

A TASMANIAN
CONSUMER
ENGAGEMENT
STRATEGY

Fostering the
active participation
of people who are,
or have been homeless





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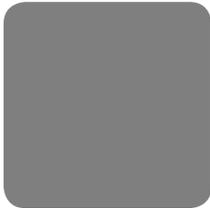


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contents

Executive Summary and Recommendations

1. Introduction

- 1.1 Language
- 1.2 Aims of the project
- 1.3 Research methods
- 1.4 The policy framework
- 1.5 An overview of homelessness in Tasmania
- 1.6 Limitations of the research

2. What Does the Literature Tell Us?

- 2.1 Defining consumer engagement
- 2.2 Two approaches to consumer engagement
- 2.3 Conceptualising engagement
- 2.4 Types and levels of engagement
- 2.5 The benefits of engagement
- 2.6 Does consumer engagement work?
- 2.7 In summary: lessons from the literature

3. Consumer Engagement Strategies in Tasmania

- 3.1 Mental health sector
- 3.2 Home and community care services (HACC)
- 3.3 Anglicare Tasmania
- 3.4 Alcohol, tobacco and other drugs sector
- 3.5 Families in the child protection system
- 3.6 In summary: lessons from other sectors

4. Consumer Engagement and Homelessness

- 4.1 The challenges
- 4.2 Tools and practices
 - 4.2.1 Peer support and education
 - 4.2.2 Representative approaches
 - 4.2.3 Consumer controlled organisations
 - 4.2.4 Online and digital approaches
 - 4.2.5 Using the arts
- 4.3 Models of engagement in the homelessness sector
 - 4.3.1 In Australia
 - 4.3.2 In Europe and the United Kingdom
 - 4.3.3 In the United States
- 4.4 In summary: lessons from the homelessness sector

5. What People Want: The Views of People Experiencing Homelessness and Specialist Homelessness Service Providers

- 5.1 People experiencing homelessness: the consultation process
- 5.2 Language
- 5.3 Understandings and experience of consumer engagement
- 5.4 Interest in being involved
- 5.5 Preferred methods of engagement
- 5.6 The views of service providers
- 5.7 In summary: learnings from consumers and service providers

6. From Concepts to Models

- 6.1 Values and principles
- 6.2 Aims, objectives and goals
- 6.3 A preferred model
 - 6.3.1 Option 1 (budget details omitted in the draft)
 - 6.3.2 Option 2 (budget details omitted in the draft)
 - 6.3.3 Option 3 (budget details omitted in the draft)
- 6.4 Costings (budget details omitted in the draft)

7. Conclusions and Recommendations

References

Appendices:

- A: Information sheet
- B: Consent form
- C: Questionnaire
- D: Survey for service providers
- E: Peer Education and Support Program: Program Logic
- F: PESP Position Description

Executive Summary and Recommendations

This report documents a consultation process to develop a consumer engagement strategy for the homelessness sector in Tasmania. As well as reviewing the literature, consultations were held with people who are or have been homeless, with specialist homeless service providers and with those involved in practising consumer engagement in a range of sectors including the homelessness sector. The work was overseen by the peak body, Shelter Tasmania, and conducted by the University of Tasmania and the Social Action and Research Centre at Anglicare Tasmania with guidance from a Research Reference Group.

The key findings from the work are:

- While Government, service providers and consumers have an interest in and commitment to engaging people who use services, the expertise and knowledge of people who experience homelessness remains untapped. Currently, in Tasmania, people who experience homelessness have few opportunities to participate in the design and delivery of the services they use.
- The literature tells us that consumer engagement can operate at a number of different levels – individual, service, system, policy – and that it requires an organisational foundation and a culture of engagement to flourish. Good practice consumer engagement prioritises relationships and a commitment to act on people's input and it can improve services and the wellbeing of those involved. It challenges the image of marginalized groups as passive recipients of services and instead sees them as willing and able to be involved and central to improving the quality of services and reducing homelessness.
- Yet as experiences in other sectors demonstrate developing effective consumer engagement mechanisms can be a long journey and a stop/start process which can take years. It requires building the capacity of both consumers and providers through relationship building, training and support, a flexibility to work in a way which best suits different environments and a focus on the quality of engagement rather than the numbers involved.
- People experiencing homelessness can face individual, group and structural issues which make it hard for them to get involved. Nevertheless those in our consultations were interested in being involved in improving services. They expressed a preference for low level, face-to-face, informal engagement with verbal rather than written information and where 'people come to us'. Crucial to any engagement is to be treated with respect and to build the capacity to engage through support and training.
- Specialist Homelessness Service providers across the state express support for the development of consumer engagement and are involved in a range of lower level consumer engagement activities. They want to see mechanisms which would improve the capacity of services to engage with their users including training, information and the development of a culture which encourages participation.
- There are a number of examples of engagement, both in Australia and internationally, which have effectively included the voice of homeless people into the design and delivery of services and which offer tools and guidance about strategies and mechanisms. In particular the Peer Education Support Program operating in the Council for Homeless Persons in Victoria offers a successful and evaluated model of consumer engagement with a ten year history.
- Drawing together evidence from the consultations and review identifies a number of key design elements which must be integral to any consumer engagement strategy for people who have or are experiencing homelessness. These include a strong organizational base, a culture of engagement, focusing on the quality of engagement rather than the numbers of people involved and building both consumer and provider capacity. They also include operating from a foundation of respect for consumers which can respond to their desire for face-to-face engagement and for verbal rather than written communications. A key part of any strategy must be the monitoring and evaluation of impact and outcomes.

Recommendation

The report recommends a preferred model of consumer engagement modelled on the Victorian Peer Support and Education Program in the Council for Homeless Persons. The model builds on experiences of implementing consumer engagement strategies in other sectors and in homelessness and meets the requirements of all stakeholders who were consulted in terms of principles, aims, goals and location. These requirements include the ability to build the capacity of consumers, service providers and Government to input the consumer voice into all levels of service design and delivery. The model can be implemented at three different levels. The level at which it is implemented has implications for the resourcing required.

1. Introduction

In 2013 the Social Inclusion Unit within the Department of Premier and Cabinet funded Housing Tasmania to progress a consumer engagement strategy for Tasmanians experiencing homelessness, for those at risk of homelessness and for those who have been homeless. Shelter Tasmania was contracted to develop a strategy with the assistance of the Housing and Community Research Unit (HACRU) at the University of Tasmania and the Social Action and Research Centre (SARC) at Anglicare Tasmania.

This report is the result. It provides evidence-based guidance for the development of a consumer engagement strategy for people who are or have been homeless. It outlines key terminology and a framework for discussion, analyses available evidence about different

models of engagement and reports on consultations with consumers and service providers. This evidence is then synthesised to draw out the implications for a consumer engagement strategy. The report concludes with proposals for consideration.

The work was guided by a Research Reference Group which included representatives from Shelter Tasmania, Housing Tasmania, the Social Inclusion Unit (DPAC), Salvation Army, Colony 47, Centrelink, Centacare, Anglicare and consumer representatives. The Research Reference Group met regularly throughout the life of the project. Ethical approval for consultations with people who are or have been homeless was given by the University of Tasmania's Social Sciences Human Research Ethics Committee (Ethics Approval Number: H013306).

1.1 Language

The term 'consumer' generally means the person or organisation receiving services (Gregory 2007). It may also be broadened to include the person's family members and carers as well as possible future service users (TASCOS 2012a) and previous service users (ACSQHC 2011). Other terms appear in the literature such as 'service user' and 'client'. To date in Australia the use of the word 'consumer' has been preferred because it situates the service user within a paradigm of choice and empowerment about their engagement with services, rather than terms such as 'patient' or 'client' where the service user becomes the passive recipient of services.

This report is concerned with people who are:

- currently experiencing homelessness;
- at risk of homelessness;
- formerly homeless;
- presenting to homeless services; and
- homeless but not presenting to services.

In the housing and homelessness sector terms can range from 'people experiencing homelessness' to 'client', 'tenant' or 'resident' according to the particular service or support environment (Victorian Department of Human Services 2006). The limited literature on terminology in the context of homelessness and consumer engagement and the contested nature of the term 'consumer' suggests a need to ask people experiencing homelessness about their preferred terms. During the consultations people who are or have been homeless were referred to as 'expert stakeholders'. For the purposes of this report they are referred to as 'consumers'. This includes those who have refused services or been refused services and it may include carers and family members when relevant (from HomeGround 2008).

1.2 Aims of the project

In order to ensure that future service planning, policy and legislation is informed by people's experiences this project aimed to provide options for the establishment of a statewide consumer engagement strategy to foster the active participation of people who are or have been homeless.

To achieve this the project has:

- reviewed models of consumer engagement in Australia and internationally;

- reviewed existing consumer engagement strategies in Tasmania (in both the government and non-government sectors);
- explored the views of consumers, housing and homelessness services and consumer engagement experts in other sectors about consumer engagement strategies;
- developed costed models of sustainable consumer engagement; and
- developed recommendations about an appropriate model of consumer engagement for people who are or have been homeless in Tasmania.

The report identifies and collates the learnings about models of consumer engagement in different sectors, informs thinking about the costs, benefits and potential risks and provides a rationale for, and models of, consumer engagement that could be applied in the Tasmanian context.

1.3 Research methods

The way in which the research was designed and conducted aimed to apply and test the principles identified in the literature about good practice in consumer engagement.

This includes the principle that the way in which any consultation is undertaken is as important as the outcomes that are achieved. In particular the research process aimed to reflect:

- the importance of relationships as the foundation for good consumer engagement processes;
- a desire to engage respectfully with people whose experiences of services and 'consultation' processes are restricted at best and negative at worst;
- a desire to develop a model that reflected the experiences, world views and preferences of people accessing services; and
- a belief that people's experience of being engaged for this project would shape their attitudes towards later consumer engagement opportunities.

Four strategies were used to undertake the research:

- **Desktop literature review** with a focus on Tasmanian initiatives and on consumer engagement in the homelessness sector. The review encompassed international, national, academic and grey¹ literature. It included literature from other sectors such as health and disability where consumer engagement is becoming an embedded part of practice.
- **Consultations with consumers or 'expert stakeholders'** to gather their views and experiences of consumer engagement activities, how they want to be engaged and gauging their interest in these activities. The consultations proceeded through three mechanisms:¹

¹ Grey literature refers to literature which is produced and published by organisations without recourse to the commercial or scholarly publishing industry. It is produced by all levels of government, business and community sector in print and electronic formats. It can include reports, conference proceedings, official documents, newsletters and working papers.

- **focus groups involving 49 participants.** Seven focus groups were held across the state (see Appendices A and B) with the number of participants ranging from 3 to 13. Participants were recruited through specialist homelessness services (SHSs) and a poster designed by a consumer representative on the Research Reference Group. SHSs provided a venue and focus groups were combined with a social event, usually a BBQ, to encourage involvement and establish a relaxed atmosphere.
- **follow up groups/design workshops** involving 35 participants. Most participants had previously been involved in the focus groups. They were presented with a 'jigsaw' consisting of options for consumer engagement and asked to flesh out the 'who, how and what'. They indicated their preferred method of communication, the type of activities they wanted to be involved in and the way in which they wanted to be engaged.
- **eight one-to-one interviews** in person or by telephone for those unable or reluctant to attend focus groups (see Appendix C for the questionnaire). Interviewees were recruited by service providers who also administered the questionnaire.

Overall 61 people experiencing homelessness were involved in the consultations, which provide a platform to develop principles for engagement and a conceptual model of consumer engagement. All group discussions were audio recorded and participants were reimbursed for their time.

- **Survey of 24 specialist homelessness services providers.** A structured questionnaire gathered information about service type, client group and location, current consumer engagement activities and ideas about ways of enhancing them.
- **Consultations with experts in consumer engagement.** Interviews were conducted with six respondents with expertise in the development of consumer engagement strategies in a range of different sectors in Tasmania – the mental health sector, the alcohol and other drug sector, homeland community care services and community service organisations. Respondents were asked to reflect on the challenges, opportunities and learnings from their experiences in order to inform developments for people who are or have been homeless. In addition interviews were conducted with two 'experts' with knowledge of peer support approaches to consumer engagement in the homelessness sector.

1.4 The policy framework

The Tasmanian Government's interest in and commitment to progressing consumer engagement is articulated in two documents. Firstly, *Your care, your say: consumer and community engagement* (DHHS 2009) outlines a strategy across health and human services to encourage consumers, carers and the community to take part in decision-making while building on existing engagement initiatives. It includes a comprehensive action plan and a

guide to consumer engagement techniques. The guiding objectives shared across the sector and across consumer groups are no wrong door, listening and responding, capacity building and relationship building. The strategy identifies four levels of consumer, carer and community engagement:

- individual – engaging in one's own care, support and treatment;
- service – engaging in decisions about services;
- community – engaging communities in decisions which affect them; and
- system – engagement in whole-of-system decision-making.

Secondly, *The Tasmanian Government Framework for Community Engagement* (DPAC 2014) provides a whole-of-government policy and guidelines for Tasmanian Government agencies to undertake community engagement. It recognises that people who receive services have the right to be consulted and have valuable experiences and expertise that can guide the design of services and systems.

In the homelessness and housing sector developing consumer engagement is an action under the *Tasmanian Homelessness Plan 2010-2013 'Coming in From the Cold'* (DHHS 2010). The plan commits the Government to providing quality services which include ensuring that any program of reform draws on, matches the experiences of, and is appropriate to the needs of people who are or who may be homeless. In particular the Tasmanian Government commits to:

- developing a Consumer Engagement Strategy to foster the active participation of people who are or have been homeless to ensure that future service planning will be informed by people's experiences; and
- developing a Consumer Engagement Strategy specific to Aboriginal people to consider their experiences of homelessness and housing and homelessness services.

In 2011 Youth Development Australia was engaged to further this work (YDA 2011). A Homelessness Charter was developed alongside a Consumer Engagement Strategy Discussion Paper to inform consultations. The Homelessness Charter was launched in 2012 (Tasmanian Government 2012). This aimed to ensure that all Tasmanians experiencing or at risk of homelessness are aware of what rights they have when accessing services and what they can expect when they ask for help. A Statement of Rights published in the Charter includes: 'The right to be consulted in the planning, evaluation and development of those services that affect homeless people' A consumer engagement strategy specific to Aboriginal people is yet to be developed.

1.5 An overview of homelessness in Tasmania

What does homelessness look like in Tasmania? The primary method for quantifying homelessness is the ABS Census of Population and Housing (ABS 2011; Shelter Tasmania 2013). In 2011 it was estimated that there were approximately 1,580 homeless people in Tasmania living in

a variety of circumstances and representing 31.9 persons per 10,000 of the population.

Commonly homelessness is defined in three categories. In Tasmania:

- 10% of homeless people experience primary homelessness—living without conventional accommodation, for example sleeping rough or in improvised dwellings including tents;
- 62% experience secondary homelessness—frequently moving from one temporary shelter to another, for example emergency accommodation, a refuge or shelter or 'couch-surfing'; and
- 25% of homeless people experience tertiary homelessness—staying in accommodation that falls below minimum community standards, for example boarding houses and caravan parks.

From this data we know that the majority of Tasmania's homeless population experience secondary homelessness. They are staying temporarily with other households (32%) or living in supported accommodation (30%). A quarter experience tertiary homelessness with 15% staying in boarding houses and 157 people resident in caravan parks. People experiencing homelessness are spread across the state with the majority (47%) in greater Hobart, approaching a quarter in Launceston and the North East (24%), a further quarter on the West and North West coast (24%) and 5% in the South East region.

Aboriginal people are over-represented in all sections of the homeless population and in 2011 11% of all homeless people identified as Aboriginal.

Service providers also generate data about homelessness and the characteristics of those who experience it. Specialist Homelessness Services (SHSs) provide a range of supports and accommodation options to single men, single women, families (including women with children), women escaping domestic and family violence, unaccompanied children, young people, Aboriginal and Torres Strait Islander peoples and people at risk of homelessness (AIHW 2013). In 2012-13 they supported 5,585 people with assessment, advice, referral and support as well as crisis, temporary and longer term accommodation. Of these 3,860 presented alone and 1,725 were in some form of family group. Fifty-three percent were female and 47% were male. The majority were aged between 18 and 45 but covered an age range from under one year to over 75 years. The establishment of Housing Connect in 2013 has now provided a single gateway or 'one-stop shop' for those who need housing and homelessness assistance and referrals to appropriate services.

The needs of people contacting services are diverse and often complex. As well as presenting with housing needs many people also have health, legal, child protection and income support issues. This means that it is common for SHSs to work collaboratively with, and make referrals to, other agencies to meet people's needs and there can be multiple points of contact which can be used as starting points for contacting people experiencing homelessness and engaging with them.

Homeless people are among the most vulnerable in our community and many are isolated and disempowered. Social exclusion can mean low self-worth and feelings of not belonging and not being heard by those who provide services and support. The diversity of the homeless population underscores the need for a model of consumer engagement that supports many different ways of involving people.

1.6 Limitations of the research

Consultations aimed to ensure that participants were as representative as possible of the homeless population in Tasmania and of SHSs in the three regional areas. However there were some limitations imposed by the research process which potentially affect the findings.

Firstly consumers or 'expert stakeholders' who participated in the consultations were recruited from people currently accessing SHSs and housing organisations or former clients of these services. This meant some gaps in how far the sample was able to represent the homelessness spectrum. Project resources and legal considerations relating to public liability and ethical approval for the research meant the absence of a specific sampling strategy to include those experiencing primary homelessness or sleeping out and those who were 'couch surfing'. Those at risk of homelessness were also underrepresented. However approximately half of those attending the focus and follow up groups had recent experience of primary homelessness. Some had slept out between the focus and follow up groups and a number of participants had experience of couch surfing or staying semi-permanently with friends or relatives. This meant that perspectives from people across the homelessness spectrum could be incorporated retrospectively into the research.

Secondly, although the sample represents a cross-section of groups accessing SHSs, it does not represent the way services are distributed across the state. Almost half of those experiencing homelessness are located in the South of the State but there was low representation from consumers and services in the North and North West. Efforts were made to include those in remote areas by offering the option of a one-to-one interview rather than attending a focus group.

Lastly, the research design aimed for consistent input from participants in both the focus groups and the follow up groups. However in practice fewer participants attended the follow up groups. To some extent this was accounted for by people exiting services or a change in their circumstances which meant that participation in the research was no longer a priority for them or not possible. It might also highlight potential challenges in promoting a consistent input from people experiencing homelessness in any consumer engagement strategy.

2. What Does the Literature Tell Us?

There is now a substantial literature about consumer engagement. This section looks at what the literature can tell us about consumer engagement in general terms and in those human service areas where it is most developed—in health, mental health and disability. The following section explores how concepts of consumer engagement have been adapted and applied in different sectors in Tasmania and what we can learn from this to apply to the homelessness sector.

The literature review explored consumer engagement models in theory and practice and covered a number of strands. These included:

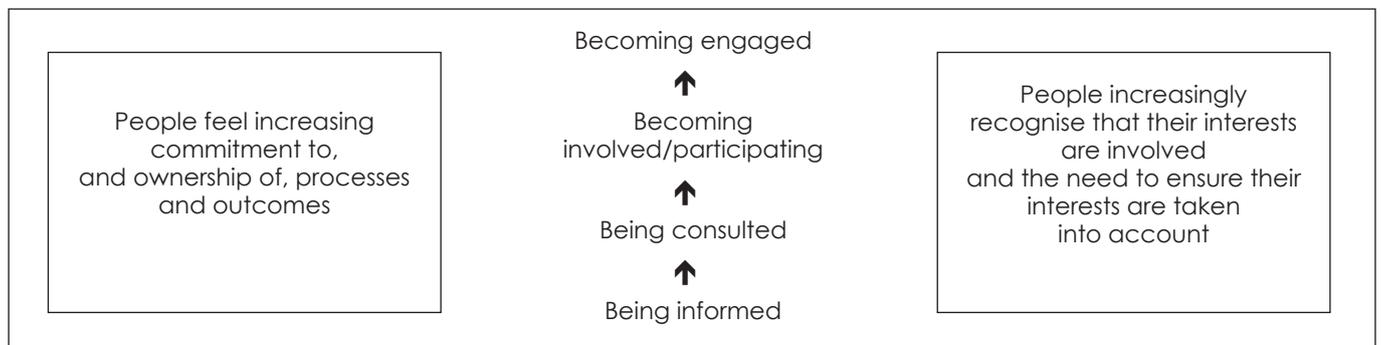
- definitions of consumer engagement;
- justification and rationale for doing it;
- the development of consumer engagement and different approaches;
- engagement principles and practices which underpin effective engagement; and
- levels of participation and different forms of consultation and engagement.

2.1 Defining consumer engagement

The term consumer engagement is used in a variety of ways. It can mean the ways service providers work with their consumers on a day-to-day basis to establish and maintain effective relationships. The term is also used to refer to the ways that service users approach and engage with service providers (Foroushani et al. 2012) or to refer to forms of consultation by government and organisations. The most common usage and the one implicit in the *Tasmanian Homeless Plan (2010)* is as an umbrella term concerned with a range of practices that involve consumers in the design and delivery of services, planning, governance and evaluation.

The term 'engagement' is malleable (Cornwall 2008) and can become 'mired in a morass of competing referents'. It may be used interchangeably with other terms such as consultation, participation and involvement to represent ways of interacting with consumers or making decisions about services. It has been argued that engagement is different from consultation and participation (Aslin & Brown 2002) and that it is possible for people to participate, be consulted and even involved, but not be 'engaged'. Engagement then becomes one end of a continuum along which people feel increasing commitment and ownership as their sense that they and their interests are being taken seriously increases (Fig 1).

Figure 1. From being informed to being engaged (after Aslin and Brown, 2002)



Engagement then can be conceptualised as a process that involves a commitment to action. This suggests a reciprocal obligation between the parties: engagement is a relational exercise that is imbued with a moral dimension. This notion of action is given priority in the Tasmanian Alcohol, Tobacco and Other Drug Treatment Services consumer engagement strategy which explicitly states that the process of engagement is active and that all parties must contribute (Owen & Ristovski 2011).

The Victoria Local Governance Association's consultation principles recognise the importance of this aspect of successful consultation. Their first principle is to undertake engagement with 'sincere intent', which

relies upon integrity and trust (VGLA 2007). This meaning is extended by the International Association for Public Participation Australia where participation includes a 'promise that the public's contribution will influence the decision' (IAP2 Australia).

Engagement may also imply achieving positive outcomes. These may be in terms of defining characteristics of the service provider-consumer relationship, for example 'mutual, respectful and equal relations' (TASCOSS 2012a) or a wider goal of 'promoting broader social change' (Anglicare 2011).

Figure 2 (below) provides a sample of definitions of consumer engagement used by different agencies. What they share is a concern with the active nature of engagement, the importance of the relationship between provider and consumer and the achievement of positive outcomes.

Figure 2. Defining consumer engagement

Definition	Agency
Consumer participation or engagement is about people who use services having a say in how well those services are working and how they might be improved. It is about providing a range of opportunities for consumers to be actively involved in decision-making processes, service design, continuing development and in promoting broader social change.	Anglicare Tasmania
Consumer participation in the Specialist Homelessness Sector is a process whereby consumers are actively involved in decision making, service planning, policy development and priority setting.	Council to Homeless Persons, Victoria
User consultation is a process of ongoing dialogue between providers and service users that leads to a decision about the way services are run. It is not just about asking for information or giving it. Consultation involves asking people their opinions and then using that information to make decisions.	Welsh Assembly Government (WAG 2004)
Consumer participation takes many different forms and occurs at multiple levels of an organisation – from encounters with individual consumers through to participation in systemic advocacy and reform. There are also a variety of mechanisms you can use to structure consumer participation including membership of governance groups, surveys, interviews, and complaints mechanisms.	Queensland Council of Social Service (QCOSS) Community Door, Queensland
Consumer, carer and community engagement is the process by which the aspirations, concerns, needs, values and active contributions of citizens and communities are incorporated in government, non-government, not-for-profit and private sector decision-making, planning of service delivery and evaluation. It is about working together, participation, involvement, partnerships and moving toward mutual, respectful and equal relations in work and service interactions.	Tasmanian Council of Social Service (TasCOSS) Home and Community Care Consumer Engagement Program.
Consumer engagement implies that there is a process with which the consumer is involved, and that the process is active. It involves a relationship between two parties, the consumer and the service (or the broader service system) and that both parties contribute to the process.	Tasmanian Alcohol, Tobacco and Other Drug Treatment Services.
Client involvement is about engaging people who use homelessness services across all levels of planning, delivery and evaluation. This includes their own support. Therefore adopting a person centred approach to support is crucial to successful client involvement.	Homeless Link
Participation is a way of working that empowers people to participate in decisions and actions that affect their lives. It is based on the conviction that people have the right to have a say in the way that services they use are set up and run, and that people at a social or economic disadvantage often face barriers to influencing decision making.	FEANTSA (the European Federation of National Organisations working with the Homeless

For the purposes of this report the definition used by the Council to Homeless Persons, Victoria is adopted.

2.2 Two approaches to consumer engagement

The involvement of service users in planning, decision-making and service improvement has become an expected element of contemporary human services. Its antecedents lie in the social and political changes of the late 1970s associated with the emergence of rights-based, emancipatory social movements, postmodernism and neo-liberalism (Croft & Beresford 1992; Cowden & Singh 2007).

Typically consumer engagement is underpinned by one of two competing political ideologies. The 'consumerist approach' rejects paternalistic welfare policies and champions a move to individualised service models that adopt free-market approaches where the consumer becomes the customer and issues are reframed in terms of consumer choices and opportunities. This market-driven approach sees consumer engagement as service-led and as an instrument for eliciting consumer preferences to help ensure services reflect needs. Consultation may be used to gain feedback from consumers but the need to 'involve' or 'engage' them is limited because they can choose their services in a market place (Beresford & Croft 2001). Critiques of this position raise questions about the reality of consumer choice for vulnerable people and whether this choice enables them to influence what policy and services look like and instigate change and improvement.

The 'democratic approach' is informed by the rights movements of the late 20th century. It sees consumer engagement as a force for democratic renewal which seeks greater consumer involvement through a redistribution of power between government, service provider and service user. The World Health Organisation declared that 'people have the right and duty to participate individually and collectively in the planning and implementation of their health care' (WHO 1978). It is argued that consumers have a right to participate in service delivery and that without such participation organisations cannot achieve their mission (Hatvani, Kimberley & Scouler 2012). The aim is to collectively change the experiences of service users to give them more influence and control in service delivery.

Democratic approaches are not only concerned with the right to be involved; they also challenge perceptions of disadvantaged and marginalised people as unable to participate. In the homelessness sector this approach challenges the 'powerful and pernicious image of homeless people as socially disaffiliated and passive recipients of social welfare' (Whiteford 2011) and argues that the empowerment of the homeless service user is actually a precondition

for participation. Encouraging people to have control of their own lives rather than having things decided for or done to them requires a transfer of power from those making decisions to the consumer or at least making them partners in the decision-making process (Stark 2011). This highlights that people experiencing homelessness or at risk of homelessness are capable of, and willing to be, involved and suggests that consumer engagement can only work if there is a shift on the part of government and providers to actively welcome and facilitate it.

The concept of participation has been criticised as being a provider-focused model and the term co-production has recently entered the literature. This is based on the principle that providers, consumers and other stakeholders all have valuable contributions to make to planning, delivery and evaluation of services, that power should be shared and that more collaboration will achieve better outcomes in public policy and services (Beresford 2013). Co-production has been described as the provision of services 'through regular, long-term relationships between state agencies and organised groups of citizens where both make substantial resource contributions' (Joshi & Moore 2003: cited by Bovaird 2007: 8427). Examples might include jointly run housing associations and cooperatives, user-operated programs that draw on professional expertise when it is required and programs that have been designed by professionals and handed over to be run by users.

2.3 Conceptualising engagement

Consumer engagement is presented in the literature as a hierarchy, as a continuum or as a spectrum with varying degrees of reordering of power relationships between provider and consumer. One of the most influential is Arnstein's ladder or hierarchy of citizen participation (Arnstein 1969). This moves from information and consultation to citizen power or from potentially tokenistic forms of engagement under the control of the service provider to consumer control (see figure 3 on following page).

Figure 3: from Degrees of Citizen Participation, Arnstein 1979

Ladder		Degree of Participation	Mechanisms	Level of Power
8	Citizen control	Consumers control the decision making	Consumer-run organisations	Citizen power
7	Delegated power	Consumers involved in planning, running and assessing services	Consumer-led projects within hosting organisations	
6	Partnership	Planning and decision making is shared and consumers can influence and determine outcomes	Involvement in staff recruitment, volunteering and governance	
5	Placation	Consumers give advice and discuss their perspectives but don't have the power to make decisions	Focus groups, peer research/education, stakeholder events	Degrees of tokenism
4	Consultation	Consumers are consulted to find out what they think	Surveys, exit interviews, suggestions boxes	
3	Informing	Consumers are given information but without a way for them to feed back	Newsletters, leaflets, notice boards, digital information	
2	Therapy	Consumers brought together to change their attitudes	Group work sessions	Non-participation
1	Manipulation	Consumers used to rubber stamp initiatives	Public relations vehicles	

A ladder of participation based on power relations is not the only consideration when choosing engagement methods and strategies. The nature of the policy problem can also decide the kind of participation and it is useful to think about types of engagement in terms of what they can and cannot do. A distinction is made between 'instrumental' participation as a means to achieve something and 'transformative' participation

or participation as an end in itself (Cornwall 2008). A continuum created to explore consumer involvement in research looks at engagement practices in terms of the degree of involvement by consumers. This continuum has implications not just in terms of power relations but also consumer capacity building, organisational resources and inputs, skill-development and remuneration.

Figure 4: taken from McMullin et al 2006

Tokenism	Involvement	Integration
1-2 consumers invited to participate in limited or superficial roles	Small number of consumers invited	Significant number of consumers from diverse populations actively involved
1-2 consumers expected to represent all consumer perspectives	Limited roles	Key positions including management, research staff, serving on steering committees or oversight boards
No concrete decision making authority	Limited decision-making authority	Decision-making authority
Mostly volunteer time	Some compensation for time and expertise	Competitive compensation for time and expertise

Consumer engagement can also be conceived as a spectrum where undertaking it involves a moral obligation to do something with the products of that engagement. The International Association of Public Participation (IAP)

identifies a core value of participation as ‘the promise that the public’s contribution will influence the decision’ (IAP2 2007). Their spectrum associates increased public participation with increased transfer of power.

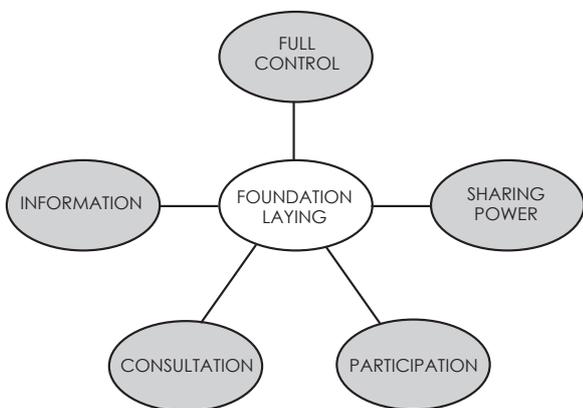
Figure 5: from IAP2 Spectrum of public participation (IAP2 2007)

Inform	Consult	Involve	Collaborate	Empower
Public participation goal				
To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives and/or decisions	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision-making in the hands of the public
Promise to the public				
We will keep you informed	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what you decide

Different kinds of participation can be conceptualised as ‘appropriate and empowering in different circumstances’ (FEANTSA 2013). The key for FEANTSA is that engagement strategies that encourage empowerment establish an organisational foundation for consumer participation (see figure 6). The choice of strategy is less concerned with the transfer of power than it is with meeting the wishes of its consumers. This model also recognises the need to

create a culture of engagement that has the necessary infrastructure to nurture the expertise of consumers (see also O’Keefe & Hogg 1999). The concept of creating a foundation suggests the processual nature of community engagement; it is a complex exercise involving many issues for service providers and consumers that necessarily involve managing tensions in relationships, capacity and willingness.

Figure 6: Participation as a foundation for consumer empowerment (FEANSTA 2013)



In summary, contemporary engagement typologies tend to present a continuum of increasing engagement – from one-way engagement (like providing information) through collaboration and dialogue (like consultation and partnership) to consumer empowerment and leadership (like consumer control of services). Implicit in these continuums and models is the recognition that engagement involves a reordering of power relations between government, service providers and consumers. Asking government, organisations and their staff to relinquish degrees of control over decision-making presents a range of challenges and a cultural shift in how business is conducted. Similarly inviting and equipping consumers who have varying degrees of experience to take responsibility will also present challenges. There are situations where higher order forms of engagement like delegated power

might transfer power to a small number of consumers when lower forms such as consultation, which are accessible to many consumers, might obtain a more representative consumer view. In other words most kinds of engagement can be tokenistic if that is the organisation's motivation (Oliver et al 2004). Engagement involving higher degrees of citizen power may also be more time consuming and more costly to implement (Gregory 2007).

This report argues for a more nuanced model that recognises that engagement and participation are heterogeneous, dynamic and evolving and may arise from a genuine desire on the part of the service provider to empower consumers. In other words engagement is not simply driven cynically by the powerful provider or government to meet its goals, nor is it a linear process by which the consumer wrests greater control from the service provider.

Table 1: Aspects of engagement from service provider and user perspectives

Aspect	Government/service-provider issues	Consumer issues
Power	<ul style="list-style-type: none"> When and how much power to share/ relinquish Challenges to governance and organisational culture Power dynamics, conflict and trust 	<ul style="list-style-type: none"> Winning or being granted power Capacity building and skills development
Expertise	<ul style="list-style-type: none"> Recognition of consumer expertise Reassuring staff that their expertise is valued 	<ul style="list-style-type: none"> Recognition that personal experiences and knowledge represent valuable expertise Concerns that contribution will be recognised
Motivation	<ul style="list-style-type: none"> Relationship between kind of engagement and desired policy outcome Is this tokenism or will it be used in decision-making? 	<ul style="list-style-type: none"> Motivation of Government /service providers Issues of trust, sincerity and guarantees
Resources	<ul style="list-style-type: none"> Time, staffing, financial implications of different engagement types Ensuring adequate representation 	<ul style="list-style-type: none"> Time demands, financial burden Remuneration and compensation
Representation	<ul style="list-style-type: none"> Obtaining a representative sample of consumers 	<ul style="list-style-type: none"> Issues of accessibility, being heard, representing others.
Relationship	<ul style="list-style-type: none"> Managing stakeholder relationships Improved staff-consumer relationships Levels of involvement and role clarification 	<ul style="list-style-type: none"> Nature of relationships with providers and policy makers Relationships with other consumers
Moral dimension	<ul style="list-style-type: none"> Level of obligation to consumer Issues of trust, reciprocity and integrity 	<ul style="list-style-type: none"> Level of obligation to government/ service-provider Issues of trust/reciprocity
Initiation	<ul style="list-style-type: none"> Who initiates engagement Is consumer initiation invited/welcome? 	<ul style="list-style-type: none"> Who initiates engagement Is consumer engagement responsive or proactive?

2.4 Types and levels of engagement

Consumer engagement can involve consumers in a diverse number of roles across various levels of service provision:

- individual level with consumers involved in decisions about their own care and support and acting as co-designer or co-producer of the service they are accessing;
- service level where consumers are involved in developing the services that affect them; and

- policy, service system and strategic levels where consumers are involved in decisions about the operation of major systems and in broader public policy decisions and strategic frameworks that govern the service system as a whole.

Consumers can get involved in planning, developing, improving, reviewing and evaluating services and systems and in accreditation processes. Roles might include being a research subject or working as a

peer researcher, being an active citizen, completing a consumer satisfaction survey or participating in a focus group or as a consumer representative in a decision-making group. Consumer engagement has an emphasis on dialogue and the role of improved relationships between consumers and service-providers as a catalyst for organisational cultural change (Tritter & McCallum 2006). To this end consumers might be involved in staff induction, training and recruitment processes. They may require support through training and information about the operation of service systems and policy development processes and how to represent their peers. There are challenges in matching the kinds of engagement that providers facilitate to the desired outcomes.

2.5 The benefits of engagement

Four arguments have been put forward to justify the adoption of consumer engagement programs internationally and across different sectors (Gregory 2007):

- **Ethics and democracy.** Involving consumers in decision-making and service planning stems from a belief that consumers have a right to be involved because they are the most affected by policy and service delivery decisions. Consumer engagement is seen as increasing transparency and accountability (Martin 2011) while educating consumers about the challenges of providing services in particular environments and funding regimes.
- **Improved outcomes.** Consumers are recognised as having an expertise and knowledge that is not necessarily held by policy makers and service providers. They can offer unique perspectives about values and value choices and provide insights into the impact of policy and service delivery (Church et al 2002). Giving consumers choices in engagement activities may promote a distribution of power from provider to consumer (Hickey & Kipping 1998) and it has been argued empowerment is an intended outcome of participation because an empowered person is one who can more easily find a sustainable route out of homelessness (FEANTSA 2013). For the individual consumer this can mean new skills and confidence, expanded social networks, greater connection with others and improved wellbeing. It can also mean contributing to the prevention and resolution of homelessness both at an individual and systemic level (Black 2012).
- **Improved relationships.** Making organisations more responsive to people's needs is seen as improving staff-consumer relationships (Gregory 2007) and changing organisational culture (Tritter & McCallum 2006). This is because engagement promotes the experience of being valued and engaging in genuine dialogue, partnerships and collaborative problem-solving. In other words consumer engagement practices lead to more engaged consumers (Wright-Berryman et al 2011). A consumer engagement culture can also

lead to improved cross-sectoral collaboration by improving communication pathways and 'reduced conflict within stakeholder groups as individuals hear and understand one another'. This can lead to consensus (DPAC 2014).

- **Political legitimacy.** Involving consumers in service planning and decision-making lends political legitimacy to government decisions (Gregory 2007). For example, community engagement exercises can persuade the public that decisions are credible and that they represent consumers' views and interests. Decision-makers can also 'share the blame' for decisions that are poorly received or that fail to achieve desired outcomes. This means that engagement can become a double-edged sword and political legitimacy is likely to depend upon the intent and integrity of the engagement exercise and a willingness to explicitly address any cynicism that may exist about politicians' motivations.

Overall consumer engagement has the potential to provide significant practical benefits to organisations, staff and consumers that lead to improved outcomes. At the same time poorly implemented and tokenistic engagement risks damaging relationships and trust and can reinforce a sense of powerlessness and a lack of motivation to meaningfully engage.

2.6 Does consumer engagement work?

Despite many claims about the benefits of consumer engagement the evidence about how far they are achieved is mixed and the evaluation of engagement activities is often neglected or undertaken poorly due to the challenges involved (Gregory 2008). This makes it difficult to explore the direct impacts and outcomes of consumer engagement or compare the relative benefits of different forms of participation. The reality is that attracting funding for consumer engagement activity requires an evidence base and this lack of evaluative literature impacts on the ability to make a case to spend money on activities. There are a number of reasons for this:

- initiatives are often written up in a descriptive way focusing on process and outputs rather than outcomes;
- evaluation often remains confidential to organisations and is not shared;
- mechanisms for participation have been treated separately to mechanisms for improving services even though they can be the same things (SCIE 2007);
- understanding engagement as a process rather than an event makes the evaluation of engagement strategies and outcomes resource intensive (Cook 2002);
- the complexities of evaluating activities which may have diverse outcomes and where only some outcomes are directly related to consumer engagement activity; and
- a lack of standardised benchmarks and outcome indicators, particularly those that include evidence of shared decision-making and collaboration (Bathgate & Romios 2011; Gregory 2007).

There are strong arguments for thorough evaluation processes. They can prevent organisations and policy makers from making mistakes and allow them to reflect on processes and lessons learnt whilst also highlighting success and return on investment. Evaluation can highlight and replicate good practice, build a culture of commitment and have a careful look at what difference has been made both to services and to the wellbeing of consumers.

Studies undertaken in the health sector are inconclusive. However they tend to find that consumer satisfaction is improved due to better relationships and that communications with staff better match consumers' literacy and language skills (Wright-Berryman et al 2011). An analysis of 22 studies of consumer engagement in the health sector found that overall consumers experienced positive benefits (Attree et al 2011). Yet the analysis also found that the impact on consumers can be negative. This was especially true where participants had experienced successive waves of engagement and reported consultation fatigue, disappointment, exhaustion, stress and financial costs of involvement. Consumers can become frustrated through consultation that does not result in change (Oliver et al 2008).

In the housing and homelessness field a study of engagement in the UK found that it could result in positive outcomes for housing management particularly in regard to rent collection and re-letting times, vacancies, speed and quality of repairs and the quality of cleaning and caretaking (Attree et al 2011). A recent evaluation of a peer education support program in Victoria to build the capacity of people experiencing homelessness to contribute to service development found it benefited both consumers and staff and in the longer term had the potential to work towards ending homelessness (Black 2014).

2.7 In summary

Box 1: Lessons from the literature

Good practice consumer engagement is a process which prioritises relationships and a commitment to action and reflects varying levels of decision-making powers being transferred from provider to consumer.

It can operate at a number of levels – individual, service, systems and policy levels. The level at which it operates and the methods used determine the resources required in terms of consumer and provider capacity building and resourcing.

A democratic approach to consumer engagement challenges the image of marginalized groups as disaffiliated and passive recipients of services and instead sees them as willing and capable of being involved.

Developing consumer engagement requires an organizational foundation and a culture of engagement. Ideally any structures are dynamic with the flexibility to evolve.

Well-conducted consumer engagement has a number of benefits in improving services and the wellbeing of those involved. However comprehensive evaluative work about the outcomes of consumer engagement is currently sparse.

3. Consumer Engagement Strategies in Tasmania

How have other sectors in Tasmania approached consumer engagement and what might this tell us about good practice in developing a strategy for people experiencing homelessness? As well as overarching consumer engagement frameworks developed by Government, the state has a number of sector specific strategies and approaches which are described below.

3.1 Mental health sector

The mental health sector has a longer history of consumer engagement than other human services fields. This has been driven by a strong mental health consumer movement and the early adoption of national standards which require mental health services to promote consumer engagement activities (Hinton 2009).

In Tasmania in 2006 a Consumer and Carer Participation Framework was developed (DHHS 2006). This identified that despite a variety of mechanisms for people to input into the design and development of mental health services, including individual petitions, focus groups, forums and representation by consumer and carer organisations, only a limited number of people had access to these mechanisms. The framework aimed to bring together these different processes into one coordinated system of participation, provide support to people to participate and offer a roadmap for how participation should occur. It built on international and national best practice models and on a consultation process with consumers, carers and mental health services. It also built on a basic understanding that participation in policy and decision-making processes is a fundamental democratic right offering benefits to both providers and consumers in improving services. It considered different levels of participation and found that if resources were focused on participation at an individual level there would be a natural flow on effect and services would start to reflect the experiences and expectations of participants.

A review of the Framework in 2009 and an exploration of how to develop consumer activities in the state (DHHS 2009; Hinton 2009) found that Tasmania was at a very formative stage in relation to consumer and carer participation. There was not a well-developed understanding of participation and participation practices were inconsistent. In order to identify an optimum model for participation and turn the Framework into a practical and effective working system, the review led to a commitment to pool money from previous consumer participation activities to establish a consumer organisation which could coordinate the consumer voice.

Flourish was established in 2011 as a statewide mental health consumer organisation. It is a not-for-profit with a Board and a membership which provides an independent voice for mental health consumers to promote their rights and responsibilities.

It aims to develop effective consultation mechanisms, do systemic advocacy at regional, state and national levels, facilitate consumer participation across Tasmania, support the development of a mental health consumer workforce and develop the capacity of consumers to participate. Flourish now has:

- an office staffed by a full time executive officer and a part time policy officer and finance and administrative officer (1.4 FTEs);
- a logo, website and Facebook page;
- 3 regional advisory groups. These operate as forums for consumers to have direct input into how services are developed and delivered both regionally and state-wide. Members are trained and report on current services and service gaps;
- a peer support network which meets regularly to develop the role of the lived experience in the mental health sector workforce through professional development and personal support; and
- a consumer representative service – 24 trained consumers who can input into committees and Boards, undertake consultations, staff training and staff recruitment and take on guest speaking roles. Consumers are reimbursed for their time.

Over the past three years since its inception Flourish has reported a number of challenges. These have included:

- building a solid and sustainable structure on a small budget;
- managing high and often unclear expectations from consumers, government and service providers;
- the time and resources involved in building regional advisory groups and getting the model right;
- developing cooperative relationships with community mental health services; and
- maintaining a balance between lower level widespread engagement and quality engagement involving fewer consumers.

They have learnt that flexibility is essential in order to provide the space to grow, mellow and change as consumer capacity to engage develops.

3.2 Home and community care services (HACC)

In 2009 TasCOSS, the peak body for the community sector in Tasmania, began to develop a Consumer Engagement Program for HACC services to raise awareness and promote the development of activities. The process involved mapping existing consumer engagement practices across HACC services, undertaking a literature review and setting up a series of workshops to enhance understanding of consumer engagement within HACC services and promote the development of activities, policies and strategies. A Steering Group was established to develop an overall strategy and it was identified that practical support was required for service providers to improve levels of understanding and promote activities.

The Program now has a part-time co-ordinator based with TasCOSS and offers free training and support to provider organisations around developing consumer engagement, resources including a Consumer

Engagement Handbook and opportunities to share good practice. It also aims to reinforce a commitment to consumer engagement across the HACC sector. Operating the Program has led to a number of learnings:

- consumer engagement needs time and planning and is a long-term journey which is about building relationships;
- although people are passionate about it and want to have a go, understandings of consumer engagement in many HACC services remain at a low level;
- management support and enthusiasm is critical as well as leadership and there can be questions about how to get provider buy-in;
- efforts to improve consumer engagement have to engage with frontline staff and consumers; and
- having a strategy does not ensure implementation. Resourcing is required to raise awareness, ensure momentum and particularly to invest in staff training.

The Program is evaluated on an annual basis in order to tailor work to the needs of providers and ensure that it picks up on new initiatives. It has facilitated a gradual rise in understandings of and commitment to consumer engagement in HACC services across the state (TasCOSS/HACC 2014).

3.3 Anglicare Tasmania

Research by Anglicare's Social Action and Research Centre into models of consumer engagement in the mental health and alcohol and drug sectors (Hinton 2009 & 2010) drove the establishment of a 12 month consumer participation development project within Anglicare. The project considered how best to promote consumer engagement across the organisation using learnings from the research. Anglicare has approaching 1,000 employees and 55 or more different services across the state. This presented particular challenges in how to develop an organisation-wide approach to consumer engagement and a supporting infrastructure.

The development project involved mapping consumer engagement initiatives and levels of activity across the organisation. Five demonstration projects were set up and evaluated to highlight different approaches to consumer engagement. A series of briefing papers explored key issues including how to pay and reimburse consumers, how to get consumer representation at an organisation-wide level and how to create pathways for consumers through the organisation from consumer engagement to employment and training. Briefing papers also tackled issues around how to raise awareness and train both staff and consumers, how to sustain consumer involvement and how to monitor and evaluate it. There were consultations with staff and consumers to develop a vision for what consumer participation should look like. The end result was a three-year consumer engagement strategy (Anglicare 2011), an accompanying action plan and evaluation framework about how to implement, monitor and evaluate the strategy and funding for a half-time consumer participation officer to lead on the strategy.

The three years of the strategy have led to a number of significant changes. These include the development of a reimbursement policy for consumers, the establishment of a staff champions group to promote consumer engagement and organisational change from within and establishing a Participant Advisory Council with 12 consumer members to input into organisation-wide decision making. The diversity of Anglicare services has meant that the most appropriate way of engaging with consumers varies from service to service. The strategy has encouraged a range of activities whereby services have the flexibility to develop consumer participation in ways which best fit with their clientele rather than a one size fits all model.

The first strategy has now been comprehensively evaluated. The evaluation has found an increase in understandings of consumer engagement across the organisation and in the level of consumer engagement activity, particularly at a service level. A second three-year strategy has now been developed. This prioritises embedding consumer engagement in the relationships between worker and service user so that it is no longer seen as an 'add-on' but rather as an integral part of service delivery. It is a work in progress and focuses on three tasks – engaging with purpose, sharing knowledge and measuring what matters.

Implementing the first strategy and developing a second has generated a number of learnings about how to embed consumer engagement in the design and delivery of services both at an individual and at a service provider level. Consumer engagement requires:

- support from the top – from the Board, the CEO, managers and staff champions. This is essential together with activity and support on the ground;
- autonomy for services to work in ways which best fits their client group;
- building an infrastructure within the organisation to support individual services;
- a long term process of cultural change within the organisation;
- building consumer capacity; and
- resourcing.

Anglicare's experience highlights that consumer engagement is a continuing journey. At this stage of the journey it is not a consumer-led process, although it is anticipated that consumers will increasingly partner in decision-making. Monitoring and evaluation are seen as key mechanisms for sustaining momentum in implementing the strategy.

3.4 Alcohol, tobacco and other drugs sector (ATOD)

In 2008 the Future Service Directions Plan for ATOD services identified the establishment of a consumer participation framework as a key priority to ensure that consumers have input into the planning, development and delivery of ATOD services in Tasmania (DHHS 2008). Subsequently Advocacy Tasmania (ATI) was funded to develop a Consumer and Carer Participation Project and a sector-wide Consumer Engagement Strategic Framework.

The Project developed through a number of stages which included a sector-wide consultation with consumers and ATOD service providers and a mapping of current consumer engagement work across the sector. This established that generally activity in the sector was at a low to medium level. A Guide to Consumer Engagement was published to support ATOD services with the planning and development of consumer engagement in their organisation and provide a clear conceptual framework (Owen & Ristovski 2011). Emphasis was placed on supporting services to achieve standards or goals. A series of tools, templates and guides were either created or sourced and made available to services through the ATI website.

Subsequent consultations established that generally frontline workers recognised the benefits of consumer engagement but required more structural support from management to achieve the desired goals at all levels of engagement. For example, some organisations did not have consumer engagement policies to guide practice. Whilst remaining supportive to improving engagement activities at all levels the project has shifted to focusing on higher level consumer engagement where avenues for consumer input into systemic issues are insufficient, especially given the absence of a Tasmanian ATOD consumer organisation.

The Project now has a part-time Consumer Engagement Officer (19 hours per week) based with Advocacy Tasmania to lead on implementing a service development plan. The plan prioritises consumer capacity building through:

- raising awareness and knowledge of consumer engagement opportunities especially at medium to high levels;
- increasing people's capacity to contribute through developing resources and training consumer representatives;
- setting up and managing a consumer register for parties wishing to engage consumers on particular topics or tasks; and
- supporting a consumer reference group of people with experience of using ATOD services. The group of 7 people meets monthly and provides advice and guidance to inform implementation of the program.

The Program continues to work collaboratively with the peak body ATDC who have adopted a major role in providing consultancy and support to service providers, including the collaborative development of training programs, access to independent consumer engagement facilitation, advice and information, provision of tools and ensuring organisational commitment. ATDC and ATI also contribute to sharing a collaborative vision of consumer engagement across the sector, and to systems-level consumer engagement through supporting consumers to engage at this level. A particular focus has been reducing the stigma and discrimination that consumers face.

Most recently an incorporated consumer organisation – Tasmanian Users' Health and Support League (TUHSL) – has now emerged with a Board of Management elected at the end of 2013 and assistance and mentoring from a national organisation, the Australian Injecting and Illicit Drug Users League (AVIL). TUHSL aims to represent the interests of people who use drugs (and in the longer term to include people using alcohol) as well as maintaining a centrally located source of peers to ensure services engage in credible consumer participation. Although there is currently no funding it is supported by both Advocacy Tasmania and ATDC who describe it as being at a 'formative stage'.

The ATI Program has identified a number of learnings about building consumer capacity:

- face-to-face contact and building trust and relationships are key and get practical results in terms of engagement from consumers. This requires a core structure to provide security and safety whilst recognising that people do not operate from 9 to 5;
- the need to reach out to consumers rather than expecting them to come to you;
- careful definition of the consumer role so people can decide whether to get involved;
- feedback mechanisms are essential so that consumers know how their input has impacted on decisions;
- reimbursement for time and unique expertise is a must;
- a need to move from a Hobart-centric to a statewide approach;
- service providers are a critical link to consumers but approaches need to respond to how people and services want to be engaged;
- recognising how big the journey is from never having been asked for an opinion or from story telling to becoming a consumer ready and willing to engage;
- difficulties with consumer registers. The Program has found that consumers want something less abstract than 'we might contact you if you're interested'. Being asked to provide a name and phone number for possible future engagement is not productive given the common cynicism about consultation exercises and being protective about personal information; and
- a tendency for Government to see Advocacy Tasmania as a proxy for consumers.

The Program has also identified the need for a major process of cultural change in organisations, and especially among ATOD clinicians, to accept the need for consumer engagement. Selling consumer engagement to the uncommitted requires an emphasis on the consumer's ability to solve problems and promote better decisions.

It is hoped that if funding can be acquired – from Government or from a number of small grants – TUHSL will be able to build solid foundations and perform an increasing role in representing the ATOD consumer voice in Tasmania.

3.5 Families in the child protection system

To date there have been few mechanisms for consumer engagement for families involved in Tasmania's child protection system. Most recently and under the auspices of the Red Cross a new advocacy service has been launched to provide advice, information and support to parents and families in contact with or at risk of contact with the child protection system – the Parents and Family Advocacy Service (PFAS). It is based on a peer advocacy model where a professional advocate recruits, trains and coordinates a pool of community volunteers who will be paired with parents and family members referred to the service.

It will:

- provide one-to-one advocacy for parents and families in contact with Tasmania's child protection system;
- co-opt volunteers and train them in advocacy work;
- empower and enable parents and families to participate in a meaningful way. This will include taking advantage of opportunities to be involved in decision-making that impacts on them;
- develop and provide information in the form of booklets and factsheets in collaboration with the Child Protection Service;
- develop a website for parents available statewide;
- undertake community development projects and explore possibilities for a consumer group; and
- undertake systemic advocacy through an advisory group of stakeholders and regular community forums.

PFAS will build on the state government commitment to working in partnership with families. It will initially develop in the South of the State with the intention of becoming a statewide organisation. The PFAS Advisory Group will meet monthly and play a key role in guiding the development of the service and in systemic advocacy work.

3.6 In summary

In developing consumer engagement strategies there is a temptation to seek out an instructional 'how to do it' manual (Kroschel 2002) or emulate others where there has been evidence of success. But every jurisdiction and sector operates differently. The Tasmanian homelessness sector has particular and unique characteristics but also shares many of the same issues and tensions which have been experienced elsewhere in developing consumer activities and initiatives. Sectors have invested in a variety of approaches including developing consumer organisations, building the capacity of consumers and providers, providing a range of engagement opportunities and building commitment across the sector to consumer engagement and cultural change. This means it is neither a question of adopting one particular model wholesale nor of 'reinventing the wheel', but rather using the lessons learnt elsewhere to develop a Tasmanian approach specific to people experiencing homelessness. This must take into account the small

dispersed population, a shortage of resources and the history of consumer development and participation initiatives in the state.

Box 2: Lessons from other sectors

All sectors have struggled and found that developing consumer engagement can be a fragmented, stop/start process and a long-term journey which may take several years.

Consumer engagement requires solid foundations and an organizational base – for example with a peak, an advocacy or a consumer organization. It also requires leadership, support from frontline staff, a supportive infrastructure, resourcing and a staged approach.

New initiatives have had to deal with minimal resourcing, auspicing issues, high expectations from all stakeholders and a lack of clarity about aims and purpose.

Government and policy makers have a tendency to use community service organisations (CSOs) as proxies for consumer engagement.

There can be low levels of understanding of consumer engagement in provider organisations. This requires committing resourcing to provider capacity building and a long term process of cultural change in services.

No one size fits all and services require flexibility and autonomy to work in a way which best fits with their clients. Any consumer engagement initiatives also require the flexibility to grow and develop at their own pace.

There can be pessimism about the capacity and willingness of consumers to engage and the sustainability of consumer organisations. The starting point for working with marginalized groups is about building relationships and trust and a recognition of the significance of the journey from marginalized service user to a consumer who is ready and willing to participate.

Focusing on engagement at the individual level will have a natural flow through to the service level as services increasingly reflect the experiences and expectations of consumers. This moves from seeing consumer engagement as an 'add on' to embedding it in the way services are delivered.

The numbers of consumers involved are less important than the quality of engagement.

4. Consumer Engagement and Homelessness

Whilst some fields like mental health and disability have an established tradition of consumer engagement, models supporting the engagement of people experiencing homelessness are more limited. Nevertheless there is a body of literature that specifically considers consumer engagement among people experiencing homelessness, at risk of homelessness, or who have previously been homeless and it is now an emerging field with a number of initiatives across Australia and internationally. Like other fields it suffers from a lack of formal evaluation so that evidence about the effectiveness of different models

remains largely anecdotal and/or speculative. This section draws heavily on a recent evaluation report and literature review about approaches towards consumer engagement in the homelessness field (Black 2014).

4.1 The challenges

Much of the literature on homelessness portrays people who experience it as 'hard to reach', 'hard to engage' and disconnected from services, community networks and opportunities (Andersson 2011, Cook 2002, Crane 1994, Hough et al 1996). There are structural, logistical and perceptual challenges and some people experiencing homelessness may have characteristics which limit their capacity to participate in engagement activities (Crane 1994, Hough et al 1996, Morrisey & Dennis 1990, O'Connor & Coleman 1995, Trumpener 1997, Black 2014). Some of these barriers are attributed to individual or group characteristics including:

- residential instability and frequent moves that make it hard to maintain contact;
- diversity, with people living in a range of circumstances;
- social isolation and psychological barriers resulting in a lack of confidence in social skills and low self-esteem;
- mental illness, where the cyclical nature and type of illness can impact on capacity to participate (Pryor 2011);
- difficulties accessing and processing written material and other information due to literacy, language issues, learning difficulties and acquired brain injury;
- avoidance of services;
- difficulties concentrating due to a lack of food or sleep, drug and alcohol use or undiagnosed and untreated health issues like diabetes.

Barriers can also be attributed to systemic issues:

- distrust of service providers as a result of previous negative experiences;
- sporadic engagement with services that is crisis driven and therefore often unsatisfactory (Andersson 2011, Coleman et al 2013);
- negative labelling and stigmatisation leading to feelings of shame, self blame and guilt (Darbyshire et al 2006, Coleman et al 2001, Andersson 2011);
- perceptions that services have little to offer;
- confusion about who is responsible for what (Cook 2002);
- lack of understanding about the lived experience of homelessness, what it entails and its consequences;
- expert discourses and language which exclude marginal groups and groups where literacy and numeracy rates are low from policy processes (Fraser 1995); and
- poorly implemented and/or inappropriate consumer engagement practices and limited resourcing.

However there is a body of literature which challenges the stereotype of the homeless person as hard to engage or as socially disaffiliated (Coleman 2001, Chamberlain 2005, Wasserman & Clare 2010, Whiteford

2011). This literature argues that it is possible to engage with people experiencing homelessness, including those sleeping rough, and that they are willing and capable of being active community members and contributing to the development of policies and services which will benefit others (Whiteford 2011).

Studies have highlighted the importance of the skills of researchers and outreach workers to embed themselves in homeless sub-cultures quickly and develop relationships that allow them to meet and connect with homeless people (Coleman et al 2013). This requires an ability to become familiar with the movements, patterns and daily routines of homeless groups and individuals so that relationships can be established and maintained. There are accounts of conducting research with homeless people where they have been successfully contacted, engaged and actively involved in the research process which has enriched research outcomes (Coleman 2001, Hough et al 1996, McAuliffe & Coleman 1999).

Rather than an argument against consumer engagement for people experiencing homelessness, these barriers and challenges emphasise the need to carefully consider different ways in which people can be involved. This population is not necessarily hard to reach but rather the tools and techniques that are used may be inappropriate or not enough thought and creativity has been applied to engaging people (Cook 2002). An additional effort is required to offer participation options which are accessible and meaningful to this population (Black 2014).

4.2 Tools and practices

The literature identifies a large number of consumer engagement techniques or practices. These are often listed in 'toolkits', 'how-to guides' or 'implementation guides' accompanied by their advantages and disadvantages and guidance about successful implementation. Non-government agencies have been especially active in the development of toolkits and some examples of these resources relevant to the homelessness sector are listed in Table 2.

These resources describe a broad range of consumer engagement mechanisms or tools which can be tailored to the specific needs of organisations and consumers. These include:

- Information to consumers about services and service options;
- Making complaints and giving compliments;
- Suggestion boxes;
- Surveys and feedback questionnaires, exit interviews;
- Hotlines and phone-ins;
- Consumer Charters listing rights and responsibilities;
- Focus groups;
- Involvement in staff recruitment, induction and training;
- Consumer friendly administrative procedures and the development of information resources;
- Volunteering;
- Consumer representatives, consultants or advocates, registers of consumers;
- Consumer presentations at seminars and conferences;
- Consumer councils, forums and consultative or advisory committees;
- Peer support, peer mentors or peer workers; and
- Consumer controlled organisations.

Table 2: Consumer engagement practice toolkits and implementation guides

Consumer Engagement Handbook for HACC Services in Tasmania (TasCOSS 2012b)	A detailed and comprehensive guide to implementation, monitoring and documentation of engagement.
Consumer Participation Resource Kit for housing and homelessness assistance services (HomeGround Services 2008)	A detailed guide to designing and implementing consumer participation strategies in housing and homelessness services.
Case studies of consumer engagement in Australian health policy and related fields (Gregory 2008)	A review of engagement techniques drawn from five case studies of organisations undertaking consumer engagement.
Tasmanian Government Framework for Community Engagement (DPAC 2014)	A comprehensive engagement framework including implementation guides for different population groups.
Inclusive Community Engagement Toolkit: A Practical Guide. (Capire Consulting Group 2012)	A guide about how to engage hard to reach people and breakdown or overcome barriers to engagement.

Any of these mechanisms may be used to involve consumers in the design, development, review and evaluation of services or service systems. This might include involvement in needs assessments and the development of submissions or tenders, research and community awareness raising and education. It may involve peer support work and peer education as well as building consumer capacity through training, awareness raising, skill development and improving self-esteem and confidence.

Working in the homelessness sector means applying the most appropriate method to people's circumstances and offering a range of approaches which can apply to those in crisis and with no fixed address through to those in longer term accommodation. This might entail informal, social or anonymous activities or those facilitated by trusted peers. For example:

- for those in urgent need or in crisis – quick, informal feedback mechanisms are most appropriate; for example promoting engagement in waiting areas through comment books or touch screen surveys;
- for those accessing support for short periods where there may be a high level of contact with services – a range of engagement opportunities;
- for those in crisis supported accommodation – using resident meetings to embed a culture of engagement; and
- for those in transitional or long term support – here there are more opportunities to build rapport and to involve people at a variety of levels.

Decisions have to be made about how to ensure feedback loops are completed by keeping client contact details or publicising engagement outcomes through posters or newsletters.

The Consumer Participation Resource Kit produced by HomeGround services is still considered to be 'best practice' in designing and implementing consumer engagement activities in the homelessness sector.

4.2.1. Peer support and education

To date there has been little attention paid in the homelessness field to peer support and education, peer advocacy, peer mentoring and peer research (Black 2014). The term 'peer' suggests a relationship of equals rather than one in which one party holds power or control over another. Peer support is commonly described as 'any organised support provided by and for people with similar conditions, problems or experiences' (O'Hagan 2011). Peer education is a more formalised type of program requiring participants to receive some sort of training before they become involved in helping to teach or share information with others with similar backgrounds or experiences to their own.

Peer support can take many different forms including one-to-one personal support, group or organisation-based support or support from a consumer-controlled organisation. These approaches are now employed in

mainstream services especially in the health, mental health and alcohol and drug sectors and in work with young people where they have become a critical and complementary part of recovery processes and education work. They involve supporting and training people so that they can share their lived experience with others in their peer group in an educative way. Increasingly consumers have become paid peer workers and peer educators. The development and support of a peer workforce has become a key priority for Tasmania's mental health consumer organisation, Flourish. Peer approaches can become effective mechanisms for creative and sustainable consumer engagement.

4.2.2. Representative approaches

The involvement of one or more consumer representatives in decision-making bodies like committees or steering groups is the most commonly used mechanism for consumer engagement in Australia. This can be the easiest model for service providers and policy makers to implement in order to gain consumer input and participation. Because a number of people can be involved it is possible to get a balanced range of consumer perspectives. These models can also foster the development of skills, knowledge and confidence among representatives and signal a shift in the balance of power between provider and consumer as well as creating further opportunities for all consumers to participate.

Yet critiques of these models highlight a number of risks especially where there is little or no history of consumers having previously acted in representative roles, or when they are selected by government or provider agencies as easy to work with and cooperative. Concerns raised ask how one consumer can be representative of another, whether 'involved' consumers express the views of others or how to identify a 'typical' consumer. If consumers are required to formally 'represent' others structures are needed to ensure ongoing consultative links with a constituency of peers to which they are accountable and which has nominated or endorsed them. Without this it can appear tokenistic with only a few consumers on board and this has been used as an argument to undermine the credibility of consumer representation and consumer engagement work. Consumers can also acquire high expectations of their role and want to be involved in decisions before organisations or Government are ready and before they have the necessary skills and knowledge.

Unless consultation mechanisms are built in it may be better to think of consumers involved in decision making bodies as bringing a consumer perspective from their own experiences. This can be a valid way of getting consumer input as they raise issues and prompt debates from a base of consumer experience. Research has also shown that the views of consumer representatives or active consumers are not out of step with other less visible consumers and closely parallel their concerns and priorities (Crawford & Rutter 2004).

4.2.3 Consumer controlled organisations

Organisations controlled by consumers can be seen as the most empowering of the consumer engagement models. However this approach is also the most challenging to implement. Challenges include finding a location for a consumer-run program in the face of stigma and resistance and the difficulties of getting cooperation, funding and resourcing from traditional providers and Government when legitimacy, sustainability and effectiveness is unproven.

These barriers are faced by all consumer groups but may be more significant for those experiencing homelessness due to scepticism about their ability to operate programs and few examples of these kinds of initiatives.

4.2.4 Online and digital approaches

There is increasing interest in the potential of mobile and internet-based activities both in the delivery of a range of government and human services and as a mechanism for promoting consumer engagement. An acknowledgment that many people living on low incomes, including people who are homeless, have mobile phones and access to the internet has combined with a push to deliver many public services online, via mobile and using social media. Many staff in specialist homelessness services have observed high levels of mobile phone use (Humphry 2014). Online forums, websites, Facebook, apps, Twitter, blogs and YouTube can all offer safe places to receive information, share ideas and generate discussion. They may also provide opportunities to contact people who may not be in contact with services or contactable in other ways.

Recent research conducted by Anglicare to explore how low-income households in Tasmania use mobiles and the internet clearly identified that although these mechanisms are used to contact government and other services, many prefer to do this in person or using a landline and they are less likely than other Tasmanians to be engaged in social media and social networking platforms (Dickens, 2014). The research also pointed to the low rates of literacy and numeracy in the state which must influence decision-making about the use of these mechanisms by service providers.

In the homelessness sector research to explore how people experiencing homelessness across Australia use mobile phones and the internet found that this group had unique patterns of ownership and use corresponding to their homeless circumstances (Humphry 2014). The research found that:

- having a mobile for many is matter of survival especially when there are no alternatives like landlines or broadband connections;
- people experiencing homelessness may represent a hitherto uncounted segment of the 'mobile only' population;
- staying connected can be a challenge due to a shortage of credit, power restrictions, number changes and handset loss;

- some people have multiple phones in various states of operation and disrepair (Rice et al 2011); and
- mature age adult males experiencing long term homelessness and living in emergency and temporary housing, boarding houses and on the street are the least likely to have a mobile and use the internet.

The research suggests that although there may be potential to use online and mobile phone platforms to deliver services, contact clients, extend service reach, build client capacity and conduct consumer engagement activities, any push in this direction will need to address the specific barriers faced by people who are homeless. These include addressing affordability issues – for example by using pre paid mobiles or alternative internet sources like free Wi-Fi or internet access in libraries or residential services, contact via a 1800 number and having call back options. Homelessness service providers also have a role to play in assisting with the recharge of a client's mobile service, using cards with call and data credit, subsidised or free voicemail, inbox messaging services and promoting affordable internet access. They may have a role to play in supporting clients to use digital technologies and providing training.

Infoxchange have recently launched GoDigi in partnership with Australia Post (Infoxchange 2014). This is a national digital literacy program to support the improvement of digital skills focusing on marginalised groups. They are also developing a homeless assistance app which will offer information about services and how to access them. Potentially this opens up opportunities as a mechanism for consumer engagement and providing feedback about how engagement has influenced decisions.

Engagement processes are most effective when several consultative and participatory techniques are triangulated i.e. when more than one technique is used. This provides assurance that all those who wish to participate in a decision-making process have had an opportunity to do so. Overall, although using mobile and internet approaches may provide one way to engage consumers, it must also be acknowledged that many people would be excluded.

4.2.5 Using the arts

Creative tools and activities allow people to express themselves using different mediums. The arts can become an avenue to discuss particular issues or topics, as a capacity building initiative, for behaviour change outcomes or as part of a broader engagement program. In the homelessness sector murals, sculptures, photos, multi-media and performance have been used to encourage participation.

One example is the Photovoice Project – where homeless people identified their health issues and key concerns by taking photos to 'speak' their concerns (Bredesen & Stevens 2013). Photos have been used to engage people experiencing homelessness in research by asking them to describe their idea of home by taking photographs (Coleman 2001).

4.3 Models of engagement in the homelessness sector

There are a range of examples of well-established consumer engagement models across the housing and homelessness field in Australia and internationally. These were recently collated in a review of the literature (Black 2014) and some of the most significant which may be relevant in thinking about possible developments in Tasmania are described here.

4.3.1. In Australia

StreetCare Program, NSW

This was established in 2009 by the Homeless Persons' Legal Service (HPLS) at the Public Interest Advocacy Centre in Sydney. StreetCare consists of nine people with recent experience of homelessness who aim to provide direct input into the HPLS's own policy advocacy work as well as providing policy advice to government agencies. They also give assistance on how best to consult with homeless people. In 2011 a regional branch of StreetCare was set up to demonstrate its applicability in a non-metropolitan location. The program has developed a range of reports and resources including a number of short videos where members speak about their experiences of homelessness and advocate for improved services and outcomes.

Peer Education Support Program (PESP)

The Council to Homeless Persons in Victoria is the peak homelessness body in the state and aims to end homelessness through advocacy, policy work and sector development. Established in 2005 as a pilot, PESP is a volunteer program of the Council's advocacy services and provides people who have experienced homelessness with the opportunity to improve the service system. It consists of 6-8 members who are interviewed to meet key selection criteria. Successful applicants then undertake an 8-week intensive induction and training program to become volunteer presenters, undertake community consultations and provide advice to service providers and government about consumer perspectives and needs. They commit to 6 hours one day per week for the 8-week induction period and then variable hours depending on activities. Police and working with children checks are required and they sign an agreement and commit to a code of conduct. Members can stay in the program for two years and then have the option of entering the Graduate Program and continuing to be involved in activities. All members receive \$60 per session for travel and to cover expenses plus \$20 for child care.

Selection processes try to ensure diversity and currently members have experience of family violence, rooming houses, rough sleeping, police issues, mental health and alcohol and drug issues. They also include young people. All those who apply are interviewed and if unsuccessful have the option of being placed on a register and participating in consultations where their particular expertise may be required.

PESP is now a key resource for organisations developing and implementing consumer engagement strategies in

Victoria and it also gives consumers a powerful voice in decisions which affect them. A recent evaluation of PESP (Black 2014) found:

- high levels of personal development. Since its inception it has trained and supported 25 people to become highly skilled and confident consumer advocates. Of these 22 have started or returned to study, 9 have found employment in the community sector and all have remained housed. These levels of personal development have fostered better advocacy and systemic improvement;
- the program is highly valued by stakeholders for its input into policy and practice development, involvement in advocacy campaigns, delivering training and awareness raising activities to a wide range of audiences and building the capacity of consumers and homeless organisations to incorporate consumer engagement into service delivery;
- its impact has been assessed as positive and beneficial with high quality advisory and consultative services, strong program management, skilled and passionate contributions from members and a strong impact on organisations promoting a more positive attitude towards homeless people;
- good positioning within a statewide peak which can provide credibility and support as well as access to high level decision makers and leaders in the homelessness sector; and
- a more limited impact on the overall service system and government policy with Government providing few options for consumers to be consulted and engaged.

The evaluation recommended promoting and developing the PESP as a central hub for training and advice around consumer engagement for SHSs including maintaining and creating an online information resource. It also recommended an increasing role in major policy initiatives in the homelessness sector, including nationally, and promoting the model as an example of 'leading practice' across Australia in the homelessness sector. Most importantly the survival of this model over a ten year period with little change demonstrates its relevance, sustainability and potentially the ability to reproduce it in other environments. When asked what the key elements are in reproducing this model PESP identified:

- getting the member's position description right (see Appendix F). This must be accurate and provide clarity about the role so that members know what is required of them;
- training in how the service system works, issues faced by different groups of homeless people, facilitating consultation processes and how to advocate; and
- support through supervision so that members are treated like any other employees.

PESP also emphasised that the model is 'plasticine'. It does not matter if initially it's not quite right, it will develop and evolve (see Appendix E).

Consumer engagement in Victoria

Victoria is recognised as having the most comprehensive framework for consumer engagement of homeless people in Australia. The state government has embedded consumer participation as a requirement into the Homelessness Assistance Service Standards (HASS). It also has a Consumer Charter for community managed housing and homelessness services and a government funded guide for organisations to implement their own strategies (HomeGround 2008).

A review of how consumer engagement is faring in the sector found it strongest at the service level with a lot of good practice being built into specialist homelessness services due to the HASS standards and a better understanding of the 'what' and 'how' of

consumer engagement including a number of guides. It is at its weakest at the level of government policy and decision-making and there are currently no consumers on the Ministerial Advisory Committee on Homelessness or the Social Inclusion Board.

A recent development has been the establishment of a Homeless Persons Union independent of the peak body, service provision and Government. Interestingly some of the core membership of the union are ex-members of PESP. In this sense PESP can be seen as a catalyst for the independent development of a consumer voice in the state.

Queensland Council of Social Services (QCOSS)

Using Arnstein's ladder of participation, QCOSS explored how consumer engagement might be embedded into organisational practice in a housing organisation (QCOSS nd). Table 3 below lays out how this might occur.

Table 3: Integration of engagement methods into organisation practice (after QCOSS)

Degree of participation (High to low)	Explanation	Individual worker level	Service or program level	Organisation or management level
Consumer control	Consumers make the decisions	A consumer directs their case manager	A program is created and managed by the residents	A facility is owned and operated as a cooperative of all residents
Partnership	Decisions are made jointly by consumers and workers	A support worker and client together develop a case plan	Staff and residents jointly implement a program	The Board has positions for consumer representatives
Consultation	Consumer views are sought and incorporated into decision making	A housing worker seeks feedback about service options	A meeting is organised for tenants to seek feedback	The Board seeks feedback about next year's strategic plan
Information seeking	Workers seek information from consumers	A housing support worker seeks performance feedback	A support service creates a suggestion box	Housing Tasmania undertakes a consumer survey
Information giving	Information is provided to consumers	A refuge worker gives information about tenants' rights	A poster detailing consumer rights	A service provider consumer engagement framework

4.3.2. In Europe and the United Kingdom

Homeless People's Commission/Groundswell, (United Kingdom)

Groundswell began in the mid-1990s as a consumer focused campaign project to support homeless people to be at the heart of creating and delivering solutions to homelessness. In 2011 a group of 14 former rough sleepers used an adapted 'Citizens' Jury' model² to set up panels and hear evidence from policy makers, service providers and researchers across the

country. This became known as the Homeless People's Commission. This work resulted in a report with 93 recommendations to the Ministerial Working Group on Tackling Homelessness which was launched in the House of Lords. Commissioners around the country continue to campaign for the recommendations. Groundswell also undertakes a wide range of other consumer participation activities including peer research projects and client audits (Groundswell nd).

²Participants are engaged as citizens with no formal alignments or allegiances. They are briefed in detail on the background to particular issues and asked to discuss possible approaches. They become jurors by being asked to make a judgement on an issue.

SANDS

This is a Danish organisation formed in 2001 of people who are primarily users of homelessness services. It is structured like a trade union with a representative in all relevant services alongside regional councils and a national committee. It was sponsored initially by 'professionals' in 1995 but over a six year period won the support, participation and leadership of homeless people. The Board consists solely of service users and it enables users' interests to be represented throughout the homelessness sector and to government (Anker 2008). National authorities now recognise it as a legitimate interest group and include it in consultation processes around new legislation and programs. It provides seminars and workshops to members and regular newsletters and events.

St Mungo's Broadway (London, UK).

This is community organisation which provides a wide range of services to people experiencing homelessness, including residential services. They have implemented a comprehensive engagement approach which is now integrated throughout their operations and provides training and support to consumers to enable them to 'have a say and participate in how services are run'. Engagement activities include membership of the Board of Management, involvement in staff recruitment and training processes, feedback and focus groups, resident meetings and the auditing of services. A client-led network has also been established called Outside In. All clients are members with a right to attend the monthly general meetings, raise issues, put forward ideas, influence the agenda and vote. If clients can commit for one day a week they are eligible to sign up as 'active members' or volunteers and all expenses are reimbursed. Active members sign a Code of Conduct, are subject to the same checks as staff, are given access to the IT system and are trained as peer facilitators to support other residents to run their own meetings and assist with staff recruitment and induction. The model aims to transform members' lives through self determination and personal development and ensure that their experiences and skills are used in tackling the problems that St Mungo's Broadway and the client community face. Challenges have included:

- **high turnover and engaging service users** who are only in contact for a brief period. This requires engaging more quickly and effectively than when there is a longer term involvement with the organisation. Once clients move out they can still be active members of Outside In for six months and they then have the option of becoming a volunteer;
- **concerns about representativeness and tokenism** which led to the conclusion that what had been identified was a long list of why user involvement wasn't possible. There is now a client representative on the Board and ten times a year Outside In meets with directors. Delegates are rotated in order to ensure all who wish it have a chance to attend. There is also an annual client conference;

- **a need to defend the right to not get involved;** and
- **avoiding people becoming professional service user representatives.** Involvement is always seen as aiming to transform lives with an emphasis placed on moving on rather than about being a service user. If involvement is only seen in terms of improving the quality of services then big opportunities are missed in the transformative impact it can have on personal development. This means that for St Mungo's Broadway involvement must always include pathways for service users to exit the service system, for example into employment.

St Mungo's Broadway has benefited from this approach to consumer engagement in a number of ways. It has formalised their accountability to users, provided occupation, given a creative edge to designing services and focused everyone's minds on citizenship. This has included encouraging users to stand in local elections and lobby politicians as well as a drive for voter registration. Consumer engagement has become a springboard for many other developments whilst also improving services. The organisation now offers training and a toolkit to other organisations about how to involve clients in business planning, improve resident meetings, run focus groups, facilitate peer mentoring, enthuse staff and involve the wider community.

SHIEN Scotland

SHIEN is a national network of over 1200 service providers and individuals launched by the Glasgow Homelessness Network in 2008. The program is a social enterprise aimed at improving the quality, quantity, equality and authenticity of service user involvement in responses to homelessness by providing training, capacity building and an expert advisory and support service. They run two courses: Mainstreaming Service User Involvement which assists participants to embed engagement in policy and service delivery work; and Tools, Tips and Techniques for involving service users in the operations of an organisation.

4.3.3 In the United States

Faces of Homelessness Speakers' Bureau

This is auspiced by the National Coalition for the Homeless based in Washington, DC. The Coalition is a national network of people with lived experience of homelessness, activists, advocates and service providers. The Speakers' Bureau was formed in 1999 to educate the public about homelessness and solutions through the telling of personal stories. Since it began the Bureau has given over 3,300 presentations nationally and now has an online register of speakers in many jurisdictions. It also provides opportunities for members to advocate for themselves and others through a range of media and other advocacy projects.

4.4 In summary

The diversity of approaches highlights a trade off between numbers and quality. Those higher up the engagement ladder may allow for extensive involvement but only a small number of consumers can be involved. Building the capacity of consumers

to engage can also be time consuming and probably costly. On the other hand, lower level approaches, for example gathering information, allow for a large number of consumers to contribute but with less active involvement and potentially a lower quality of engagement.

Box 3: Lessons from the homelessness sector

People experiencing homelessness can face individual, group and structural issues which mean an additional effort is required to engage effectively and appropriately.

Despite underdevelopment of consumer engagement in the homelessness sector there are examples of a range of models used in different settings and of toolkits and guides to support implementation.

Common approaches include:

- o building the capacity of a small group of consumers for numerous roles and high quality engagement;
- o establishing an expert resource to support and build the capacity of providers to undertake consumer engagement;
- o implementing organisation-wide consumer engagement strategies;

- o building a supportive infrastructure or auspicing by peak or advocacy bodies;
- o building a commitment to consumer engagement across service sectors and operating at all levels; and
- o partnership working between consumers and providers to build capacity.

Whilst most models lack any formal evaluation, the Peer Education Support Program (PESP) in Victoria stands out as one of the first examples of a formalised and evaluated consumer participation initiative in the homelessness field in Australia which could be replicated in other environments including peak bodies.

Concerns are expressed about limited consumer engagement based on assumptions about what people want to be involved in and the ways in which they can contribute. There is also a concern to avoid the 'professionalisation' of consumers.

5. What People Want: The Views of People Experiencing Homelessness and Specialist Homelessness Service Providers

In order to test the nature, viability and sustainability of consumer engagement with people experiencing homelessness, consultations were carried out to explore their views and perceptions about the development of a consumer engagement model. In addition, staff in specialist homelessness services were asked for their views about consumer engagement with the people they worked with. This section describes what was learnt from the consultations.

5.1 People experiencing homelessness: the consultation process

Sixty-one people who are or have been homeless were involved in a two-stage, statewide consultation process with representation from all three regions (see Table 4). The first stage in the consultation was a focus group to explore what participants understood by the term consumer engagement, their experiences of it, whether they were interested in being involved and in what ways. Their views about a range of different models of consumer engagement and what they liked or did not like were also sought.

Table 4: Participants in Two-Stage Consultation Process

Region	Focus groups	Follow up groups	Individual interviews
South	46	28	0
North	5	2	8
North West	3	5	0
Totals	54	35	8

At the follow up groups, confirmation was sought about the ideas and preferences expressed at the focus groups. Participants were then presented with a 'jigsaw', three jigsaw-shaped pieces of cardboard representing levels of engagement from information exchange to co-production and beyond. Each piece represented a level of engagement and participants were asked to flesh out the 'who', 'how' and 'what' of different options for consumer engagement. This included their preferred method of communication, the type of consumer engagement activities they wanted to be involved in and the way in which they wanted to be engaged. They indicated their preferences by sticking on stars or dots, by ticking their preference or by writing suggestions onto the jigsaw. Respondents involved in individual interviews were asked the same set of questions.

Interactions between the facilitator and group participants provided information about some of the challenges people experiencing homelessness faced in getting involved and engaging. These included mental health issues, low self confidence, anxiety and trouble concentrating and participating actively. There were women escaping domestic violence who opted for individual interviews rather than making themselves more visible through attending focus or follow up groups. There were also those who were coping with resettlement after release from prison, learning difficulties, low literacy levels, limited or unreliable access to the internet and low incomes. All these challenges influenced people's participation in the groups and their experiences of services and policies.

Many of the ideas discussed in the groups were abstract and not easy to grasp quickly in the time available. In addition people were not used to having their opinions sought and some felt they had little to contribute. For others, negotiating the dynamics of groups where they expressed their own views to others who held different ideas was challenging. However the opportunity to take part was obviously welcomed and demonstrated by the high number of focus group participants who then attended follow up groups. Many found that their thinking about consumer engagement had evolved between the two groups. In all the groups there were voices which were more dominant than others but the spirit of the groups was inclusive and participants encouraged their quieter colleagues to speak out or explained ideas they saw they had not understood.

At the end of one of the focus groups a participant who had been visibly nervous but an active participant shared the extreme anxiety he had felt about attending the group and contributing to the discussions. He said he had come along in order to help make things better for others who have been homeless and was pleased that he had. One of the group facilitators described the reaction of another of the participants:

They spent the first half of the group sitting silent in an armchair wearing dark glasses that stayed on for the duration of the group. Once they began to talk – hesitantly at first but with a sense of certainty – they were totally on topic and made a valuable

contribution to the group. At the end they thanked me for the chance to participate. They had not long been discharged from a psychiatric ward and were lacking confidence and motivation. They'd been unsure about taking part but were happy they had. They said that being in an environment where they felt comfortable and accepted had made it possible for them to speak. They also appreciated a patient approach and silences that allowed them to find the space to talk about their ideas and experiences.

The cyclical nature of this participant's mental health issues, his lack of confidence and anxiety and doubt about his potential contribution could all have coalesced to prevent participation. Nevertheless he was grateful for the opportunity to participate and glad that he had.

These findings have implications for the development of any consumer engagement model and require attention to the detail of location, rapport, timing and making space for people to speak. They also suggest that opportunities for informal engagement in an accepting and non-judgmental environment would attract involvement from the largest number of consumers.

5.2 Language

Promotional material for the focus groups used the term 'experts' to recognise the special expertise that comes with lived experience. Participants were asked how they wanted to be addressed – as consumers, clients, or people who had experienced homelessness or were at risk of becoming homeless.

People attending the focus groups did not identify with the term 'consumer'. Some found the term demeaning and felt labelled and diminished by it. Successful engagement for them involved being recognised as people first rather than as clients, consumers or homeless people. They recognised that they were service users or residents at particular times but they found that being reduced to terms like 'consumer' or 'homeless' disempowered them as passive recipients of services. Further they expressed the view that focusing on an aspect of their life such as homelessness reduced them to a single negative dimension rather than recognising them as a whole person with strengths, resilience and a full life, able to make decisions and contribute. This made them feel negatively about themselves and reinforced the judgemental view they felt was held by society and services about them. It was on the basis of being people with experience of having no place to call home and their opinions about how things might be better that they wanted to be engaged. As one person said:

We are just normal people who live our daily life and should be treated as such. Basically we are just normal people.

Participants were unable to agree on an alternative collective noun to describe themselves. Their preference was simply to be recognised as people and valued

accordingly. To that end consultations avoided the use of the term 'consumer', 'client' or 'homeless' and whenever possible used their name or referred to them as 'people who have experienced homelessness' or 'service users'.

What was learnt from this was that engaging with consumers must be done in a way that is not judgemental or limiting and that uses their preferred language.

5.3 Understandings and experience of consumer engagement

Some participants were not familiar with the term consumer engagement. However with an explanation from the researchers or other people in the group many were able to identify consumer engagement activities they had already been involved; for example house meetings. For others familiar with the term, their understanding was based solely on their own experiences of being involved:

It means how much we engage with the workers. So we are the consumer, or the customer. It means how much say we get. So consumer engagement is basically trying to incorporate more choice.

Consumers were asked about their experiences of consumer engagement and consultation by describing different forms of engagement across a continuum – from giving information to full participation in decision-making. Experiences of consumer engagement were varied. For some it had been a positive experience characterised by trust and mutual relationships:

Trust comes into it. It's about building a basic friendship.

It's about relational aspects: trust, doing what you say you will, care, respect.

Making an effort to get to know each other – like our model of having a drink and food together.

For others engagement was a challenging process with perceived differences in power making the development of mutual relationships and open communication difficult. As participants said:

We don't communicate on the same level.

Handing over power. We don't actually have any. There are communication problems in the organisation and they are not accountable.

All had experience of receiving information and they reported that, despite low literacy levels, information flyers were useful. Participants also agreed that regular residents' meetings in residential services were a useful way of receiving information. In terms of giving information, participants expressed a preference for 'talking to a worker' and 'verbal not written' although one person said 'a formal letter with a few signatures can work'.

Participants were enthusiastic about consultation which they felt would better inform services and policies in

response to homelessness. It was considered important that the reason and purpose of the consultation be clearly explained so that there were no false or unrealistic expectations about how their input would be used or what would come out of the consultations. They thought that feedback and a transparent process should be part of any consultation. However in their experience this rarely happened and it made them wary about agreeing to be part of any future consultation process.

People whose experience of engagement was of information giving (including house meetings and complaints boxes) had difficulty envisaging a model of engagement that went beyond this. None of the participants were able to describe examples, from their experience, of partnership where decisions were made together with service providers or of leadership by service users. As one person said in frustration:

Why can't a tenant be part of the management board? It would be a big change.

This meant that the focus groups also performed the function of raising awareness and alerting people to different forms and levels of engagement.

They were able to describe examples of good engagement. Here the key ingredients were:

- workers engaging informally as part of daily interaction;
- meetings or groups where people could bounce ideas off each other rather than one-to-one interviews;
- a process where opinions are taken seriously;
- a process where people are understood as individuals with particular needs;
- interacting with people who show care and concern; and
- people who will spend time and 'have a cup of tea'.

As one participant said:

My housing commission worker is checking up on me tomorrow. She's even checking up on me to make sure I have a place to stay. They are showing that they care, you get to know them.

They were also able to describe the characteristics of poor engagement:

- feeling judged and stereotyped;
- too much written information;
- putting words into your mouth;
- lack of consistency, seeing or relating to someone different every time;
- lack of feedback; and
- having pre-set agendas.

As one person said:

You want to get the views of the people actually experiencing it. [House meetings] are not about decision making. We try to set the agenda but we can't. People have good intentions but cannot understand because they haven't been there.

Participants did not expect or want to get everything they asked for but they did expect to get feedback about what had happened to their requests and concerns and why some things could not be achieved or responded to. They also wanted to know whether they had influenced the way that people thought about them, the services that were available and about the way people are socially excluded.

5.4 Interest in being involved

Participants were asked whether they wanted to be involved in consumer engagement activities and why and how they might be encouraged to get involved. Most commonly they expressed a desire to use their experiences to help others in a similar situation and to improve services. Motivations included:

- better housing for all homeless people and more housing options;
- increasing understanding about homelessness by considering people's lived experience in developing responses;
- helping understandings of where people are coming from and give them a better understanding of what support people need – 'a real idea of how scary and hard homelessness is';
- helping other people in a similar situation;
- assist in understanding how services work; and
- creating a service system that is more accessible and easier for people in crisis to navigate.

They felt they could contribute expertise around managing money and finances, accommodation and support, user friendly service systems, the needs and wants of people experiencing homelessness and the difficulties of having no safe or permanent place to stay. They also felt they could offer expertise about the consequences of homelessness – for example its impact on school attendance and other routines – and the intrinsic value and potential of homeless people, even when they were experiencing homelessness.

Having consumers participate and give feedback might reduce the number of well-intentioned but misguided efforts to raise awareness.

However although participants were interested in being involved they also considered that both themselves and service providers required support to actually get involved. This included:

- an understanding of the way meetings work, including minutes;
- classes or training to overcome issues such as lack of confidence and speech impediments; and
- training for service providers.

The latter was considered to be particularly important:

People are fearful of talking to us. They don't want to be disrespectful and don't know how to approach us. They need to learn how to talk to us.

Sometimes people don't know how to approach you. It's fear of the unknown, 'how do I talk to this person?' I mean we don't bite. But I think in most cases it is fear, or they didn't want to come across as disrespectful, or they didn't know how to approach you.

5.5 Preferred methods of engagement

Participants were asked how they wanted to be engaged and given options to choose from. They expressed interest in being engaged at a range of different levels and with a range of ways to communicate with people. The kind of engagement they were interested in in order of preference was:

- getting information about homelessness or housing issues and the service system including support available and affordable housing options;
- working on projects to communicate better with people who are homeless;
- attending meetings with policy makers about homelessness/housing policy;
- community education activities to raise awareness about homelessness; and
- providing information to the media or making presentations

Some expressed interest in being contacted by phone, text or through the internet but at the same time a number of participants stated that they did not have access to a phone or to a computer. They also consistently expressed a preference for:

- government or housing to come to them, to go to where people are. As one person said: 'definitely the environment is a big factor. You don't want to go in office buildings';
- being treated with respect, being listened to and building confidence;
- a level structure;
- having a representative – paid or a volunteer – who goes round to build relationships, has the right information and has been there and done that;
- workers who can relate to people, know what it's like and who you know you can trust and build a relationship with;
- feedback, keeping promises and letting us know what's been done;
- a streamlined process with procedures and policies with follow up so things get done;
- training in how government departments work;
- working with people who have the power to make things happen including politicians, 'otherwise it just becomes another hurdle that people have to pass';
- information from service providers, peak bodies and government presented in a simple and accessible way through:
 - o SHS providers
 - o low key face-to-face contact and informal networks
 - o social media and text

One participant expressed it like this:

[We want] simple information that we can understand, that doesn't confuse us and screw us around. Too much information from too many different places makes it confusing and we never know what's right or who is telling the truth.

The benefits of peer work and peer approaches were highlighted. Participants mentioned the advantages of talking to workers who also had lived experience:

I find social workers who have done what we have done better to talk to than people who haven't because you can connect more with them. They know what it's like. They know what we have been through. You can definitely tell when someone has a passion for it.

5.6 The views of service providers

Although people who are or have been homeless are the primary knowledge holders in relation to their needs and wants, providers of specialist homelessness services also know a lot about the needs of people who use their services. Staff in services across the state were consulted using a questionnaire survey (see Appendix D). Completed surveys were received from 24 (out of 28) services with 8 from the North and North West and 16 from the South of the state. The services catered for a range of homeless groups including both men and women, young people, women with children and those escaping domestic violence.

Services were asked about consumer engagement activities in their service and how they encouraged it. Most undertook some form of consumer engagement and levels of activity varied depending on size, funding and resources, skill, culture, the availability and willingness of consumers to participate and whether the 'mother' organisation was focusing on promoting consumer engagement. The majority named low level consumer engagement activities like suggestion boxes and comments boxes but a number also identified regular resident meetings as their main form of consumer engagement. One service had also involved consumers in staff recruitment processes by sitting on interview panels. Another had a consumer on the Board of Management and inputting into policy development. They were asked what other consumer participation or engagement networks their clients were involved in in their region. Although seven respondents were not aware of any other networks, eight identified consumer participation mechanisms specifically for people experiencing homelessness and one said their consumers had been involved in consumer participation sponsored by the local council.

When asked how they considered their consumers might want to be involved, the majority named the receipt of information about homelessness and affordable housing, closely followed by opportunities to provide feedback to government, peak bodies and services. Eight said their clients would welcome opportunities to work with others to develop information resources; for instance designing fact sheets.

They considered that their clients were assisted to participate actively in their service or in external networks by:

- encouragement from staff and rapport with workers;
- well-organised community events;
- accessible venues where food is offered;
- a model of service which supports empowerment;
- providing feedback on suggestions and clients having faith that their feedback can inform change;
- clarity about how clients can influence change;
- access to support and other resources; and
- belief in a better future.

At the same time they identified a number of barriers to participation. Here the focus was placed on the willingness and capacity of consumers to participate rather than the ability of organisations to provide a culture of engagement and opportunities to get involved:

- a lack of knowledge about rights;
- a lack of self confidence or feeling that their ideas held limited value;
- a lack of clarity about expectations – what can and cannot change;
- a fear of perceived authority, feeling intimidated, not feeling safe or free to share their experiences;
- transport and time factors;
- personal stressors which make it difficult to attend meetings;
- a lack of interest; and
- promises from services which are not delivered.

Lastly service providers were asked for their views about the best way to communicate with their clients. The results are collated in Table 5.

Table 5: Best way of communicating with clients: service provider views

Method of communication	Responses %
Text messages	80
Face-to-face contact	75
Phone calls	50
Social media sites	45
Specially developed app	25
Email	10

Although 80% had a preference for communicating by text, three-quarters also identified face-to-face contact as the best way forwards.

5.6 In summary

The themes and learnings which emerged from consultations with both people experiencing homelessness and specialist homelessness services were consistent. Alongside practical ideas for approaches and mechanisms they also provide a good foundation for the development and implementation of a preferred model of consumer engagement in a systematic and considered manner which is responsive to all stakeholders

Box 4: Learnings from Consumers

There is a preference for low level, face-to-face, informal engagement, verbal rather than written information, people 'coming to us' and being treated with respect.

Engaging with consumers must be done in a way that is not judgemental or limiting and which uses their preferred language.

Barriers to engagement include difficult circumstances and complex needs, low literacy, limited access to the internet, a lack of confidence and negative previous experiences including a lack of feedback or clarity about purpose, judgemental attitudes and pre-set agendas.

Motivation to get involved to improve services and increase understandings of homelessness is high.

Preferred approaches include giving and receiving information, building the capacity of people to get involved, raising awareness of the issues in the community, working with the media and attending meetings with decision-makers.

Feedback and a transparent process should be part of any consultation.

Consumers need training and support to engage.

Box 5: Learnings from Specialist Homelessness Services

SHSs are diverse in their consumer engagement work ranging from formative with low level activity to more innovative work and approaches. A well developed understanding of engagement and practices is inconsistent across the state.

Engagement is currently encouraged through improving rapport with staff, empowering service models, engagement events, giving feedback to consumers, hope, support and resources.

Barriers include practical difficulties, personal circumstances, lack of clarity about expectations and unfulfilled promises, confidence, not feeling safe and a lack of knowledge about rights.

There is widespread support for developing consumer engagement and a range of views about how to do it.

A need to develop the capacity of providers and consumers through training, information provision and the development of a culture that encourages participation.

6: From Concepts to Models

This chapter draws together the evidence from the review of literature, existing models of consumer engagement and consultations to outline the key elements of a consumer engagement strategy for people experiencing homelessness and the values and principles which should underpin it. It has been an iterative process which has allowed ideas and concepts from the literature review and consultations to build a strong and consistent picture of desirable design elements and incorporate them into the development of a preferred model.

The key design elements are:

- a strong organisational foundation and a culture of engagement;
- a demonstrated respect for consumers which can respond to their expressed desire for face-to-face engagement and building their capacity to get involved;
- operating at several levels – individual, service, system and policy;
- building both consumer and provider capacity;
- focusing on quality of engagement rather than numbers; and
- evaluation.

6.1 Values and principles

Consumer engagement is based on respect, equity and the valuing of expertise and ideas. These values are expressed in a number of guiding principles which should underlie any strategy:

- **a recognition of the right to full involvement** for people experiencing homelessness in decisions which affect their lives. This recognises that consumers have unique expertise which is valued and respected and that a range of engagement options should be available to them with control over whether or how they get involved.
- **put relationships at the centre.** Many people who know what it is like to have no place to call home have a history of unsatisfactory relationships with services, especially government agencies. As a result they are often sceptical and wary about engaging. It becomes essential that they feel heard and respected and that the relationship between them and services is two-way and characterized by honesty and genuineness. The precursors to engagement include establishing credibility and reliability, getting to know individuals, finding mutual points of interest and connection and being accessible on a regular and predictable basis. This means that the development of respectful mutual relationships is the first principle and core of any proposed model.
- **a clear purpose and sincere intent.** Engaging with consumers requires clarity about the purpose of engagement and a sincere desire amongst all stakeholders to engage with one another to achieve that purpose. Without being clear about the purpose

and sincere about wanting to achieve it, it is not possible for consumer engagement to be transparent or for stakeholders to be accountable. Clear purpose and sincere intent support an understanding of consumer engagement as a developmental process and as a vehicle which can achieve many purposes ranging from information exchange to co-production and ultimately to consumer-led initiatives. It promotes consumer engagement as meaningful and not tokenistic.

- **transparency and accountability.** This principle refers to mechanisms and governance arrangements as well as to personal interactions between stakeholders. It acknowledges that improvement in the quality of services is best undertaken using the expertise of consumers. It requires a shared understanding of the purpose(s) of engagement and a willingness to be transparent (in intent and action) with accountability for undertakings and promises made.

6.2 Aims, objectives and goals

A consumer engagement strategy for people experiencing homelessness in Tasmania aims to improve opportunities for people who are, or have been, homeless to engage in the service system and express their views about what they need at many different levels. It is the beginning of a united and determined approach to improve the participation and wellbeing of people experiencing homelessness and to improve service quality and outcomes. In order to achieve this there are six strategic objectives:

1. To build a solid organisational base with a facilitative and enabling style of leadership which can prioritise the needs and circumstances of people who experience homelessness and build on existing strengths and practices.
2. To build the capacity of consumers to engage at all levels – from encounters between individuals and services, through to systems level advocacy, reform and social change – and improve outcomes for individuals.
3. To build the capacity of service providers and Government to engage with consumers and support a shared vision of consumer engagement for people experiencing homelessness.
4. To be flexible and able to evolve and adapt to change.
5. To be sustainable with adequate resourcing.
6. To incorporate a monitoring and evaluation framework which can assess impact and outcomes.

These objectives are implemented through a number of specific goals:

- Access and involve a broad range of consumers from across the homeless spectrum.
- Access and involve a wide network of service providers and Government agencies.
- Maintain independence from Government and from service providers.
- Provision of accurate and timely information to inform decisions, policy, planning and service improvement.
- Demonstrate credibility and reliability.
- Foster a sense of engagement that can move beyond participation and consultation to partnership and consumer control.

It is recognised that any strategy that is adopted will need to be implemented progressively over time and may take a number of years to mature and to develop the quality and variety of activities.

6.3 Three options

In order to achieve the objectives listed at 6.2 three options are outlined and costed below.

All options draw on a peer approach based on the Peer Education Support Program (PESP) model which has been tested and evaluated in Victoria (see page 36). The approach provides training and support to a small number of consumers (or members) with a lived experience of homelessness. It will lead to capacity building and provide an expert resource for consultations and the engagement of people who have or are experiencing homelessness. It also has the potential to be involved in building the capacity of service providers to promote consumer engagement in their organisations. Members are intensively trained in consumer engagement work, peer facilitation, presentation and consultation skills and media work. The approach requires an infrastructure, organisational support and an Advisory or Reference Group of committed and skilled stakeholders to support and promote it.

Possibilities for locating the program include a SHS provider, another community service organisation or the peak body, Shelter Tasmania, or Housing Tasmania. A fourth option – a fully independent consumer organisation – has not been considered at this stage due to the current lack of capacity within the homelessness sector in the State. However Option 3 will lead towards growing a consumer led organisation.

Table 6: Locating the Preferred Model

Strategic Goal	Housing Tasmania	SHS/CSO	Shelter Tasmania
Access and involve a broad range of consumers from across the homeless spectrum	•		•
Access and involve a wide network of service providers and Government agencies	•		•
Maintain independence from Government and from Service Providers			•
Independent management of resources and administrative tasks	•	•	•
Provision of accurate and timely information to inform decisions, policy, planning and service improvement across the sector	•	•	•
Demonstrate credibility and reliability	•	•	•
Foster a sense of engagement that can move beyond participation and consultation to partnership and consumer control			•

Shelter Tasmania can provide an organisational structure which will best achieve the objectives and strategic goals. In particular this location will benefit consumer engagement by:

- providing an office base, administrative and auspicing support and a venue for training and meetings;
- offering opportunities and support for local, statewide and national advocacy and providing access to high level decision-makers;
- informing Shelter's capacity building role with SHSs;
- influencing Shelter's operations and policy agenda; and
- providing a base to develop a consumer peak.

OPTION 1 - Two year pilot program, South only

A two year pilot would set up a program of consumer engagement in southern Tasmania. Once established, the successful pilot would be extended to the whole of the state. This option would initially employ a half time Consumer Engagement Executive Officer, and additional capacity will be needed when the pilot is extended statewide. The Consumer Engagement Project would be auspiced by Shelter Tas, who would provide sector knowledge, HR, administration and supervision to the CE EO. Shelter would also provide some meeting space and other logistical support to the project.

Accountability and risk management would be ensured by

1. Establishing an advisory group with sector members, local experts in consumer engagement and Department representatives. The group would meet quarterly, in Hobart.

2. External evaluation of the project at the end of both years.
3. Sourcing legal advice for contracts and risk management.
4. Training about ethical issues that may arise with vulnerable consumers would be undertaken by CE Executive Officer, Shelter staff and other relevant stakeholders as advised by a 'protocols consultant'. (Shelter staff will need this training because they would be working closely with consumers.)

Establishment of the pilot includes training and skills development delivered by Peer Education Support Program (PESP) Victoria. This program of engaging consumers who have experienced homelessness has been operating for some years.

Consumers will be reimbursed for time and for any travel costs. The CES EO would be required to undertake some travel outside of Hobart.

Costs after the 2 year pilot

The extension to the North and North West would be envisaged for year 3, when the CES EO role would become full time. The ongoing program would cost about the same as year 3 of Option 2 (\$181,000), with an additional \$20,000 for new training and extra travel. Recurrent costs beyond year 3 would be approximately \$181,000 plus CPI.

BUDGET DETAILS OMITTED FROM THIS DRAFT

7. Conclusions and Recommendations

Making good decisions about organisational structures and program design are vital to success in consumer engagement processes. These decisions need to reflect and respond to the needs of all stakeholders. Governments and service providers want efficient and timely access to consumer views to inform policy and service development. Consumers want access to opportunities to have their voices heard and to impact on service systems and outcomes but there is also a diversity in their capacity and motivation to participate and they can have very different starting points in terms of their knowledge and experience. This is especially the case in working with marginalised groups where there may be particular challenges in engaging people and providing them with opportunities to participate.

This means that capacity building of both consumers and providers is crucial for overall success with participatory processes. This requires identifying and improving skills gaps to enable more effective contributions. Most importantly, quality consumer engagement processes are built on relationships and building trust and confidence among key participants can only be generated over time. This requires substantial effort and commitment as well as good faith in order to implement and sustain mechanisms (Head 2007).

What this report demonstrates is a willingness on all sides to promote consumer engagement in the homelessness sector in Tasmania to improve the wellbeing and outcomes for homeless people and improve the quality and appropriateness of services. The key is getting the organisational structure right.

Recommendations

This report recommends adapting the Peer Education and Support Program currently operating in Victoria's housing and homelessness peak body to the Tasmanian environment. This model can be implemented at three different levels determined by the resources available. This recommendation is based on this model's ability to:

- meet the requirements and ambitions of people experiencing homelessness as identified during consultations and build their capacity to contribute;
- generate quality engagement at individual, service and system levels;
- work alongside a housing and homelessness peak and contribute to building sector capacity in consumer engagement;
- grow from a tried, tested and evaluated program without having to reinvent the wheel; and
- build a longer term potential to establish co-production and/or a consumer led organisation.

For sustainability it is essential that the model is adequately resourced.

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FROM THE EXPERTS: DEVELOPING A CONSUMER ENGAGEMENT STRATEGY TO FOSTER ACTIVE PARTICIPATION OF PEOPLE WHO ARE OR WHO HAVE EXPERIENCED HOMELESSNESS

1. Invitation

I've been asked to carry out a project to find out how people who know what it's like to have no place to call home (including people who have been homeless, people who are homeless now and people who might be worried about being homeless) think your ideas about homelessness policy and services could be heard.

My name is Anne Coleman. In the past, I've worked with homeless people and I'm now a researcher with the University of Tasmania in the School of Social Sciences. I will be running open forums to find out how you think government, service providers and others can hear from the experts – that's you! John Cianchi, who's also from the University will be helping me to run the forums.

The research project is funded by Housing Tasmania, Department of Health and Human Services (DHHS). The funding is being used to run the focus groups, to develop some models for consultation and participation for Housing Tasmania to consider, and produce a report setting out the options you think will work.

2. What is the purpose of this study?

The aim of this project is to talk with you and other people who use homeless services about your interest in being engaged as consumers (for example in developing policies and services, or providing advice), and to hear your views about the sorts of forums, processes and roles that would help you play an active role. You will not, though, be asked to talk about your personal history or experiences, or anything other than your ideas about consultation.

3. Why have I been invited to participate?

You have been identified by a worker as someone who might be interested in taking part in this project. To take part, you must be able to give consent (or to get consent from your worker if you are under 18). You must also know what it's like to have no place to call home.

You have been invited to participate because your experiences mean that you have ideas that could help Housing Tasmania and other service providers to decide how they could hear your views.

Your involvement is voluntary, and you must be willing and able to take part. There will be no consequences if you decide not to participate. Deciding not to participate will not affect your relationship with service providers or Housing Tasmania.

4. What will I be asked to do?

You will be invited to come along to an open forum. At the forums, you will be asked to talk about how you think consumer engagement groups could work. The open forums will be tape-recorded. The focus groups will take about an hour and a half, and we will also put on a lunch or BBQ as a way of thanking you for your contribution. Your worker will get details of where the forums will be held, and will let you know. We'll also send out posters to the services – they will give you information about where and when the groups will be held.

When the models have been developed, you will have a chance to look at the models and to comment on them. We will make the models available to the services that told you about the project, and you will be able to check that the models we suggest reflect your ideas.

5. Are there any possible benefits from participation in this study?

There are a number of ways you might benefit from participating in this project. This is an opportunity to have your say and to influence the way Housing Tasmania consults with people experiencing homelessness. Your experience and expertise about homelessness matters will be recognised and this project will be a valuable step in making your views heard.

The project might lead to a consumer engagement process that will benefit the whole community. Better policies to respond to homelessness will highlight the contribution that homeless people can make.

6. Are there any possible risks from participation in this study?

This project can only gather your ideas and recommend models for consultation to Housing Tasmania. While the models will be developed from the ideas you have, there is no guarantee that any of the models will be implemented.

7. What if I change my mind during or after the study?

Your participation is voluntary and you can withdraw at any time without any effect.

However, you will not be able to withdraw any information or suggestions you provide at the focus group as it will not be possible to identify the information you provided.

8. What will happen to the information when this study is over?

All the information gathered from the project will be stored securely on the UTas network server. The information will be password protected, and kept for 5 years. A backup, hard copy of the data will also be retained for 5 years and stored in a locked filing cabinet in the researcher's office at the Sandy Bay Campus of the University of Tasmania's School of Social Sciences.

The data will be destroyed five years after the report outlining consultation models and options is delivered to Shelter Tasmania and Housing Tasmania, that is in March 2019. At that time, all data stored on the USB and the backup copy will be deleted and the data on the USB stick deleted. The hard copy of the data will be securely shredded and disposed of.

The information you provide will be confidential and you cannot be identified as your information. If you participate in the focus groups, all participants in the focus group will be asked to keep the ideas and discussion confidential, but as the researcher I cannot guarantee this will happen. You will not, though, be asked at either the focus groups or the listening posts to disclose any personal information, or anything other than your ideas about consultation.

9. How will the results of the study be published?

The findings of this project will be used by the researcher only to develop consultation models for Housing Tasmania. None of the information gathered will be used by the researcher in publications.

10. What if I have questions about this study?

If you have any questions about the project, you can contact Jane or me at the University of Tasmania.

You can contact me by email at anne.coleman@utas.edu.au, or during office hours by phoning me on 6226 7598.

This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email human.ethics@utas.edu.au. The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0013306].

Keep this information sheet while you think about taking part in the project. If you do want to participate by attending the focus groups or the listening posts, give me a call or send an email to me.

Thanks for your interest in this project and for taking the time to read through this information.

Appendix B: Consent Form



This consent form is to be completed by people who are over 18 years of age.

1. I agree to take part in the research study named above.
2. I have read and understood the Information Sheet for this study.
3. The nature and possible effects of the study have been explained to me.
4. I understand that the study involves the researchers talking to me (either in a group or on my own at a listening post) about how Housing Tasmania could include my views and those of other homeless people when they develop policy and services to help people who are homeless. I also understand that the researchers will tape record the sessions.
5. I understand that participation involves the risk that the researchers will only be able to present Housing Tasmania with some options about how homeless people's views could be included. The decision about whether and how to go ahead with these options rests with Housing Tasmania.
6. I understand that all research data will be securely stored on the University of Tasmania's premises for five years from the publication of the study results, and will then be destroyed.
7. Any questions that I have asked about the research have been answered to my satisfaction.
8. I understand that the researchers will maintain confidentiality and that any information I supply to the researchers will be used only for the purposes of the research.
9. I understand that the results of the study will be published so that I cannot be identified as a participant.
10. I understand that my participation is voluntary and that I may withdraw at any time without any effect. I understand that I will not be able to withdraw my data after taking part in the focus group or listening post as it will not be possible to identify my data.

Participant's name: _____

Participant's signature: _____

Date: _____

Statement by Investigator

I have explained the project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

The participant has received the Information Sheet where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Investigator's name: _____

Investigator's signature: _____

Date: _____

Appendix C: Questionnaire for Individual Interviews

Questions for clients

The questions are arranged under three topic areas: what clients' participation adds; how clients can participate; and consultative roles and remuneration.

The first topic explores what people feel they are able to contribute. This set of questions is designed to get people talking about how they want to be included and what expertise they can contribute.

1. Are you interested /able to share your expert knowledge about homelessness and housing with others like government, service providers and the community?
YES/ NO
2. What benefits could you see in sharing your personal experiences and knowledge about homelessness and housing issues?
3. On what homelessness/housing issues do you think politicians, policy makers in government departments and the community need your in-put?
4. What sort of information from them would help you to manage better?
5. What sort of things would you be interested in taking part in (you can circle as many options as you like):
 - get information about homelessness/housing;
 - work on projects to communicate better with people who are homeless;
 - attend meetings with policy makers about homelessness/housing policy
 - community education (media and public talks/presentations).
6. What ideas do you have about how your expertise could be used to improve the way we understand and respond to homelessness.

The second topic is about the tools and ways that client participation could happen. The questions relate to how people want to be contacted and how they can engage with service providers, peak bodies and government.

1. If you receive information about homelessness/housing issues, how would you like to receive it:
 - text;
 - email;
 - social media;
 - informal/low key face to face contact;
 - information sessions at agencies like Housing;
 - word of mouth/informal networks
 - through service providers
1. Do you (or do you want to) give information about your experiences of services and policies? (Examples are attendance at house meetings, or use a suggestion/feedback box)

Yes, I provide information OR No, I don't want to provide information
2. How would you like to give feedback and use your experiences to make positive changes to the community's understanding of homelessness/housing issues? You could:
 - talk to the media;
 - develop resources, like facts sheets for homeless people;
 - take part in events like cross agency sports matches or art exhibitions
 - online participation

The third set of questions explores possible roles and remuneration for members of any consultation group that is established.

1. Should people be able to participate in different ways?
YES NO
2. Should members of the group represent the views of other homeless people or should they draw only on their own experiences and offer only their own views?
REPRESENT OTHERS or SPEAK ONLY FOR THEMSELVES
3. Should members on a consultation group be paid?
YES NO
4. What should they be paid for?
 - Costs of travel to and from client participation events
 - Costs for time attending meetings
 - A payment that recognises the expert knowledge and skills that people bring

Appendix D: Survey for Service Providers

The purpose of this survey is to hear from service providers working with people experiencing homelessness, at risk of homelessness, or formerly homeless. We'd like to know your thoughts about consumer participation; how you think consumer participation would work in your region and with your target group; and to explore your agency's capacity to support consumer participation. We'd appreciate your taking 15 minutes or so to complete this survey.

- 1 Your service is located in which region:
 - North
 - North West
 - South

2. Your primary target group is:
 - Single men
 - Single women
 - Women with children
 - Young people
 - People on low incomes

- 3 What does consumer participation look like in your agency? Do you:
 - hold regular meeting with consumers (house meetings/residents meetings) to provide information and receive consumers' feedback and suggestions;
 - have a consumer/s on the Board of Management;
 - seek feedback through a comments/suggestion box;
 - other (tell us what other consumer participation activities your agency runs)

4. Are consumers of your service connected with any other consumer participation forums in your local area?
Yes
No
Unknown
If yes, what other forums do they participate in?

5. Thinking about the unique needs of your clients, what do you think the best way to engage them would be?
 - Text message
 - Facebook
 - Email
 - Face to face
 - Other

8. How do you think your clients would want to participate:
 - By receiving and giving information about homelessness and affordable housing issues;
 - By collaborating with other people/agencies to develop resources to improve homelessness policy and responses;
 - By being involved in community education and media releases about homelessness and affordable housing issues.
 - Other (please describe)

9. Thinking about the area where your service and your clients are located, how could consumer participation be encouraged in your region?

10. What would help clients from your service participate?

11. What would stop clients from your service participating?

12. What additional resources would you need to support clients in your service to participate as consumers?

Thank you for taking the time to share your thoughts with us!

Appendix E: Program Logic for PESP

Aims: to provide people who have experienced homelessness with the opportunity to improve the service system and to help end and prevent homelessness for individual PESP members.

Drivers: lack of consumer voice in homelessness services and policies, untapped expertise and knowledge of consumers, minimal understanding by policy makers of consumer perspectives.

Resources	Outputs		Outcomes	
	Activities	Strategies Used	Short term	Medium-Longer Term
<p>Skills, experience and commitment of PESP team members (6-8 each year)</p> <p>CHP staff – PESP Team Leader, Manager Consumer Programs, CEO and other staff</p> <p>Annual cost funded by DHS \$170k</p> <p>Reimbursing of costs to PESP members from bodies engaging PESP</p>	<p>Recruitment and training of PESP members</p> <p>Ongoing support, supervision and training of PESP members</p> <p>Group and individual presentations</p> <p>Peer facilitation of focus groups, interviews or surveys</p> <p>Media activities</p> <p>Consultation and advisory services to all levels of government, SHSs sector and related sectors</p> <p>Participation in working and steering groups and committees</p>	<p>Strategies Used</p> <p>Diversity of ‘voices’ on the team</p> <p>Extensive training to build capacity</p> <p>Team Leader providing ongoing supervision, debriefing and assistance with preparation</p> <p>MOU clarifying expectations for engagements</p> <p>Internal team building and peer support approach</p> <p>Register of trained consumers from diverse backgrounds</p> <p>Support from peak with project development, policy and communications</p> <p>Government and sector consultations directly involve consumers</p> <p>Used to improve sector and community awareness and understanding</p>	<p>PESP members</p> <p>Skills as consumer advocates</p> <p>Improved self-esteem</p> <p>Meaningful and valued activity</p> <p>Increased social inclusion</p> <p>Opportunity to create positive change</p> <p>Graduation from formal program</p> <p>Peak Body</p> <p>Legitimacy by engaging with consumer voice</p> <p>Better informed policy positions and submissions</p> <p>Capacity to involve consumers in media/advocacy</p> <p>Access to consumers for advice to government</p> <p>People experiencing homelessness</p> <p>Consumer voice representing their issues</p> <p>Support from trained peers</p> <p>Visible presence of people with shared lived experience gives issues legitimacy</p> <p>SHS system</p> <p>Access to consumers for staff training and service improvements</p> <p>Consumer input into decision making</p> <p>Broader community</p> <p>Better informed about homelessness</p> <p>Ability to educate and inform others</p>	<p>PESP members</p> <p>Increased skills, capacity for advocacy, education and employment</p> <p>Improved service system</p> <p>Long term friendships and professional connections</p> <p>End/prevent homelessness for members</p> <p>Peak Body</p> <p>Policy/advocacy work more successful in achieving vision of ending homelessness</p> <p>Capacity to build consumer engagement into SHSs sector</p> <p>People experiencing homelessness</p> <p>Improved service system</p> <p>Better policy outcomes</p> <p>More consumer engagement opportunities at all levels</p> <p>SHS system</p> <p>Greater engagement with clients</p> <p>Services more responsive to needs</p> <p>Better appreciation of perspective of consumers</p> <p>Improved service system</p> <p>Broader community</p> <p>Greater commitment to ending homelessness</p> <p>Greater awareness and understanding of the issues</p>

Note: adapted from Black, C 2014, Homelessness, learning from those who’ve lived it: Evaluation of the Peer Education Support Program

Appendix F: PESP Position Description

Position title

Peer Education Support Program volunteer

Program area

Consumer Programs – Peer Education Support Program (PESP)

Reporting to

PESP Team Leader

EFT

Fixed term of maximum tenure of 24 months

Post PESP tenure willing volunteers may still be actively involved and contribute to the organisation through PESP Graduate Program.

Classification

Volunteer

Currently reimbursed for out-of-pocket expenses to the value of \$60 per session via a WISH voucher and \$20 cash to cover childcare expenses where applicable.

Date of appointment

TBA

Functions of volunteer position

Prerequisites to joined PESP

- having experienced homelessness and having accessed assistance from a homelessness service
- no educational, vocational or employment history is required. However PESP recruits must have basic literacy and ability to understand general concepts
- PESP recruits will receive ongoing training in all tasks outlined in this Position Description.

Position Objectives

- participate in PESP initiatives and forums as they emerge
- advocate and promote consumer participation and consumer rights to the homelessness service sector and mainstream allied sectors
- educate the community about the issues and complexity of homelessness to challenge myths and assumptions
- operate within Volunteering Australian National principles.

General responsibilities

- uphold CHP philosophies and goals
- engage in professional and ethical conduct at all times
- operate within the organisation's policy and practice guidelines set out in the CHP policy manual.

The minimum requirement of PESP Volunteers will be between 6 hours one day per week during the 8 week induction period. Induction training will be provided both internally at CHP and externally. After the initial training period times will vary in accordance with requests and opportunities. Variable hours will be negotiated between the PESP Volunteer and the PESP Team Leader.

Public speaking

- PESP Volunteers will be expected to speak about the experiences of homelessness and the effects of homelessness within a wide range of formats and forums

Consumer consultation/collaboration

- attend meetings, forums and seminars as negotiated with the PESP Team Leader
- facilitate peer focus groups, peer surveys and peer interviews
- provide services with consumer advice and feedback and input into service reviews, evaluations, policy and procedure and development of resources

Internal CHP activities

- to assist in the recruitment of CHP staff including participating on interview panels
- to provide input into CHP policy and submissions

Provision of training

- to provide input to Consumer Programs in the development, promotion and delivery of consumer and peer training to the homelessness service system (both services and consumers) and other interested groups as requested based on a rights based framework
- other activities as negotiated.

Organisational relationships and accountability

- the PESP Volunteer reports directly to the PESP Team Leader. The PESP Team Leader provides oversight and management of all PESP volunteers and reports directly to the Consumer Programs Manager, who in turn, is directly accountable to the CEO.

Experience and personal attributes

Compulsory

- experience of homelessness and contact with homeless services and/or other homelessness government/non-government funded programs
- willingness to speak publicly about the experience of homelessness
- ability and desire to work closely within a team requiring cooperation, inclusiveness, effective listening skills and respect for diversity
- commitment to participate in accordance with CHP’s policies and procedures, the Homelessness Assistance Service Standards, Volunteering Australia National Principles and relevant legislation.

Key Selection Criteria

All applicants must meet all personal attributes criteria (as above) and have:

- good verbal communication skills and ability to engage with a wide range of people
- a demonstrated understanding of the needs and interests of people affected by homelessness
- demonstrated reliability, flexibility and commitment to negotiated activities
- a demonstrated commitment to the well-being of others, willingness to listen and respond without judgment, blame or bias
- a demonstrated commitment to people’s rights and responsibilities
- a willingness to travel
- an understanding and commitment to the principles of confidentiality and privacy
- a desire to work cooperatively and collaboratively in partnerships with a range of stakeholders including the government and services to achieve positive outcomes.

Remuneration

PESP Volunteers will be reimbursed \$60 per session for travel, meals and out of pocket expenses incurred as a result of engaging in PESP activities. PESP volunteers who book child care in order to engage in PESP activities will be reimbursed \$20.

Police and working with children checks

It is a mandatory requirement of the Council to Homeless Persons funding body that all employees and volunteers engaged in human services undertake a Working with children and Police Records Check. This will be considered in strict confidence by the Consumer Programs Manager and PESP Team Leader and returned to the volunteer within a week of receipt. It should be noted that a volunteer applicant is not automatically precluded from a placement on the basis of having a police record.

Successful applicants will be provided with CHP’s Induction Kit.

Agreement

I hereby accept and agree to the duties described in this Position Description and I agree to abide by the terms and conditions of the PESP as well as other CHP programs and services as applicable

Name: (please print)

Signature:

Date:

Applications

Applicants are requested to write a response to the PESP Volunteer position description. Applicants should also nominate two referees. It is not necessary to respond in detail to the selection criteria but responses should clearly indicate an understanding of the position and a commitment to participate for the period of contract.

Applications can be mailed or sent electronically.

