

Homelessness Charter and Consumer
Engagement Strategy
Discussion Paper

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1. Overview

Consumer engagement and consumer participation have become significant policy drivers in the Australian health and social sectors over the past 20 years as these sectors seek to be more responsive to the needs of consumers. The values that underpin consumer participation can be summarised as:

“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”¹

The literature on consumer engagement is extensive, particularly in the fields of health, urban development, planning and natural resource management. However, little of it directly relates to consumer engagement in the homelessness sector, particularly within an Australian context.

The primary health and mental health sectors in Australia are more developed in their consumer engagement strategies, due in part to a longer involvement with these approaches. Most primary health and mental health services have client charters in place as well as client participation strategies and evaluation frameworks for these strategies.

In Australia there is a significant body of literature about consumer engagement and participation in the primary health sector. The release of the 1993 National Health Strategy appears to have marked a significant cultural change to consumer participation in primary health. In particular, this included the development of a Consumer Focus Collaboration framework, which was

¹ Enduring Solutions 2001, Consumer participation in accreditation: project report. Consumer Focus Collaboration, Commonwealth Department of Health and Aged Care.
<http://www.participateinhealth.org.au/Clearinghouse/Docs/cfcaccredreport.pdf>

launched in 1997. This framework “*is responsible for strengthening consumer input in all aspects of health*”.²

The flow through to homelessness and housing services of consumer engagement strategies and client charters has been more recent, and has been potentially influenced by the co-morbidity of health issues and homelessness/housing crises.

In the homelessness and housing sector consumer engagement and participation has been highlighted in a number of legislative and service standards across the country. The extent to which these are embedded into homelessness services varies greatly between states. In part, this is reflective of differing timelines in accreditation practices as well as different jurisdictional strategies.

Whilst this Discussion Paper focuses on a Homelessness Charter, the development of a Charter must be seen as part of a wider process of reform.

Background to the Project

The need for more extensive and focused consumer engagement within the homelessness service sector was identified during the consultation process undertaken as part of the development of the Tasmanian Homelessness Plan 2010-2013: *‘Coming in From the Cold,’* which was launched in September 2010.

During the consultation process for the development of *Coming in from the Cold*, key non-government organisations and peak bodies emphasised that in developing and delivering services to people who are, or have been, homeless, it is important to engage with the users of those services and seek their views about what they need. This includes the need to consider the experiences of housing and homelessness services in relation to Aboriginal Tasmanians.

The Tasmanian Homelessness Plan 2010-2013: *Coming in from the Cold* outlines

² Brindle, R and Clarke, M (2010). *Straight for the Source: A practical Guide to consumer participation in the Victorian alcohol and other drug sector*. APSU: Australia

Tasmania's approach to the delivery of the National Partnership Agreement on Homelessness and outlines strategic actions embodied within the following five objectives:

1. Prevention and early intervention;
2. Improved connections to family, community, education and employment;
3. Improved access to appropriate housing;
4. Effective service responses;
5. Continuous improvement and quality.

Coming in from the Cold includes an action plan over three years for a whole-of-government and community approach to reducing and preventing homelessness in Tasmania.

The development and implementation of a Tasmanian Homelessness Charter and Consumer Engagement Strategy are directly identified as important components of implementing the '*continuous improvement and quality*' objective within the Plan, along with the fostering of '*active participation of people who are or who have experienced homelessness, and specific to Aboriginal people to consider their experiences of homelessness, and housing and homelessness services*'.³

The Role of the Discussion Paper

The purpose of this discussion paper is to stimulate discussion in Tasmania about a Tasmanian Homelessness Charter. The intent is to gather a wide range of views from homelessness service providers, peak bodies, government representatives, mainstream services and consumers on what should be contained in a Homelessness Charter and how to effectively implement the Charter in practice.

³ Tasmanian Homelessness Plan 2010-2013 'Coming in From the Cold', Department of Health and Human Services, 2010

The Discussion Paper is designed to support a consultation process of regional workshops, stakeholder meetings, consumer meetings and written submissions. Whilst the Discussion Paper also contains information about Consumer Engagement, this paper is primarily used to inform Stage One of consultations which relate to the development of a Homelessness Charter.

Stage Two of consultations will be held in relation to Consumer Engagement and details will be provided at a later date.

What is a Homelessness Charter?

A Homeless Charter is a statement of rights intended to:

- Raise community awareness about the circumstances of people who are homeless and promote a rights-based approach to homelessness service delivery, thereby improving the situation of people who are homeless;
- Provide a reference for both homelessness service consumers and providers;
- Provide a formal mechanism of service delivery principles for and between key organisations – a ‘service guarantee’.

Consumers have a right to live lives free from discrimination and to access high quality homelessness services that respect their diverse needs and backgrounds as consumers.

The Homelessness Charter being developed in Tasmania represents a commitment by the Tasmanian Government to ensure that people who experience homelessness can be assured that their human rights will be respected and upheld.

The Charter is also a statement of values and is intended to be subject to the reasonable limits and laws of Tasmania.

How to participate in this Consultation Process

The consultation process is comprised of:

- regional workshops, to be held in Hobart, Launceston and Ulverstone;
- workshops specifically for Aboriginal people to be conducted in Launceston and Hobart;
- meetings with stakeholders (organisations) and consumers with an interest in the development of a Homelessness Charter to provide more detailed input (organizations and consumers may attend both workshops and stakeholder meetings);
- additional opportunities for individuals, including consumers, to provide input;
- written submissions by email or post.

Consultation Schedule

The schedule with dates and venues for the consultation are:

Location	Event	Date	Time	Venue
Hobart	Regional Workshop Stakeholder meetings	Monday 30/5/11	10.00am – 1.00pm 2.00pm – 5.30pm	Salamanca Inn Churchill Room 10 Gladstone Street, Hobart
Hobart	Stakeholder meetings Consumer meetings	Tuesday 31/5/11	All day	As above or at service provider venues
Launceston	Regional Workshop	Wednesday 1/6/11	10.00am – 1.00pm	Mercure Hotel Ben Lomond Room 3 Earl Street, Launceston
Launceston	Stakeholders meetings Consumer meetings	Thursday 2/6/11	All day	As above or at service provider venues
Launceston	Aboriginal Regional Workshop Stakeholder meetings	Friday 2/6/11	10.00am – 1.00pm	To be advised

	Consumer meetings		All day	
Ulverstone	Regional Workshop	Monday 6/6/11	10.00am - 1.00pm	Ulverstone Civic Centre 19 King Edward St
Ulverstone	Stakeholders meetings Consumer meetings	Tuesday 7/6/11	All day	As above or at service provider venues

Written Submissions

You can contribute your ideas/views in a written submission by either:

- emailing it to info@yda.org.au or
- posting it to Youth Development Australia, P.O. Box 257, Brunswick, Victoria, 3056.

If you have attended a workshop or hearing but have more to say you are also encouraged to make a written submission.

All written responses must be submitted by **COB 14th June 2011** to be included in the consultation.

Next Steps

The outcomes of this consultation process will be made available at www.yda.org.au along with a draft Charter for comment by 8th July, 2011.

Feedback on the draft Charter will be used to inform the final charter document.

Please note that a separate consultation process will be held in relation to the broader Homelessness Services Consumer Engagement Strategy. An announcement about this process will be made in the near future..

Contact Details

Should you wish to ask questions, provide feedback or confirm any detail, please find below the relevant contact details:

Project Team

David Eldridge	Ph. 0488 006 284
Keith Waters	Ph. 0408 569 888
Assoc. Prof David MacKenzie	Ph. 0412 104 873
Wilma Gallet	Ph. 0417 599 500
Email:	info@yda.org.au

Confidentiality

In developing the Homelessness Charter it will be important to take account of all feedback and, in some cases, share or highlight feedback. Please advise Youth Development Australia if you do not wish to have your feedback used publicly.

2. Discussion Questions

To assist in the consultations a series of questions has been proposed and are outlined below:

1. What should be included in a Homelessness Charter?
2. Is there anything specific that would be required in a Tasmanian Homelessness Charter to ensure local responsiveness?
3. What principles should underpin the Charter?
4. Should the Charter be an Act of Parliament (a law)? If yes, why? If not why not?
5. Should services/organisations be asked to sign a service guarantee which commits them to ensuring people's rights under the Charter?
6. How could the Charter apply in your service/organisation?
7. What difference would applying the Charter make in your service/organisation?
8. What measures are necessary to ensure the successful implementation of the Charter?
9. How would you let your Board, staff, volunteers, supporters and consumers know about the Charter?
10. How could your service/organisation assist with the distribution and promotion of the Homelessness Services Charter?
11. Who should oversight the Charter?
12. How could the Department of Health and Human Services assist your service/organisation to monitor and evaluate the extent to which the principles of a Charter would be met?

We are keen to hear your views, issues or concerns regarding the development of a Homelessness Services Charter. The questions forming this Discussion Paper will be the foundation for consultations.

2. CONTEXT

The Homelessness Population

The primary method of counting the homeless is through the ABS Census of Population and Housing. In 2006, it was estimated that there were approximately 105,000 people experiencing homelessness in Australia on Census night, with about 2,500 homeless people in Tasmania, a rate of approximately one in every 200 people. About half (50%) of the homeless population in Tasmania were staying temporarily with other households on census night and 25 per cent were in homelessness services. Some 15 per cent or 385 individuals were recorded in situations of 'primary homelessness', up from 10 per cent in 2001 (237 persons).⁴ However, Mackenzie and Chamberlain in the state report, *Counting the Homeless 2006: Tasmania*, draw attention to the new finding that the number of people in the ABS 'primary homelessness' category are people living in improvised dwellings – sheds on land they own or are purchasing. These situations may be inadequate housing but it is not the same as transient homelessness or rough sleeping. In Hobart, only about 40 per cent of the people in primary homelessness were rough sleeping and in regional and rural Tasmania it was about 20 per cent. The number of rough sleepers on census night was between about 70-100 with 28 in Greater Hobart.

The homeless population in Tasmania was somewhat younger than the homeless population nationally, with 69 per cent of the homeless aged 34 or younger. Indigenous people were over-represented in all sectors of the population, but particularly in homeless services.⁵

Between June 2002 and June 2007 the proportion of all Tasmanian households in the private rental market who were experiencing housing stress increased

⁴ Chamberlain, C & MacKenzie, D 2009, *Counting the homeless 2006*, Australian Institute of Health and Welfare, Cat HOU 208, Canberra.

⁵ *Ibid*

from 21.9 per cent to 27.1 per cent.⁶

According to the Tasmanian Homelessness Plan 2010-2013, *Coming in from the Cold*, there are some people who are more vulnerable to experiencing homelessness than others. This includes:

Indigenous people who are over-represented in all sections of the homeless population in Tasmania, around eight per cent of homeless people are Indigenous, compared to around four per cent of the Tasmanian population identifying as Indigenous.

Culturally and Linguistically Diverse (CALD) people represent five per cent of homeless people in Tasmania (based on low English speaking proficiency). This compares to around one per cent of the Tasmanian population who have low English speaking proficiency.

People escaping family violence represent a significant proportion of people who access supported homeless services. In 2008–2009, 14 per cent of people who received support from homelessness services sought assistance due to family violence.

People with disability are amongst the most vulnerable members of our community and amongst those most at risk of becoming homeless, or experiencing chronic homelessness. This includes people with physical disabilities, psychiatric disability and/or mental illness, as well as people with cognitive impairment, such as intellectual disability or acquired brain injury.⁷

⁶ Tasmanian Government 2006, *Tasmania Together 2020: Progress Report 2008*, Tasmania Together Progress Board, Hobart.

⁷ Tasmanian Homelessness Plan 2010-2013 'Coming in From the Cold', Department of Health and Human Services, 2010

The Policy and Legislative Context

The National Quality Framework

The development of a National Quality Framework (NQF) for homeless services was a key initiative under the Australian Government's White Paper - *The Road Home: A National Approach to Reducing Homelessness*. The main objective of a quality framework is to achieve better outcomes for people who are homeless or at risk of homelessness by improving the quality and integration of services. A key component of the proposed National Quality Framework is the development of a national charter for mainstream and specialist homelessness services. It is anticipated that progress towards protecting the rights of homeless people will be achieved by providing them with safer and higher quality services.

The Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) is currently undertaking the second and final stage of its consultations around a model for a *National Quality Framework* (NQF). FACHSIA has produced an Options Paper outlining the foundations of a potential NQF as well as four possible operational models. The second round of consultations is directed to canvassing support in the homelessness sector - from people experiencing homelessness as well as providers - for any or none of the four outlined models. In essence, each model builds upon the previous one beginning with a 'bare minimum' type approach.

Option 1: acknowledges the current quality platform in states and territories and adds a set of National Quality Standards, a nationally consistent approach to client complaint handling and a National Homelessness Charter.

Option 2: consists of option one plus the additional requirement for services to undertake a self assessment against the National Quality Standards and, based on this review, develop a Quality Improvement Plan (QIP).

Option 3: builds on option two and adds an external assessment process in which all services would be required to participate as a condition of ongoing funding. Services would be assessed against the National Quality Standards by an external agency. Services that were assessed to have met the standards could become accredited. Services that are assessed as not meeting the standards would need to demonstrate continuous quality improvement against the standards in order to continue to receive funding.

Option 4: builds on option three and adds the requirement for all services to be accredited against the National Quality Standards by 2020 in order to continue to receive funding.

Each option serves to improve service quality, consistency and to promote best practice, including adopting service charters in legislation and potentially making accreditation a pre-requisite for funding.

The National Quality Framework Options Paper has suggested a number of ways that an Australia-wide quality process could be implemented for the sector, and it is reasonable to assume that this will impact on state services and state-based consumer participation strategies.

International law

Although it has taken many years, the question of human rights and homelessness is only now being taking into practical form, not a guaranteed right in law to housing or assistance but in terms of strengthening the rights of homeless service users as consumers.

The Universal Declaration of Human Rights, adopted by the General Assembly of the United Nations in 1948, declared in article 25(1) that:

'... everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical

*care and necessary social services...'*⁸

In 1975 and 1980 respectively, Australia ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR) and as such became bound to implement its provisions. These Treaties provided standards by which to measure the performance of signatories in addressing homelessness within their countries.

The Committee on Economic, Social, and Cultural Rights (CESCR), the body responsible for monitoring the ICESCR, issued a 'General Comment' (4), in 1991 to bring clarity to the treaty. It outlined that there are certain aspects of the ICESCR that apply in any context. These include:

- *Legal security of tenure* - Notwithstanding the type of tenure, all persons should possess a degree of security of tenure, which guarantees legal protection against forced eviction, harassment and other threats.
- *Availability of services, materials, facilities and infrastructure* - An adequate house must contain certain facilities essential for health, security, comfort and nutrition.
- *Affordability* - Personal or household financial costs associated with housing should be at such a level that the attainment and satisfaction of other basic needs are not threatened or compromised.
- *Habitability* - Adequate housing must be habitable, in terms of providing the inhabitants with adequate space and protecting them from cold, damp, heat, rain, wind or other threats to health, structural hazards, and disease vectors.
- *Accessibility* - Adequate housing must be accessible to those entitled to it. Disadvantaged groups must be accorded full and sustainable access to adequate housing resources.
- *Location* - Adequate housing must be in a location, which allows access to employment options, health-care services, schools, child-care centres and other social facilities.

⁸ The Universal Declaration of Human Rights, Article 25, General Assembly of the United Nations, 1948

- *Cultural adequacy* - The way housing is constructed, the building materials used and the policies supporting these must appropriately enable the expression of cultural identity and diversity of housing.⁹

It should be noted that whilst Australia may be a signatory to an International Covenant/Treaty this does not make that Covenant/Treaty enforceable in Australian law, unless domestic legislation is enacted to incorporate its provisions directly into Australian law. Neither the ICESCR or the ICCPR have been incorporated into legislation in Australia.

Tasmanian Human Rights Framework

After considerable community consultation, the Tasmanian Government through the Attorney's-General Department is currently considering a model that would outline basic human rights for all Tasmanians in a single Act of Parliament.

The proposed Act would create a Charter of Human Rights and Responsibilities for Tasmania. The processes for its applicability would also be in the Act.

The proposed Charter and processes would protect the human rights and freedoms of Tasmanians and help to change attitudes and perceptions about those rights and freedoms. The proposed Charter is similar to those operating successfully in the UK, New Zealand, the ACT and Victoria.¹⁰

Homelessness Legislative Context in Australia

Within Australia there exists a multi-layered legislative and policy framework relating to homeless and housing services, reflecting the three different tiers of government.

There is a wide variety of laws and regulations that impact on homeless people, some of which include at a Commonwealth level the:

⁹ 'The Right to Adequate Housing', Article 11.1, CESCR General Comment, Sixth Session, Office of the High Commissioner for Human Rights, 1991

¹⁰ *A Charter of human rights and responsibilities for Tasmania* – Tasmanian Community Consultation Paper – October and November 2010

- *Homeless Persons Assistance Act 1974* (now repealed)
- *Supported Accommodation Assistance Act 1994*
- *Disability Services Act 1986*
- *Anti-Discrimination Act 1977*
- *Social Security Act 1991*, and
- *Housing Assistance Act 1996*

In addition to Commonwealth legislation, all State and Territory Governments pass legislation which regulates renting, public housing, boarding houses, public space, vagrancy and crisis accommodation. Local governments pass local by-laws relating to planning and development.

National Affordable Housing Agreement

The National Affordability Housing Agreement (NAHA) and the associated National Partnership Agreement (NPA) on Homelessness now provide the overarching policy framework for Australia's response to homelessness.

Implementation Plans have now been developed and approved for all States and Territory's. These plans set out how each jurisdiction will meet the target set by the Australian Government and agreed to in the NAHA and NPA.

Supported Accommodation Assistance Act 1994

Of importance in understanding the current regulatory framework for homeless services is the Supported Accommodation Assistance Program (SAAP) (which has been incorporated into the NAHA) and the *Supported Accommodation Assistance Act 1994* (the *SAA Act*). The *SAA Act* is possibly the most important piece of legislation relating to homelessness.

The *SAA Act 1994* is the legislative foundation for the provision of a whole range of services relating to homelessness and housing in Australia. The preamble to the Act outlines the rights-based approach of the legislation, stating that:

'Australia has acted to protect the rights of all of its citizens, including people who are homeless or at risk of homelessness, by recognising international standards for the protection of universal human rights and fundamental freedoms through:

- 1. The ratification of the International Covenants on Economic, Social and Cultural Rights and on Civil and Political Rights; and*
- 2. The ratification of the Conventions on the Elimination of all Forms of Racial Discrimination, on the Elimination of all Forms of Discrimination against Women and on the Rights of the Child; and*
- 3. The acceptance of the Universal Declaration of Human Rights and of the Declaration on the Elimination of Violence Against Women; and*
- 4. The enactment of legislation such as the Human Rights and Equal Opportunity Commission Act 1986.¹¹*

International Experience

In the United Kingdom, consumer engagement has been incorporated into the policy making process through the *'Modernising Government White Paper.'* Policy makers are expected to consider how policies will be communicated to the public, engage key stakeholders in policy development, consider the needs of consumers and provide mechanisms to allow service providers and consumers to provide feedback on policy and share information.

Several OECD countries have formalised approaches to consumer engagement, as outlined in the OECD report *'Citizens as Partners.'* For example, both Canada and Denmark have used consumer engagement to develop health policy, while case studies from Belgium, the Czech Republic, the USA, Hungary, France and Korea discuss consumer engagement in policy making and implementation in other fields. The OECD report notes that evaluation of consumer engagement programs is rare.¹²

¹¹ Supported Accommodation Assistance Act, Commonwealth Government, 1994

¹² Ibid

National Experience

Consumer engagement and participation strategies within the homelessness services sector have existed in a range of forms across Australia for a number of years. While not directly consumer participation strategies, legislation like the *Supported Accommodation Assistance Act 1994* states in its aims an individual's right to have their rights upheld and independence realised. While it may be assumed that this would develop directly into consumer participation and engagement strategies, this has not always been true. It is, however important to note the focus in the SAAP Act on human rights has been integrated into most state based strategies.

Tasmania

The current work being undertaken to develop a Homelessness Charter and Consumer Engagement Strategy is supported by the Department of Justice in the development of 'A Charter of Human Rights & Responsibilities for Tasmania.' Extensive community consultations have been undertaken on this broader Charter.

Other health and community service sectors within Tasmania have been developing consumer engagement strategies. After community consultation the Department of Health and Human Services has developed the 'Your Care Your Say Policy' for the Out of Home Care sector. Mental health services have also developed a Carer and Consumer Engagement Strategy and TasCOSS have been developing a Consumer Engagement Strategy for the HACC sector.

Victoria

Victoria has undertaken extensive work on consumer engagement and participation in the homelessness sector, reflected by the Consumer Participation Resource Kit, prepared by HomeGround Services and the Rural Housing Network (a free resource to assist agencies in developing consumer participation strategies within their own organisations), and the Consumer

Charter for Community Managed Housing and Homelessness services prepared by the Victorian Department of Housing.

Consumer participation is embedded in the Victorian Homelessness Assistance Service Standards (HASS), which requires organisations to demonstrate and continuously improve their strategies to involve consumers in decision-making processes.

In addition the Consumer Charter, which allows for consumer input into agencies providing services to them, is embedded in the HASS Standards.

Queensland

In 2007, the Department of Communities (Queensland) introduced its '*Standards for Community Services*' for all NGO's. These standards include rights-focused "People using services" standards aimed at '*ensuring that clients receive individually tailored, culturally sensitive services delivered with respect for their individual rights*'.¹³ Compliance assurance for these standards (Phase II) commences in 2011 and it is reasonable to expect that compliance will have a direct impact on consumer participation.

Western Australia

Western Australia has Service Standards attached to SAAP provision¹⁴. One such standard (7) encourages clients to take an active role in the decision-making processes of a service.

Recognising that Western Australia was behind other states in relation to consumer participation the Peaks Forum launched a scoping project in 2009 to examine the establishment of a Housing Consumer Reference Group.¹⁵

¹³ Standards for Community Services, Department of Communities, Queensland, 2007

¹⁴ SAAP Service Standards, Western Australia 2002
<http://www.dcp.wa.gov.au/servicescommunity/information/Documents/Service%20Excellence/Protocols/SAAPServiceStandards2002.pdf>

Western Australia's Homelessness State plan 2010-2013, *Opening Doors to address Homelessness*,¹⁶ states that by 2011 regional plans will be implemented – with a focus on each region addressing strategies for consumer participation.

New South Wales

The NSW Government's Good Practice Guidelines for DoCS-Funded Services Manual points to consumer participation in these non-assessed standards.

The Guidelines state that in terms of *'Rights and preferences: Services and programs are delivered in ways that recognise and respect client/participant rights and preferences'*.¹⁷ The Guidelines encourage consumer engagement.

Additionally, Homelessness NSW and the Public Interest Advocacy Centre are currently working alongside one another to develop a consumer participation strategy for the sector.

Australian Capital Territory

The ACT has in place a Homelessness Charter, which is based on a “rights based approach to homelessness service delivery”. The charter is not a law and the rights it sets out cannot be directly enforced in a court of law. Rather it is a statement of values subject to the laws of the ACT.

The Charter notes consumers “*right[s] to make informed choices and determine their future*” as well as “*The right to participate in the planning, evaluation and development of those programs or projects that affect homeless people*”.¹⁸

¹⁵ http://www.shelterwa.org.au/documents/WAPF_Housing_ConsumerProject_Report_FINAL.pdf

¹⁶ <http://www.dcp.wa.gov.au/CrisisAndEmergency/Documents/National%20Partnership%20Agreement%20on%20Homelessness/WA%20Homelessness%20State%20Plan.pdf>

¹⁷ Good Practice Guidelines for DOCS funded Services Manual, NSW Department of Community Services, November, 2006

Evaluation of State Responses

While consumer engagement is a recognised element of government practice particularly within primary health and mental health services, the extent of engagement actually being offered to consumers is questionable. Reporting on the outcomes of consumer engagement is difficult to access, and there is little evidence that consumer engagement activities are evaluated. There are some examples of descriptive evaluations and case studies of best practice (for example, the governments in Queensland and Western Australia include case studies on their websites), but there is little evidence of the impact of consumer engagement on the policy-development process.

The Australian Institute of Health Policy Studies Consumer Engagement Project has highlighted a number of learnings from the experience of consumer engagement frameworks within the primary health care sector, which have application for this project, including:

- Consumer engagement in Australian health policy is poorly understood, inconsistently practised and under theorized;
- Consumer engagement is poorly defined;
- Consumer engagement is a mindset not a technique;
- Consumer engagement requires organisational commitment and a high level champion;
- Consumer engagement is an ongoing project not a fixed time event;
- Consumers need to be confident that their input will be valued and considered;
- Consumers usually need background information to contribute at the policy level; and
- Different approaches to consumer engagement offer different opportunities for policy development.¹⁹

¹⁸ ACT Homelessness Charter – A Statement of Rights, ACT Department for Disability and Community Services, 2008

¹⁹ Gregory, J 2008, *Engaging Consumers in discussion about Australian Health Policy: Emerging key themes*, & Australian Institute of Health Policy Studies, Melbourne, viewed 3 October 2008, http://healthpolicystudies.org.au/component/option,com_docman/task,cat_view/gid,92/Itemid,145/

3. Charter and Consumer Engagement Strategy

Why do we need a Charter?

The literature describes a range of arguments for consumer engagement and the development of a Charter, including:

- A means of adding legitimacy to decision-making at a service, organisational and policy level;
- A democratic and ethical right;
- A way of improving service and policy outcomes;
- A way of improving relationships with consumers;
- A way of serving political or democratic processes.²⁰

What is a consumer engagement strategy?

A Consumer Engagement Strategy seeks to improve and facilitate opportunities for people who are homeless, or who have experienced homelessness, to better engage with the service system and to express their views about what they need. In turn the strategy should improve outcomes at an individual, service and broader sector level. It should encourage a pro-active approach to canvassing the opinions and suggestions from people who experience homelessness rather than simply reacting to events as they happen. But, when service delivery issues arise it is important that complaint mechanisms and feedback processes are appropriate, accessible and responsive to consumers.

²⁰ Gregory, J 2008, *Engaging Consumers in discussion about Australian Health Policy: Emerging key themes*, & Australian Institute of Health Policy Studies, Melbourne, viewed 3 October 2008, http://healthpolicystudies.org.au/component/option,com_docman/task,cat_view/gid,92/Itemid,145/

Ridley, J and Jones, L, (2002) *User and Public Involvement in Health Services: A Literature Review*, Partners in Charge, SHS Trust, Edinburgh, Scotland ISBN 1899751122
<http://www.sehd.scot.nhs.uk/involvingpeople/A%20literature%20review.pdf>

Types of consumer engagement

The literature identifies that most Consumer Engagement Strategies seek to engage consumers at the individual level, in relation to individual case management or the service level/organisational level, and/or policy level.

Consumer engagement is often presented as a continuum of options, ranging from lesser engagement that offers little opportunity for Consumers input to greater engagement that can extend to involvement at a governance level.

The International Association for Public Participation has developed a Spectrum for Public Participation, which is designed to assist with the selection of the level of participation that defines the key stakeholders role in any engagement program (Inform, Consult, Involve, Collaborate, Empower).²¹

Health Canada has developed a five-level continuum model of consumer engagement (inform, gather information, discuss, engage, partner), which includes advice about when each level might work best.²²

Some organisations refer to 'types of engagement', rather than levels, to avoid any implication that some levels have more value than others. For example, *Doing it with us, not for us*²³ refers to five types of participation - information, consultation, partnership, delegation and control.

Models of consumer engagement

The literature identifies a number of good practice characteristics of consumer engagement models including that they:

²¹ *Spectrum of Public Participation*, International Association for Public Participation, iap2, 2007
<http://www.iap2.org/associations/4748/files/spectrum.pdf>

²² Health Canada, 2000, Health Canada, *Policy Toolkit for Public Involvement in Decision Making*, Ottawa, Canada

²³ *Doing it with us, not for us*, Department of Human Services Victoria 2006

- Use clearly defined terminology;
- Are based on principles or values that respect consumer participation;
- Use the full range of strategies and types of participation;
- Comprise legitimate processes which are linked to policy development and decision making processes;
- Are clear about who should be engaged;
- Ensure the effectiveness of programs is monitored and evaluated to continually improve systems;
- Involve recent consumers in specific projects for time-limited periods where their input is valued and will make a difference;
- Support engagement from the top of the organisation and build it from the ground up.

Some examples of good practice identified in the literature, include:

1. *Making the Connections*, National Public Health Partnership²⁴ ;
2. *Doing it with us not for us*, Department of Human Services Victoria²⁵;
3. *Position Statement on Consumer and Carer Participation*, Queensland Health²⁶;
4. *Draft Consumer and Carer Participation Framework*, ACT Health²⁷;
5. *Consumer Guidelines*, Health Consumers' Alliance SA²⁸;
6. *Seat at the Table* program, the Breast Cancer Network of Australia²⁹.

²⁴ National Public Health Partnership 2006, *Making the Connections. Guidelines for effective approaches to Aboriginal and Torres Strait Islander Public Health*, National Public Health Partnership, Melbourne, viewed 12 October 2008, http://www.nphp.gov.au/publications/making_connections.pdf

²⁵ Department of Human Services 2006, *Doing it with us not for us: Participation Policy 2006 - 2009*, Department of Human Services, Melbourne, viewed 12 October 2008, <<http://www.health.vic.gov.au/consumer/pubs/doing.htm>>

²⁶ Queensland Health 2003, *Position Statement Consumer and Community Participation*, Queensland Health, Brisbane, viewed 10 October 2008, <<http://www.participateinhealth.org.au/clearinghouse/docs/qldpositionstatementbrochure.pdf>>

²⁷ ACT Health 2008, *Draft Consumer and Carer Participation Framework*, unpublished

²⁸ Health Consumers' Alliance SA 2008, *Consumer Guidelines*, Health Consumers' Alliance SA, Adelaide, viewed 12 October 2008, <<http://www.hcasa.asn.au/consumer-participation/index.php>>

How can a Charter and Consumer Engagement Strategy Positively Affect Client Outcomes?

Consumers can benefit from a Service Charter and a Consumer Engagement Strategy by being involved in and engaged with the homelessness service system, through:

- better understanding their rights and responsibilities and those of the service;
- knowing how to raise concerns when their rights have been infringed;
- developing greater understanding of homelessness services and issues;
- seeing improvements in service quality, outcomes and responsiveness;
- increasing their capacity to contribute to service and system reviews;
- feeling their voice is valuable and heard.

How can a Charter and Consumer Engagement Strategy Benefit Services?

There are many benefits to services and the service system that result from having a Charter and Consumer Engagement Strategy, including:

- Consumers understand their rights and responsibilities;
- Open and transparent processes;
- Better informed and more confident consumers;
- Consumers are able to provide feedback to services and the broader service system on service gaps and deficiencies leading to organisational and systemic improvements;
- Services are able to become more consumer friendly and responsive to need;
- Identification of needs and priorities for effective decision-making;
- Improved outcomes for individuals and families;

²⁹ Breast Cancer Network Australia 2008, *Seat at the Table*, Breast Cancer Network Australia, viewed 12 October 2008, <<http://www.bcna.org.au/content/view/723/1286/>>

- Improved relationships between service providers and consumers;
- Service credibility;
- System sustainability.

4. Definitions

Homelessness: This discussion paper uses the MacKenzie and Chamberlain cultural definition of homelessness, which has been adopted by the Australian Bureau of Statistics. Homelessness is defined in terms of three categories:

Primary homelessness, which refers to people who are sleeping rough or living in improvised dwellings such as squats or other temporary forms of rough shelter, such as cars, railway carriages, etc..

Secondary homelessness, which describes people with no fixed address who are moving between various forms of temporary shelter such as staying with friends and family or in specialist homelessness services and any other forms of temporary shelter.

Tertiary homelessness, which includes people who are living in private boarding houses, rooming houses or caravan parks with no secure lease and no private facilities.

A person who is at **risk of homelessness** is someone whose housing, health, employment, personal, financial or other circumstances puts them at an increased risk of becoming homeless.

A **specialist homelessness service** is an organisation that is funded to deliver services specifically to people who are homeless or at risk of homelessness. Specialist homelessness services deliver services that include crisis or supported accommodation, transitional support, crisis support, housing information and referral.

Mainstream and allied services are organisations that are not restricted to service delivery to people who are homeless, but whose clients might include

people who are homeless. Such organisations might deliver services to the general community or to a designated client group. Mainstream and allied services include Centrelink, hospitals, schools, community health centres, alcohol and drug services, mental health, disability services, children and family services, training and employment and many others.

A **national quality framework (NQF)** (which is yet to be established) provides a systems perspective for understanding performance and identifying areas in need of improvement. It supports an ongoing process of change towards evidence-based good practice.

A **consumer (or client)** includes:

- People who are currently experiencing homelessness;
- People who are at risk of homelessness;
- People who were previously homeless;
- People who present as homeless to services;
- People who do not present to services but are homeless.

Engagement is defined in a broad way to cover the range of activities used by governments, organisations, and individuals to generate consumer input in or discussion about policy. In this project, the term “engagement” is used to discuss the full range of engagement activities including those that some authors may describe as “consultation” or “information provision”.