMENTATION OF SERVICE ENGAGEMENT

POTENTIAL BENEFIT ELEMENT	QUALITATIVE BENEFIT	FINANCIAL BENEFIT
Pilot organisation workforce: skills confidence, attitudes	Workforce more skilled, confident, open to learning and innovation, more employable Improved staff and service user experience Improved organisational quality and agility	Individual staff: <ul style="list-style-type: none"> • Career progression
Pilot organisation workforce: satisfaction	Greater staff satisfaction and motivation, higher morale	Organisation: <ul style="list-style-type: none"> • Reduced absenteeism • Higher productivity
Access to strategic information	Organisations have greater access to information about community needs	Organisation: <ul style="list-style-type: none"> • Ability to develop and market new services
Service/system improvement	More accessible, efficient, acceptable and effective services More integrated services with greater collaboration	Organisation: <ul style="list-style-type: none"> • Cost savings from service efficiencies Community: <ul style="list-style-type: none"> • Cost savings or improved value for money from service system efficiencies
Service users: satisfaction	Higher satisfaction, improved staff and service user experience More loyal service users	Organisation: <ul style="list-style-type: none"> • Increased demand for services
Service users: outcomes	Improved health and wellbeing outcomes	Community: <ul style="list-style-type: none"> • Long-term cost savings through reduced need for primary and tertiary services

8.4 Efficiency

A variety of perspectives were provided by stakeholders regarding the efficiency of the pilot project as a way of improving service engagement capacity and practice. While most pilot organisations found project activities such as workshops and coaching to be of high value, at least one organisation felt that the project as a whole could have moved faster to practical implementation, in their service at least.

“The main factor was the amount of time needed to be involved in the pilot. I believe we already had a good service engagement culture, so the actual framework could have been delivered in a shorter period of time.” (Project leader)

Organisations also commented on the complexity of the framework, and noted that clearer and simpler summary version of the framework along with guidance materials would have led to more efficient learning early in the project. These issues were addressed through development of the simplified House Model of the framework during the project.

Partnership members and coaches emphasised the importance of achieving change in organisational culture, as the foundation of effective service engagement. Cultural change requires time, concerted focus and conscious practice, and is aided by peer learning and support. It is unlikely to be achieved to any meaningful extent through a one-off training session or short-term intervention. From this perspective, the allocation of pilot project resources to workshops and coaching appears to have been an efficient way to move organisations along the journey of substantive cultural change that resulted in improved service engagement. However, there may be scope to consider more individualised timelines and schedules of work with different organisations depending on their level of agility and existing culture.

There are potentially more cost-efficient ways to further scale the roll-out of the Stretch2Engage Framework within the MH and AOD sectors (see Section 7.5), for example by using train the trainer approaches, developing a centralised resource hub, providing more self-reflection tools and materials, or facilitating events in which larger numbers of organisations can participate. However, there is a risk that these less focused methods could also be less effective in achieving foundational culture change within organisations, an issue that should be closely monitored.

8.5 Stakeholder perceptions of value for money

Stretch2Engage Partnership members and pilot organisation representatives were asked about their perceptions on the value for money of the implementation of the framework through the pilot project, including the balance between costs and benefits associated with the project. While mixed views were expressed, the majority saw the project as representing reasonable to good value for money.

Stretch2Engage Partnership

As the developers of the Stretch2Engage Framework and facilitators of the pilot project, it is unsurprising that the Partnership viewed these activities as providing strong value for money.

Partnership members acknowledged the significant resource investment pilot organisations had made in implementing the Stretch2Engage Framework through participation in the pilot project. However, they believed these immediate costs were outweighed by a range of potential longer-term benefits and cost savings that include improved and more efficient programs and services, improved health and wellbeing outcomes for people using services, organisational access to useful information on community needs, and improved workforce morale and capability (see further discussion in Section 8.3).

Pilot organisations

While the majority of pilot organisation staff, especially project leaders, also believed the Stretch2Engage Pilot Project provided good value for money, their responses were more variable. There were real and significant costs associated with participation for pilot organisations. Many pilot organisations focused on immediate project costs such as staff time and associated financial costs, rather than potential longer-term benefits, although these were also acknowledged and viewed as important.

More than 55 per cent of respondents in the pilot organisation follow-up survey believed that benefits of service engagement during the pilot were ‘somewhat higher’ or ‘far outweighed’ the costs of project participation, while another 17 per cent of respondents believed costs and benefits were approximately equal (See Figure 27 below).

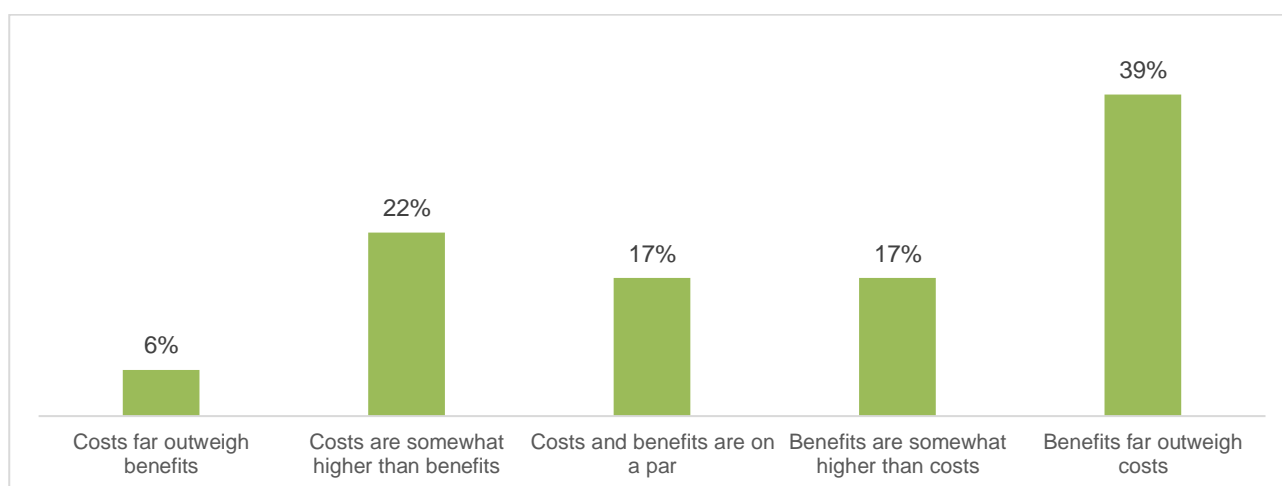


FIGURE 27: ORGANISATIONAL SURVEY RESPONSES (FOLLOW UP): THINKING ABOUT YOUR ORGANISATION'S EXPERIENCE OF SERVICE ENGAGEMENT DURING THE PILOT WHAT IS YOUR VIEW ON HOW THE COSTS COMPARE WITH THE BENEFITS?

However, a minority of respondents (28 per cent) disagreed, believing the costs were greater than the benefits. It should be noted that one participant accidentally responded in this way when it is evident from their qualitative response, they meant to say the benefits outweighed the costs. Those who saw costs outweighing benefits did not provide qualitative comments explaining their perspective.

The following quotes from pilot organisation staff illustrate the range of opinions put forward.

:The overall impacts have improved services above cost outlay and helped develop better more cost-effective ways to deliver them.” (Pilot organisation survey response—follow up)

“The amount of time invested [was a cost], but in some cases, it saved us time down the track.” (Project leader)

“Costs haven't changed but there are no real benefits being seen on the ground for the teams I work on and morale is at an all-time low across workers and [service users]. (Staff member)

Resources are always scarce—it is how we use them. (Project leader)

8.6 Discussion and summary

Overall, the evaluation team assesses the value for money of the Stretch2Engage Framework and associated learning activities as good. The pilot project did involve a substantial financial and in-kind investment by QMHC as well as by the pilot organisations. This investment was used to undertake intensive capacity building work that resulted in clear improvements in organisational service engagement capacity and practice. The immediate objectives of the project were therefore achieved.

The available evidence suggests that:

- The pilot organisations are now in a position to continue internally maintaining, developing and implementing service engagement practices without large amounts of external funding being required; while internal resourcing is necessary, this appears manageable and is no more than would be expected from any significant organisational improvement or quality process.
- Using learnings from the pilot project, there is potential to use more efficient processes for broader roll-out of Stretch2Engage within the MH and AOD sectors in Queensland. To be effective, this will likely still require substantial resourcing; however, the ability to leverage the enthusiasm, knowledge and tools created during the pilot will aid efficiency.

Although discussion of longer-term impacts and cost savings is speculative at this point, there are early indications that improved service engagement can have morale and strategic benefits for organisations. It also remains plausible that service improvements resulting from better service engagement could result in increases in quality of life and positive health and wellbeing outcomes for service users, providing social benefits and potentially resulting in reduced service system costs.

Comparing the value for money of Stretch2Engage to more traditional consumer participation approaches, Stretch2Engage does appear more costly for organisations to learn initially, due to the need to substantially re-think organisational culture and to develop genuinely different technical skills. However, when considering the ongoing costs to organisations of continuing to use sound service engagement approaches, there is no evidence that Stretch2Engage is more expensive than 'participation' based approaches, and it may be cheaper than representative-based models due to the ability to absorb engagement effort within a wide range of staff roles rather than creating specific positions for this purpose. The value of the information generated through Stretch2Engage practice, based on evaluation findings to date, appears substantially greater than that generated through a typical consumer participation approach.

Further research, including more accurate cost data and more detailed and longer-term impact data, would enable more robust findings in relation to cost-effectiveness of the Stretch2Engage Framework.

Table 9 provides a value for money rating for the Stretch2Engage Framework based on participant feedback about internal resources deployed and the gains made as a result of this resource deployment.

TABLE 9: PERFORMANCE RATING FOR VALUE FOR MONEY CRITERION

CRITERION	PERFORMANCE RATING	STANDARD DESCRIPTOR	STRENGTH OF EVIDENCE
Value for money	Good	The majority of stakeholders across most pilot sites perceive the framework as providing good value for money. Benefits are high and costs are moderate. Internal resourcing required from pilot sites to use the framework for change is reasonable compared to other organisational development initiatives. Three	Low <ul style="list-style-type: none">• Substantial qualitative information from interviews, focus groups and surveys• Majority of cost data

CRITERION	PERFORMANCE RATING	STANDARD DESCRIPTOR	STRENGTH OF EVIDENCE
		or more sites are able to use the framework reasonably efficiently. The majority of people with lived experience and families/friends/supporters perceive the benefits of improved engagement to outweigh any additional cost to them.	<p>estimated</p> <ul style="list-style-type: none"> • Impact data not quantified and long-term impact suggestions are speculative • Quantitative cost effectiveness data from other engagement/participation initiatives not available

9 Conclusion

The Stretch2Engage Framework pilot project has provided a significant contribution to advancing the capacity of pilot organisations to undertake service-user engagement for the purpose of service design. It has also allowed these pilot organisations to test and trial a range of common and unique engagement activities. This has allowed for increased service user involvement in organisational decision making. Additionally, there have been important other project impacts that add further value.

While there have been real costs to pilot organisations participating, it appears that benefits are emerging which will balance these costs over time. This includes important cultural and structural changes in organisations, which facilitate a greater diversity of voices in organisational decision making and increased control of decision making by people using services.

9.1 Overview of ratings

Table 10 provides a summary of ratings for the five evaluation criteria based on analysis presented in this report, plus an overall assessment of strength of evidence for each rating.

TABLE 10: OVERVIEW OF RATINGS ON EVALUATION CRITERIA

CRITERION	RATING	STRENGTH OF EVIDENCE
1. Effectiveness—engagement capacity <i>Effectiveness of the Stretch2Engage Framework in helping organisations improve their capacity to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation. Consider organisational culture, values, attitudes, leadership, systems, process and resources</i>	Good	Moderate
2. Effectiveness—engagement in action <i>Extent to which the Stretch2Engage Framework strengthens the ways that organisations practice engagement, with resulting improvements in the quality of engagement that occurs, and the extent, level and/or experience of participation of people with lived experience, their families, friends and supporters in service design, improvement or evaluation</i>	Good	Moderate
3. Impact <i>Extent to which the Stretch2Engage Framework enables other positive effects for people with lived experience, their families, friends and supporters, service provider organisations or the community more broadly</i>	(NOT RATED)	
4. Sustainability <i>Extent to which benefits of using the Stretch2Engage Framework are sustained for key stakeholder groups over time, including the extent to which improvements in engagement can be sustained by pilot organisations beyond the end of pilot</i>	Good	Low (short timeframe)
5. Value for money <i>The balance between the costs and benefits of the Stretch2Engage Framework as a tool for organisational development</i>	Good	Low (incomplete data)

9.2 Summary responses to evaluation questions

1. How effective is the *Stretch2Engage Framework* in improving the capacity of services to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation?

A majority of evaluation participants from all stakeholder groups agreed that the Stretch2Engage Framework Pilot Project was helpful in organisational capacity building. There were clear advancements in knowledge and skills related to engagement and pilot organisations reported increased capacity and confidence in using the framework as the project progressed.

Staff values and attitudes changed, especially in relation to increased curiosity and reduced defensiveness to feedback, and in recognition that a diversity of service user voices must be sought and heard. A **commitment to prioritising and resourcing engagement activities was also evident** with all pilot organisations making significant investments without funding. **Systems were also implemented** to better consult with and report back to people using services around service design issues, and in ongoing monitoring and reporting to engagement activities. Changes to organisational structures and power were emerging, but these were less evident. This is understandable given the time it takes to influence cultural structures and beliefs that are deeply ingrained.

The Stretch2Engage Framework was almost universally acknowledged as the principal driver of capacity development in pilot organisations, and it was recognised as crucial to providing both a conceptual frame and a roadmap for testing new practice.

While the **Stretch2Engage Framework was recognised as a necessary condition to improved capacity**, it was not considered sufficient. **Workshops and coaching were considered important** to build conceptual understanding and technical skills, then translating these understandings and skills into practice, giving consideration to specific organisational settings and service user populations. Finally, the **strong collaboration between organisations**, both planned (in Toowoomba) and unplanned was important to building motivation and confidence, and in sharing ideas which could be practically implemented.

2. How effective is the *Stretch2Engage Framework* in strengthening services' engagement of people with lived experience, their families, friends and supporters in service design, improvement and evaluation?

There is clear evidence that the Stretch2Engage Framework was helpful in implementing enhanced engagement practices. **Organisations trialled multiple novel engagement activities, and this resulted in more feedback and more diverse feedback.**

Focused questioning exercises, ideation processes, and journey and empathy mapping all provided useful feedback from people using services, and in some cases also the families of people using the service. **A range of novel activities were also trialled** by pilot organisations, and where these worked well, were often adopted. The Feedback to Action Group, which was initially trialled at one organisation, is now being used as a dedicated process to gather and respond to feedback in a timely manner at many pilot organisations. New monitoring and reporting systems, and presentations by people using services at team meetings were also implemented. While Stretch2Engage Partnership members did not believe all pilot organisations relinquished traditional, representative participation models during the project, they believe the majority had. This was acknowledged to be just as valuable as the implementation of new engagement thinking.

Most pilot organisation follow-up survey participants believed that the influence of people using their services, and their families and supporters, on service design decisions had increased during the project. Staff noted **increased consideration of service user views, more engagement strategies** available, **emerging changes in service users' understanding of their rights to participate**, and anecdotal reports of **increased service user comfort and confidence to provide feedback**.

Service users supported these findings with many focus group participants identifying an **increase in both the amount and diversity of consultation opportunities** available. There was interest from people using services and their families and supporters in activities such as the World Café and Family Open Day.

3. What other impacts (positive or negative) have resulted from the Stretch2Engage pilot?

Early signs were identified of a range of emerging positive impacts from the pilot project, and no significant negative impacts were identified. Notable impact areas included:

- **Collaboration:** Strong collaboration occurred between pilot organisations. This was of interest given the competitive funding environment of the pilot organisations and was welcomed by all pilot project team leaders. Collaboration allowed free sharing of ideas and provided collegiate support and opportunities to reflect on progress in a safe and trusted environment.
- **Mindset:** The mindset of broader pilot organisational staff was recognised to positively change during the pilot project. Leaders and managers observed a trend towards curiosity, reduced defensiveness, openness to feedback and experimentation, and renewed motivation and interest in roles.
- **Workforce development:** There were clear benefits to pilot organisation workforces through pilot project participation. Many staff received dedicated professional development in engagement thinking and practice. It was recognised that these new capacities would position staff well for future job roles.
- **Small wins:** Acknowledging and celebrating small wins within pilot organisations was another benefit identified by project leaders. They highlighted increased recognition that small things could make a big difference and significant and costly changes were not necessary to progress engagement thinking and practice at pilot organisations.

4. What are the enablers and barriers to implementing the Stretch2Engage Framework within services?

A wide range of enablers for use of the Stretch2Engage Framework were discussed by stakeholders, these include:

- **pre-existing commitments** to service use engagement
- **leadership support**
- **staff motivation and mindset changes** which brought energy and momentum to the project
- **resources provided** by the Partnership
- **systematic organisational approaches to planning and monitoring** of service engagement initiatives
- **opportunities for peer learning and collaboration.**

However, multiple challenges also existed, which can slow framework implementation:

- **framework complexity**

- **resourcing costs and practical challenges**, such as time to dedicate to engagement activities in the face of competing role demands
- **changing longstanding cultural and professional values** in clinical health settings
- **involving people using services** in both the Stretch2Engage Pilot Project and the evaluation
- **independent ideas testing**. While many common ideas shared in workshops were tested, there was less testing of unique engagement strategies, and many services copied those that worked in other settings.

5. What are the success factors for sustainably embedding the Stretch2Engage Framework into practice?

Through the pilot project, important sustainability factors have been embedded into participating services. There is clear evidence that cultural and practice changes related to service-user engagement in service design decision making are evolving. While resource constraints exist, and some cultural thinking and practice can be hard to change, on balance the evaluation team expects that the Stretch2Engage Framework and engagement practice will be sustained and further developed in pilot organisations over the short to medium term.

Many of the sustainability factors identified by pilot project stakeholders mirrored the enablers they discussed in project implementation:

- **Pilot organisation commitments to engagement**, which existed prior to the initiation of the pilot project and developed further as the project progressed. These commitments included: support from leadership; existing and further developed organisational cultural values and practices; and staff motivation and excitement to undertake further engagement activities.
- **The Stretch2Engage Framework**, to retain fidelity to engagement thinking and practice.
- **Accessible resources**, including a dedicated platform to hold resources and funding to progress engagement thinking and practice further.
- **More coaching**, again to retain fidelity to the Stretch2Engage Framework and contemporary engagement practice.
- **Changed mindset, values and attitudes** in wider pilot organisation staff.
- **Capacity building roles, workforce development opportunities and the provision of other internal pilot organisation resources**.
- **Further embedding systems and processes** that gather and respond to feedback, and to monitor and report on these practices.

6. How do the costs compare to the benefits of Stretch2Engage as a service improvement tool?

Overall, the evaluation team assesses the value for money of the Stretch2Engage Framework and associated learning activities as good, while noting that strength of evidence is currently low. All pilot organisations have used the Stretch2Engage Framework effectively and efficiently in their settings to achieve improved service engagement thinking and practice.

The pilot project did involve a substantial financial and in-kind investment by QMHC as well as by the pilot organisations. Although assessing the balance between immediate implementation costs and future benefits is complex, significant emerging value from project participation was reported by most stakeholders. A range of benefits were posited by stakeholders linked to improved workforce skills, confidence, motivation and satisfaction; greater organisational access to information of strategic

importance; more accessible, efficient, acceptable and effective services; and improved service user satisfaction and outcomes. Although longer-term benefits are speculative at this point, if these impacts can be achieved, then Stretch2Engage potentially offers cost savings to organisations and the community that more than offset the outlay.

While Stretch2Engage may initially be more costly to implement than traditional consumer participation approaches, its medium-term costs are no higher, and depending on options chosen may well be lower than consumer representative models, while potentially generating more significant benefits.

9.3 Looking to the future

The Stretch2Engage Pilot Project has been an important 'proof of concept', demonstrating the framework's potential to drive cultural changes within organisations that lead to substantially different ways of engaging people using services, their family members and supporters in service design. While the conceptual foundations of the framework have been essential in setting the direction for change, the accompanying learning strategies including workshops, coaching and the focus on technical skills development have also been important in achieving deep understanding and change.

Sustaining advances that have been made during the pilot project will be important to embedding new engagement practice, and pilot organisations appear well advanced in their thinking about how they intend to do this. A range of enablers and barriers to sustainability have been identified and organisations are tackling these with enthusiasm.

There are opportunities to broaden engagement capacity building across the AOD and MH sectors in Queensland, using existing resources and further developing them. The level of knowledge and motivation generated through the pilot project now represents a valuable resource that can be drawn on strategically to assist in dissemination of service engagement concepts and practices. Potential elements of an efficient rollout approach could include continued iteration and use of the self-reflection tool; a train the trainer model; an accessible platform and set of resources to support organisations; more resourced collaboration opportunities; and additional sector-wide workforce development events.

The Stretch2Engage Framework is an important advance over previous approaches to engagement and participation of service users, their families and supporters. We encourage QMHC, the Stretch2Engage Partnership and the pilot organisations to continue to develop the framework into the future as a tool to improve experience and outcomes for people using services.

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Appendix A: Evaluation criteria and standards

TABLE 11: STRETCH2ENGAGE EVALUATION CRITERIA AND STANDARDS

CRITERIA	IMPORTANCE IN SYNTHESIS	STANDARDS			
		Excellent	Good	Adequate	Poor
1. Effectiveness— engagement capacity <i>Effectiveness of the Stretch2Engage Framework in helping organisations improve their capacity to engage people with lived experience, their families, friends and supporters in service design, improvement and evaluation. Consider organisational culture, values, attitudes, leadership, systems, process and resources.</i>	Very high; must achieve at least adequate performance for the framework overall to be considered adequate or better	Most stakeholders agree that the Stretch2Engage Framework is very helpful in assisting organisations to build their capacity to engage people with lived experience and their families, friends and supporters, in the design or redesign of their services. Extensive evidence of the Stretch2Engage Framework helping organisations build engagement capacity across multiple dimensions. Strong evidence of deep cultural change within organisations in relation to engagement. No substantive negative feedback received on the helpfulness of the Stretch2Engage Framework.	Many stakeholders agree that the Stretch2Engage Framework is helpful in assisting organisations to build their capacity to engage people with lived experience and their families, friends and supporters, in the design or redesign of their services. Evidence of the Stretch2Engage Framework helping three or more pilot organisations build their engagement capacity across multiple dimensions. Some evidence of deep cultural change within organisations in relation to engagement. No substantive negative feedback received on the helpfulness of the Stretch2Engage Framework.	Mixed views across stakeholders about the extent to which the Stretch2Engage Framework is helpful in assisting organisations to build their capacity to engage people with lived experience and their families, friends and supporters, in the design or redesign of their services. Evidence of the Stretch2Engage Framework helping one or two pilot organisations build their engagement capacity in one or more dimensions. Changes in capacity appear to be more at surface/activity level. No evidence that the Stretch2Engage Framework is undermining engagement capacity.	Many stakeholders indicate that the Stretch2Engage Framework is not helpful in terms of assisting organisations to build their capacity to engage people with lived experience and their families, friends and supporters, in the design or redesign of their services. Substantial negative feedback. AND/OR: Serious issues identified in which evidence suggests the Stretch2Engage Framework is undermining organisations' existing engagement capacity.
2. Effectiveness— engagement in action <i>Extent to which the Stretch2Engage Framework strengthens the ways that organisations practice engagement, with resulting improvements in the quality of engagement that</i>	Moderate; caution advised because major changes may not be able to be detected in the one-year project timeframe.	Most stakeholders agree that the pilot has led to major, meaningful improvements in the way that the pilot organisations engage with people with lived experience and their families, friends and supporters. Stakeholders across all pilot organisations report a significant qualitative difference in the quality of	Many stakeholders agree that the pilot has led to meaningful improvements in the way that the pilot organisations engage with people with lived experience and their families, friends and supporters. Stakeholders across three or more pilot organisations report a significant qualitative	Evidence from a few pilot organisations indicates some improvement in the way that the organisations engage with people with lived experience and their families, friends and supporters. The majority of stakeholders agree that the Framework has potential to support improved engagement and	Little evidence of positive changes in engagement resulting from use of the Stretch2Engage Framework. The majority of stakeholders perceive that the Framework is unlikely to lead to meaningful improvement in engagement. Substantial cynicism and/or perceptions of tokenism about changes

CRITERIA	IMPORTANCE IN SYNTHESIS	STANDARDS			
		Excellent	Good	Adequate	Poor
<i>occurs, and the extent, level and/or experience of participation of people with lived experience, their families, friends and supporters in service design, improvement or evaluation.</i>		engagement and the level of participation. Notable increases observed in the extent of participation. No substantive negative feedback received on changes in engagement practice.	difference in the quality of engagement and the level of participation. Increases observed in extent of participation. No substantive negative feedback received on changes in engagement practice.	participation. No evidence that the Stretch2Engage Framework is leading to worse engagement practice.	remain at the end of the pilot. AND/OR: Evidence from one or more pilot organisations that attempts to use the framework have led to a decrease in the quality of engagement, or of the level or experience of participation for people with lived experience, their families, friends and supporters, especially if it is clear that this decrease has been consistent or will be difficult to remediate.
3. Impact <i>Extent to which the Stretch2Engage Framework enables other positive effects for people with lived experience, their families, friends and supporters, service provider organisations or the community more broadly.</i>	Moderate; lack of positive impacts will not detract from the overall performance of the framework, but may boost excellence if observed. Evidence of significant negative impacts will prevent framework overall from being rated better than adequate.	Strong positive impacts (going beyond engagement itself) identified for one or more key stakeholder groups (people with lived experience, families/friends/supporters, service provider organisations/staff, broader community) across most pilot sites. Instances of transformative emergent outcomes at some sites. Evidence of impacts building on each other over time. Most stakeholders expect further positive impacts in future. No substantive negative impacts identified.	Some positive impacts (going beyond engagement itself) identified for one or more key stakeholder groups (people with lived experience, families/friends/supporters, service provider organisations/staff, broader community) at three or more pilot sites. The majority of stakeholders expect further positive impacts in future. No substantive negative impacts identified.	Isolated evidence of limited positive impacts (going beyond engagement itself) identified for one or more key stakeholder groups (people with lived experience, families/friends/supporters, service provider organisations/staff, broader community) at one or more pilot sites. Stakeholders uncertain of whether the framework is likely to lead to positive impacts in the future. Minor negative impacts identified.	No evidence of positive impacts (going beyond engagement itself) identified for one or more key stakeholder groups (people with lived experience, families/friends/supporters, service provider organisations/staff, broader community). Most stakeholders do not think that framework is likely to lead to positive impacts in future. AND/OR: Significant negative impacts (linked to the framework) identified at two or more pilot sites.

CRITERIA	IMPORTANCE IN SYNTHESIS	STANDARDS			
		Excellent	Good	Adequate	Poor
4. Sustainability <i>Extent to which benefits of using the Stretch2Engage Framework are sustained for key stakeholder groups over time, including the extent to which improvements in engagement can be sustained by pilot organisations beyond the end of pilot.</i>	High	Most stakeholders across most pilot sites report that positive changes resulting from the pilot are likely to be sustainable over time, and that organisations will be able to continue using the framework to develop their engagement capacity without requiring ongoing consulting support. Evidence that changes have become strongly embedded within organisational culture/values, including being embraced by most staff within pilot sites. Most people with lived experience and families/friends/ supporters express high confidence that gains will be maintained.	The majority of stakeholders across three or more pilot sites report that positive changes resulting from the pilot are likely to be sustainable over time, and that organisations will be able to continue using the framework to develop their engagement capacity without requiring ongoing consulting support. Evidence that changes are becoming embedded within organisational culture/values, including being embraced by a substantial number of staff within pilot sites. The majority of people with lived experience and families/friends/ supporters express some confidence that gains will be maintained.	Mixed views across most sites about whether positive changes resulting from the pilot are likely to be sustainable over time. Indications from three or more pilot organisations that additional resources and/or support will be required to continue developing engagement capacity. Most sites are able to identify a potential pathway through which positive changes could be embedded within organisational culture/values over time. Some people with lived experience and families/friends/ supporters express some confidence that gains will be maintained.	Most stakeholders across most pilot sites report that it will be difficult to sustain positive changes beyond the end of the pilot period, and that they will struggle to continue developing engagement capacity without significant additional resources and/or support. For most pilot sites there is no clear pathway through which positive changes could be embedded within organisational culture/values over time. Most people with lived experience and families/friends/ supporters think it likely that the pilot sites will revert to previous cultural patterns over time.
5. Value for money <i>The balance between the costs and benefits of the Stretch2Engage Framework as a tool for organisational development.</i>	High	Most stakeholders across most pilot sites perceive the framework as providing strong value for money. Benefits are high and costs are low. Internal resourcing required from pilot sites to use the framework for change is low compared to other organisational development initiatives. Most sites are able to use the framework very efficiently. Most people with lived experience and	The majority of stakeholders across most pilot sites perceive the framework as providing good value for money. Benefits are high and costs are moderate. Internal resourcing required from pilot sites to use the framework for change is reasonable compared to other organisational development initiatives. Three or more sites are able to use the framework reasonably efficiently. The	Some stakeholders across most pilot sites perceive the framework as providing reasonable value for money. Costs are substantial compared to benefits, but the majority of stakeholders are prepared to commit to the costs given the perceived importance of the process. Internal resourcing required from pilot sites to use the framework for change is on par with or higher than that	Most stakeholders across most pilot sites perceive the framework as providing poor value for money. Costs are substantial compared to benefits and the majority of stakeholders are reluctant to commit to these costs. Internal resourcing required from pilot sites to use the framework for change is high compared to other organisational development initiatives. Most sites find it

CRITERIA	IMPORTANCE IN SYNTHESIS	STANDARDS			
		Excellent	Good	Adequate	Poor
		families/friends/supporters perceive the benefits of improved engagement to significantly outweigh any additional cost to them.	majority of people with lived experience and families/friends/supporters perceive the benefits of improved engagement to outweigh any additional cost to them.	for other organisational development initiatives. Most sites find it difficult to use the framework efficiently. Mixed views among people with lived experience and families/friends/supporters about whether the benefits of improved engagement outweigh additional costs to them.	difficult to use the framework efficiently. Most people with lived experience and families/friends/supporters experience additional costs from involvement, and perceive that these outweigh the benefits (if any) of improved engagement.

Appendix B: Stretch2Engage Theory of Change

Stretch2Engage Pilot Project—Theory of Change

Please read this document before viewing the attached Theory of Change diagram

Purpose

The Queensland Mental Health Commission (QMHC) is committed to better including people who use mental health (MH) and alcohol and other drug (AOD) services in the design of these services. To progress this goal, QMHC funded the development of the Stretch2Engage Framework, and in 2018–19 oversaw the Stretch2Engage Pilot Project. The pilot explored how organisations could build their capacity to better engage people who use their services in designing and evaluating these services.

A ToC diagram has been developed to describe how QMHC, the Stretch2Engage Partnership and other stakeholders believe the Stretch2Engage Framework and associated activities lead to increased engagement capacity, better engagement and broader positive impacts.

The ToC helps to articulate the purpose of the Stretch2Engage Framework, and the pathways through which outcomes are expected to occur. This is useful for communicating the intent of the framework. It also provides a basis for evaluating the effectiveness of the framework overall, and of engagement capacity building initiatives undertaken by specific organisations.

Context

The QMHC is committed to better including people who use mental health (MH) and alcohol and other drug (AOD) services in the design of these services.

The QMHC have funded a Stretch2Engage Pilot Project to explore how organisations can build their capacity to better engage people who use their services in designing and evaluating these services.

The Stretch2Engage Partnership (Queensland Network of Alcohol and Other Drug Agencies, Queensland Alliance for Mental Health, and Enlightened Consultants) has developed a Stretch2Engage Framework, which aims to build the capacity of organisations to better engage and use the perspectives of people with a lived experience of MH and/or AOD problems in service design activities. This ToC document has been created to describe how the QMHC, the Stretch2Engage Partnership and pilot organisations believe the Stretch2Engage Framework and associated activities does this.

Importantly, the Stretch2Engage Framework does not expect or require service users to do anything differently. The onus is on organisations to make changes that improve engagement of people using their services.

What is the problem we are trying to fix?

QMHC believes that people who use AOD and MH services in Queensland need more input into the way these services are designed. QMHC would like to increase the engagement of people who use services by making changes within organisations. These changes include changing attitudes, culture, systems and practices to enhance engagement with people using services, and enhancing engagement with the friends and families of people using services.

The Stretch2Engage Framework does not expect or require service users to do anything different. The onus is on organisations to make changes that improve engagement of people using their services.

What is a Theory of Change?

A ToC is a description of ‘program theory’—how an intervention achieves a set of effects. A ToC links the intervention (in this case, the Stretch2Engage Framework and associated capacity building and engagement activities) with its intended impact, through a causal pathway of intermediary outcomes.

A ToC is designed to demonstrate the causal relationship between factors that are hypothesised to contribute to intended outcomes. A key intended outcome of the Stretch2Engage Framework is improved capacity by AOD and MH organisations to engage people who use their services in designing service activities. The TOC summarises stakeholders’ views on the component parts of this outcome, the activities that enable it to occur, and the other outcomes and impacts it contributes to.

How to read the Theory of Change diagram

The ToC diagram should be read from the bottom up. The ToC begins with an outline of the activities believed to be influencing the changes we want to see. These are desired changes or the ‘ACTIVITIES—S2E Partnership’.

The ToC diagram should be read from left to right. Initial changes are shown on the left side of each horizontal line with later changes shown towards the right side.

The headings on the left side provide context to the boxes along each horizontal line relating to it. The colours show which box relates to which heading. As you work up the document, the Stretch2Engage ToC assumes that each horizontal line below influences the ones above it.

Factors influencing success

The bottom row of the ToC diagram shows factors which are expected to affect the extent to which intended outcomes are achieved.

In addition to the Stretch2Engage Framework and its associated capacity building activities, a range of contextual factors may influence the extent organisations can improve their service engagement capacity and practices. These factors include:

- type (e.g. public, private, government)
- size
- governance and leaderships
- agility
- competing priorities
- motivations to participate
- funding and funding requirements
- level of external support
- permission to trial new ideas
- stakeholder engagement
- internal champions.

Activities and outcomes

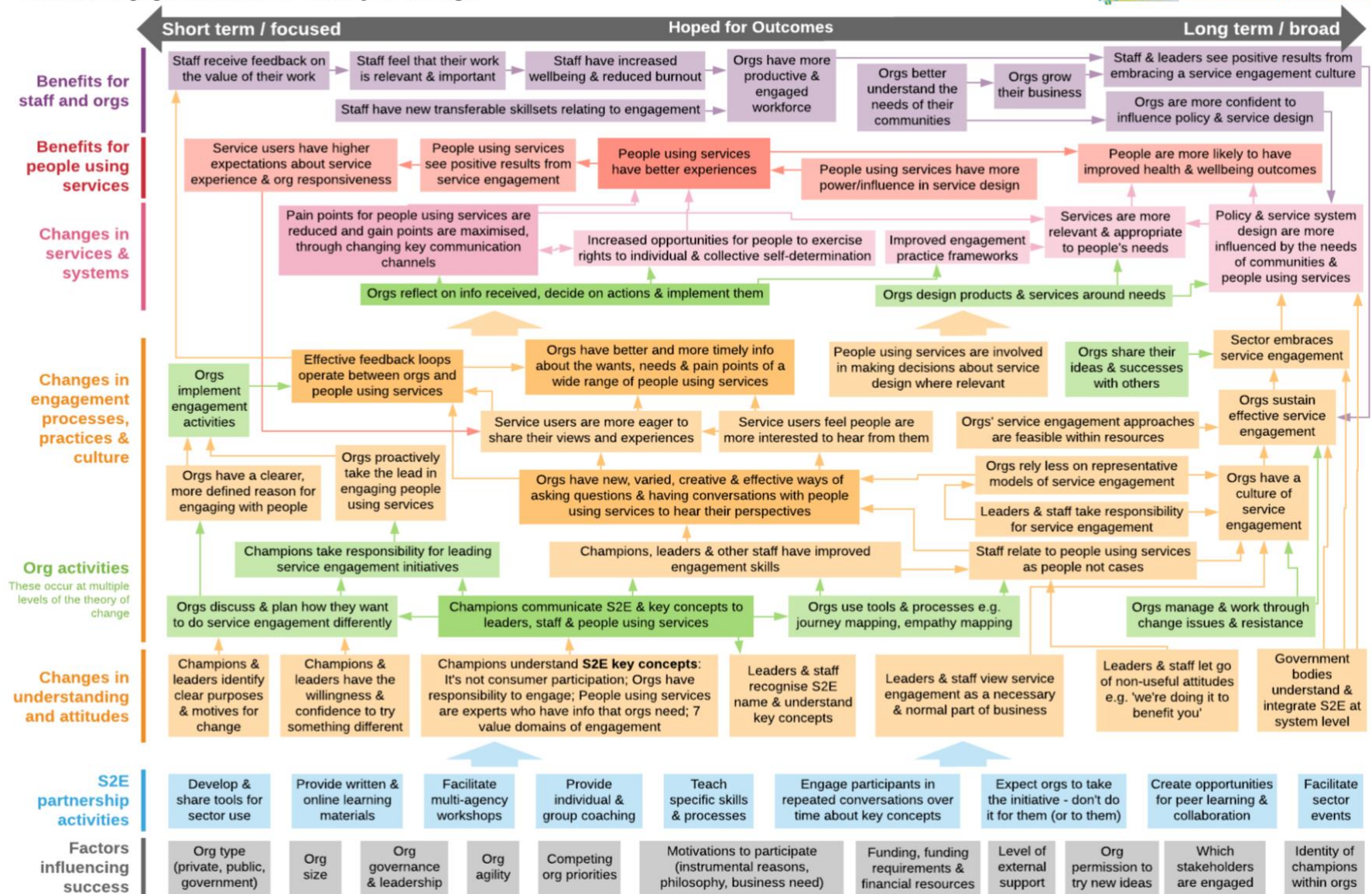
1. **S2E partnership activities:** These are the activities, resources and development opportunities provided during the Stretch2Engage Pilot Project and are believed to improve AOD and MH organisations' capacity to better include people using their services in service design activities.
2. **Changes in understanding and attitudes:** Changes in the way people think, which are expected to flow from participating in Stretch2Engage capacity-building activities.
3. **Org activities (Organisational activities):** Activities that organisations undertake to improve engagement processes and practices within their own operations.
4. **Changes in engagement processes, practices and culture:** Changes in the ways organisations undertake engagement, which are expected to result from the organisational activities and to lead to better engagement of people who use services in their organisations service design activities.

5. **Changes in services and systems:** Improvements within individual services and across sectors and systems that are expected to result from improved engagement processes, practices and culture, over time.
6. **Benefits for people using services:** Positive outcomes that are expected to occur for people using services as organisations strengthen their engagement practices and action resulting service improvements.
7. **Benefits for staff and organisations:** Positive outcomes for staff and organisations that are expected to result from better engagement capacity and practices.

Definitions of additional terms used

- **Impact:** Broad, long-term results that are anticipated to emerge from widespread use of the Stretch2Engage Framework in the AOD and MH sectors, over time.
- **Stakeholders:** Different groups of people who are participating in, or impacted by, Stretch2Engage Framework initiatives and associated engagement activities. They include people using services, their families and supporters, operational staff, managers, organisational project leaders, the Stretch2Engage Partnership and QMHC.
- **Champions:** People who advocate for and lead improvements in engagement capacity and practice within their organisation or sector.
- **Organisational culture:** The underlying beliefs, assumptions, values, behaviours, and ways of interacting that contribute to the unique social and psychological environment in an organisation.

Stretch2Engage Framework - Theory of Change



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Nich Rogers, Karen Rosauer & Mark Planigale. 2020.
Evaluation of the Stretch2Engage Framework Pilot: Final Report.
Brisbane: Queensland Mental Health Commission.

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