

**L O D D O N M A L L E E**  
**H O M E L E S S N E S S N E T W O R K**



**Consumer Participation**  
**IN SPECIALIST HOMELESSNESS AND COMMUNITY HOUSING**  
**SERVICES**



PROJECT SUMMARY REPORT 2011  
Ann Markwell

## **ABOUT LOMA - LODDON MALLEE HOMELESSNESS NETWORK**

LOMA is a group of twenty-one specialist homelessness and community housing programs and agencies in the Loddon Mallee region. The agencies extend from Gisborne in the south up through Kyneton, Castlemaine, Maryborough, Kyabram and Bendigo to Echuca, then west along the Murray River to Mildura. Some of these agencies have specific target groups such as domestic violence, youth, indigenous people and people with a mental illness. The majority work with all homeless people within a district.

LOMA provides co-ordination for many of the activities of these agencies including training, collaborative work, information sharing, policy responses, identification of common issues and development of solutions, projects supporting the sector, raising the public awareness of homelessness and family violence, and worker and agency support. Since the addition of the Children's Resource Program in 2005, LOMA has had a focus on children experiencing homelessness.

LOMA has a web site [www.loma.net.au](http://www.loma.net.au) where further information can be accessed.

*This Summary Report was prepared for LOMA by the Project Worker Ann Markwell during her employment in 2011. The Consumer Participation Project was a central part of her work.*

## **LOMA MEMBER ORGANISATIONS AND PROGRAMS**

Currently, the LOMA network consists of twenty-one programs and agencies funded under the Specialist Homelessness Services (SHS) and Community Housing Program in the Loddon Mallee Region. Each of these organisations is a formal member, expected to participate by the Department of Human Services. The agencies extend from Gisborne in the south up through Kyneton, Castlemaine, Maryborough and Bendigo to Echuca, then west along the Murray River to Mildura.

Annie North Women's Refuge  
Bendigo and District Aboriginal Corporation  
Bendigo Loddon Mental Health Services (St Luke's)  
Bendigo Youth Housing Services (St Luke's)  
CADARG Castlemaine Health  
Centre for Non-Violence  
Cobaw Community Health Service  
Community Housing Limited  
Echuca Accommodation and Support (St Luke's)  
Haven  
Mallee Accommodation and Support Program  
Mallee Domestic Violence Service (Mildura and Swan Hill)  
Mallee Family Care  
Mallee Family Care Mildura (Mental Health)  
Maryborough District Health Service  
Meminar Ngangg Gimba  
Mildura Aboriginal Corporation  
Murray Valley Aboriginal Cooperative  
Njernda Corporation  
Northern District Community Health Service  
Swan Hill Aboriginal Health Service

## DEFINITIONS

- **Consumer**

Consumers include individuals, families and communities who receive a service, assistance or support from a service agency. In the Homelessness and Housing sector, consumers could include people who are homeless, or "at risk" of homelessness, young people, carers, victims of crime, and vulnerable families. The definition of consumers can be broadened to include program-based volunteers, committees of management, advisory groups, service specific focus groups and fundraising groups but the key focus relates to the people to whom agencies directly deliver a service. The broader consumers or stakeholders (including staff) have the capacity and opportunity to participate through a number of other mechanisms.

(Source: Consumer Participation policy, Brophy Family and Youth Services, p. 1)

- **Consumer Participation**

Consumer Participation refers to the process of involving consumers in decision-making about a particular service including components such as service planning, policy development, priority setting and addressing quality issues in the delivery of those services. According to the Victorian Consumer Charter for community managed housing and homelessness services, consumers can expect to be informed about and given opportunities to contribute their views about the way services are provided and organisations are managed.

(Source: *Consumer Participation Resource Kit*, Council to Homeless Persons, p. 3)

[NB: This document will refer to Consumer Participation as CP on each page, following the first reference.]

## INTRODUCTION

Consumer participation is an issue underpinned by human rights concerns which is now articulated in a number of quality standards in Victoria and across Australia. This has been warmly welcomed by the sector. However, housing and homelessness agencies in the Loddon Mallee Region have experienced challenges in working towards and meeting CP requirements in Section 1 of The Victorian Homelessness Assistance Service Standards (HASS – current to 1 July 2012).

HASS requires organisations providing specialist homelessness services to:

- Demonstrate a clear commitment to the rights of consumers
- Enable consumers to participate in the organisation's decision-making
- Make it easy for consumers to raise issues, make a complaint or appeal a decision
- Ensure that complaints and appeals are dealt with promptly, respectfully and fairly.

LOMA has undertaken this project on CP in specialist homelessness services to support agencies to work towards and to meet the HASS requirements. However, since commencing the project, the Victorian Government has initiated a new set of standards that will replace HASS in 2012. The Department of Human Services Standards will integrate standards across DHS into one approach. Below is a summary from the new standards:

- **Empowerment:** People's rights are promoted and upheld.
- **Access and Engagement:** People's right to access transparent, equitable and integrated services are upheld.
- **Wellbeing:** People's right to wellbeing and safety is promoted and upheld.
- **Participation:** People's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

The new standards do not require organisations to enable consumers to participate in the organisation's decision-making, as outlined in HASS.

The project has retained the original purpose and is set against HASS, as LOMA undertook this project prior to the changes in DHS quality standards.

The project's aim was to support the LOMA network services to meet the HASS requirements and to promote CP practice in their agencies. The project aims to provide a framework to strengthen and guide the development of appropriate CP processes and strategies in order to maximise consumer involvement in specialist homelessness services in the Loddon Mallee Region in the interests of responsive, effective service delivery and best possible outcomes.

The project set out as its aims:

- CP practice within a broad human rights, housing and homelessness context in the Loddon Mallee Region;
- developing a shared understanding of language;
- supporting LOMA network members to implement CP in appropriate and meaningful ways;
- supporting agencies to meet HASS standards relating to CP;
- models and the possibility of collaborative models;

- including children by listening to the voices of children;
- including Aboriginal services and explore differences relating to CP; and
- how best to engage with diverse and minority communities.

In doing this work, we have been able to provide a "snapshot" of consumer participation practice in services in the LOMA network.

### **Setting the Context of CP in Specialist Homelessness and Community Housing Services**

There have been very few developments to involve consumers in the policy and decision-making processes in the homelessness sector. The exceptions can be seen in services that developed from activist groups, such as the women's movement, the Aboriginal rights movement and the mental health consumer movement. The underlying principle of these movements is self determination and the services that grew out of them sometimes have a strong CP component. For the most part, however, CP in specialist housing services and programs is inconsistent and ad hoc. Services are often small funded programs that sit within broader organisations such as community health services and hospitals, and alongside other small programs. It is helpful to understand how this system and service evolution developed.

Homelessness in Australia, as we understand it now, is a relatively new concept that first emerged in the 1970s. The term "homelessness" was not used prior to this. Previously, homelessness was perceived as an outcome of individual immorality and destitution and was often criminalised or viewed as a personal failing. From the 1960s, homelessness was beginning to be viewed more as a social problem. By the 1970s, Australian governments were viewing it as an urgent social problem. This was in line with a shift of emphasis towards structural explanations of the broader social, economic and political changes and issues of the time. Financial responsibility for homelessness shifted onto the state in the '70s and '80s and was often delivered via non-government charitable organisations. The exceptions were those services that grew from activist community groups, such as women's services, Aboriginal cooperatives and mental health self-help groups which focused on social change and advocated for self determination.

Over time, homelessness has come to be constructed as a linking of two ideologies: a conservative political perspective of homelessness as an issue of individual vulnerability; and a more radical political perspective of homelessness as an issue of structural inequality. This link is expressed in case management practice. Individuals are supported to change in order to overcome the broader structural issues. Furthermore, agencies have become providers of services, "purchased on the basis of unit costing and measured by outputs" and this has "encouraged services to conceptualise homeless people as clients with individual needs".

Hence, there has been very little broad political action that has influenced the development of CP in any consistent way across the specialist housing sector. People experiencing homelessness or at risk of homelessness are not generally viewed as important stakeholders in the development of housing policy, organisational policy and case management practice.

## **Rights-based Approach to Participation**

Section 1 of The Victorian Homelessness Assistance Service Standards (HASS) states that the *Supported Accommodation Assistance Act 1994*:

*...provides the basis for a consumer rights framework. The Act acknowledges that people experiencing homelessness are one of the most powerless and marginalised groups in society. It also acknowledges the importance of protecting universal human rights and of a commitment to ensuring these rights are not prejudiced by the manner in which services are provided.*

This project takes its rights-based approach from HASS and the *CP Resource Kit*, which states:

*There are two core assumptions based on the rights approach to CP:*

- *That people have the right to be included in decision-making processes that affect their housing situation;*
- *That the contribution of consumers in planning, delivery and evaluation of housing and homelessness services **will** result in ongoing improvements to the service system.*

## METHOD

The first part of the project entails investigating consumer participation in agencies and programs within the LOMA network. Interviews were conducted with most services in the LOMA network.

A questionnaire was adapted from a health service evaluation of CP practice and is in two parts:

- Part one concerns CP practice at the organisational and management level and asks about vision and mission statements, policies, evaluations and human resource practice.
- Part two concerns CP practice at the consumer level and asks about case management practice, how workers are supported to carry out CP practice, teams, training and supervision.

Initially, the interviews were conducted thoroughly until it became apparent (very early) that many services were only meeting the basic requirements of CP as set out in the questionnaire and that practice across the region was inconsistent. Often the person or people interviewed did not have all the necessary information, in that they had knowledge for one part of the questionnaire, but not the other. Gradually, the interviews became more like conversations about CP practice and perceptions of CP, using the questionnaire as a point of reference.

Aboriginal organisations have been partially excluded from this study as their organisations practice a high level of CP. These organisations are often cooperatives and owned by the community they service. The questionnaire overlooks aspects of how their organisations are run. Understanding CP practice in Aboriginal organisations and communities will require another study. This only became apparent to the interviewer towards the end of the interviews. Nevertheless, some recommendations have included Aboriginal organisations.

The questions and responses are in Appendix One.



## RESPONSES

### General

Respondents were mostly positive about consumer participation practice and wanted to know more. However, they generally found questions difficult and answers were sometimes not relevant to the question. It seemed also that the questions were sometimes too difficult to understand and did not fit with respondents' organisational structure, practice and understanding of CP. Sometimes the interviewer confused the respondent when attempting to clarify questions.

### Inconsistent Practice

CP practice varied across all organisations. The only standard was in meeting the basic QICSA (Quality Improvement and Community Services Accreditation) standards and HASS, i.e. feedback forms provided to consumers and consumers being advised of their rights and responsibilities. Beyond that, there was no consistency.

### Inconsistent Understanding

Respondents had a varied understanding of CP. Common misunderstandings were that CP was about giving feedback forms to consumers and advising them of their rights, or that CP entailed having consumers who may be unstable in positions of responsibility.

### Training

Very few respondents had participated in training or workshops beyond the LOMA forums and workshops run by the Peer Education Support Program (PESP) team from the Council to Homeless Persons, and it was recognised that there were very few opportunities for training in this area.

### Implicit and Explicit CP Practice

Many respondents answered that CP practice is implicit within the organisational processes. For example, that CP is implicit in the case management practice of staff or within broader organisational structures and that meeting the QICSA standards for feedback indicated this. Where practice was 'implicit', respondents often had difficulty naming the practice or evaluating CP practice and examples were often one-off events or intermittent efforts, such as a one-off consumer survey.

Where CP practice was explicit in programs and agencies, respondents could clearly name processes and were able to evaluate their effectiveness. The practice was often ongoing and clearly defined. These respondents generally had less difficulty in understanding and answering the questions.

### Evaluation

Very few respondents said they had an effective process for evaluating their service from a consumer perspective, or CP in their organisation. In many cases feedback forms that are given to consumers during the initial intake assessment were the only form of consumer feedback sought. Respondents generally reported that very few of these forms are returned.

### QICSA and HASS

Respondents said their organisations and programs met the minimum requirements here; however, meeting the minimum requirements does not mean an effective CP process.

### Organisational Culture

Very few organisations had CP in their strategic plans, policies, position descriptions, staff roles and responsibilities, staff and management reviews, general meeting agenda (teams and boards) and supervision.

## DISCUSSION

What the findings show is that many of the specialist homelessness and community housing services in the Loddon Mallee Region are struggling to create consumer participation processes that meaningfully inform their service/program.

The reasons are varied:

- People are uncertain what CP is and what it should look like.
- There is no political groundswell or grass roots action to pressure services into adopting CP processes.
- Specialist Homelessness Services are often small programs within a larger organisation and the CP specific to their program is overlooked.
- There is little or no basic training in CP available for workers or management.
- Services are doing it alone, and getting little support.
- There is no set example of CP.

However, there are exceptions: particularly in the Aboriginal services, women's services and the mental health services. Aboriginal services have grown from their communities and from political action. Consumers of these services are part of the community and members of the organisation. Mental health programs and services have consumer-driven programs. The women's services work with understandings of the politics of gender and advocate strongly for the rights of women who have experienced family violence. This is in line with the general historical developments of CP in homelessness services.

Other exceptions include some agencies who have dedicated programs that relate to consumers of specialist homelessness services. Nevertheless, respondents from these services also expressed frustration regarding the difficulties involved with implementing CP.

All services relate trying various options. Some have spent a lot of time trying to get consumers involved, only to find consumers did not respond, or turn up. Or when they did, they really wanted to talk about other issues. The cost and time involved makes it difficult for services to keep trying.

The findings also show that CP initiatives across the region are discreet. Services are not communicating their successes and failures in CP. There is already a wealth of knowledge out there about how to and how not to do CP that is grounded in experience.

## **OPTIONS FOR FUTURE DEVELOPMENT**

The subsequent steps for the wider LOMA network and consumer participation need to be considered.

- This project has explored current agency activity within the network in reference to consumer participation, and it has highlighted that there is not a shared language and understanding of CP across the network. This is a barrier to implementing effective CP practice in agencies and programs within the LOMA network.
- Further research is needed to consider CP and its successful implementation within the LOMA network.
- Many Aboriginal and Torres Strait Islander services successfully implement community as part of the approach in running organisations. How could some of these practices be utilised to inform agencies within the broader network?
- Additional training options also need to be considered.
- From this project, it has been identified that another potential barrier to implementing CP is a lack of effective commitment by some organisations to CP.

The further exploration of the following options may help to address some identified barriers and create a basis from which CP practice can be successful and sustainable in its implementation.

### **Training in Consumer Participation**

The aim of delivering training to the network is to educate the sector, create a shared understanding of CP and to influence organisational cultures. Therefore the training should be comprehensive, in that it fully explores CP and is delivered across the network to all practitioners and management. It could be delivered in two modes: one that targets case management practice and teams and another that targets management and the broader organisational culture and practice.

At either level, training should include:

- what Consumer Participation is;
- why have CP;
- context of Human Rights;
- the levels of participation;
- practical examples;
- what it looks like when it works and
- what it looks like when it does not.

### **Collaboration**

There are currently a number of options being considered in developing collaborative models of CP in the Loddon Mallee Region.

These options include:

### **1. Consumer Group in the Loddon Mallee Region**

One way to get the process started and understood by agencies could be the establishment of a group of consumers 'shared by' agencies in the network. While this option is not fully defined or thought through, this option could open the door to agencies to look at scope, benefits and process in establishing consumer participation in their own agencies.

This option would require collaboration and discussion at not only the LOMA network level, but also discussion, negotiation and decisions by the respective LASNs in our region. Consideration also needs to be given to the articulation of a clear model including governance/management, accountability, budget, training and support.

### **2. Consumer Representatives on the LOMA Network Steering Group**

An option for CP could be consumer representatives on the LOMA Steering Group. This option requires further exploration including assessing how effective and meaningful consumer participation is in the network structure. For example, LOMA is not a direct service provider – so opportunities may be limited to systemic advocacy opportunities.

The LOMA Steering Group will undertake to explore the feasibility of including consumers during the 2012-2013 period. However, this will require intensive commitment, developing guiding frameworks for consumer support, etc.

### **3. PESP Type Program/Model in the Loddon Mallee Region**

This is a well developed model with "runs on the board". It is a comprehensive model requiring significant funding and resourcing, including providing capacity to develop funding proposals and seek funding. In order to utilise the PESP model, LOMA would need to develop or formalise a partnership MOU with CHP for the program to be replicated in a rural/regional area

This option also requires significant work: e.g. development of model, training, position descriptions, management of program, etc.

### **4. Trial of Different Models in several agencies in order to test and compare strategies**

The original and current CP Project plan includes phase two and three which included piloting new consumer participation models within two to four network member agencies. This will include a small agency and take account of different settings, such as stand-alone agencies – both larger and smaller, and co-location in a bigger agency – i.e., community health.

A key aspect of this option would be to record development and provide feedback to the network in order to share ideas, learning, tools and practices.

This approach would also require partnerships with Aboriginal services – to share information and explore client and community participation in the context of Aboriginal Community Controlled Health Organisations.

LOMA would also need to consider collaborative approaches and partnership models to trial or implement in the Loddon Mallee Region.

One significant advantage of this fourth option is that LOMA could then evaluate the different models and settings and articulate its recommendations of best-practice models for use in rural and regional settings.

**APPENDIX 1**

**Responses**

**Agency Assessment Tool  
for Consumer Participation in Specialist Homelessness and Community Housing Services**

**LOMA 2011**

**PART 1: ORGANISATIONAL LEVEL**

No.	Criteria	What do you have/do currently
1.1	<p>Has consumer participation in the Homelessness and Housing programs been incorporated into the organisation's:</p> <ul style="list-style-type: none"> <li>• Vision and mission</li> <li>• Values</li> <li>• Statements from leaders e.g. CEO, senior managers?</li> </ul>	<ul style="list-style-type: none"> <li>• 5 x implicit in the Vision and Mission statements for all consumers (not housing specific)</li> <li>• Implicit in the broader rhetoric, based on Ottawa Charter (social model of health)</li> <li>• Clearly stated in the policies</li> <li>• It is in the Service Charter, but no Consumer input was used to develop it</li> <li>• A CP policy and procedures and CEO states commitment</li> <li>• Written up in Strategic Plan and in leadership statements.</li> <li>• Stated clearly in policies</li> <li>• Community controlled organisation</li> </ul>
1.2	<p>How has the organisation identified the relevant :</p> <ul style="list-style-type: none"> <li>• Current and potential users of the service?</li> <li>• Communities</li> </ul> <p>In regard to Homelessness and Housing programs.</p>	<p style="text-align: center;"><b>THIS QUESTION WITHDRAWN AND NOT USED</b></p>
1.3	<p>What organisational decision-making structures include consumers of the Homelessness and Housing programs, e.g. Board, steering group, advisory committees, and quality committees?</p>	<ul style="list-style-type: none"> <li>• 2 x none</li> <li>• For mental health consumers, not homelessness specific</li> <li>• Broader organisation, not homeless specific</li> <li>• Focus groups, formal complaints process, quality of care committee</li> <li>• Tenants' advisory group</li> <li>• 1 question in annual feedback form</li> <li>• Consortiums for strategic planning</li> <li>• Young people involved occasionally</li> <li>• Board of directors are all members, therefore are or have been service users.</li> </ul>
1.4	<p>In what way do the strategic directions and plans of the organisation reflect identified consumer and</p>	<ul style="list-style-type: none"> <li>• 2 x not homelessness specific, general to broader community/service users</li> <li>• Identified in strategic plan and accountable to the board</li> </ul>



	<p>community needs with regard to Homelessness and Housing programs?</p>	<ul style="list-style-type: none"> <li>• Strategic Plan accountable to Board of Directors</li> <li>• Feedback and ABS data</li> <li>• Community advocacy committee</li> <li>• Reactive input based on Statistics and HASS</li> <li>• Strategic planning with focus groups</li> <li>• Consultant to get feedback and consulting local stakeholders</li> </ul>	1.6
1.5	<p>How has the organisation involved consumers, community members and groups with regard to Homelessness and Housing programs in</p> <ul style="list-style-type: none"> <li>• Service planning</li> <li>• Policy development</li> <li>• Priority setting</li> <li>• Quality improvement?</li> </ul>	<ul style="list-style-type: none"> <li>• 5 x by meeting basic HASS and QICSA standards for feedback forms</li> <li>• Advisory Group</li> <li>• Student placement surveys, data, advisory committees</li> <li>• Focus groups</li> <li>• Peer advisors and mentors</li> <li>• Not housing specific evaluations: interviews by phone, face to face and post</li> <li>• Focus groups 2 times a year</li> <li>• Incidental, only if feedback provided</li> <li>• Quarterly surveys</li> <li>• Members newsletters and invites to meetings</li> </ul>	1.6
1.7	<p>How are staff training policies used to support the implementation of these consumer participation policies?</p>	<ul style="list-style-type: none"> <li>• Involved in planning CP policies</li> <li>• Standing agenda item at team meetings</li> <li>• 5 x Implicit in the requirement for staff to have case management skills and to be client sensitive or centred</li> <li>• 2 x No direct policy</li> <li>• 2 x Implicit in staff induction and selection</li> <li>• Implicit in broader training e.g. poverty training</li> </ul>	
1.8	<p>How do consumers of the Homelessness and Housing programs find out about:</p> <ul style="list-style-type: none"> <li>• Rights and responsibilities</li> <li>• How to make a complaint or compliment</li> </ul>	<ul style="list-style-type: none"> <li>• 7 x Information given at intake based on basic requirements re privacy, confidentiality, making a complaint, etc.</li> <li>• Other information avenues mentioned are flyers, posters, pamphlets, open discussion with consumer, suggestion box and newsletter.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Accessing information How they are able to participate in the organisation?</li> </ul>	<ul style="list-style-type: none"> <li>• Focus sessions, ongoing feedback with consumer, information booklet provided and training re consumer rights and strength based practice.</li> <li>• Service is about consumer advocacy so very thorough about this.</li> </ul>
1.9	Have training and education programs been provided to staff involved in Homelessness and Housing programs to enable consumers to participate effectively?	<ul style="list-style-type: none"> <li>• Implicit in the model Cert IV mental health training WRAP (Wellness Recovery Action Plan)</li> <li>• 6 x At LOMA forum only</li> <li>• At BRIT 2008/09</li> <li>• 3 x implicit in the organisation's culture</li> <li>• 2 x none</li> </ul>
1.10	Are there champions, leaders or staff delegated with the responsibility for consumer participation in Homelessness and Housing programs? How are they identified?	<ul style="list-style-type: none"> <li>• Yes in the mental health area – peer mentors</li> <li>• No, but there is enthusiasm for it</li> <li>• General consumer group and quality manager (health service)</li> <li>• CP Project leader</li> <li>• Implicit, but very strong in organisational culture and in training and policy</li> <li>• Implicit, but taken very seriously</li> <li>• Implicit</li> <li>• 2 x no</li> </ul>
1.11	Are the key principles of consumer participation incorporated into job and position specifications for staff working in Homelessness and Housing programs?	<ul style="list-style-type: none"> <li>• 8 x implicit in the case management skills</li> <li>• 2 x yes</li> <li>• No</li> <li>• In staff manuals and PDs</li> </ul>
1.12	Are the key principles of consumer participation incorporated into staff performance appraisal? (P. 12, CP Resource Kit)	<ul style="list-style-type: none"> <li>• Yes, consumer feedback via scaling tools and feedback forms used for supervision</li> <li>• Work in progress</li> <li>• No</li> </ul>
1.13	How does the organisation recognise the contributions made by consumers and the	<ul style="list-style-type: none"> <li>• 7 x implicit in general case management skills</li> <li>• 4 x Newsletters</li> <li>• 2 x Consumer as AGM guest speaker</li> </ul>

	<p>community in the Homelessness and Housing programs?</p>	<ul style="list-style-type: none"> <li>• Annual report <b>case studies</b></li> <li>• 2 x Certificates/ letters of appreciation</li> <li>• Some media releases and radio interview</li> <li>• AGMs with vouchers and payments</li> </ul>
1.14	<p>How is consumer participation monitored and evaluated in the Homelessness and Housing programs? Consider</p> <ul style="list-style-type: none"> <li>• Consumer participation plan</li> <li>• Key performance indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Closure form</li> <li>• 3 x Complaints monitoring as per QICSA</li> <li>• Suggestion box, feedback forms and annual survey</li> <li>• Work in progress – need for a CP strategic plan</li> <li>• 2 x Measured against CP plan – goals and timelines etc.</li> <li>• Client feedback – teams monitored every 6 months</li> <li>• Staff appraisal</li> </ul>
1.15	<p>How does the organisation report on consumer participation activities and outcomes in the Homelessness and Housing programs?</p>	<ul style="list-style-type: none"> <li>• No report</li> <li>• Annual report, feedback fed up to management and staff notified</li> <li>• Newsletter</li> <li>• 3 x Implicit in annual reports</li> <li>• Project worker reports fortnightly to senior executive and reported in staff bulletin</li> <li>• Reports from focus sessions, consumer feedback reports and consumers inform annual planning day</li> <li>• Quality of Care report</li> </ul>

**PART 2: TEAM/CASEWORKER LEVEL**

No.	Criteria	What do you have/do currently
2.1	How are organisation-wide consumer policies regarding Homelessness and Housing programs implemented at team/caseworker level?	<ul style="list-style-type: none"> <li>• 3 x meeting basic HASS standards implemented at case work level, usually at intake in regard to privacy, complaints procedures and confidentiality.</li> <li>• 3 x Staff supervision used and annual reviews</li> <li>• Consumer driven case plans</li> <li>• 2 x Client focussed work</li> <li>• Organisation is client focussed</li> </ul>
2.2	What is the team/caseworker purpose for involving consumers in planning and decision-making in the Homelessness and Housing programs?	<p style="text-align: center;"><b>THIS QUESTION WITHDRAWN AND NOT USED</b></p>
2.3	What methods does the team/caseworker have for involving individual consumers in decision-making about the service form Homelessness and Housing programs they receive?	<p><b>The few that did answer said Empowerment, program involvement appropriate service delivery and discussion and learning</b></p> <ul style="list-style-type: none"> <li>• 9 x During intake – assessment and case planning and feedback forms provided regarding direct service to consumers</li> <li>• Feedback forms, group work, involved in program evaluations and invited to events</li> <li>• Intake and casework is strongly rights focussed</li> <li>• Empowering decision making</li> </ul>
2.4	What methods does the team/caseworker have for involving consumers in service improvement, such as: <ul style="list-style-type: none"> <li>• Feedback mechanisms (surveys, in-depth interviews)</li> <li>• Consumer information development</li> <li>• Quality improvement committees</li> </ul>	<ul style="list-style-type: none"> <li>• 9 x Basic feedback forms and complaints forms re service</li> <li>• 2 x Focus groups</li> <li>• Group work and student placement surveys</li> <li>• Peer mentor, 12 month feedback and written and verbal feedback asked for.</li> <li>• Annual survey</li> <li>• Attempted information sessions</li> </ul>
2.5	What methods does the Team/caseworker have for involving key community support groups in planning and improving services in the Homelessness and Housing programs?	<p style="text-align: center;"><b>THIS QUESTION WITHDRAWN AND NOT USED</b></p>

2.6	Are consumer participation skills incorporated into staff position descriptions?	<ul style="list-style-type: none"> <li>• 11 x Implicit in general skills</li> <li>• No</li> </ul>
2.7	Does the performance review of staff consider responsibility for, and achievements in, consumer participation?	<ul style="list-style-type: none"> <li>• 2 x Yes</li> <li>• 8 x Implicit in general skills</li> <li>• No</li> <li>• Skill set training</li> </ul>
2.8	What training to improve skills in consumer participation in the Homelessness and Housing programs has your staff attended?	<ul style="list-style-type: none"> <li>• 6 x LOMA forum only</li> <li>• PESP and LOMA forum</li> <li>• LOMA forum and Strengths Based training</li> <li>• Implicit in other training</li> <li>• LOMA forum and Human Rights training</li> <li>• LOMA forum and professional speaker</li> <li>• None available</li> </ul>
2.9	How and to whom do team/staff report on their consumer participation activities and outcomes?	<ul style="list-style-type: none"> <li>• 4 x Supervisor</li> <li>• 4 x Team meetings</li> <li>• Team meeting and fed up to project worker</li> <li>• 4 x Team leader</li> <li>• Feedback collected from all consumers, fed up to management and used at annual reviews and planning days</li> <li>• Bulletins, supervision and team meetings</li> <li>• Team leader, discretionary</li> </ul>
2.10	How is their effectiveness evaluated? (referring to previous question 2.9)	<ul style="list-style-type: none"> <li>• Not</li> <li>• Implicit in general surveys</li> <li>• Participant planning days to evaluate service and activities</li> <li>• Ad hoc groups and student surveys</li> <li>• Reflective, no particular framework or tool</li> <li>• Informs evaluation</li> </ul>

		<ul style="list-style-type: none"> <li>• Annual review of staff skills</li> <li>• Quality care committee</li> </ul>
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This document adapted from: Consumer and Community Participation Self-Assessment Tool, Version 2.0, National Resource Centre for Consumer Participation in Health May 2004.  
<http://www.participateinhealth.org.au/documents/items/2008/04/204590-upload-00001.pdf>

## **Appendix Two**

### **Consumer Charter for Homelessness Assistance**

The Consumer Charter is for people seeking or receiving assistance from any Victorian community-managed homelessness assistance or social housing service. It is designed to help individuals and organisations understand their rights and responsibilities.

The Consumer Charter, and the Guidelines that support it, are integrated into the Victorian Homelessness Assistance Service Standards.

The Consumer Charter is an initiative of the Victorian Homelessness Strategy.

### **Your Rights and Responsibilities**

If you are seeking or receiving homelessness assistance or housing services, you have the right to:

- assistance during a crisis or to prevent a crisis
- be considered for accommodation and housing, based on fair policies
- receive help finding and staying in suitable housing on a long-term basis
- feel safe
- be free from discrimination
- respect for your culture
- respect, dignity and privacy
- make choices that will affect your future
- participate in the decision making process of organisations providing services to you
- help applying for income support, employment and health services, educational opportunities and other support services
- make a complaint or appeal a decision you do not agree with and receive an answer that makes sense to you

You also have the responsibility to:

- supply the correct and necessary information about yourself and your situation to organisations providing services to you
- respect the rights of others to feel safe
- respect the cultural backgrounds and privacy of others
- treat others with respect and dignity
- meet your responsibilities as a tenant

### **Making a Complaint**

To help you deal with your complaint, please read through the full charter booklet, which is available from the organisation you are seeking services from. The next step is to discuss your concerns directly with the organisation you have the issue with. If this doesn't work you can seek assistance from the following organisations:

- The Homelessness Advocacy Service on 1800 066 256 or the Council to Homeless Persons

- The Social Housing Advocacy and Support Provider. To find your local service, contact your local housing office
- Your local housing office to ask how to get your complaint heard and dealt with
- Contact the Department of Human Services

[www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/consumer-charter-for-homelessness-assistance](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/consumer-charter-for-homelessness-assistance)