Consumer Involvement in Education:

A discussion paper for education and tertiary training providers
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Acknowledgements

The main authors of this discussion paper are Rhonda Robertson and Anna Nelson of Matua Raiki. Matua Raiki would like to acknowledge the following people and networks who have contributed to the writing and peer review of this discussion document:

- Dr Peter Adams – Associate Professor, School of Population Health, University of Auckland
- Martin Burke, Consumer Representative Postgraduate Advisory Group – National Addiction Centre, University of Otago, Christchurch
- Vanessa Caldwell – Project Manager, Matua Raiki
- Dr Daryle Deering – Deputy Director-Liaison, National Addiction Centre, Christchurch School of Medicine and Health Sciences, Otago University.
- Jo Dickens – Principal Lecturer, School or Social Science, Manukau Institute of Technology
- Nicky Grant, General Manager – Mind and Body Learning and Development
- Charles Henderson – National Coordinator, Needle Exchange Programme
- Vicki Kiddell - Matua Raiki Consumer Leadership Group
- Sheridan Pooley, CADS Consumer Advisor – Waitemata District Health Board
- Carolyn Swanson, Service User Manager – Te Pou o Te Whakaaro Nui
- Peter Thorburn, Consumer Educator – Abacus Counselling, Training & Supervision Ltd.
- Te Rangimaria Warbrick, Youth Clinician – Pou Whakaaro
- The National Addiction Training Providers’ Network.
Summary

This discussion document provides an overview of the history and current best practice literature for the inclusion of consumers in the education and training of health professionals who work or intend to work with people with addiction related problems.

Consumers in New Zealand have been engaged in a range of activities across a number of academic and tertiary institutions involved in the training of health professionals for at least two decades. The intention of this paper is to acknowledge current consumer participation and to explore areas for future development.

Internationally there are a number of good examples of how education and tertiary providers have worked with consumers to offer their students a unique and value-added experience. A Working Together toolkit developed by four UK Universities is presented in this paper as an example of how ideas about consumer involvement in education may be developed and used in the New Zealand context.

There are increasing expectations of consumer participation within addiction services and, while it has been commonplace in an ad hoc way within education provision, the time has come for a more comprehensive and supported approach.
1.0 Introduction

For the purposes of this paper people with a lived experience of addiction related problems will be referred to as ‘consumers’ unless otherwise stated, as the inference is that these people have accessed addiction services. The terms service-user and carer are widely used in the United Kingdom literature and although service-user is commonly used in New Zealand, carer is not frequently used. The terms service-user and consumer are synonymous and will be used interchangeably. While carer is not a preferred term it is important to ensure that the experiences of whānau, family and friends are also considered and woven into programme design and delivery in the New Zealand context. While we acknowledge that within the education sector the student is in effect the consumer, it is not the intent of this paper to use this definition, although the value of the student as ‘consumer’ in relation to student learning needs should always be a consideration for education and tertiary providers.

The inclusion of people who have experienced addiction related problems in the education of health professionals has been common practice in Aotearoa New Zealand. People with experience of addiction related problems have been involved in a range of activities across a number of academic and tertiary institutions dating back to the early 1990s (Deering, 2011; Adams, 2011). Deering (2011) uses the term ‘indirect consumer involvement’ to describe how people with a lived experience may have provided cultural expertise, or may have been students themselves in addiction related studies.

Using this definition, it could be assumed there has been indirect consumer involvement in addiction related education since its very inception in New Zealand. This is a reflection of the history of the addiction treatment sector where a third of all addiction practitioners identify as having come from their own lived experience (Adamson, Deering, Schroder, Townshend & Ditchburn, 2008).

Consumers also participate directly in a range of activities across education and tertiary providers. They are involved in programme design as members of tertiary advisory and stakeholder committees, in the delivery of programme content and by sharing their lived experience. While the inclusion of the consumer lived experience as a guest speaker has a more established history, the dedicated consumer perspective at an advisory level on tertiary programme committees appears to be relatively recent. Consumers are increasingly becoming involved in the delivery of teaching programmes, where the lived experience is ‘put up front’ and woven into programme content. Consumers also participate in academic research activities as co-investigators, peer interviewers and key informants.

A New Zealand framework for consumer participation in services currently exists within the health sector, particularly in mental health and addiction where a number of consumers participate in activities and designated roles in treatment services. Consumer participation is identified as involvement across a range of activities at different levels from a designated perspective, with the explicit expectation of remaining grounded in the ‘consumer worldview’. 
1.1 Context

An increasing focus on the experiences of people who use health services was underpinned by the introduction of the Health and Disability Commissioner Act 1994 and the subsequent Code of Health and Disability Services Consumers’ Rights in 1996. Juxtaposed by government policy, the deinstitutionalisation of psychiatric institutions paved the way for a growing service-user movement (Schneebeli, O’Brien, Lampshire, & Hamer, 2010) which in both the mental health and addiction sectors became defined with the implementation of the strategy and plan Looking Forward (1994) and Moving Forward (1997).

Consumer participation was further supported with the Ministry of Health’s second mental health and addiction strategy, Te Tāhuhu (2005), and implementation plan, Te Kōkiri (2006), with service-user development and service responsiveness being identified as leading priorities.

Another key document was the Mental Health Commission’s Blueprint, which set out the levels of service and the changes required to fully implement the government’s mental health and addiction strategy (1998:VI). The Blueprint has guided the funding of the mental health and addiction services over the past 15 years and is currently under review.

The 2001 Health and Disability Services (Safety) Act is a legislative framework that underpins the promotion and establishment of safe, consistent and reasonable standards of provision for health and disability services to the public. It refers to a suite of standards in which government-funded mental health and addiction services are required to meet the Mental Health Sector Standards (2001) and more recently the Health and Disability Services Standards (2008). Both Standards state that ‘consumers are involved in the planning, implementation and evaluation at all levels of the service to ensure that services are responsive to the needs of individuals’ (Standards New Zealand, 2008:15).

In addition to legislative and policy mechanisms, Ministry of Health documents provide a framework for consumer participation with A guide to effective consumer participation in mental health services (1995) and Toward Clinical Excellence: A toolkit to develop consumer participation in credentialing (2003).

A change in service delivery required a different approach and this was supported by the introduction of the Mental Health Commission’s Recovery Competencies for Mental Health Workers (2001). Recovery Competencies identified the necessarily skills, attitudes and knowledge to support the practice of a recovery-focused workforce. More recently, the Ministry of Health’s Let’s get real (2008) sets out a framework that identifies the essential knowledge, skills, and attitudes required to deliver effective mental health and addiction services for respective workforces.

Across government health policy there is an explicit inference that consumer participation plays a pivotal role in ensuring that both services and the workforce are responsive to the needs of people who use mental health and addiction services. At an organisational level there is a general understanding of consumer participation within mental health and addiction services, where various mechanisms are put in place to gain service-user feedback, to improve
quality and to ensure services are responsive to consumer needs. The types of activities and roles consumers participate in across mental health and, to a lesser extent, addiction are identified in two workforce documents, Consumer and Peer Roles in the Addiction Sector (Matua Raki, 2010) and the Service-user workforce survey: where are we at? (Te Pou, 2010).

While there are a number of legislative and policy drivers that explicitly underpin consumer participation in the planning, implementation and evaluation of mental health and addiction services, there are few legislative and policy drivers regarding consumer involvement in the education sector. Accordingly, consumer participation in the education sector has continued to evolve in an ad hoc way.

1.2 Inquiry

Two strands of exploration into consumer involvement in addiction related education were carried out to form the basis of this document. A review of the international and national literature was undertaken and consultation was had with key informants within the tertiary education and addiction sectors.

A working group of selected consumers with experience in the education sector was also set up to review the literature and give initial feedback on the draft discussion document. Members of the National Addiction Training Providers Network were also involved in the development of this discussion paper. Members of the consumer working group presented the draft paper at a network meeting and further feedback was requested on the draft paper from network members not in attendance.

2.0 Literature review

The literature on consumer participation in the education and training of health professionals is dominated by the UK experience and, to a lesser extent, Australia and the US. Although the literature primarily reflects the experiences and involvement of people who use mental health services in the UK, parallels can be drawn in regards to people who access addiction services and in relation to the New Zealand experience. While there is minimal New Zealand literature on this topic, anecdotal evidence, particularly around consumer activities within the education sector in New Zealand, has been included.

As discussed, the New Zealand experience of consumer participation in services is underpinned by legislation and policy within health, and particularly in mental health and addiction. Thus consumer participation in New Zealand is predominantly around service delivery rather than the education of individual health professionals. In the UK, however, legislation has created a space for consumers to be involved in this process.

2.1 Consumer participation in education

2.1.1 The New Zealand experience

Consumer participation in the education and training of health professionals who work, or who intend to work, in the area of addiction is largely undocumented. Though there are a number
of papers that provide a framework for consumer participation in services there is minimal published literature outlining consumer participation in education in New Zealand. Due to this lack of documentation, evidence of activities related to consumer participation informing this discussion document comes from the experiences of those who have previously participated in providing a consumer perspective in addiction education.

Consumer participation in the education of health professionals working with people with addiction related problems and the addiction workforce dates back to the 1990s. For example consumers have been involved in the medical student programme, at the University of Otago, Christchurch School of Medicine since this time (Deering, 2011).

Over the past two decades consumer input has continued to contribute to a range of activities, in particular in the National Addiction Centre post-graduate programmes (Health Sciences, Addiction and Co-existing Disorders). The scope and level of consumer participation includes: consumers as guest speakers who share their personal journey, the provision of a systemic consumer perspective; participation at an advisory level on post-graduate programme committees; being co-investigators/authors in academic research and involvement as peer interviewers. Consumer involvement has covered topics such as stigma, access and barriers to services and consumer perception across treatment modalities. It has also included participation by peer-based services, such as the dedicated needle exchanges.

Consumers have also been involved in the medical student programme at the School of Population Health, University of Auckland, as guest speakers since the 1990s. Adams (2011) refers to activities involving Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) that he facilitated back in 1993. In particular Adams (2011) referred to a ‘40 minute session where all fourth year medical students were exposed to the lived experience of addiction from members of NA’. Guest speakers from a lived experience are also currently included in the University of Auckland Health Sciences undergraduate programme.

The University of Auckland Goodfellow Unit’s, National Opioid Treatment Training Programme (NOTTP) involved consumers on the Advisory Board and across design, delivery and evaluation from the early 2000s (Henderson, 2011). This training programme was a short course targeting primary health care professionals in the delivery of opioid substitution treatment.

The history of consumer participation in the Wellington Institute of Technology (WelTec) addiction studies programme is less clear, although the predecessor to WelTec, the Central Institute of Technology (CIT) and the Certificate in Alcohol and Drug Counselling dates back to the early 1990s. According to Caldwell (2011), at the time many people working in the sector, particularly those that came from their own lived experience, did not have a formal qualification. In recognition of the growing need to professionalise the sector CIT began undergraduate addiction studies programmes. People with a lived experience of addiction have participated in the WelTec addiction undergraduate programme predominantly as guest speakers, and more recently a consumer has been included on the Alcohol and Drug Advisory Committee as an industry stakeholder.

The development of an addiction specific undergraduate qualification provided an education and career pathway within the addiction sector for many people with a lived experience. There
is an important challenge here in both recognising the shared experience of people with a lived experience who have chosen a clinical pathway, and that of the dedicated ‘consumer voice’. There is a need for ongoing development and validation of the dedicated ‘consumer voice’ distinct from that of those of a lived experience of addiction who are now addiction practitioners.

Consumer involvement in education is outlined in the Community Support Services Industry Training Organisation’s (CSSITO’s) Accreditation and Moderation Action Plan (AMAP) and subsequent Consent Moderation Requirement (CMR). The AMAP underpins the recently reviewed National Certificate in Mental Health and Addiction Support Work and proposed review of the National Diploma, Mental Health and Addiction whereby applicant organisations ‘must have specific policies and procedures that ensure the involvement of consumers/tangata whai ora in the development and ongoing evaluation of the programme’ (CSSITO). According to Dickens (2011) ‘the Manukau Institute of Technology (MIT) has made moves to address this for the development process and agrees that the consumer needs to have a greater voice in delivery and development of qualifications’. As a consequence MIT is supporting a range of activities for greater inclusion of the consumer voice. Dickens (2011) refers to the following activities:

*the appointment of a consumer onto the programme advisory committee, whose role would include assisting the programme leader form a round table of ‘consultants’ to help review the programme structure and content; planning and developing of the curriculum and the appointment of a lecturer with a lived experience of addiction.*

Moreover, Dickens (2011) states that ‘both roles... will incorporate teaching, assessment and evaluation of the programme content’. Other areas identified for further development were to create a stronger/robust process for student selection onto the programme by inviting consumer representation onto the interview panel, and potentially extending this to staff recruitment (Dickens, 2011).

The consumer perspective in under-graduate nursing programmes in New Zealand is epitomised by developments at the School of Nursing, University of Auckland. Schneebli et al., (2010, p.32) suggest that ‘cooperation between service-users, clinicians and academics is essential to prepare nurses for the reality of clinical practice in the increasingly complex, competitive, and cost-burdened health-care environment’.

Unlike the many activities that consumers more commonly participate in, such as being a guest speaker, the role within the University of Auckland nursing programme is similar to that of lecturer. Schneebli et al., (2010, p.32) state ‘activities include didactic sessions, also taught by clinical nurses and other professionals from specialist mental health settings (some with their own experience of mental illness), and small group tutorials facilitated by the service-user lecturer’ They believe consumer involvement in the education of mental health nurses can reduce stigma and discrimination, as well as encourage people to specialise in mental health nursing. Given the apparent lack of addiction specific initiatives to reduce stigma and discrimination for people with addiction related problems, this potentially highlights a valuable mechanism that has the potential for longer term impact.
The tertiary institutions mentioned in this discussion paper are not the only education and training providers who deliver undergraduate and post-graduate programmes with addiction content but are those that have kindly given their time and feedback to develop this discussion document.

2.1.2 Consumer participation frameworks

Consumer participation frameworks within mental health and addiction have been largely driven within health. The Ministry of Health (1995) *A guide to effective consumer participation in mental health services* identifies three levels of participation:

1. individual level
2. organisational level
3. policy level.
The Ministry of Health’s (2003, p.2) *Toward Clinical Excellence: A toolkit to develop consumer participation in credentialing* also identifies three types of consumer representation and criteria for participation in health service and planning, as outlined in the following table:

<table>
<thead>
<tr>
<th>Criteria for participation</th>
<th>Single consumer (patient/family)</th>
<th>Consumer group (‘expert’ in a specific health care need)</th>
<th>Members of the public (‘independent’ consumer voice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal experience of treatment or care in the service-user review</td>
<td>Yes</td>
<td>Most often</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Consultancy</td>
<td>Self/family</td>
<td>Specific group</td>
<td>Wider community</td>
</tr>
<tr>
<td>Awareness of local issues of concern to other patients</td>
<td>Not usually</td>
<td>Sometimes</td>
<td>Yes, if in touch with community</td>
</tr>
<tr>
<td>Awareness of national issues and ideology of citizens</td>
<td>Not usually</td>
<td>Sometimes</td>
<td>Yes</td>
</tr>
<tr>
<td>Relevance of participation</td>
<td>Patients can talk about individual and provider failures and their impact</td>
<td>Can differentiate between individual and systems problems by consulting with members and tracking failures</td>
<td>Translates consumer experience into proposals for better access, advocacy, equity, safety and redress</td>
</tr>
<tr>
<td>Use of this form of participation by health and disability services</td>
<td>Often used</td>
<td>Sometimes used</td>
<td>Rarely used</td>
</tr>
</tbody>
</table>


These frameworks provide a guide for the types and levels of consumer participation within the delivery of health care services that could be applied to the education of health professionals. They also help identify the skills and knowledge required to participate in an education setting at a variety of levels. An example of a similar framework and how it might apply in an education setting is provided in Appendix 1.

2.1.3 The international experience

In the UK legislation has allowed consumers to be involved in the process of educating the health and social care workforces. Consumer participation in the UK context is referred to as service-user and carer involvement. The legislative and policy drivers that underpin service-user and carer involvement in education in the UK are clearly defined in the Health and Social Care Act 2001 in section 11 under the heading of public involvement and consultation. The implications of the legislation are particularly evident in the social care sector with the Department of Health (2002) *Requirements for Social Work Training* and the Quality Assurance Agency for Higher Education’s (2000) *National Operational Standards for Social Work*. This is
further supported by the General Social Care Council (GSCC), which is the regulatory body for the social work profession and social work registration.

A number of initiatives involving service-users and carers in social work education in the UK have been documented. Brown and Young (2008, p.84) refer to ‘requirements set out for the social work degree post-qualifying framework specify the involvement of service-users and carer on a number of levels’. Bournemouth University piloted and evaluated the ‘Getting Involved’ (designed by Skills for Care) programme ‘to build capacity to participate among service-users and carers new to social work education’ (Brown & Young, 2008, p.84). According to Brown and Young (2008, p.88) the programme covered topics ‘such as involvement in student selection, involvement in student assessment, using personal expertise for social work education and information about the social work degree’.

Another UK initiative of note has taken place at Kingston University within the social work education programme. The findings of an initial evaluation of the service-user and carers involved indicated ‘real involvement of service-users means supportive training and practical skill development to enhance self-confidence, assertiveness and communication’ (Skilton, 2011, p.306). Skilton (2011, p.307) believes the exercise caused students to reflect on their own values, judgements and prejudices in ways that could not have been done without consumer involvement.

Skilton’s (2011, p.300) comments effectively encapsulate the importance of service-user and carer involvement;

If we are not able to train sensitive, skilled and well informed social workers, who have insight into what it feels like to be on the receiving end of services, how can we expect them to effectively work in partnership with those they work with for the remainder of their career?

Alongside such initiatives service-user and carer steering groups have also been developed. These groups not only provide an advisory capacity for student assessment and interviews, but also act as a mechanism for accessing service-users and carers who could participate in the various activities across social work education initiatives.

While it appears the social care sector in the United Kingdom has made an important contribution to service-user and carer participation initiatives, it is not the only example of service-user and carer involvement in the education of health professions. Lathlean, Burgess, Coldham, Gibson, Herbert, Levett-Jones, Simons & Tee (2006, p.425) refer to initiatives that have been established within a school of nursing and midwifery in the UK. The three main initiatives established in this school are:

- a service-user and carer reference group
- a service-user academic post
- a co-operative inquiry which sought to engage service-users in the clinical decisions of mental health student nurses.
According to Happell, Pinikahana & Roper (2003, p.73) a study into the impact of a consumer academic post on the attitudes of postgraduate psychiatric nursing students within Postgraduate Nursing at the University of Melbourne indicates the students’ approval rating of consumer participation had increased in all areas. This included the areas of mental health service management, treatment, planning, and service delivery, following exposure to a consumer academic. Happell et al., (2003, p.75) also conclude, ‘that consumer involvement in education is an effective strategy in influencing the attitudes of nurses to consumer participation in mental health care’.

2.2 Examples for consumer involvement

The following are topics for consideration when involving consumers in the delivery of programme content. The ability of a consumer to deliver the following content within the programme curriculum would be influenced by the support of the tertiary institution and the skill of the consumer.

2.2.1 Consumer participation in the mental health and addiction sector

The importance of understanding the lived experience from a systemic perspective is essential to creating a greater awareness of the various levels of consumer participation as identified in the Ministry of Health (1995) A guide to effective consumer participation in mental health services. This topic would include the key policy documents and standards that underpin the development of consumer participation in the addiction sector over the past 15 years. It could also include an overview of the development of the various dedicated consumer and peer roles within the addiction sector (Matua Rakí, 2010).

2.2.2 Stigma and discrimination

The complexities and nature of substance use and addiction related problems in relation to stigma and discrimination influence factors that underpin the context in which values and attitudes are shaped. The stigma and discrimination often experienced by people with addiction related problems is further compounded by the illicit nature of substances and illegal activities that are often associated with this population. In the absence of a national social inclusion campaign for people with addiction related problems, consumer involvement in programme curriculum and teaching could cover topics such as stigma and discrimination to create awareness and to challenge attitudes and values.

The Let’s get real (Ministry of Health, 2008) framework outlines the essential common values and attitudes required to work in mental health and addiction services. Having consumers cover the Let’s get real ‘Values and Attitudes’ learning module (Te Pou, 2010) would support students understanding of stigma and discrimination.
2.3 Case example: toolkit for engagement

*Working Together- Service-user and Carer Engagement in Health and Social Care: A Toolkit for Education, Research and Development*\(^1\) outlines practical steps to facilitate involving consumers in education and covers a number of topics across a variety of activities (Wrekin Lifelong Learning Network et al., n.d). Although this toolkit has been developed for the education of health and social care professionals in the UK, much of the toolkit may apply to the New Zealand context. It provides a practical framework to begin to develop strategies to implement and progress consumer involvement in education and research in the New Zealand context.

The toolkit covers the following areas:

- **Principles of engagement**

  The underlying principles of engagement are: *Achievement, Change, Choice, Commitment, Integrity, Respect, Transparency and Valuing Difference*.

  - Identify potential partners to support the development of consumer involvement; for example, local consumer networks, peer support groups, peer-based services and self-help fellowships, dedicated consumer roles, national workforce development programmes and other initiatives that support consumer involvement and student representation.
  
  - In partnership, identify the benefits, challenges and strategies to further progress effective consumer involvement.

- **Steps for organisation in engagement**


  - In partnership with the key stakeholders, develop a strategy and action plan to support and implement consumer involvement.

- **Preparation for engagement**

  The value of partnerships can be demonstrated through the depth and breadth of networks and relationships across a number of key stakeholders, particularly when developing good practice and processes for accessing consumers to engage in education and research activities.

  - Identify the scope of activities consumers will be involved in, and the skills and knowledge required.

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\(^1\) This toolkit can be downloaded from [http://www.serviceuserandcarertoolkit.co.uk/index.html](http://www.serviceuserandcarertoolkit.co.uk/index.html).
• Identify the training and support involved consumers will require.

• **Engagement in research**
  Research highlighting the benefits of consumer involvement in education has indicated increased empathy and improved communication skills, greater understanding of care impact and positive attitudinal changes among participants.
  • In partnership, create opportunities for consumers to be involved in research as co-investigators and peer interviewers and to influence the research agenda.

• **Engagement in curriculum: engagement in teaching**
  Evidence suggests consumer involvement in teaching can have a positive impact on attitudes and values.
  • Consider consumer involvement in the teaching of course curriculum. What part of the curriculum would the consumer perspective add value to student learning?

• **Engagement for assessment**
  Assessment is the process by which evidence of student achievement is recognised and judged.
  • Consider how consumers could be involved in the assessing of students readiness to practice.

• **Engagement in recruitment and selection**
  Consumers offer a valuable perspective on the skills and qualities required by students.
  • Consider consumer involvement in the recruitment and selection of the ‘right’ students. Consumers may also be involved in the recruitment of staff working on the programme.

• **Engagement in marketing**
  Consumers who are involved in teaching and learning can make a significant contribution to marketing activity.
  • Consumers could play an active role in promoting tertiary providers and courses.
  • Consumer involvement will make the course more attractive to students.

• **Engagement in evaluation**
  To support the inclusion of consumer involvement in tertiary education and research, consider a checklist to evaluate how consumers are involved and to measure the ongoing progress in improving student learning outcomes.
3.0 Recommendations for tertiary providers when involving consumers in education

When including the consumer perspective in activities across tertiary and education institutions there are a number of factors that need to be considered.

Firstly, the importance of reflecting on the diversity of the consumer experience is essential to ensuring that students gain an understanding of the consumer experience across the treatment continuum. This should also reflect the experiences and perspectives of people who have recently or are currently accessing addiction services so students are exposed to current trends and consumer need.

Secondly, linking the necessary knowledge and skill set to the various activities that consumers participate in across the education sector is not only necessary but ensures consumer participation is both purposeful and meaningful. This includes identifying the training needs and supports consumers require to effectively participate in such activities.

The need to develop a consumer participation strategy is pivotal to identifying areas for further development in education. Such a strategy could help to strengthen and build relationships across education, health and consumer networks and would provide opportunities to align various levels of consumer involvement in education and research. A commitment by education and tertiary providers towards including consumers is essential. While it is recognised that involvement and engagement at all levels will not occur immediately, it is hoped that organisations can mature towards this. Adapting the toolkit outlined in this document would be a useful component in the development of a strategy.
4.0 Conclusion

It is evident that although there has been no overarching strategy or legislative drivers around the inclusion of consumers in education, consumers have participated in activities across the education of health professionals who either work or intend to work in the mental health and addiction sector for a number of years both directly and indirectly. Recognition of such activities, particularly within the delivery of addiction content, has primarily been championed by a number of individuals who have not only seen the value of the consumer perspective but have advanced the inclusion of this perspective within education.

The focus of consumer participation in New Zealand over the past 15 years has been on service delivery, while little focus or attention has been given to the education, training and practice of the actual workforce. To ensure the workforce is responsive to consumer needs further consideration needs to be given to the value and future role that consumers have in the education and training of students and the existing workforce.

Both the international literature and the New Zealand experience identify areas where consumer involvement has been widely used, specifically around stigma, discrimination and as a mechanism for student reflective practice. This is an opportunity to not only consolidate existing activities but to formalise the value and role of consumer participation within education and training provider activities with a focus on student learning outcomes.

Training and education providers should develop a consumer participation strategy to formalise activities across their programmes and to set goals and benchmarks for consumer involvement in their educational setting. The toolkit (Wrekin Lifelong Learning Network et al., n.d) outlined in this document provides a template to help providers to begin focussing on such a strategy.
5.0 References


Matua Ra ki (2010). Consumer and Peer Roles in the Addiction Sector, Wellington: Matua Ra ki.


## 6.0 Appendix 1  Checklist

<table>
<thead>
<tr>
<th>Type of involvement</th>
<th>Objective</th>
<th>Skills and attributes required</th>
<th>Support required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary Institution Policy</td>
<td>Consumer Involvement in Education</td>
<td>Relevant skills and knowledge aligned to type of involvement</td>
<td>Budgetary considerations</td>
</tr>
</tbody>
</table>
| Programme advisory member                               | Consumer perspective in the development of curriculum and programme content | Knowledge of tertiary education system and a systemic consumer perspective  
An awareness and understanding of research methods     | Mentoring and support  
Links to consumer networks  
Funding considerations                                  |
| Providing consumer perspective into course delivery      | Increase student knowledge of consumer perspective                        | Knowledge of the consumer movement (i.e. key overarching policy documents and mechanisms that facilitate consumer participation) and systemic consumer perspective  
Understanding stigma and discrimination                 | Teaching and presentation training  
Supervision and debriefing  
Funding considerations                                   |
| Consumer perspective in student assessment process      | Consumer involvement in recognising student achievement and fitness to practice | Knowledge of tertiary education system and a systemic consumer perspective  
Understanding of the marking criteria in relation to the piece of assessment and its context within the wider programme | Mentoring and support  
Mentoring, supervision and moderation.                   |
<table>
<thead>
<tr>
<th>Consumers involved in the recruitment of students</th>
<th>Consumer consideration of the ‘right’ type of person to be undertaking the programme</th>
<th>Knowledge of tertiary education system and a systemic and personal consumer perspective</th>
<th>Mentoring and support</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer as a guest speaker</strong></td>
<td>Personal narrative of an individual consumer addiction and treatment experience</td>
<td>Discuss their treatment and recovery journey</td>
<td>Presentation training, Debriefing, Funding considerations</td>
</tr>
<tr>
<td><strong>Consumer involvement in research</strong></td>
<td>Consumer perspective in research design and practice</td>
<td>Advanced knowledge of the research topic from a consumer’s perspective and an understanding of research methods</td>
<td>Funding considerations</td>
</tr>
<tr>
<td>** Consumers as research interviewers**</td>
<td>Peer interviewer</td>
<td>Ability to engage with hard to reach populations</td>
<td>Training, Funding considerations</td>
</tr>
</tbody>
</table>
passion
commitment
excellence