

**Client Engagement Toolkit**

**Organisational Resources**



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### Client Engagement Framework

This template engagement framework will help you to develop a Client Engagement Framework and Strategy for your organisation.

The template steps you through the process of mapping current engagement practice, identifying gaps and desired changes, and choosing the level of engagement you would like to pursue for different purposes.

The template includes instructions throughout that you can delete from the document when you have completed them. The instructions point you to different tools you can use to complete each section of the framework document.

There is suggested wording included throughout the document. You can simply insert the name of your organisation wherever indicated, or you can alter the wording to suit your needs.

When you have completed the framework document, you can copy it into a new document and reformat it to suit your organisation’s needs and to reflect your own document style.

**[Organisation]**

**Client Engagement Framework**

**About this document**

**The purpose of this framework**

[Organisation] recognises the importance of effectively engaging with clients. Client engagement ensures opportunities for clients to receive appropriate information and support, participate in decisions that affect their care and everyday lives, and provide drive or advise on [Organisation]’s service delivery, evaluation, planning and design. This framework is designed to support effective client engagement practice.

Client engagement can occur at any level of the organisation and can be used to inform our decision making, services, and practice – individually, within each service, in a local community, or organisation-wide. Clients have an important role in the planning, delivery, and evaluation of services, as well as in the direction and evaluation of their own care. We are committed to ensuring that appropriate engagement activities occur at each of these levels.

This framework provides guidance on ways to ensure clients have a genuine role at every level from their own individual needs through to organisational policies and processes. The framework will assist with identifying opportunities for client involvement in all aspects of service design and delivery.

A commitment to client engagement and participation means that client input is valued and is modelled throughout the organisation to all staff. We recognise that client engagement is fundamental to fulfilling our mission and values, and is committed to engagement practice that values the contribution of clients throughout the organisation. Client engagement and participation will be included in key [Organisation] policies and as part of planning processes and evaluation. This framework will inform how client engagement is embedded in all of the organisation’s policies and processes.

**Where this framework fits at [Organisation]**

This framework connects with a number of [Organisation]’s policies, and our strategic and operational plan.

|  |  |  |
| --- | --- | --- |
| **[Organisation] policy/ plan** | **Aspects of policy/ plan that intersect with this framework** | **How this framework informs the policy/ plan** |
| [Organisation] strategic plan |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Why we engage**

**Benefits of effective engagement**

[Organisation] recognises the range of important benefits of effectively engaging with clients.

These include:

* comprehensive, inclusive, accessible, and innovative services, with increased satisfaction with and uptake by clients;
* a clearer understanding of client and community needs and wishes and greater insight into their experience, leading to informed decision making;
* better communication, resulting in greater trust;
* more informed and appropriate decision making for individual clients, and increased support for client control in care planning and decision making, and in everyday decision making.

**The legal and regulatory context for engagement**

Client engagement is essential to meet our obligations within the care system. There are a number of legislative and regulatory requirements that this framework is designed to help us meet. Some of these requirements refer specifically to client participation and involvement in decision making. Some refer to the provision of information, some refer to acting on requests from clients, and some refer to working in partnership to make decisions.

|  |  |
| --- | --- |
| **Regulation or Standard** | **Standard** |
| Aged Care Accreditation Standards |  |
| Standard 1 (Management systems, staffing and organisational development) | 1.4 Each care recipient (or his or her representative) and other interested parties have *access to internal and external complaints mechanisms* |
| Standard 2 (Health and Personal Care) | Principle: Care recipients’ physical and mental health will be promoted and achieved at the optimum level *in partnership between each care recipient (or his or her representative) and the health care team*. |
| Standard 3 (Care recipient lifestyle) | Principle: Care recipients retain their personal, civic, legal and consumer rights, and are *assisted to achieve active control of their own lives* within the residential care service and in the community.3.9 Each care recipient (or his or her representative) *participates in decisions* about the services the care recipient receives, and is *enabled to exercise choice and control* over his or her lifestyle while not infringing on the rights of other people. |
| Home Care Common Standards |  |
| Standard 1 (Effective management) | 1.4 The service provider understands and *engages with the community* in which it operates and reflects this in service planning and development. |
| Standard 2 (Appropriate access and service delivery) | Principle: Each service user (and prospective service user) has access to services and service users receive appropriate services that are *planned, delivered and evaluated in partnership* with themselves and/or their representative.2.1 Each service user’s access to services is based on *consultation with the service user (and/or their representative)*, equity, consideration of available resources and program eligibility.2.2 Each service user *participates in an assessment* appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.2.3 Each service user and/or their representative, *participates in the development of a care/ service plan* that is based on assessed needs and is provided with the care and/or services described in their plan.2.4 Each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service user’s care/service plans are *reviewed in consultation* with them. |
| Standard 3 (Service user rights and responsibilities) | Principle: Each service user (and/or their representative) is *provided with information to assist them to make service choices* and has the *right (and responsibility) to be consulted* and respected. Service users (and/ or their representative) have *access to complaints and advocacy* information and processes and their privacy and confidentiality and right to independence is respected.3.1 Each service user, or prospective service user, is *provided with information* (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.3.3 *Complaints and service user feedback* are dealt with fairly, promptly, confidentially and without retribution.3.4 Each service user’s (and/or their representative’s) *choice of advocate* is respected by the service provider and the service provider will, if required, *assist the service user (and/ or their representative) to access an advocate*. |
| Charter of Care Recipients’ Rights and Responsibilities for Residential Care | Each care recipient has the following rights: c) to *full information* about his or her own state of health and about available treatments; h) to be treated and accepted as an individual, and to have his or her *individual preferences taken into account* and treated with respect; n) to *maintain control over, and to continue making decisions* about, the personal aspects of his or her daily life, financial affairs and possessions; o) to be *involved in the activities*, associations and friendships of his or her choice, both within and outside the residential care service; q) to be *consulted* on, and to *choose to have input* into, decisions about the living arrangements of the residential care service; r) to have access to *information* about his or her rights, care, accommodation and any other information that relates to the care recipient personally; s) to *complain and to take action* to resolve disputes; t) to have *access to advocates* and other *avenues of redress*;  |
| Charter of Care Recipients’ Rights and Responsibilities for Home Care | Each care recipient has the following rights: (1a) to be treated and accepted as an individual, and to have his or her *individual preferences* respected (1e) to full and effective use of all human, legal and consumer rights, including the *right to freedom of speech regarding his or her care* (1f) to have *access to advocates* and other *avenues of redress* (2a) to be *supported by the approved provider*: (i) to *set goals* in relation to the outcomes he or she seeks from home care (ii) to *determine the level of ongoing involvement and control* that he or she wishes to have in the provision of the home care (iii) to *make decisions* relating to his or her own care (2b) to *choose the care and services* that best meet his or her goals and assessed needs and preferences, within the limits of the resources available (2c) to have *choice and flexibility* in the way the care and services are provided at home (2d) to *participate in making decisions* that affect him or her (2e) to have his or her *representative participate in decisions* relating to his or her care if he or she requests it or if he or she does not have capacity. (3b) to be given before, or within 14 days after, he or she commences receiving home care, a *written plan of the care and services that he or she expects to receive* (3Aa) to receive an *individualised budget* for the care and services to be provided (3Ab) to have his or her individualised budget reviewed and, if necessary, revised if: (ii) *he or she requests* the approved provider to review and, if necessary, revise the individualised budget (3Ac) to *receive a monthly statement* of the funds available and the expenditure in respect of the care and services provided during the month. (4b) to *access his or her personal information*. (5a) to be *helped to understand any information* he or she is given (5b) to be *given a* *copy of this Charter* (5c) to be offered a *written agreement* that includes all agreed matters (5d) to *choose a person to speak on his or her behalf* for any purpose. (6a) to be given *information on how to make comments and complaints* about the care and services he or she receives (6b) to *complain about the care and services* he or she receives, without fear of losing the care or being disadvantaged in any other way (7b) to *receive invoices* that are clear and in a format that is understandable (7c) to have his or her fees reviewed periodically and *on request* when there are changes to his or her financial circumstances  |

**How we engage**

**Our staff are the key to engagement**

Engagement can occur at any level of the organisation and can involve staff in any role. Engagement may not necessarily involve direct contact with an individual client. It could involve, for example, information sharing through marketing materials or information sheets, or the development of web services that clients may use, or that staff use to engage with clients directly. It could involve direct discussion, collaboration, or partnership with one or many clients at any given time. Engagement is therefore the responsibility of all [Organisation] staff. It is important that all staff have an understanding about what engagement means for their everyday work and how to implement it effectively.

Specific responsibility for engagement initiatives will depend on the purpose of the activity and at what level of the organisation it takes place. However, [Organisation] encourages all staff to consider how they can contribute within their own roles to our overall engagement approach. We support an open door policy across our services.

**We support our staff and clients to engage**

[Organisation] will support its staff to undertake client engagement and participation initiatives, and clients will be supported to participate effectively. The efforts of staff and clients in contributing to these initiatives will be recognised and valued. This framework is designed to give staff and clients a general grounding in what engagement looks like and the purposes it serves.

Empowering clients is important to [Organisation], with good information, education and a strong customer service culture key to achieving this. We recognise that client engagement begins before admission. We are committed to support this by providing high quality information in an efficient manner to potential clients and their families in our education and admissions process. We strive to offer prompt service with immediate responses to all queries.

We value an approach to service provision that is simplified for clients and does not create unnecessary bureaucracy. We understand the need to provide timely upfront, accessible, accurate, clear information including regarding legislative requirements, pricing, and other policy changes. We acknowledge the need to maintain up to date knowledge about the changing care system in order to assist clients to engage with the system effectively.

Engagement with family and friends is an important part of what we do and helps us to support clients’ choice and autonomy. The expectations of families and carers can affect decision-making, so the information they receive and their understanding about our services and the care system is vital. We are committed to ensuring that family members and carers have accurate, timely information in a form and at a time that best supports their decision making, and ensuring that we understand their expectations.

We acknowledge that the client’s transition into care can be challenging for family members and that sometimes family may disengage. We seek to understand why family members disengage including ways to maintain client and family engagement following admission. We value staff-family relationships of warmth, trust and personal connection. This framework is designed to support engagement in a way that facilitates these relationships.

Any framework needs to be accompanied by practical support, mentoring, and training to assist staff to understand and implement the guidelines. Training in skills required to engage effectively will also be important for both staff and clients. We recognise the importance of providing training to support all staff in their client engagement roles. We acknowledge the need for support, leadership and education to assist with staff developing a strong, responsive customer service focus, which includes appropriate responses to challenging situations and providing correct information.Mentoring in engagement by senior and experienced staff is an important part of continual development of engagement practice within [Organisation].

Just as all staff may be involved in engagement initiatives, all staff are responsible for ensuring that information and feedback from these initiatives is collected. This information should be collated and fed back to [Organisation] management to inform decision making as well as future engagement initiatives. While engagement can be both formal and informal in practice, formal engagement initiatives should be documented to support evaluation and to inform reporting for accreditation and monitoring and to help staff learn for future engagement activities.

**We work closely with our diverse partners and stakeholders**

[Organisation]’s clients are diverse, including not only culturally and linguistically diverse clients, but also clients who are younger, have mental health issues, drug and alcohol issues, and bariatric care needs, and have different needs which often require the role of specialised nursing areas such as palliative care, brain injury, and addiction. Clients also increasingly enter residential care with greater medical acuity and are residents for much shorter time. We identify the need to look at future trends regarding client preferences and needs and the importance of building networks with referrers who work with diverse clients.

Different stakeholders are important for different types and levels of engagement. As well as clients and their families, they may be information services, other service providers, policy makers, consumer groups, or representatives, for example. It is important to identify their stake or interest in engagement, and their required or preferred level of influence in decision making.

We recognise that different clients and stakeholders may need to engage differently. Engagement activities should also be designed with reference to existing [Organisation] service profile information, including client demographics, needs, and service use to ensure that appropriate clients and community stakeholders are involved. Engagement processes must be designed in a way that is inclusive of marginalised or isolated groups. We also recognise that clients and community stakeholders should be involved in determining the strategic direction for engagement to ensure mechanisms are appropriate and accessible. This framework is designed to support the design of engagement initiatives that are appropriate and tailored.

It is important to link with organisations or agencies that work with, and represent, client groups who are at risk of being marginalised, face challenges to service access, or have poor health outcomes. We value these partnerships and see their development as an important part of our engagement processes.

**Client engagement principles**

**Commitment to client and community involvement**

We recognise the benefits of client engagement and we are committed to ensuring clients’ right to have a say in how our services are run. We will be open to clients’ views, and willing to accept change.

**Transparency**

We will be clear about what we are trying to achieve with our engagement activities and whether or not there are opportunities to influence the outcome.

**Organisational support for engagement**

We will ensure necessary staff and client training and will develop organisational policies and processes to support engagement.

**Mutual respect**

We will engage in a way that demonstrates and promotes mutual respect and dignity of all involved and values every contributor equally.

**Respect for diversity**

We will respect and recognise clients’ diverse abilities and experiences and the different ways people engage in decision making processes. This is particularly important for Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, LGBTI people, people with disabilities, and those with impaired decision making capacity. It is also important for understanding how different individuals might or might not wish to engage.

**Fairness**

We will make sure opportunities for engagement are accessible to clients in practical ways that cater for clients’ varied (dis)abilities.

**Adequacy and appropriateness**

We will provide sufficient, appropriate participation opportunities for clients who will be affected by decisions. We recognise that this extends beyond decisions about their own care.

**Sharing of power**

We will empower clients through power sharing, open communication and information sharing. We will work to ensure shared ownership of decisions. We will ensure transparent communication which allows all involved to be informed and voice their own opinions.

**Open feedback**

We will openly and promptly report on how clients’ participation did or did not contribute to changes or decision making. Feedback will be shared with all those involved as well as all those affected. Feedback will be given in ways that meet clients’ varied needs, abilities, and values. We will ensure clients have the opportunity to discuss this feedback.

**Ongoing evaluation**

We will undertake on-going evaluation and monitoring of engagement initiatives and incorporate our learnings into future initiatives. We will involve clients in this monitoring and evaluation.

**Mechanisms for engagement**

Client engagement initiatives should be designed in the context of existing mechanisms and strategies in place in the organisation. Existing mechanisms may provide opportunities to build upon, strengthen, or replace specific approaches.

**[!](#Info" \o "Delete these instructions when you have completed them)** It is important to map current consumer and community engagement activities across the organisation. Once you know what is already taking place, you can review these to see where any changes may need to be made.

Use the ***Client Engagement Mapping Tool*** to help you identify what your organisation already does.

Importantly, this framework recognises the importance of client engagement and participation regarding their own care and the broader system. Client engagement occurs at the individual, local, service and organisational level. Engagement can be reactive or proactive and can be active or passive for clients.

Whilst different types of engagement call for greater or less client involvement, no type is meant to be better than another. The type should be chosen according to the purpose of engagement and should match the degree to which clients wish to be involved and on the main purpose of engagement in that case: whether the aim is to simply inform or educate people, to gain feedback, or to go further in collaborating and partnering with clients and seeking joint solutions.

[Organisation] recognises that engagement occurs across all of these spheres and at every level of the organisation. Engagement can be an individual or group activity, it may be one-off or ongoing, it may be formal or informal, and it occurs every day across the organisation.

The levels of engagement, what aims they help to achieve, and examples of the kinds of mechanisms we may use, are detailed below. There are some challenges to implementing these different mechanisms effectively. It is vital that in considering using these strategies, potential barriers to effectiveness and existing strengths within the organisation are considered. More detail on each mechanism can be found in the Client Engagement Toolkit in the ***What engagement mechanisms could I use?***and ***Which engagement mechanism should I use?***tools.

**What level of engagement? Explanatory chart**

| **Element** | **What it is** | **What to use it** |
| --- | --- | --- |
| Inform/Educate | Convey facts or describe a project, service, or policy or inform clients about decisions or changes  | Appropriate when there is no opportunity to influence the final outcome or there is no decision to be made  |
| Gather information/ Consult | Find out people’s views and ideas, gather information, and use people’s views and ideas to improve services or practice  | Appropriate when issues are still being explored or where there is no firm commitment by the organisation to use the information collected to change the outcome  |
| Discuss/ Involve | Two-way information exchange and discussion about potential solutions and ideas among, and with, stakeholders | Appropriate when those involved have a vested interest and there is genuine opportunity for them to influence the outcome, but control over the decision needs to be retained by the organisation |
| Collaborate/ Partner | Clients shape decisions and solutions in partnership with staff | Appropriate when issues are complex and need a joint approach, and when there is commitment that solutions generated together will be respected by all parties |
| Empower | Clients are empowered to come up with solutions and manage the process  | Appropriate when clients are willing and able to take control of solutions and there is a firm commitment by the organisation to support or enable empowerment and implement clients’ solutions  |

(DHHS Tasmania, 2009; Health Canada, 2000)

**Our strategy**

**!** Identify what level of engagement you would like clients and the community to have in your organisation. This may be different depending on whether the issue or decision involves individuals, the service, the broader community, or the whole organisation. Consider how clients and community might be involved at every stage including service planning and design, service delivery, and service monitoring and evaluation.

Make sure you are clear about the purpose of each level of engagement and why it is appropriate for the kinds of decisions you are making.

Collect feedback from clients, families, and the community about their preferences for involvement.

Refer to the regulatory requirements to ensure you are doing all you can to address them through your engagement activities.

Some areas you should consider have been pre-populated in the table. You can add any that are relevant to your organisation.

**Our strategy**

|  | **We will involve people up to the level of…** | **The reason we have chosen this level is…** |
| --- | --- | --- |
| ***When it involves an individual or their family*** |  |  |
| Care planning |  |  |
| Lifestyle and activity planning |  |  |
|  |  |  |
| ***When it involves a whole service*** |  |  |
| Recruitment and HR management |  |  |
| Lifestyle and activity planning |  |  |
| Service evaluation |  |  |
|  |  |  |
| ***When it involves the local community*** |  |  |
| Service planning |  |  |
| Service delivery |  |  |
|  |  |  |
| ***When it involves our whole organisation*** |  |  |
| Policy development |  |  |
| Business planning |  |  |
| Project planning |  |  |
| Strategic planning |  |  |
|  |  |  |

**!** Once you have decided what level of client or community involvement will be most appropriate, you can develop a more specific strategy for particular outcomes you are planning for the coming year/s.

Identify the specific outcomes and outputs you have planned. Include those at the Individual, service, community, and organisational level. Refer to your strategic and operational plans.

Use the ***What engagement mechanisms could I use?***and ***Which engagement mechanism should I use?***tools to identify appropriate mechanisms for engagement.

Identify how information and feedback from engagement activities will be fed back into decisions and will provide direction for the organisation, and how information and feedback will be communicated to clients and staff.

| **Planned outcome** | **Mechanism/s we will use** | **How client input will inform the outcome** | **How we will report back** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**!** Use ***Tool 2 – Action Planner***to plan the specifics of each engagement activity as it comes time to implement them.

**Outcome and performance measures**

Ongoing assessment of client engagement activities will contribute to performance monitoring and reporting for [Organisation].

Because of the range of ways that client engagement can occur, the various purposes of engagement, and because participation may be continuous or ongoing, a range of measures may be appropriate to the engagement strategies. Some points to consider include (from SCIE, 2007):

Why?

* We will carefully consider our reasons for evaluating each activity to ensure we are collecting the right information

What and how?

* We will link outcomes and measures to strategic and operational plans.
* We will include indicators that measure whether the activity reached the target audience, and met its purpose.
* We will include indicators that measure how engagement has led to outcomes in areas such as: care; quality and safety; communication; efficiency and resources; appropriateness, accessibility or timeliness of services; and health literacy. We will choose indicators that reflect what kinds of change we expected to see, and who we expected that change to affect.
* We will evaluate both the effects and the process of engagement. We will consider whether each opportunity for engagement has been real and meaningful.
* We will include both the negative and positive messages about our activity.

When?

* For each activity, we may be interested in short term, long term, or both short and long term change or outcomes. Evaluation may also be once-off or ongoing, depending on what is being evaluated and why. We will consider these different purposes in timing of evaluation.

Who?

* We will carefully choose who will conduct the evaluation, and consider whether they will provide an evaluation that is effective and independent.
* We will provide them with the skills or training they need, and ensure adequate resources.
* We will be careful to protect those involved in the evaluation.
* We will carefully consider the differences in power between different people involved – such as clients, care and nursing staff, managers, and families – which can affect evaluation.

Closing the loop

* In order to learn from evaluation, it is important to report back on what we find. In our evaluation plan, we will identify how and when we will report back to clients, the community, staff, and the organisation about our engagement activity.

**! Tool 2 – Action Planner** contains sections that will help you plan your evaluation. You can use **Tool 3 – Monitoring and Evaluation** to monitor your activity as you conduct it.

**Recommended Resources**

There are a number of documents which offer comprehensive explanations of the range of available engagement strategies, what level they target, and practical guidelines. These documents have been used to inform this framework.

These include:

1. Dialogue by Design (2012). *A handbook of public and stakeholder engagement*. London: Dialogue by Design.
2. Health Canada (2000). *Health Canada policy toolkit for public involvement in decision making*. Ottawa: Minister of Public Works and Government Services Canada.
3. Department of Health and Human Services Tasmania [DHHS] (2009). *Your care, your say: Consumer and community engagement*. Hobart: Department of Health and Human Services Tasmania.
4. Consumer Focus Collaboration (2000). *Improving health services through consumer participation: A resource guide for organisations*. Canberra: Commonwealth Department of Health and Aged Care.
5. Health Service Executive (2010). *Service user involvement methods: A guidance document*. Dublin: Health Service Executive.
6. National Resource Centre for Consumer Participation in Health (2003). *Organisational self-assessment and planning tool for consumer and community participation: A tool for organisations involved in health policy and education.* LaTrobe University.
7. NSW Health (1999). *Community consultation and participation resource kit for area health service managers and project leaders*. North Sydney: NSW Health Department.
8. Queensland Health (2002). *Consumer and community participation toolkit for Queensland Health staff*. Queensland: Queensland Health.
9. Queensland Health (2010). *Consumer engagement framework*. Brisbane: Queensland Health.
10. Queensland Health (2010). *Consumer and community engagement and patient involvement and participation in health service planning, delivery and evaluation*. Brisbane: Queensland Health.
11. Queensland Health (2012). *Developing a consumer and community engagement strategy: A toolkit for hospital and health services*. Brisbane: Queensland Health.
12. Social Care Institute for Excellence (2007). *Developing measures for effective service user and carer participation*. London: Social Care Institute for Excellence.
13. Tasmanian Council of Social Service (2012). *Consumer engagement handbook for HACC services in Tasmania.* Battery Point: TasCOSS.

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### Engagement Mapping Tool

This tool will help you to identify what client engagement activity is already happening across the organisation.

To help you think through the activity that is already taking place, ask yourself:

*What do we engage with clients, families, and the community about? What kinds of information, issues, and decision making are we involved in with these different stakeholders?*

This will help you to identify:

*How do we engage with clients, families, and the community?*

You might find it helpful to refer to the *What engagement mechanisms could I use?* tool to help jog your memory about some techniques you might already use.

Once you have completed your map, you may be able to see some gaps in your current engagement, or activities you would like to include in future.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***When it involves an individual or their family*** | ***When it involves*** ***our whole service*** | ***When it involves*** ***the local community***  | ***When it involves*** ***our whole organisation*** |
| ***When we just need to tell people about something.*** ***We are not seeking their feedback, or trying to make a decision.*** | * Click here to enter text.
 | *
 | *
 | *
 |
| ***When we want to gather new ideas, or we are seeking feedback on an issue.******We keep full control of the decision.*** | *
 | *
 | *
 | *
 |
| ***When we need in-depth discussion with clients about an issue.******We seek their input and influence on a decision.*** | *
 | *
 | *
 | *
 |
| ***When we want to develop a solution in equal partnership with clients.*** | *
 | *
 | *
 | *
 |
| ***When we want to empower clients to generate the solution and manage the process.*** ***We assist as needed.*** | *
 | *
 | *
 | *
 |