



NSW Consumer Advisory Group – Mental Health Inc.

**Submission on the development of a Homelessness  
National Quality Framework**

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# NSW Consumer Advisory Group - Mental Health Inc.

NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, state-wide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to be able to participate meaningfully in society and to experience fair access to quality and recovery focused services which reflect their needs.

NSW CAG exists to ensure that policy makers hear the perspectives of mental health consumers across NSW. NSW CAG works from the premise that the participation of mental health consumers in systemic advocacy leads to the development of more effective public policy in the area of mental health. Participation is a fundamental human right as enshrined in Article 25 of the *International Covenant on Civil and Political Rights* (ICCPR).

NSW CAG's comments and recommendations included in this submission are influenced by our core work of hearing from consumers of mental health services in NSW, including information from:

- over 1,000 people (consumers, carers, service providers and other interested people) on our Network who are accessible via the internet;
- regular face to face consultations with consumers within each Area Health Service across NSW; and
- our knowledge base derived from consulting with consumers of mental health services in NSW over the last 17 years.

In addition, NSW CAG facilitated a series of targeted, face-to-face consultations with people who were experiencing or at risk of homelessness, including people who have an experience of mental illness, to specifically address questions raised in *A National Quality Framework to support quality services for people experiencing homelessness* (the Options Paper).

## Executive Summary

NSW CAG commends the Homeless Working Group and the Housing Minister's Conference for their consultation processes which resulted in the Options Paper. We welcome the opportunity to participate in this consultation process through this submission.

As the independent, state-wide organisation representing the views of mental health consumers in NSW, NSW CAG has an interest in the National Quality Framework due to the intertwined nature of mental health and homelessness: with mental illness increasing the risk of a person becoming homeless and homelessness increasing the risk of a

person developing a mental illness. The experience of being homeless can also exacerbate existing mental health issues and thwart recovery. Furthermore, lack of access to safe, appropriate housing can significantly increase the risk of a person experiencing trauma.<sup>1</sup>

Many of the same individuals access both mental health and homelessness services and many of those who spoke with NSW CAG disclosed that they have experienced mental illness. The overrepresentation of mental illness among those experiencing homelessness is well documented in research, although estimates vary according to researchers' definitions of 'homelessness' and 'mental illness.'<sup>2</sup> One sample found that approximately 75 per cent of people experiencing homelessness reported that they had one mental disorder and 93 per cent had experienced one extreme trauma.<sup>3</sup> Another survey found that 94 per cent had experienced homelessness at some point in their life.<sup>4</sup>

To augment our core policy, engagement and consultation work, NSW CAG conducted a series of face-to-face consultations with people who were experiencing or at risk of homelessness, including people who have an experience of mental illness, which specifically addressed questions raised in *A National Quality Framework to support quality services for people experiencing homelessness* (the Options Paper). These consultations have informed this submission.

In undertaking targeted consultations, NSW CAG sought input from a diverse spectrum of people including those who had experienced homelessness, were homeless or at risk of homelessness. Participants included rough sleepers, women experiencing domestic violence, people from culturally and linguistically diverse backgrounds and young people under the age of 25. Consultations were conducted in both regional and metropolitan locations throughout NSW and engaged a total of 66 people. Further information about these consultation processes can be found in Appendix A and Appendix B. All comments made during these consultations are located in Appendix D.

For the purposes of this submission, NSW CAG will refer to those who participated in the consultations as 'consultation participants' or 'people experiencing or at risk of homelessness including people who have an experience of mental illness'.

On the basis of NSW CAG's consultations and ongoing project work, this submission will comment on components outlined in the Options Paper including:

1. National Homelessness Charter;
2. A nationally consistent approach to dealing with client complaint handling;
3. National Quality Standards; and
4. Implementation of the National Quality Framework

NSW CAG's recommendations are as follows:

**Recommendation One:** NSW CAG supports the Options Paper proposal that the Australian Government develops a National Homelessness Charter to protect the rights of people experiencing or at risk of homelessness including people with an experience of mental illness.

**Recommendation Two:** NSW CAG recommends that the Charter recognises and promotes the human rights of people with a lived experience of homelessness or at risk of homelessness including people with an experience of mental illness.

**Recommendation Three:** NSW CAG recommends that the Charter set a fair balance acknowledging and respecting the rights and responsibilities of both clients and providers of services for people experiencing homelessness including people with an experience of mental illness.

**Recommendation Four:** NSW CAG strongly recommends that the Charter be developed in consultation with those who are homeless, or at risk of homelessness and that these consultations include specific groups of homeless persons with complex needs, including those with an experience of mental illness.

**Recommendation Five:** NSW CAG recommends that the Charter be developed in a way that can be applied to the range of services working with homeless people with complex needs, and to enable services to adopt additional measures that are necessary for the protection of special client groups.

**Recommendation Six:** NSW CAG recommends that people with lived experience of homelessness are consulted to identify effective ways to promote information about the Charter to people who are experiencing or at risk of homelessness.

**Recommendation Seven:** NSW CAG strongly recommends that people experiencing homelessness including people with an experience of mental illness be involved in the drafting of the Charter to ensure it is produced in language that is accessible to homeless people.

**Recommendation Eight:** NSW CAG recommends that the Charter be produced in community languages to ensure accessibility to people who speak limited English, and that this is done in consultation with people from these communities who have a lived experience of homelessness.

**Recommendation Nine:** NSW CAG recommends that the Charter be accompanied by a booklet for people who are homeless or are at risk of homelessness which explains their rights and responsibilities in practical terms.

**Recommendation Ten:** NSW CAG recommends that services are provided with a booklet that provides practical guidance on how to adopt the Charter into their service practice.

**Recommendation Eleven:** NSW CAG recommends that people experiencing or at risk of homelessness are consulted to identify appropriate strategies to deliver information to those who are unable to access the Charter through traditional methods.

**Recommendation Twelve:** NSW CAG recommends that the Charter be incorporated into the National Quality Standards to ensure the values in the Charter are integrated into service design, delivery, and quality improvement.

**Recommendation Thirteen:** NSW CAG recommends that separate strategies are developed to enable the adoption of the Charter by specialist homeless services, mainstream and allied services.

**Recommendation Fourteen:** NSW CAG recommends that a peak homelessness organisation in each State and Territory are resourced to drive the facilitation and disseminate information that would support the adoption of the Charter by specialist homeless services within their own jurisdiction.

**Recommendation Fifteen:** NSW CAG recommends that research be conducted to identify mainstream and allied services that regularly interact with people experiencing homelessness, and that the Charter be incorporated into the policies of these services.

**Recommendation Sixteen:** NSW CAG supports an external complaints mechanism adopted under the Framework that clients have access to in the first instance and that accessing the mechanism be a straightforward process.

**Recommendation Seventeen:** NSW CAG recommends that any external complaints mechanisms is adequately resourced, with staff who are informed and respectful of individuals with complex needs, and who are able to provide timely communication and feedback to clients about the status of their grievances.

**Recommendation Eighteen:** NSW CAG recommends that client participation is embedded in the design, promotion, implementation and evaluation of an external complaints mechanism.

**Recommendation Nineteen:** NSW CAG recommends that any complaints mechanism is promoted in a number of ways including, but not limited to, in plain English, community languages and verbally.

**Recommendation Twenty:** NSW CAG supports the proposal that the Australian Government implements National Quality Standards to support delivery of consistent and quality services to people experiencing homelessness including people with an experience of mental illness. NSW CAG particularly supports that the Options Paper proposal that these standards be based on client outcomes not service outputs.

**Recommendation Twenty One:** NSW CAG recommends that the National Quality Standards also be applied to mainstream and allied service providers supporting people at risk of or experiencing homelessness.

**Recommendation Twenty Two:** NSW CAG recommends that services are properly resourced to support them to develop client participation strategies and systems within organisations.

**Recommendation Twenty Three:** NSW CAG recommends that homeless peak bodies play a role in supporting service organisations to develop and implement consumer participation.

**Recommendation Twenty Four:** NSW CAG recommends that the NQS include consumer workers as a strategy to increase client participation, and that this is properly resourced.

**Recommendation Twenty Five:** NSW CAG recommends that: the NQS include and resource a client-driven quality improvement mechanism which engages clients in all stages; and that this process is initially facilitated by an external agency.

**Recommendation Twenty Six:** NSW CAG recommends that the homeless sector is provided with the appropriate level of support and resources to achieve integrated services and that options such as 'one stop shops' be explored as mechanisms to achieve this.

**Recommendation Twenty Seven:** NSW CAG supports the proposed inclusion of training and development within the key standards in the NQS and recommends that the sector be provided with support to implement this. NSW CAG further recommends that sector workforce receive training in working with people with mental illness including recovery-oriented service provision, trauma informed care and working with people from diverse backgrounds.

**Recommendation Twenty Eight:** NSW CAG recommends that consultation strategies are developed to ensure that a much larger group of people who are experiencing or at risk of homelessness are consulted, and that the views of those with special needs, such as people with mental illness or from culturally and linguistically diverse communities, are included in the consultation process.

**Recommendation Twenty Nine:** NSW CAG recommends that an independent agency be established to monitor and assess the implementation of the National Quality Framework.

**Recommendation Thirty:** NSW CAG strongly recommends that the National Quality Framework incorporates a consumer participation strategy that engages consumer input in assessing and evaluating the quality of services.

**Recommendation Thirty One:** NSW CAG recommends that the National Quality Framework be incorporated into accreditation processes and for services to be appropriately supported and resourced to implement the standards in the NQF.

# 1. National Homelessness Charter

## 1.1 The need for a charter

*'It would be pretty good to have a charter so that people could see what their rights are.'*

*(NSW CAG Consultation Participant 2011)*

NSW CAG strongly supports the Options Paper's proposal that the Australian Government develops a National Homelessness Charter to protect the rights of people experiencing or at risk of homelessness. NSW CAG supports the development of a National Homelessness Charter (the Charter) as an important instrument for promoting the rights of people experiencing or at risk of homelessness, and also the rights and responsibilities of those who provide services for people experiencing homelessness or at risk of homelessness. The Charter will provide an important reference for setting quality service provision standards and will promote a strong vision of how Australia should respond to the issue of homelessness.

People with a lived experience of mental illness who are also experiencing homelessness are among the most vulnerable people in our society. These people are often reliant on social and welfare support services to meet even their most basic needs. It is also well established that the human rights of people experiencing homelessness are often compromised and infringed.<sup>5</sup> NSW CAG's consultations with people experiencing homelessness found that these people are largely unaware of their rights, and when they try to assert what they believed are their rights, they often face punitive responses, such as being ignored or excluded by service providers.

Through NSW CAG's consultation processes, people with a lived experience of mental illness and people who are homeless or at risk of homelessness strongly supported a National Homelessness Charter. As one consultation participant told NSW CAG:

*'Everyone has the right to a fair and just process, to have their fairness, respect, confidentiality and privacy.'*

*(NSW CAG Consultation Participant 2011)*

### **Recommendation One:**

NSW CAG supports the Options Paper proposal that the Australian Government develops a National Homelessness Charter to protect the rights of people experiencing or at risk of homelessness.

## 1.2 Components of the National Homelessness Charter

NSW CAG supports the proposed key purpose of a National Homelessness Charter as set out in the Options Paper. That is to:

- set out the rights of people experiencing or at risk of homelessness and the organisations that provide services to them; and
- set out the principles of quality service provision.

On the basis of NSW CAG's consultations and on-going project work, NSW CAG recommends the following components be included in a National Homelessness Charter.

### Setting out rights and responsibilities

NSW CAG supports the proposed key purpose of the Charter to 'set out the rights and responsibilities of people experiencing or at risk of homelessness and the organisations that provide services to them'. In doing this, we advocate that the Charter recognise and protect the inherent human rights of people currently or those at risk of homelessness and should reflect Australia's international human rights obligations.

NSW CAG notes that while Australia is signatory to many important human rights treaties, such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR)<sup>6</sup>; in practice the rights of people with a lived experience of homeless or at risk of homelessness are regularly undermined by government and service practice. We have found that rights such as the right to an adequate standard of living<sup>7</sup>, the right to personal safety<sup>8</sup>, the right to safe and to secure housing, the right to medical care<sup>9</sup>, the right to social security<sup>10</sup> and the right services, to education to and employment<sup>11</sup> are some of the human rights that Australia has agreed to protect<sup>12</sup>, yet remain out of reach for most people experiencing homelessness. As one consultation participant told NSW CAG, for example:

*'I have been waiting for two years for housing. This is not acceptable, it should be two months at the most.'*

*(NSW CAG Consultation Participant 2011)*

NSW CAG contends that in recognising the inherent rights and dignity of people experiencing homelessness, the Charter will further the Australian Government's social inclusion agenda<sup>13</sup>. The Charter will increase community awareness of the rights of people experiencing homelessness; it will promote anti-discrimination, and will thus address the stigma that is often attached to homelessness.

## **Recommendation Two:**

**NSW CAG recommends that the Charter recognises and promotes the human rights of people with a lived experience of homelessness or at risk of homelessness including people with an experience of mental illness.**

### **Balancing rights and responsibilities**

***‘The attitude of services is that if you don’t like it, you can leave. They are really arrogant about it and think that they know what you need. I have tried to raise a few ideas about how things could be changed for residents and I was laughed at.’***

***(NSW CAG Consultation Participant 2011)***

NSW CAG advocates that the Charter make clear that there should be a fair balance of rights and responsibilities for clients and providers of services for homeless people. NSW CAG notes that current practice is heavily skewed towards the responsibilities of service users to protect the rights of service providers. Consultation participants told NSW CAG that many specialist homeless services currently use service ‘charters’ that clients must comply with to gain or retain access to the service. As one NSW CAG consultation participant pointed out, many homeless people are reliant on services for their most basic needs so they will often agree to what might be considered unfair conditions to meet these needs:

*‘...a lot of the time when you’re homeless you agree – yes, yes, yes – ‘cause you have to.’*

*(NSW CAG Consultation Participant 2011)*

Many other NSW CAG consultation participants feared that the implementation of a Charter would simply reinforce rules and regulations already seen as unfair. As one NSW CAG consultation participant said:

*‘I don’t really like the idea of having a Charter in place. We have enough rules and regulations in our life as it is.’*

*(NSW CAG Consultation Participant 2011)*

NSW CAG heard from consultation participants that many of the existing ‘charters’ in services not only impose rules on consumers’ conduct, but are known to be used as a means to exclude people experiencing homelessness from services. One consumer told NSW CAG the following story.

**Case Study: Mary**

*Mary was living in a crisis accommodation which has a curfew at 10pm. Mary was given permission by the service to stay over night at her boyfriend's home, but the couple ended up having a fight that night, so Mary returned to the service at 7am. It was a cold winter morning and Mary rang the door bell of the crisis accommodation to ask that she be let in before the actual opening hour at 7.30am. The staff who answered the door told Mary that she couldn't come in until 7.30am, because that was the rule. Mary repeatedly explained that she was cold, but her request was ignored. Mary got very upset and began yelling at the staff over the intercom. As a result of her behaviour, Mary was evicted from the service.*

*(NSW CAG Consultation Participant 2011)*

To ensure a fair balance of rights and responsibilities, NSW CAG strongly recommends that the Charter be developed in consultation with those who are currently, formerly, or at risk of homelessness and that these consultations also include homeless persons with special needs, such as those with an experience of mental illness.

During NSW CAG's consultations, a number of consultation participants articulated specific rights and principles of quality service provision that they believe should be contained in the Charter – these are contained in Appendix C.

**Recommendation Three:**

NSW CAG recommends that the Charter set a fair balance acknowledging and respecting the rights and responsibilities of both clients and providers of services for people experiencing homelessness including people with an experience of mental illness.

**Recommendation Four:**

NSW CAG strongly recommends that the Charter be developed in consultation with those who are homeless, or at risk of homelessness, and that these consultations include specific groups of homeless persons with complex needs, including those with an experience of mental illness.

**Flexibility**

Many clients consulted by NSW CAG said that the Charter needs to be flexible enough to be relevant to their wide range of needs. They indicated that they access a range of services in order to address their needs. For example, they may attend a drop-in service for food, shower and laundry; they may attend other services to obtain clothing items, borrow books, access the internet, or even just to find a quiet space. Given that different

services provide different forms of support, the Charter should ensure its relevance to all services working with homeless people, including people with complex needs, such as mental illness.

Those consulted by NSW CAG also suggested that the Charter be flexible enough to enable services to implement additional safeguards to protect the rights relevant to their particular client groups. One consultation participant who is staying at a crisis accommodation with his children, for example, said that services supporting families should be able to implement measures that may be unnecessary for other organisations that do not provide specific services to children. Another consultation participant expressed:

*'[the Charter] should be flexible so that services can adapt it to their own needs.'*

*(NSW CAG Consultation Participant 2011)*

NSW CAG contends that services should only implement additional safeguards that are necessary to protect the rights and needs of their special client groups. One example would be a restriction on male access to a service that supports women who have experienced violence.

### **Recommendation Five:**

NSW CAG recommends that the Charter be developed in a way that can be applied to the range of services working with homeless people with complex needs, and to enable services to adopt additional measures that are necessary for the protection of special client groups.

### **Accessibility**

In order for the Charter to be effective, it must also be accessible to people experiencing homelessness. During NSW CAG's consultations, people with a lived experience of or at risk of homelessness told NSW CAG that traditional methods of information delivery, such as posters, pamphlets and internet based information were not accessible to all. Consultation participants told NSW CAG that in order for the Charter to be 'consumer friendly' that the following need to be considered.

### **Accessible language**

Many people with a lived experience of mental illness and people who are homeless or at risk of homelessness consulted by NSW CAG reported that too much information that is provided to them is drafted in 'lawyer speak'. Paradoxically, the Options Paper, which speaks of the importance of engaging clients, is an example of this, as it is written in language inaccessible to many people who are homeless. In order to ensure the content of the Charter is written in a way that is accessible to clients, NSW CAG recommends people experiencing homelessness are involved in the drafting process.

## Available in community languages

Language barriers to accessing services emerged as an important issue at NSW CAG's consultations. A number of consultation participants from non-English speaking backgrounds described their negative experiences with services stemming from information not being provided to them in a language they could understand. One NSW CAG consultation participant said that she slept on the streets for six months because she did not know about specialist homelessness services and also did not know where to start looking. Another consultation participant relayed her experience of feeling excluded by a service because information was not provided to her in a language she could understand. Her story is provided in the Case Study below.

### **Case study: Sue**

*Sue is a migrant from a non-English speaking country. She has been in Australia for a couple of years and is currently living in public housing. She became homeless after she escaped her violent marriage. She speaks only limited English and is currently relying on drop-in services for her day-to-day needs, such as food, clothing and social activities. During the initial intake assessment at one particular service, the Translating and Interpreting Service was called. Sue vaguely remembered the rules regarding service usage being translated to her during this first meeting, but she cannot remember them all. The rules are displayed on the walls at the service in English, but she does not understand the meaning of some of them.*

*Some time ago, Sue was bullied by another service user. She sought help from the staff, but was told there was nothing they could do about it. Sue felt that the staff's attitude was dismissive and that she was being discriminated against. She thought that had the translation service been used to assist her discussion with the staff, the staff would have understood her concerns better and would have taken the incident more seriously. She wanted to ask for the translation service at the time, but did not know how. The fact that the translation service was not offered to her at the time made her feel that her complaint was being undermined.*

*Sue also wanted to make a complaint to the government about the service's discriminatory attitude to her, but again, she did not know how. Although she continues to attend the service, she only attends when her preferred services are unavailable.*

*(NSW CAG Consultation Participant 2011)*

A 2006 survey into the characteristics of clients in *Supported Accommodation and Assistance Program (SAAP)* found that people who were born overseas from predominantly non-English speaking countries constituted 11% of SAAP clients<sup>14</sup>. This figure suggests there are a significant number of people from non-English speaking backgrounds who are experiencing or at risk of homelessness.

To ensure that people who speak limited English and who are experiencing or at risk of homelessness are aware of their rights, NSW CAG recommends that the Charter be translated into community languages, and that this is done in consultation with homeless people from these communities to ensure the document does not lose meaning and remains culturally appropriate through the translation.

### **Recommendation Six:**

NSW CAG recommends that people with lived experience of homelessness are consulted to identify effective ways to promote information about the Charter to people who are experiencing or at risk of homelessness.

### **Recommendation Seven**

NSW CAG strongly recommends that people experiencing homelessness including people with an experience of mental illness be involved in the drafting of the Charter to ensure it is produced in language that is accessible to homeless people.

### **Recommendation Eight:**

NSW CAG recommends that the Charter be produced in community languages to ensure accessibility to people who speak limited English, and that this is done in consultation with people from these communities who have a lived experience of homelessness.

### **A consumer and service friendly booklet to accompany the Charter**

It was evident from NSW CAG's consultations that people with a lived experience of mental illness and people who are homeless or at risk of homelessness would benefit from the Charter being explained to them in ways that would have practical meaning to their day-to-day experience, particularly in relation to their interactions with services. As one consumer told NSW CAG:

*'[The Charter] should recognise our rights – real people with real problems looking for real solutions in an unreal world.'*

*(NSW CAG Consultation Participant 2011)*

As a consumer friendly model, the Victorian Government has developed a booklet that accompanies their *Consumer Charter for community-managed housing and homelessness services (2006)*. This booklet provides information on whom and the types of services the Victorian Charter applies to. It sets out on one page the rights and responsibilities of people who are homeless or at risk of homelessness, it then provides further information on what each of them means for clients when they are accessing services. On the back of the booklet, there is also information on what consumers can do if their rights have not been met.<sup>15</sup>

NSW CAG suggests that a separate booklet for services that assists them to adopt the Charter into their service practice would be helpful. This booklet should include information about the rights and responsibilities of both clients and service providers and how these can be translated into service delivery.

**Recommendation Nine:**

NSW CAG recommends that the Charter be accompanied by a booklet for people who are homeless or are at risk of homelessness which explains their rights and responsibilities in practical terms.

**Recommendation Ten:**

NSW CAG recommends that services are provided with a booklet that provides practical guidance on how to adopt the Charter into their service practice.

**Available through non-traditional forms**

During the consultations, NSW CAG heard from some consultation participants that due to reasons such as visual impairments and illiteracy, providing the Charter in traditional form would simply be inaccessible to them. As one consultation participant told NSW CAG:

*'I can't really read that well so something that is just placed up on the wall would be no good to me.'*

NSW CAG contends that alternate strategies to deliver information to people experiencing homelessness should be developed to engage with those who are unable to access information about the Charter through traditional methods. NSW CAG proposes that one strategy would be to establish independent consumer worker roles to provide information to clients about the Charter, and to assist clients to liaise with services and to assert their rights. The inclusion of consumer workers or peer workers is discussed further in the section on National Quality Standards as a mechanism to increase client participation.

**Recommendation Eleven:**

NSW CAG recommends that people experiencing or at risk of homelessness are consulted to identify appropriate strategies to deliver information to those who are unable to access the Charter through traditional methods.

## 1.3 Implementation and enforcement of the National Homelessness Charter

***‘Having a charter would be good as it would help people to know what their rights are. But if they are not enforceable, are they rights in the first place or are they just words on the paper?’***

***(NSW CAG Consultation Participant 2011)***

### **A Charter supported by enforcement mechanism**

NSW CAG is concerned that because the proposed Charter will not be legally enforceable it may not be widely observed. Many people with a lived experience of homelessness pointed out that a Charter of Rights without enforcement mechanisms might not make a difference to the quality of service provision. As one consultation participant said:

*‘This is just wishy-washy bullsh\*t. The last thing people on the street need is empty words. Most of us are really suspicious of these kind of thing, I lived in New Zealand for a while and all the services there were required to have mission statements and charters and they were in the end just empty gestures. This seems more of the same.’*

*(NSW CAG Consultation Participant 2011)*

There are countless examples of ‘Charters’ or guidelines that are ambitious in their intentions, but due to their lack of enforceable mechanisms, are not widely practiced or observed. The *Supported Accommodation Assistance Act 1994 (Cth)* (SAA Act) is one such example. The SAA Act has an overall objective of providing transitional supported accommodation and related support services to people who are homeless to help them achieve the maximum possible degree of self-reliance and independence.<sup>16</sup> The Act also identifies as its objective the promotion and protection of the rights of people experiencing or at risk of homelessness.<sup>17</sup> Yet, consultations with people experiencing homelessness conducted in 2003 found that the objective of SAA Act was far from being met. The lack of enforcement mechanisms in the SAA Act was identified as a significant contributor to this failure.<sup>18</sup>

To ensure the Charter can have real impact on the lives of people experiencing or at risk of homelessness including people who have an experience of mental illness. NSW CAG recommends that the principles enshrined in the Charter be incorporated into the National Quality Standards for services for people experiencing homelessness. This would ensure that the Charter and the National Quality Standards reinforce each other and that, through the National Quality Standards, the values in the Charter would be integrated into service design, delivery, and quality improvement.

## **Recommendation Twelve:**

NSW CAG recommends that the Charter be incorporated into the National Quality Standards to ensure the values in the Charter are integrated into service design, delivery, and quality improvement.

### **Adopted within service practice**

To ensure a consistent approach to service delivery, NSW CAG contends that the Charter be adopted by all providers of services for people experiencing homelessness, including specialist homeless services, mainstream services and allied services.

NSW CAG believes that in order for the Charter to be effectively implemented, its contents need to be understood, accepted and appreciated by all service providers working with people experiencing homelessness. Recognising that specialist, mainstream and allied services have different operational structures, NSW CAG proposes that separate strategies are developed to enable the different types of services to adopt the Charter.

## **Recommendation Thirteen**

NSW CAG recommends that separate strategies are developed to enable the adoption of the Charter by specialist homeless services, mainstream and allied services.

### **Adoption by specialist homeless services**

In order to ensure that the Charter is effectively implemented by specialist homelessness services, NSW CAG recommends that strategies are developed to provide services with adequate information about the Charter, including the key goals of the Charter and how the Charter would apply to service practice. Information and education about the Charter is particularly important to services in regional areas. People who are experiencing or at risk of homelessness in regional areas are severely restricted in their options of support services. Poor experience at one service may discourage people with a lived experience of homelessness from accessing other services in the area, which would intensify their experience of hardship and exclusion.

One possible strategy to facilitate and support the adoption of the Charter by specialist homeless services is for a peak homelessness organisation in each State and Territory to become the leader to drive change. Peak homelessness organisations, such as Homelessness NSW, are the central contact points for information and resources concerning homelessness in NSW, and are thus in an ideal position to disseminate information about and to facilitate the uptake of the Charter by specialist homelessness services.

## Recommendation Fourteen

NSW CAG recommends that a peak homelessness organisation in each State and Territory are resourced to drive the facilitation and disseminate information that would support the adoption of the Charter by specialist homeless services within their own jurisdiction.

### Adoption by mainstream and allied services

NSW CAG recommends that the adoption of the Charter by mainstream and allied services be mandatory rather than optional. Many people who are experiencing or at risk of homelessness access a range of mainstream and allied services, such as Centrelink, Housing NSW, and allied health services. Adoption of the Charter by these services would ensure a consistent approach to delivering services to people who are experiencing homelessness.

Research should be conducted to identify all mainstream and allied services that regularly interact with people who are experiencing or at risk of homelessness. The Charter should be incorporated into the policies of these services, and staff in these services should be provided with the necessary information and training to ensure that their work complies with the Charter as reflected in their service policy.

The *Protocol for Homeless People in Public Places* was introduced by the NSW Government in 2000, and serves as an example of issues that need to be considered for mainstream services to truly adopt the Charter.

In brief, the Protocol provides a guideline on how NSW Government officials should interact with homeless people in public places. Ten NSW Government agencies have endorsed the Protocol, include Housing NSW, NSW Health, NSW Police Force, and State Transit Authority.<sup>19</sup> However, during the consultations, people with a lived experience of mental illness and people who are homeless or at risk of homelessness told NSW CAG that in practice the Protocol offers limited protection for homeless people in NSW because public authorities and government agents are often not aware of the Protocol. As one consultation participant told NSW CAG:

*'There are already a number of homelessness protocols in place, for example, the NSW Police is signatory to a protocol that covers the whole of NSW. I was in a forum in Blacktown and I found out that Area Commander there didn't even know anything about it and thought it only applied to Sydney. Parramatta Council developed and put in place their own protocol without realising there was a NSW one or a City of Sydney one. Some of the Council staff don't even realise there is a Parramatta protocol. This is a particularly big issue in rural areas, where homelessness is a huge problem.'*

*(NSW CAG Consultation Participant 2011)*

### **Recommendation Fifteen:**

NSW CAG recommends that research be conducted to identify mainstream and allied services that regularly interact with people experiencing homelessness, and that the Charter be incorporated into the policies of these services.

## **2. Nationally consistent approach to client complaints**

In addition to the National Homelessness Charter, NSW CAG also consulted people currently, formerly and at risk of homelessness about the development of nationally consistent approaches to client complaints and feedback.

### **2.1 The current complaints model**

*‘What is the point of giving feedback to the “empire of lies”? If you ever try to make a complaint, because all of the services speak to each other you are essentially shunned. I do assert my rights but it comes back to bite me in the arse and I get discriminated against as a trouble maker.’*

*(NSW CAG Consultation Participant 2011).*

Consultation participants strongly asserted the need for implementation of an external complaints mechanism. Individuals told NSW CAG that they had significant problems with the current and proposed model and suggested that a system be implemented in which their complaints were both heard and followed up on.

The current system for handling complaints in NSW is a two step process. In the first step, individuals are encouraged to first approach services with their feedback. If the matter is not resolved, the person has the option of then escalating their grievance to the NSW Ombudsman. Consultation participants told NSW CAG that they have problems with both parts of this process.

#### **Resolving issues with services**

Of the consultation participants who spoke to NSW CAG, 35 individuals said that they had never made a complaint or tried to give feedback. Within this group, however, only 15 people said that this was because they were completely satisfied with the services they received.

The other 20 who had a grievance but had not made a complaint or given feedback, reported that they had not complained for a variety of reasons including access issues, little faith in the grievance process or because they feared retribution. The table below breaks down the reasons people gave for not providing feedback to services.

Number of people	Reason for not giving feedback
5	Inaccessibility of complaints process, either do not know or understand the process or culturally inaccessible: <i>'The grievance process and language is very complicated.'</i> (NSW CAG Consultation Participant 2011)
5	No point, nothing will happen with it: <i>'When you are homeless you just have to lie back and think of England. It ain't going to be pleasurable but you do what you need to do to get through.'</i> (NSW CAG Consultation Participant 2011)
10	Intimidation about losing service, fear of retribution: <i>'I have never tried to complain because I'm too scared to do that...'</i> (NSW CAG Consultation Participant 2011)

The above table clearly demonstrates that people who are experiencing homelessness do not feel, for a variety of different reasons, that they are able to take complaints directly to services as dictated by the current complaints model.

### **Taking complaints to the NSW Ombudsman**

Under the current system, those experiencing homelessness that raise concerns that are not resolved with their service provider, have the option of complaining to the NSW Ombudsman. One consultation participant's experience of escalating a complaint to the Ombudsman is illustrated in the case study below.

#### **Case Study: Jamie**

*Jamie lived on the streets for a number of years. At one point he served as a client representative at a homeless service. As a client representative, it was his job to take complaints about the service provider to the provider's board of management on behalf of other clients. One day, a client approached him with a complaint against the Manager of that particular service. After investigating, Jamie asked the Manager of the service if he would meet with the complainant to address the issue before it escalated any further. The Manager refused.*

*Jamie told the Manager that the next step would be to take the issue to the Board. The Manager replied, "you do what you like".*

*At the Board meeting, Jamie felt that he was treated disrespectfully. He was made to wait for over an hour outside the meeting room. The Manager was present at the meeting. The Chairperson turned her back to Jamie at numerous points during the meeting. He also felt that they dismissed him 'like a little kid' from the table and meeting.*

*Jamie requested an answer to the complaint, in writing and within five working days. A response was not received. Instead, Jamie and the client he was supporting felt that they were ostracised by the staff. Until that point, Jamie had a good working relationship with all of the staff there. He was disappointed that staff who he had previously had a good rapport with now ignored him and now did not provide him with the same supplies and services that other clients received.*

*Jamie escalated the matter of the Ombudsman. When he followed up with the Ombudsman, he was told that the service had told the Ombudsman that the matter was resolved. The Ombudsman had not verified this with Jamie or the individual lodging the complaint.*

*(NSW CAG Consultation Participant 2011)*

A major issue under the current system, as illustrated in the case study, is that the Ombudsman is not accountable to the person who had lodged the complaint. In the above example, the Ombudsman failed to communicate directly with the complainant and took the service's word for it that the matter had been resolved. Rather than a once-off, the failure of the Ombudsman to establish contact with people that have made complaints was raised numerous times in NSW CAG consultations.

Other complaints raised by consultation participants about the Ombudsman's involvement in the current complaint system include the failure to respond in a timely manner to complaints and that staff within the Ombudsman's office do not have the expertise and understanding of homeless issues sufficient to address complaints concerns.

The lack of accountability, communication, expertise and timeliness means that the Ombudsman has very little credibility amongst homeless people. This has prevented people who are homeless or at risk of experiencing homeless from using the Ombudsman. As one consultation participant, who had opted not to use the Ombudsman, said:

*'I know the Ombudsman currently exists but I have never seen them. Trust is an issue. If I never had contact with the Ombudsman how am I supposed to believe that they will follow up with what I am saying?'*

*(NSW CAG Consultation Participant 2011)*

This lack of accountability and respect means that people experiencing homelessness are unlikely to use the Ombudsman as a mechanism for enforcing their rights.

## 2.2 Proposed complaints model

*‘A lot of people do not complain through the proper channels, like through the Ombudsman because they don’t know where to go and are just trodden on anyway...I have made a complaint and nothing was happening, so I persisted. Finally it got listened to. If the system was working then no one would have issues. There needs to be a genuine process of complaints that is not compromised.’*

*(NSW CAG Consultation Participant 2011)*

NSW CAG is concerned that the complaints model proposed by the Framework could have the same issues as the present system as outlined above. NSW CAG notes that the proposed Framework addresses some of the issues people with mental illness and people who are homeless might have with being compelled to approach the service in the first instance, with consumers with a complaint in the proposed model being *encouraged* to first try to resolve their issues with the service provider rather than compelled. We support the proposal that if consumers do not feel comfortable, or if concerns are not addressed, consumers would be able to lodge their concerns with an external body.

Our concerns are that as outlined in the Options Paper, that current independent complaints mechanisms, such as the NSW Ombudsman, could be used as a possible model for this external model. As discussed, participants have had issues with the service they have received from the Ombudsman and there is a significant level of mistrust which is hindering these people from using the Ombudsman as a mechanism for complaint. If the Ombudsman is retained as the independent umpire for complaints there needs to be some strategies put in place to educate staff in the Ombudsman’s office on dealing appropriately and respectfully with people with complex needs and on how to overcome the mistrust of this office amongst homeless people. Whether the external body is the Ombudsman or another independent mechanism, on the basis of consultations with people with a lived experience of mental illness and people who are homeless or at risk of homelessness, NSW CAG recommends that an external complaints mechanism should contain the features outlined below.

### **Allow consumers to approach it directly in the first instance**

NSW CAG supports the proposal to allow service users to bypass the service. Consultation participants confirmed how important it is for individuals to be able to approach an independent complaints mechanism, rather than having to first lodge complaints with the service. As previously discussed, consultation participants often fear retribution and many with legitimate grievances do not approach the service they have a grievance with as they require the ongoing service provision.

### **Be timely, accountable and have specialist homelessness knowledge**

As discussed, consultation participants are frustrated with the time the NSW Ombudsman currently takes to investigate complaints, poor accountability to the complainant and inappropriate communication.

### **Involve consumers in its design**

Clients need to be included in the design, implementation and evaluation of any complaints mechanism. This will ensure accessibility to clients as well as provide an opportunity for ongoing quality improvement.

### **Promoted verbally by peers**

NSW CAG recommends that the sector utilise consumer workers which is discussed further in the client participation section. One role (of many possible roles) that consumer workers could play is supporting individual advocacy by ensuring clients understand and can navigate grievance processes.

### **Respect privacy and confidentiality**

Many consultation participants, especially those in regional areas, expressed concerns about privacy and confidentiality during the complaints process. The complaints mechanisms needs to carefully consider these issues in its operation.

### **Be straightforward**

The process of making complaints must be as streamlined as possible. Consultation participants reported that they regularly dedicate large amounts of time in navigating existing government bureaucracies.

### **Be promoted in plain English and community languages**

As discussed in the section on the Homelessness Charter, clients often find existing language around grievance processes to be overly legalistic or not in a language they understand. Printed materials need to be accessible to those with cognitive impairments, lower literacy levels, mental health issues and/or those with limited English levels.

### **Recommendation Sixteen:**

NSW CAG supports an external complaints mechanism adopted under the Framework that clients have access to in the first instance and that accessing the mechanism be a straightforward process.

### **Recommendation Seventeen:**

NSW CAG recommends that any external complaints mechanisms is adequately resourced, with staff who are informed and respectful of individuals with complex needs, and who are able to provide timely communication and feedback to clients about the status of their grievances.

### **Recommendation Eighteen:**

NSW CAG recommends that client participation is embedded in the design, promotion, implementation and evaluation of an external complaints mechanism.

### **Recommendation Nineteen:**

NSW CAG recommends that any complaints mechanism is promoted in a number of ways including but not limited to in plain English, community languages and verbally.

## **3. National Quality Standards (NQS)**

On the basis of consultations, NSW CAG commends the Homeless Working Group and the Housing Minister's Conference for proposing National Quality Standards (NQS) and strongly supports the development of NQS. Consultation participants had strong views on whether or not there should be a NQS, whether or not the NQS should apply to both mainstream and specialist services and which components of the NQS the sector will require the most support to implement.

### **3.1 The need for National Quality Standards**

***'It is essential to have national standards. It is bizarre that they don't already exist.'***

***(NSW CAG Consultation Participant 2011)***

People who are homeless or at risk and homeless and people with an experience of mental illness consulted by NSW CAG overwhelmingly endorsed having one set of national standards that applied to specialist homeless services. Of the 66 consultation participants, all but six indicated the need for services working with people that are experiencing homelessness to be a part of a National Quality Standard (NQS) framework. A large number of consultation participants supported the implementation the NQS because of negative experiences that they had suffered under current service arrangements. For example, one consultation participant told NSW CAG:

*'I would rather die than go back [to a particular accommodation service]. Seriously, I would rather neck myself than set foot in that place again. The*

*toilets were not working there so there was shit all over the floor and a person was stabbed while I was there’.*

*(NSW CAG Consultation Participant 2011)*

Other people who are homeless or at risk and homeless and people with an experience of mental illness consulted by NSW CAG pointed to the inconsistencies that currently exist in standards from service to service and indeed from state to state:

*‘Here [NSW] no services have ever asked me for input but if you go to Queensland they always ask you to fill in feedback forms.’*

*(NSW CAG Consultation Participant 2011)*

While the overwhelming majority of people consulted by NSW CAG were in favour of the development of a NQS, a number of people with a lived experience of mental illness and people who are homeless or at risk of homelessness expressed concerns that new standards would make little difference. The two consultation participants’ comments below provide examples of this concern:

*‘It would be good to have one set of standards that apply to all services but the reality is that services are going to look after themselves anyways’.*

*(NSW CAG Consultation Participant 2011)*

*I don’t see the point of this when nothing is going to change. Services don’t want feedback. I have never been to a service that had client feedback in place.’*

*(NSW CAG Consultation Participant 2011)*

NSW CAG notes that the proposal in the Options Paper specifies that the NQS will be based on client outcomes rather than service output. NSW CAG strongly supports this proposal as it will, if properly implemented, result in real changes in service delivery for homeless people.

## **Recommendation Twenty:**

NSW CAG supports the proposal that the Australian Government implements National Quality Standards to support delivery of consistent and quality services to people experiencing homelessness including people with an experience of mental illness. NSW CAG particularly supports that the Options Paper proposal that these standards be based on client outcomes not service outputs.

## 3.2 Application of the NQS to mainstream services

***‘The standards should also apply to services like Housing NSW. I’ve had lots of issues about Housing NSW, they lost my paperwork and their staff were negative and aggressive. There is no set procedure on how to do things; they give you inconsistent information and their computer keeps losing my information.’***

***(NSW CAG Consultation Participant 2011)***

NSW CAG contends that the NQS must apply to both specialist homeless and mainstream and allied service providers that provide services to people who are homeless or at risk of homelessness. The majority of people consulted by NSW CAG asserted that mainstream and allied service providers, such as Centrelink, state and territory government departments as well as mental health services, should adhere to the NQS in order to ensure effective services are delivered to people experiencing homelessness. The case study below shows one consultation participant’s experience with a mainstream service provider and illustrates the value of the application of the NQS to all mainstream services when working with people who are homeless or at risk of homelessness who often have complex needs.

### ***Case Study: Tyra***

*Tyra previously had good relationships with frontline staff at the Centrelink office, but when she applied to get onto the Disability Support Pension from Newstart Allowance, she felt that the staff conducting the assessment were insensitive and questioned her medical conditions and the support letters from her doctors. Her doctor put on the letter that her conditions (heart conditions & diabetes) are permanent. However, the Centrelink assessor disregarded the advice from her doctor and checked through the list of her medical conditions saying, “this will get better... and this will get better”.*

*Tyra said the Centrelink assessor made her feel like one of those people trying to rip off the system. Tyra got so stressed she started crying and asked to speak with someone else - someone who would not put her down. However, the assessor’s manager was just as rude and told her to go home and wait for another 48 days to find out the decision on whether she has been accepted on the Disability Support Pension.*

*Tyra waited for more than 48 days and it was not until she called that she found out her application had been rejected.*

***(NSW CAG Consultation Participant 2011)***

A considerable number of consultation participants shared with NSW CAG similar stories of poor service provision including inappropriate communication and unfair assessments based on misunderstanding and prejudice by allied and mainstream service providers.

Recent reports reveal that mechanisms in mainstream services such as the ‘vulnerability indicator’ that alerts job services providers and Centrelink that individuals are at risk of homelessness and may require support, are not currently working. Data released in May 2011, analysed that between July and December of 2010, 2,541 people who were penalised by Centrelink for failing to attend job interviews or other participation activity – 833 were identified as having a mental illness and 310 were experiencing or at risk of homelessness.<sup>20</sup>

### **Recommendation Twenty One:**

NSW CAG recommend that the National Quality Standards also be applied to mainstream and allied service providers supporting people at risk of or experiencing homelessness.

## **3.3 Components of the National Quality Standards**

In speaking with consultation participants about what should be included in the NQS, individuals had major concerns about three main areas: participation (referred to as client participation under ‘Your Clients’); integration of services (‘Your Relationships’); and workforce development (in ‘Your Organisation’).

As consultation participants’ concerns stemmed from similar negative experiences at many different services, it is likely that many services throughout the sector will require support in implementing these standards. NSW CAG recommends that the sector will require additional support and resources to develop and implement mechanisms that support client participation, enable service integration and strengthen workforce development.

### **Participation: ‘Your Clients’**

***‘I think that services should recognize the importance of feedback from service users rather than being forced to do so. You can’t legislate a change in heart.’***

***(NSW CAG Consultation Participant 2011)***

NSW CAG strongly supports the recognition in the Options Paper that client participation is a critical component of a NQS. NSW CAG asserts that supporting and empowering individuals to participate in processes and decisions that impact their lives, both at the individual and systemic level, is essential. As one consultation participant told NSW CAG:

*We are not just numbers in the system...It is important to just be acknowledged and to be made to feel part of the solution to what is going on in your life.’*

*(NSW CAG Consultation Participant 2011)*

The need for homeless people to be placed at the centre of service planning has been recognised by the Australian Government's White Paper on Homelessness, *The Road Home*<sup>21</sup> and the *NSW Homelessness Action Plan*.<sup>22</sup> The right for people experiencing homelessness to be involved in decision making processes that impact them is enshrined in Article 25 of the *ICCPR* which states that citizens have the right and opportunity to take part in the conduct of public affairs.<sup>23</sup>

Unfortunately despite acknowledging the importance of participation, there are few structures that support client participation in the homelessness sector. As one consultation participant told NSW CAG,

*'X service should listen to people who are using their services but they don't. The reality is that case workers are really busy but taking time to listen to service users might actually make things easier in the long run.'*

*(NSW CAG Consultation Participant 2011)*

Client participation has been historically neglected in the homeless sector; possibly due services emerging as a crisis response without the same history of activism and lobbying that some other sectors have.<sup>24</sup> This legacy is apparent today in the lack of structures and mechanisms to support client participation in the homeless sector.<sup>25</sup> NSW CAG strongly contends that the sector will require resources and support to implement the 'Your Clients' portion of the NQS. To change the ingrained mindset of many service providers, it will take considerable energy and coordination to implement genuine participation processes. NSW CAG suggests that homeless peak bodies may have a role to play in supporting agencies to create and implement participation models.

### **Recommendation Twenty Two:**

NSW CAG recommends that services are properly resourced to support them to develop client participation strategies and systems within organisations.

### **Recommendation Twenty Three:**

NSW CAG recommends that homeless peak bodies play a role in supporting service organisations to develop and implement consumer participation.

### **Models of participation**

Consultation participants told NSW CAG that they wanted to be included in decisions that impacted them, both at an individual and systemic level. The following provides suggestions about different models of participation that can be incorporated in the NQS. NSW CAG asserts that clients should be involved at all levels of decision making. These range from: client centred services (individual case planning), internal committees, systemic advocacy and decision making, consumer workers and consumer-driven quality improvement mechanisms.

## **Client centred services**

At the individual level, service providers must work collaboratively with people experiencing homelessness. People with a lived experience of mental illness and people who are homeless or at risk of homelessness told NSW CAG that they are often not consulted about how services can best meet their needs. As one consultation participant said:

*'they [services] are really arrogant and think they know what you need.'*  
(NSW CAG Consultation Participant 2011)

NSW CAG contends that the NQS should provide guidelines, tools and training to service providers to facilitate the provision of consumer centred services.

## **Advocacy at the service level: internal committees, forums and advisory boards**

Some consultation participants told NSW CAG that they saw a need for committees in services. As one consultation participant said, a committee could raise issues on behalf of a group, and:

*'that way you don't have to voice it in front of everyone, [sometimes] you can feel a bit shy.'*  
(NSW CAG Consultation Participant 2011)

Other consumers said they endorsed regular forums held by services so people could voice their views.

## **Advocacy at the systemic level: advisory groups**

Another way to do this is to include consumers in decision making at the policy level through homeless advisory groups. NSW CAG is aware that there are at least three consumer advisory groups, consisting of people who have an experience of homelessness including the Consumer Advisory Group (supported by the Homeless Person's Legal Clinic (Victoria)); StreetCare (supported by the Public Interest Advocacy Centre) and the Peer Education and Support Program (supported by the Council to Homelessness).

## **Consumer (client) workers**

From consultations people experiencing or at risk of homelessness including people who have an experience of mental illness, NSW CAG strongly asserts that there is a need for consumer workers who both support individuals (at the service level) as well as undertake systemic advocacy. A consumer worker is someone who would be employed by services and would be required to have an experience of being a client of homeless services.

At the service level, consultation participants voiced the need to speak to people who understood and had experienced homelessness. As one consultation participant said:

*'[You need] people you can speak to that are on your level.'*

*(NSW CAG Consultation Participant 2011)*

Another consultation participant said that the best information she received came from other people with a lived experience of mental illness and people who are homeless or at risk of homelessness. This consultation participant suggested that, given the mental health and literacy issues many homeless people experience, the sector should employ people who had experienced homelessness within services.

Consultation feedback is supported by a wide body of research which shows that support and education provided by a 'true peer' is effective.<sup>26</sup> The use of consumer workers in other sectors such as mental health is widely accepted and ongoing support and training for mental health consumer worker roles is embedded within National Mental Health Standards.<sup>27</sup> Originally envisaged as a way to promote responsiveness of mental health services, consumer workers now fill a number of roles including: individual and systemic advocacy<sup>28</sup>; peer support and mentoring; role modelling and support and incorporating a recovery framework; education and training of mental health workers; supervising and debriefing consumer workers and administration tasks.<sup>29</sup>

Historically, it has been theorised that since homelessness is a transitory state that clients are eager to move past this experience and would not be keen to take on consumer worker roles.<sup>30</sup> In contrast, emerging research shows that many individuals who have experienced homelessness are eager to give back to their community and support others who are homeless.<sup>31</sup> Some services such as the Homelessness Advocacy Service (Victoria) are already using such models.

NSW CAG has expertise in the area of consumer workers and is currently conducting Stage 2 of the Consumer Workers' Forum Project<sup>32</sup>, with support and funding from NSW Health. The aim of Stage 2 is to develop a framework for mental health consumer workers in NSW mental health services that will be endorsed by the NSW Mental Health Program Council. Project outcomes will include:

- a fully articulated framework for consumer workers in NSW that clarifies: roles, functions, responsibilities and titles; position descriptions; minimum standards for supervision, support and professional development; evaluation framework for consumer worker roles; and minimum levels of training and education for consumer worker roles;
- a report on best practice for delivery of consumer worker training, including professional development; and
- a Code of Professional standards for consumer workers ratified by NSW Health Mental Health Program Council for implementation in NSW.

In considering client participation for the NQS, NSW CAG suggests that Government should make provisions for consumer workers. NSW CAG believes that the homeless

sector would benefit from consumer workers and that the employment of consumer workers is a valuable form of participation. NSW CAG is willing work with the Government to develop this model of client participation for the homelessness sector.

#### **Recommendation Twenty Four:**

NSW CAG recommends that the NQS include consumer workers as a strategy to increase client participation, and that this is properly resourced.

#### **Consumer driven continuous quality improvement**

On the basis of consultations, NSW CAG recommends that the NQS develop quality improvement mechanisms that not only involve clients in providing feedback, but also engage clients in the development and implementation of the mechanism itself. One such model that may be adapted to the homeless sector is the Mental Health Consumer Perceptions and Experiences of Services<sup>33</sup> (MH-CoPES) Framework.

#### **About the Mental Health Consumer Perceptions and Experiences of Services Framework**

The MH-CoPES Framework is one part of a complete quality improvement vision for NSW Health. The Framework originated in 2001 after mental health consumers identified that they wanted to be involved in evaluating and improving mental health services. NSW CAG has been funded by NSW Health to develop, test and refine the MH-CoPES Framework. NSW CAG has also been funded to support the statewide implementation of the MH-CoPES Framework.

The MH-CoPES Framework consists of four key steps which make up one evaluation cycle. With cycles of evaluation to occur repeatedly, recognising that quality improvement is a continuous process. The Framework's steps are:

- Step 1: data collection or hearing from people using services, through use of a questionnaire;
- Step 2: analysis of data to find out common experiences;
- Step 3: reporting and feedback to let services and mental health consumers know what are strengths and areas for improvement; and
- Step 4: joint creation (by mental health consumers and staff) of an action and change plan to address the issues raised.

The Framework is underpinned by nine principles:

1. recovery orientation;
2. consumer participation;
3. empowerment;
4. accountability;
5. continuous improvement;
6. privacy and safety;
7. accessible and equitable;

8. efficient and effective; and
9. service and systems focus.

**The MH-CoPES Framework includes consumer participation at every step and has included consumer engagement throughout its development and implementation**

NSW CAG established the MH-CoPES Project to develop, test and refine the MH-CoPES Framework. An important feature of the MH-CoPES Project, as outlined below, is that it did not underestimate the time that was required to ensure meaningful consumers participation from the start of the project.

In Stage 1 (2004-2005), the project developed a state-wide approach to measure and respond to consumer perceptions and experiences of mental health services. The project was guided by a Technical Working Group which included consumers. Extensive consultation, with over 200 people including consumers throughout NSW, informed the development of draft questionnaires (to gather individual feedback) and a draft MH-CoPES Framework.

Stage 2 (2005-2009) of the project tested and refined the MH-CoPES Framework and questionnaires at pilot sites. The questionnaires were tested and refined and found to be psychometrically sound, consistently measuring perceptions of care and correlating highly when compared with a different satisfaction measure. The Framework was found to be acceptable to staff and consumers who agreed it supported them to act upon findings, work together and make changes.

Stage 3 (2009-2010) of the project involved working with each (former) Area Health Service in NSW to prepare them for the state-wide implementation of the Framework. This was achieved through the development of local MH-CoPES implementation plans tailored to local governance and quality improvement structures and processes and through a comprehensive five-year state-wide MH-CoPES implementation plan. At this stage, resources were also produced to support the implementation of the Framework including a manual, posters, a training DVD, information sheets for consumers and a Powerpoint presentation.

The MH-CoPES Framework is now being implementation state-wide across all public adult mental health services. The project is supporting (former) Area Health Service as they implement and is also working towards a wider strategy of strengthening the inclusivity of the MH-CoPES Framework and Questionnaires with diverse population groups.

**MH-CoPES feature: facilitated by external agency with mental health expertise**

Another important feature of the development of the MH-CoPES Framework is that the project guiding its development was facilitated by an external body (NSW CAG) which is independent of mental health services and has organisational expertise in consumer participation and mental health services. This feature will be required if a similar

mechanism is implemented in the homeless sector. Many consultation participants spoke to NSW CAG about their reluctance to participate in what they viewed as meaningless processes. Facilitation by an external body, which has the necessary expertise, would strengthen credibility and transparency, which would in turn encourage genuine client participation.

In future however, each mental health service will absorb facilitation and responsibility for quality improvement processes. This has been an important feature of the implementation of the MH-CoPES Framework as services, as well as consumers, have been responsible in the design and implementation of the Framework into their local processes. NSW CAG asserts that this is essential as it results in greater engagement by staff and consumers and embeds consumer participation into the local service culture and sends the message that final responsibility for quality improvement and participation should sit with the service, not only with NSW CAG, consumers or consumer workers.

As NSW CAG has expertise in client-driven quality improvement and we would welcome the opportunity to provide more information on the development and implementation of MH-CoPES.

### **Recommendation Twenty Five:**

NSW CAG recommends that: the NQS include and resource a client-driven quality improvement mechanism; that clients are involved in the design and implementation; and that this process is initially facilitated by an external agency.

### **Integrated services or ‘Your Relationships’**

NSW CAG supports the inclusion of ‘Your Relationships’ as a high level component of the NQS. On the basis of consultations, NSW CAG suggests that integrated services or ‘Your Relationships’ is one that services will require support to achieve. Consultation participants told NSW CAG that this is major issue for them. As one individual said;

*‘They [services] are f\*ing petty and won’t speak to each other...unless you [government] sit down and say services have to integrate and if you don’t you’re gonna get your butt kicked.’*

*(NSW CAG Consultation Participant 2011)*

Lack of integrated services impacts clients in many ways. Consultation participants told NSW CAG that they were frustrated about dealing with services staff who do not know what other services are available, both within the homeless sector and in other sectors. For example, one young consultation participant told NSW CAG that she thought that integrated services was necessary; in her experience *‘some services don’t help you, they kick you out because of your mental problems and you’re back on the streets.’* It is essential that services have a good understanding of complex needs (discussed further in Workforce Development or ‘Your Organisation), available community and specialist supports and establish efficient referral mechanisms. NSW CAG is concerned that without this, people who are experiencing or at risk of homelessness and who have

mental illness or other complex needs, will have their recovery hindered by the practices of the services they are accessing.

Consultation participants also voiced their frustration with having to navigate several parallel systems and processes. One aspect championed by consultation participants is the co-location of services or 'one stop shops'. Models such as these support clients to access the services they require, especially from other sectors.

Some of the factors that support inter-sector collaboration are: provision of resources that support development of collaboration; support for local initiatives that promote collaboration; and engagement with clients and the community on inter-sector collaboration.<sup>34</sup> NSW CAG suggests that with additional resources, established peak bodies could play an important role in supporting integrated services, both within the sector and between sectors.

### **Recommendation Twenty Six:**

NSW CAG recommends that the homeless sector is provided with the appropriate level of support and resources to achieve integrated services and that options such as 'one stop shops' be explored as mechanisms to achieve this.

### **Workforce Development or 'Your Organisation'**

NSW CAG supports the proposed inclusion of training and development within the key standards as outlined under the 'Your Organisation' heading in the proposed *National homeless standards key organisational areas* table as set out in the Options Paper on page 12. NSW CAG, on the basis of consultations, has identified workforce development as a key area where services may require support in implementing.

Consultation participants reported incidents to NSW CAG where they were treated disrespectfully and unfairly by service staff. NSW CAG believes that this could be remedied by developing workforce training modules in this area.

NSW CAG has identified three specific areas that require further staff training and development.

### **Training to understand and alleviate fear of mental illness**

Consultation participants with a lived experience of mental illness told NSW CAG that they thought that people with mental health issues were often treated unfairly, due to staff misunderstanding and fear of people with mental illness.

Due to the high rates of people at risk of or experiencing homelessness, who also have a mental illness, NSW CAG believes that the sector's workforce could benefit from training in this area. This training should include working from a recovery oriented approach which requires services to:

- provide an environment where people can experience and progress their recovery journey;
- allow individuals the flexibility to access tailored services that suit their goals;
- work from a philosophy that recovery is possible for each person and working with hopefulness;
- place individuals at the centre of their own recovery journey by trusting their choices and their experience of what recovery looks like; and
- connect expertise of people using services and those providing services to inform recovery oriented service delivery.<sup>35</sup>

Recovery-oriented service provision is underpinned by consumer participation, empowerment, valuing consumer experience and choice. It is effective in achieving outcomes for people with mental illness and as such, staff in the homeless sector should understand it.

### **Training on trauma informed care**

Consultation participants told NSW CAG about the impacts that trauma, including experiences of domestic violence, had in their lives and how many homeless services had exacerbated their experiences. One consultation participant, for example, told NSW CAG that services staff did not have an adequate understanding of trauma and she often felt unsafe in the service. NSW CAG suggests that staff working in the homeless sector are trained in trauma informed care. Trauma informed care<sup>1</sup> is a fundamental shift in service provision that takes for granted the considerable experiences of trauma; focusing on ‘understanding, anticipating and responding to the issues and recognising the expectations and special needs that a person who has been victimized may have in a particular setting or service’.<sup>36</sup>

### **Training to work with people from diverse backgrounds**

Consultation participants from culturally and linguistically diverse backgrounds informed NSW CAG that services staff were not always sensitive to their culture and/or they felt they were discriminated against. As outlined in the discussion on the Charter, clients felt that there were times they thought that others were receiving better services or they felt excluded due to limited English.

### **Recommendation Twenty Seven:**

NSW CAG supports the proposed inclusion of training and development within the key standards in the NQS and recommends that the sector be provided with support to

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<sup>1</sup> It is important to distinguish trauma-informed care from trauma specific services. Trauma specific services directly address the impact of trauma with the goals of decreasing symptoms and facilitating recovery. Trauma informed services are informed about and sensitive to trauma related issues in survivors.

implement this. NSW CAG further recommends that sector workforce receive training in working with people with mental illness including recovery-oriented service provision, trauma informed care and working with people from diverse backgrounds.

## **4. National Quality Framework**

NSW CAG commends the Homeless Working Group and the Housing Minister's Conference for the proposal of a National Quality Framework. NSW CAG recognises that there is a strong need for a uniformed quality framework to ensure that all services meet the standards of quality required to properly address the needs of people experiencing homelessness.

### **4.1 Participation of people experiencing homelessness**

While NSW CAG welcomes the Australian Government's invitation for people with a lived experience of homelessness or are at risk of homelessness to comment on the Options Papers, NSW CAG is concerned that the consultation processes adopted may have been inaccessible to many homeless people.

During NSW CAG's consultations with people who are homeless or at risk of homelessness, it became apparent that the Options Paper is not consumer-friendly. The Options Paper is not written in plain English and it presents information in a highly technical format. A fact sheet that breaks down the proposals into a digestible form has not been made available to consumers on the website. Furthermore, the website invites consumers and services to provide their feedback through an online survey, which appears to have been designed for services and not for clients.

NSW CAG contends that the Framework should encompass the voices and perspectives of homeless people themselves. Genuine consultations with people who are homeless or at risk of homeless are crucial in ensuring that the framework has real and positive impact on the lives of people surviving homelessness. NSW CAG has consulted 66 people who are accessing specialist homelessness services or are rough sleepers to gather their views on what they believe the Framework should look like. NSW CAG strongly recommends that further consultation strategies are developed to ensure a much larger sample of people who are homeless or are at risk or homelessness are consulted.

#### **Recommendation Twenty Eight:**

NSW CAG recommends that consultation strategies are developed to ensure that a much larger group of people who are experiencing or at risk of homelessness are

consulted, and that the views of those with special needs, such as people with mental illness or from culturally and linguistically diverse communities, are included in the consultation process.

## **4.2 The need for a National Quality Framework**

NSW CAG's consultation with people experiencing or at risk of homelessness including people who have an experience of mental illness found an overwhelming support for the concept of a National Quality Framework (NQF or the Framework). The two most common reasons given by the consultation participants for supporting the Framework were that there can be just one set of rules for all services and a hope that a NQF would enable services to become better integrated.

### **One set of rules**

Many people with a lived experience of homelessness or are at risk of homelessness said that the Framework should ensure that there is just one set of rules applying to all services and people accessing these services. At present, each service imposes its own values, rules and guidelines. Given that many homeless people access a wide range of services, being subjected to a different set of rules and guidelines at each individual service can be both confusing and unnecessarily burdensome, notwithstanding that people experiencing homelessness often have complex needs, including mental illness. One NSW CAG consultation participant likened his experience of having to negotiate the rules and requirements of services as 'going through a labyrinth'.

### **An integrated approach**

As was detailed above, a number of consultation participants expressed significant difficulties identifying and accessing the services that they need. They pointed out that many services are not aware of each other and are unable to refer consumers on to accessing the services that they need.

## **4.3 Components of a National Quality Framework**

NSW CAG's consultations with people who are homeless or at risk of homelessness have found no overwhelming support for any one of the models proposed in the Options Paper. Many consultation participants indicated a support for either option three or option four, but the high level of technical details in these two models made it difficult for many of the participants to fully comprehend and distinguish between the two.

Instead, through the consultations, NSW CAG has identified a number of elements that should be incorporated into the Framework.

### **An independent agency to monitor and assess**

One-third of the people with a lived experience of mental illness and people who are homeless or at risk of homelessness consulted by NSW CAG supported an independent assessor to monitor and assess service compliance with the NQS. Only one consultation participant consulted by NSW CAG held that self assessment by services would be sufficient.

Consultation participants were mostly sceptical of services' ability to self-assess against the NQS. As one consultation participant said:

*'It is a gross mistake to leave it in the hands of services.'*  
(NSW CAG Consultation Participant 2011)

Many consultation participants were concerned that if left at the hands of services, the entire Framework would be diminished to rhetoric. As one participant told NSW CAG:

*'ticking the boxes and covering their arses, that's the focus of many services.'*  
(NSW CAG Consultation Participant 2011)

Clients consulted by NSW CAG believed an independent agency, as opposed to self-assessment, would provide services with balanced information about their performances, thus providing services with the opportunity to participate in continual quality improvement. A possible option of independent assessment suggested by one consultation participant was a two-tier process under which an independent agency would be set up at each State and Territory to monitor and assess services within their jurisdiction. These agencies would report to a Federal body which is responsible for coordinating and monitoring the national progress.

### **Recommendation Twenty Nine:**

NSW CAG recommends that an independent agency be established to monitor and assess the implementation of the National Quality Framework.

### **Consumer feedback on service quality**

NSW CAG works from the premise that no one is more qualified to comment about the quality of services than the people who use these services. For this reason, NSW CAG strongly endorses the incorporation of consumer participation to assess services' compliance with the National Quality Standards as provided in the NQF.

### **Recommendation Thirty:**

NSW CAG strongly recommends that the National Quality Framework incorporates a consumer participation strategy that engages consumer input in assessing and evaluating the quality of services.

## **Accreditation as a guide toward improvement**

NSW CAG's consultations with people who are homeless or at risk of homelessness found an overwhelming support for services to be compelled to comply with the NQS, rather than simply being encouraged to do so. A number of consultation participants supported the funding of services to be tied to the outcomes of their quality assessment, so that services could be held accountable for their performance against the NQS.

*'Every service is different; this could take away the gray area. If they don't do it, they shouldn't get the bloody funding. Let's set it in concrete. If it's a toothless tiger, there's no leverage.'*

*(NSW CAG Consultation Participant 2011)*

As part of a quality improvement strategy NSW CAG asserts that it is important that services are appropriately supported and resourced to implement the standards in the NQS. While NSW CAG broadly supports the NQF being linked with accreditation, we would be concerned about any process which unnecessarily increased the administrative burden on specialist homelessness services. NSW CAG is aware that many specialist homelessness services source funding from a number of State and Federal agencies under different programs, all of which have different reporting and compliance requirements. The NQF represents an opportunity to streamline accreditation, rather than impose another administrative task that detracts from direct service delivery.

Some consultation participants were concerned that some services would not be able to meet the accreditation and would therefore be closed. This issue is of particular concern in regional areas, where services are already limited in number and are struggling to cope with the growing demands.

### **Recommendation Thirty One:**

NSW CAG recommends that the National Quality Framework be incorporated into accreditation processes and for services to be appropriately supported and resourced to implement the standards in the NQF.

## **5 Conclusion**

NSW CAG commends the Homeless Working Group and the Housing Minister's Conference for their consultation processes which resulted in the proposal put forward in the Options Paper. We thank you for the opportunity to participate in this consultation process through this submission. NSW CAG notes that many aspects of the National Quality Framework will have a positive impact on the lives and wellbeing of people who are at risk of or experiencing homelessness, including people with a lived experience of

mental illness. Mechanisms such as the National Homelessness Charter and the National Quality Standards are a first step in addressing many of the concerns around poor service delivery, disempowerment and inconsistency that are often experienced by homeless people.

NSW CAG welcomes the Working Party's recognition of the need for clients to be involved in many aspects of the Framework. NSW CAG contends it is important that consumer participation underpins all aspects and all stages of the National Quality Framework and that Australian Governments resource and support individual services and the sector, through homelessness peaks, to achieve full consumer participation.

NSW CAG also contends that clients should be engaged by services and government, on an ongoing basis, if the Framework is to be effective and live up to its intent.

NSW CAG already has expertise client participation through two of our projects, MH-CoPES and the Consumer Workers' Forum. We encourage the Homeless Working Group to contact us for more information and assistance to adapt these models to the Homeless Sector if they see it as appropriate.

NSW CAG commends this submission and strategies contained within it and looks forward to further communication with the Working Group on Homelessness.

## Appendix A: Consultation Venues for Homelessness National Quality Framework

Please note that to protect privacy of people with a lived experience of mental illness and people who are homeless or at risk of homelessness, NSW CAG has opted to describe the type of service and region only.

Geographical Area	Type of service	Number of participants
Regional NSW	Short term accommodation	3
Regional NSW	Mental health service	3
Regional NSW	Mental health service	2
Coastal Sydney	Women's service	5
Coastal Sydney	Family service	6
Coastal Sydney	Youth service	3
Coastal Sydney	Drop in centre	15
Coastal Sydney	Men's service	16
Coastal Sydney	Youth service	5
Coastal Sydney	Rough sleepers and Focus Group with consumer advocates	8
Total		66

# Appendix B: Guide for National Quality Framework Consultations

## National Quality Framework Consultations

Date:

Location:

Interviewer:

### 1. About You

<b>Age Group:</b>	<input type="checkbox"/> 16-25	<input type="checkbox"/> 26-35	<input type="checkbox"/> 36-45	<input type="checkbox"/> 46-55	<input type="checkbox"/> 56-65	<input type="checkbox"/> 65+
<b>Sex:</b>	Male	Female				
<b>Indigenous:</b>	Yes	No				
<b>Cultural background:</b>						
<b>Type of Housing:</b>	<input type="checkbox"/> Emergency/Crisis Accom	<input type="checkbox"/> Boarding House	<input type="checkbox"/> Caravan Park			
	<input type="checkbox"/> Sleeping Rough	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Private Rental			
	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Squatting	<input type="checkbox"/> Other			
<b>Other services you use on a regular basis?</b>						

### 2. The Homelessness National Quality Framework has come up with a few possible options (refer consumer to separate flyer) and explain main differences.

- a. What do you think of the idea of having one set of standards pertaining to all homelessness services?
- b. Out of the four options, which do you think is the best?
- c. Why do you think that?

- d. Do you think those standards should apply to homelessness specialist services or all services working with people who may be experiencing homelessness (such as mental health services or other community services)?
- e. What have been your experiences in giving feedback to services in the past? What made it good or bad?
- f. Do you think services should be required to get feedback from people using their services?

**3. The draft NQF contains a draft National Homelessness Charter. A charter is a formal written statement but it is not legislation (provide consumers with ACT and SAAP charters).**

- a. Would it be useful to have a Charter be part of the Framework?
- b. If so, what are the most important things that you would want to see in it?

**4. Is there anything else you would like to tell us?**

## Appendix C: Rights important to people experiencing homelessness

The responses NSW CAG received from people with a lived experience of mental illness and people who are homeless or at risk of homelessness have been broken down into the rights that are discussed below. This list is by no means conclusive. It should be treated as indicative of the importance of conducting genuine consultations with people who are experiencing or at risk of homelessness, including individuals with special needs, such as mental illness, to ensure that the Charter encompasses the rights and responsibilities that are relevant to people experiencing homelessness.

### **To be treated as a person, with respect and understanding**

*All human beings are born free and equal in dignity and rights.  
(Article 1, Universal Declaration of Human Rights)*

Twenty-two people with a lived experience of mental illness and people who are homeless or at risk of homelessness (33%) told NSW CAG that they considered being treated as a person, with respect and understanding to be important when they are interacting with services.

A number of people with a lived experience of mental illness and people who are homeless or at risk of homelessness told NSW CAG of their experience of being disregarded or put down by services. Some consultation participants pointed out that excluding people from services further intensifies their experience of social exclusion. Other consultation participants questioned the genuineness of services in helping vulnerable people. One consultation participant explained that treating someone as a person can be as simple as being friendly to them, and enquiring about their general wellbeing.

*'It would be good for services to have the 'personal touch'. Since I've been in Dubbo, I've only met two people who've treated me with the personal touch, like treating me personally, and be friendly to me.'*

*(NSW CAG Consultation Participants 2011)*

### **To be provided with information**

Sixteen people identified the lack of information given to people who are homeless or at risk of homelessness as a major concern.

*'Sometimes it feels that it is a cryptic crossword, getting the information that you need. You have to ask the right person in the right way and on the right day.'*

(NSW CAG Consultation Participants 2011)

Consultation participants said it is important that they received information about the following:

- Information about the rights and responsibility of people experiencing or at risk of homelessness when they use a service;
- information on who to talk to when an issue arises at a service, including how to make a formal complaint;
- information about the types of support and activities available within services; and
- the range of services that are available in an area.

*'It would also be good if when you first go to a service, before you see a caseworker or get assessed for anything, to be told about what the service can offer, like how long you can stay there, because a lot of people go through all these processes only to find you can only stay there for a month or a short time. It would be good to know what you're walking into.'*

(NSW CAG Consultation Participants 2011)

## **Services to provide a safe and healthy environment**

*'Everyone has the right to liberty and security of person',  
(Article 9(1) International Covenant on Civil and Political Rights)*

Seventeen consultation participants (26%) highlighted personal health and safety as important considerations when they access services. They maintained that services should be well-maintained and well-managed to create a safe and healthy environment for all persons accessing services. A number of participants maintained that they preferred to access services that are drug & alcohol free.

*'People who are drunk shouldn't be allowed in because it would make it unsafe for everyone else. Imagine having 20 drunks in one room, people would fight!'*

(NSW CAG Consultation Participants 2011)

NSW CAG heard from consultation participants that safety incorporates both a physical and mental element.

*'By safety I mean more than fire safety but also a place where people can feel safe. In here there's another culture. It's like a culture within a culture. People learn how to look after each other and support mental stability. It is a place where people are accepted for who they are.'*

(NSW CAG Consultation Participants 2011)

One participant also pointed out that services need to provide effective smoke-free zones. Due to her severe asthma, which can be triggered by cigarette smokes, she has encountered great difficulty accessing support services and crisis accommodations. At one point, her continual request for a common area at a service to become smoke-free had caused her to be targeted by both the staff and people accessing the service.

## **To be treated fairly and without discrimination**

*'All persons are equal before the law and are entitled without any discrimination to the equal protection of the law.'*

*(Article 26 International Covenant on Civil and Political Rights)*

Twelve consultation participants (18%) stated that all people experiencing or at risk of homelessness should be treated equally and fairly. One participant recounted how his experience of feeling discriminated has discouraged him from ever returning to a service.

*'...the staff there looked at me like I'm dirt... Every time I go there they push me away, so I don't want to go back. I once told them they were treating me bad and I asked them why, but they just stared at me and didn't answer me.'*

*(NSW CAG Consultation Participants 2011)*

Consultation participants pointed out that being treated fairly include things such as services fulfilling a promise, or listening to both sides of the story when settling a dispute between individuals accessing the services, or between individuals accessing the service and staff.

*'I challenged a service once about their double standards. They were giving special treatment to one person... they let him stay there permanently, and I knew he was smoking and drinking just outside the service, and if I was doing that they wouldn't have left me back in, but they would let him in. I told the service manager about that and he told me to just leave it, when I wouldn't, because that's just double standards, he told me it is up to them how they like to run the service and I don't have to be there if I don't like it.'*

*(NSW CAG Consultation Participants 2011)*

The above comment illustrates how essential it is for services to be fair in their interactions with people who are experiencing or at risk of homelessness, because, as another consultation participant explained:

*'Getting a fair outcome is important because to be treated unfairly is traumatising and causes actual harm to people who are already so vulnerable.'*

*(NSW CAG Consultation Participants 2011)*

## **Privacy and confidentiality**

*No one shall be subjected to arbitrary or unlawful interference with their privacy.  
(Article 17 International Covenant on Civil and Political Rights)*

Confidentiality is identified by consultation participants as an important right. One person likens the lack of protection for client's information by services as a 'Pandora's Box'.

Lack of access to privacy or to a private space has also been identified by consultation participants as a major concern. For many people experiencing homelessness, maintaining privacy is difficult, this is particularly so if they are rough sleeping in public space or couch-surfing. NSW CAG heard from people who are living in temporary accommodations that their right to privacy continues to be undermined by services' practices, such as lock-out time.

*'You also don't have any privacy. The lockout times are also an issue. If you're crook, it is really hard. If you were paying rent for a place, that would be your space to use how you like. You should be able to have access to that space, even if they say they may check on you at any time.'*  
(NSW CAG Consultation Participant 2011)

## **Informed decisions and to have those decisions respected**

Nine out of 66 consultation participants told NSW CAG that people with a lived experience of mental illness and people who are homeless or at risk of homelessness should have a right to make informed decisions about themselves. This means that people with a lived experience of mental illness and people who are homeless or at risk of homelessness must be given adequate information about the options that are available, and to have their decisions respected once they are made. Some consultation participants reported not being provided with options, not being involved in the decision-making, or being provided only with information that would steer them into choosing a specific direction. As one participant succinctly put it:

*They need to give people the right information and to make it plain so you can make an informed decision. They all think we're all bloody idiots. Services often just lead you along the path they want you to go, so they would only give you the information they want you to have, rather than giving you the information so that you can make your own decisions. If they can give people the right information, it would also give people the responsibility to make their own decisions.*  
(NSW CAG Consultation Participant 2011)

## **Food providers to deliver nutritionally-balanced diet**

*[it is]the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.*

*(Article 12 International Covenant on Economic, Social and Cultural)*

Ten consultation participants spoke of the difficulty in accessing a nutritionally balanced diet when you have limited income. They reported that services are often not giving people enough food (for example, everyone gets a set portion only), or services are providing food that are inconsistent in quality and nutritional value. Some services receive food donated from food outlets, and are discriminate in terms of what food gets to those who are accessing the service and what gets taken by staff. Some services provide fresh food that people accessing the service can cook at shared kitchen facilities, but the food are often closed to expiry, and some services do not have a set lunch timetable, which means that individuals may not know that lunch is not available until they arrived at the service, in which case, it may be too late to attend another service.

## **Appendix D: People with a lived experience of mental illness and people who are homeless or at risk of homelessness' Comments**

To help protect consultation participants' identities, NSW CAG has provided comments grouped thematically (as opposed to listing comments by consumer). Some comments appear in more than one section.

### **Should there be a National Homelessness Charter?**

1. It would be pretty good to have a charter so that people could see what their rights are. It would also be good to have some kind of system for people who aren't able to read.
2. Good idea to know where you stand where you're using a service.
3. Most important thing is that there is respect for the rules that are in the charter.
4. Has since something similar to a Charter before and had found it useful.
5. I don't really like the idea of having a charter in place. We have enough rules and regulations in our life as it is.
6. This is just wishy-washy bullshit. The last thing people on the street need is empty words. Most of us are really suspicious of these kind of thing, I lived in NZ for a while and all the services there were required to have mission statements and charters and they were in the end just empty gestures. This seems more of the same.
7. Having a charter wont work. Most likely these kind of voluntary standards are in each homeless shelter. We already think it is hypocritical bullshit.

### **Characteristics of a National Homelessness Charter**

1. It would also be good to have some kind of system for people who aren't able to read.
2. I can't really read that well so something that is just placed up on the wall would be no good to me.
3. Service providers can provide avenues but people need to know what's available. This can be verbal or through other means.

4. The language that the Framework is written in is completely inaccessible to most people, especially for people who may have trouble concentrating due to mental health issues. Things need to be in plain English.

5. The language: “Not lawyer speaks”.

6. Having a charter is good, but there should be a basic charter and then services can add bits that are relevant to them. For example, services for homeless families would need to be different to those for other homeless people.

7. It should be flexible so that services can adapt it to their own needs.

8. Concerns about how this is different from what services make you sign when you enter a service: ‘a lot of the time when you’re homeless if you agree “yes yes yes” cuz you have too.”

9. Service providers can provide avenues but people need to know what’s available. This can be verbal or through other means.

10. There are already a number of homelessness protocols in place, for example, the NSW Police is signatory to a protocol that covers the whole of NSW. I was in a forum in Blacktown and I found out that Area Commander there didn’t even know anything about and thought it would only apply to Sydney. Parramatta Council developed and put in place their own protocol without realizing there was a NSW one or a City of Sydney one. Some of the Council staff don’t even realize there is a Parramatta protocol. This is a particularly big issue in rural areas, where homelessness is a huge problem. People are literally walking between towns all the time because they are seen as a problem by the farmers.

## **What should be included in a Charter?**

1. The underlying principle is inclusion. It covers things like compassion, fairness, be heard, non-discrimination and equal access.

2. Good for services to be strict about some rules, like curfew and no alcohol because help people feel safer. I wouldn’t have come here if I didn’t feel safe.

3. Good to be drug & alcohol free because it is safer, good to be drug & alcohol free because it is safer.

4. Services should better manager their programs and resources... to make sure that everyone gets a fair share of what’s available and prevent consumers bully each other.

5. 'I want to be safe and I want staff who respect boundaries'
6. The thing that was really important to was public toilets and amenities.
7. Like the fact that Eddie Dixon is non-judgmental, but services in general should still make some judgment about the people they let in. It's for the good of everyone else.
8. Health and safety come first. By safety I mean more than fire safety but also a place where people can feel safe. In here there's another culture. It's like a culture within a culture. People learn how to look after each other and support mental stability. It is a place where people are accepted for who they are.
9. People who are drunk/drug-induced shouldn't be allowed in because it would make it unsafe for everyone else, imagine having 20 drunks in one room, people would fight!
10. There should be designate smoke-free areas both inside and outside the service and those areas need to be truly smoke free.
11. There should be an office there to tell people what services are out there, what they do and offer.
12. It would also be good if when you first go to a service, before you see a caseworker or get assessed for anything, to be told about what the service can offer, like how long you can stay there, because a lot of people go through all these processes only to find you can only stay there for a month or a short time. It would be good to know what you're walking into.
13. Sometimes feels that it is a cryptic crossword, getting the information that you need. You have to ask the right person in the right way and on the right day.
14. It would be pretty good to have a charter so that people could see what their rights are. Some services give you a card upfront that tells you what you have to do, like cooking and cleaning. '
15. It would be good if services tells you right at the start about your responsibilities in order to continue using the service.
16. Need for there to be an informal liaison officer: someone who can help you to understand your rights and responsibilities, and someone who you can talk to and help you if you have a complaint before it all escalates. Perhaps this needs to be part of an independent body.
17. Your rights to complain and how, especially how to complain to the independent body if there is one.

18. You have the right to make choices of your own free will and to make your own decisions.
19. Annoyances with the restrictions and rules in place, said: ' you're not allowed to use your own discretion'.
20. Services should give people options, just ask them how much food they want rather than giving everyone the same portion.
21. It is important to just be acknowledged and to be made to feel part of the solution to what is going on in your life.
22. The most important thing that should be in a charter is information. We get no information about what is happening with our individuals cases.
23. If they are paying money to use the service, they should know where the money is going into, for example, how much for food, lodging, your water and power etc.
24. Informed decisions. They need to give people the right information and to make it plain so you can make an informed decision. They all think we're all bloody idiots. Services often just lead you along the path they want you to go, so they would only give you the information they want you to have, rather than giving you the information so that you can make your own decisions. If they can give people the right information, it would also give people the responsibility to make their own decisions.
25. Right to make decision regarding children. We have our own rules for our kids and the service rules are sometimes conflicting.
26. Privacy is important, but when a common area is being used as an intake area as well, then people can get shut out of that area when intake assessment is being done. This is really unfair.
27. Privacy: 'it's a Pandora's Box'.
28. You also don't have any privacy. The lockout times are also an issue. If you're crook, it is really hard. If you were paying rent for a place, that would be your space to use how you like. You should be able to have access to that space, even if they say they may check on you at any time.
28. It would be good for services to have the 'personal touch'. Since I've been in Dubbo, I've only met two people who've treated me with the personal touch, like treating me personally, and be friendly to me. The herbalist that I see tells me to come back and see him even though I don't need to, he said he could see that I need someone to care for me.
29. Services should be more genuine in helping people.

30. Most important things in charter include: workers who are calm and always try and mellow you out.
31. Treating you with understanding, like a human, not animal.
32. Understanding of people with mental illness are how to treat people and making sure services are using people's time in a constructive way.
33. Services need to stop banning people.
34. As a real set of ears – understanding that alcohol is a way of dealing with problems and by just stopping someone drinking does not solve anything.
35. I want to be safe and I want staff who respect boundaries.
36. At Talbot, when you have a room, they wake you at 8am every morning, even on a Sunday and you can't go back till 6pm. Sometimes you just want to sleep in and you end up sleeping on the streets. Just need the rest sometimes.
37. It's good for services to be offering support and learning opportunities and activities, like sewing, fitness classes with personal trainer, and cooking.
38. Services should provide information on what's upcoming and what's available.
39. Quality food rather than meat and veggies that are about to go off, because they often are off by the time you get around to cooking them. And food should be properly cooked.
40. Wants food that is nutritious, can't believe that most places serve junk food, talked about the impact on her mental health.
41. Services that provide food should give people enough food, some services would only give you a small portion and wouldn't let you ask for more. People have to go to a few services a day just to get enough food to eat. What's the point of that?
42. Should include some basic things such as vitamins, noted the drain that people in hospital have on the budget and the expenses associated with streeties in hospital. Nutritious food – it is all pies, pasta no veggies.
43. Food is an important one. You don't get nutrition in these places.
44. Crisis accommodations should be affordable. Was in Melbourne in hospital with a broken leg, the hospital wanted to put him in an accommodation that would cost \$50 a night, which would take up 100% of his Centrelink pay.

45. I would like to see options for clients are in the charter including making sure clients with a mental illness are treated fairly.

46. Just want to feel comfortable and treated the same as how anyone else would be treated.

47. Most important thing is: right to services that provide secure accommodation.

48. Everyone has the right to a fair and just process, to have their fairness, respect, confidentiality and privacy. Getting a fair outcome is important because to be treated unfairly is traumatizing and causes actual harm to people who are already so vulnerable.

34. Staff at services should help chase things up for consumers, many homeless people are not well educated and don't know how to organize their affairs. They need a caseworker to help them follow things up.

45. Should provide more support for people to get more permanent accommodation. Housing NSW requires you to look for 8 properties a week, but I don't have a car and can't get to that many open inspections. They are usually on the weekends and I have to take my kids with me on public transports.

51. I want the services to help me find somewhere to live that I can afford. I only have \$400 a fortnight, that's really not a lot of money, so I need somewhere I can afford.

52. Frustration with Kings Cross Adolescent service – they gave \$\$ instead of support, in hindsight he thought he was too young to make meaningful choices about how to spend the money and would have rather had the support.

53. Having the right supports on site is also important. Need to have mental health help.

45. Should get service-users to clean up after themselves – people here take services for granted.

## **Should there be one set of Standards?**

1. There needs to be a standard for homeless services because the number of homeless people is increasing.

2. The really bad places need more control and the government needs to look into them.

3. Things seem to be working at the moment from the homeless services perspective. They don't seem to have an issue. But one problem I see is that they need to speak to people who are using their services, they don't seem to do it at the moment.

4. There should be a good model approach, it's important to find good services. I think it depends on the area and the different situations. I was homeless in Sydney and living in a homeless service in Kings Cross. Being homeless in country area is different to being homeless in the city. It is hard to get long term help in the country. I'm a Christian and I prefer using Christian services, but it is really hard to get into those in here

5. There needs to be standards that goes right across the kinds of accommodation that people who are homeless are likely to go to. This includes boarding houses and other accommodation that Housing sends people to for TA .The place I was sent for TA with, I would rather die than going back. Seriously, I would rather neck myself than set foot in that place again. The toilets are not working so there was shit all over the floor, a person was stabbed while I was there.

6. Good idea to have a national set of standards, so that people (services) can be kept under control. But I don't see the point of this when nothing is going to change. Services don't want client feedback. I have never been to a service that had client feedback in place.

7. There should be a national framework so that there is just one set of standards on how you get support and be treated.

8. It should include mainstream services and should improve their processes. At the moment, the housing application process is so slow. Her personal belongings are stored at friends' places, in garage and so on, and can't keep living like that.

9. Yes for a national framework but the government should monitor services without taking control. If the government takes control of homelessness services, then they risk becoming too bureaucratic like Housing NSW and other government agencies are. Would be best if government just make suggestions to services.

10. Yes for National standards because it is important for services to all be following the same standards.

11. Services are really important, so it is important that they do their job properly

12. NSW is different to QLD. Here no services have ever asked me for input but if you go to QLD they always ask you to fill in feedback forms

13. It would be good to have one set of standards that apply to all services but the reality is that services are going to look after themselves anyway.

14. It would be a good idea for government to come and see things for themselves. Most of them would have no idea what it is like to be homeless  
Would be helpful to have so that you could know what the rules are for each service.  
One set of rules.

15. Yes it would be good to have one set of standards
16. It would make sense to have a national framework
17. It would be great to have national standards
18. It would be helpful to have service standards because it would mean that you know what you are required to do at each service-rather than it being from service to service
19. While I think the national standards are a good thing, bureaucracy should not replace quality of care.
20. It is essential to have national standards. It is bizarre that they don't already exist.
21. Would be good to know what to expect from services
22. The national guidelines need to be defining. They can't be too ambiguous, people will twist and distort them. They need to cover health and safety, hygiene and confidentiality.
23. I don't really know the point of all this. Nothing ever changes, services will do what services want to do.
24. Thinks it is needed: 'services are hopeless. The amount of people who sleep down here is shocking.'
25. Every service is different, this could take away the gray area. If they don't do it, they shouldn't get the bloody funding. Let's set it in concrete. If it's a toothless tiger, there's no leverage.
26. Ticking the boxes and covering their arses that's the focus of many services.
27. Everything should be the same for each service.
28. Services needs standards otherwise things get that bad that you leave and go back on the streets

### **Application of National Standards to mainstream and allied services**

1. The standards/rules should apply across the board to include mainstream services, especially Centrelink. They have treated me pretty well but I reckon it would be good to have them on board.

2. Not sure if mainstream services should be covered by the standards: it depends on the situation. So many different situations.
3. Prefer option 4 and it should include services like Centrelink and Housing because they have a lot of contact with homeless people.
4. Centrelink have been really good to me. It is Housing NSW that are the issue. Again there is no point having really good standards in homeless shelters if the places where Housing in sending people are death traps.
5. Asking for crisis payment from Centrelink: I have to be on 10 medications for my heart problems but I'm on Newstart and they give me \$3 to cover my medication. On a number of occasions, I had to ask for additional money just to get me through, and every time I called Centrelink, the person on the line is really rude, it's just for \$20 but they make you feel like you're worth nothing and you're just greedy. One time, after having asked for a crisis payment a few times already, the guy on the line just said to me, "you have to start budgeting!". I couldn't believe it, I was a financial advisor when I was working. But you know what, I just kept my mouth shut and copped it. It wasn't worth it.
6. The standards should also apply to services like Housing NSW. I've had lots of issues with Housing NSW, they lost my paperwork and their staff were negative and aggressive. There is no set procedure on how to do things; they give you inconsistent information and their computer system keeps losing my information. Housing are really a power onto themselves. They can make gross errors and mistakes and nothing comes out of it.
7. It would be good for it to apply to government services as well.
8. Would be good if standards applied to food services.
9. Standards should apply to mainstream services - anything to make them work better!
10. Centrelink are pretty good at the moment and I have never had to deal with housing, so I don't know if rules should apply to them.
11. Mainstream services should be part of the process, but having an opt-in system is bullshit. Government departments should be above board and transparent.
12. I also like that mainstream services are apart of it but I have some concerns about the whole voluntary thing. It is best to have a whole of government approach so that everyone is part of the same standards.
13. Anything that improves Centrelink would be good.
14. It should apply to all services including housing and Centrelink.

15. The standards should apply to services like Centrelink and Housing to stop the confusion about what homelessness is and the best approach to deal with people experiencing homelessness. It would mean there is a national recognition of what homelessness is and the standards that services need to be at in relation to dealing with homeless people.

16. Standards should apply to mainstream services so that they would have to work with homeless services and get to know their clients better and can better address their needs.

17. Believe that standards should apply to Centrelink and Housing, especially to the people on Centrelink's phone system!

## **Workforce Development**

1. Biggest concern was workforce development: 'you go to housing. They give you little information. You wait for hours. They refer you to someone else.' Staff not trained properly. Spoke of frustration with lack of integration of services and said: you all (charities and government) need to sit down together and prioritise things, decide who needs housing.

2. Complaints about staff: you get lots of people [in the sector] who haven't worked out their own stuff.

3. They don't care, they act like they think you're an asshole and a loser for living here.

4. Once I made a complaint and they said, 'do you think this is the right service for you?' Felt like she faced retribution for making a complaint.

5. Unprofessional staff: 'laughing about my life,' don't make referrals, sarcastic and cruel remarks –especially to children, lots of assumptions and offensive, expectation that you'll 'kiss their ass'.

6. Staff who didn't do their job: catatonic woman pissing herself and being told, after complaining, that she should clean it up herself.

7. Most important thing has always been the people who are running the services – rattles off a list of names of people who have been helpful over the year and who have helped people to 'get a normal life'.

## **Service Integration**

1. Services need to work together, they are ‘fucking petty’ and won’t speak to each other or help each other at the moment. ‘Unless you sit down and say: services have to integrate and if you don’t you’re gonna get your butt kicked.’
2. Talked about how important it was to have integrated services: ‘Mental health issues are big. I was diagnosed two years ago as being bipolar.’
3. “the welfare sector is a closed club. They don’t bag each other, they don’t even speak to each other.” – Services need to work together, and they should do that across state boundaries.’
4. Mental health is a big issue. Some services don't help you, they kick you out because of your mental problems and you're back on the streets’.
5. Spoke of frustration with lack of integration of services and said: you all (charities and government) need to sit down together and prioritise things, decide who needs housing.

## **Consumer Participation**

1. Things seem to be working at the moment from the homeless services perspective. They don’t seem to have an issue. But one problem I see is that they need to speak to people who are using their services, they don’t seem to do it at the moment.
2. Never been asked what I think or how things could be improved. Never heard of anywhere that would do that kind of thing.
3. This service try to get our feedback, they ask us how we are going and what we need.
4. The attitude of services is that if you don’t like it, you can leave. They are really arrogant about it and think that they know what you need. I have tried to raise a few ideas about how things could be changed for residents and I was laughed at. Listening to genuine feedback and complaints, I believe, actually makes services better rather than worse
5. Services should be required to give feedback from clients. Suggested that there should be some sort of committee within the service. That you can have a representative that goes to a meeting to represent other clients. ‘That way you don’t have to voice it in front of everyone – you can feel a bit shy’.
6. Thinks that regular feedback should be required.
7. Made the comment that the language that the Framework is written in is completely inaccessible to most people, especially for people who may have trouble concentrating due to mental health issues. Made the comment that needs to be in plain English.

8. NSW is different to QLD. Here no services have ever asked me for input but if you go to QLD they always ask you to fill in feedback forms.

9. Feedback should always be seen as a good thing by services as it can help them do things better. Unfortunately it is not. There are no ways of giving feedback in 90% of services, with no client reps or people you can speak to that are on your level.

10. People should have a say for themselves but they don't get asked.

11. I think services should recognize the importance of feedback from service users rather than being forced to do so. You cant legislative a change in heart.

12. Some services just don't want to listen. But yes they should be required to listen.

13. Noted that it can be a tricky thing: may be good to be able to give anonymous feedback but you can't set up a system where people aren't accountable for what they say about services staff. That isn't fair if they have a grudge against someone. But also need to make it a process where people feel comfortable in voicing their views. Regular forums or meetings so people can voice their views.

14. Should be mandatory to get feedback from clients, otherwise 'it goes on and on'.

15. I have never asked to provide feedback to services and I have never thought to.

16. X Service should listen to people who are using their services but they don't. The reality is that the case workers are really busy but taking time to listen to service users might actually make things easier in the long run.

17. A lot of services are essentially stuck in their ways and just don't want to change. I appreciate that the XX service have regular meetings and they do seem to listen to realistic ideas. Having feedback is important. We are not just numbers in the system and they are not mind readers. Without asking us what we need they have no way of knowing. It is important to just be acknowledged and to be made to feel part of the solution to what is going on in your life.

18. Yes it is vital that services speak to people using their services.

19. Most services don't bother to listen. Often they require feedback in terms of suggestion boxes that are never followed up. Nothing ever changes. Most of the time your ideas are laughed at. In many cases they don't want to change the status quo-if you keep getting funding for doing the same thing why would you change? It is not about individual need it is about corporate greed.

20. Why bother giving feedback when you are not going to be listened to anyway. 21. It is vital that services have consumer feedback, how can you improve without participation

22. Even hospital has feedback forms that you have to fill in before you go.
23. Needs to be encouragement of services to set up feedback processes. Perhaps a person within government who's role it is to work with services to make sure feedback happens.
24. Yes it is important for services to get feedback as it is the only way to improve services
25. Yes services should be required to get feedback from service users. Services should be required to get feedback, 'I supposed so, probably. You know there's some very intelligent people here'.
26. Would be good to ask for feedback from consumers but has never been to anywhere that does it.
27. Notes the literacy and mental health issues that people using services often face and how that may impede participation.
28. I have never been asked by a service to give feedback but I know there is a suggestion box.
29. Client feedback is something that is so vital, yet it never done. One example of this is with one service that I go to that has a particular program that no-one is currently going to. Because no-one is going they think that there is no-one is interested and are likely to stop in the program. But the issue is with the staff member running it. People desperately want to access the program, but the staff member treats them so badly that they don't want to have anything to do with him. If they had any client feedback process in place, they would be able to find out what the problem is and then maybe they could give the person some training.
30. Thinks that it would be good to require services to get feedback from people using the service
31. Services are generally not opened to feedback. A lot of complaints didn't have to become a complaint if they were resolved right at the start. Notes that a lot of grievance processes are very complicated and the language is inaccessible.
32. This process is important because 'sometimes that's what we need, a voice'  
Services also need to know how they can move on and how they can improve. 33.  
Services don't know about doing client feedback, they need help to do so.
34. I am not the complaining type. But if you complain you would think that people would lose their jobs but they never do. It means the rage just builds up but nothing changes from a service point of view. If they built in consumer feedback they need to have

systems to make sure that feedback from the feedback comes to the client quickly. People move on quickly.

## **General comments about external complaints mechanisms**

1. There should be an independent complaint body where complaints can go to at the first instance. Should have to complain to the service first.
2. Staff has too much power, when there is a conflict between two consumers, staff often just listen to one party and not the other.
3. There really needs to be an ongoing independent body that is charged with coming out to services. I know the ombudsman currently exists but I have never seen them. Trust is an issue. If I never had contact with the ombudsman how am I supposed to believe that they will follow up what I am saying.
4. I think having a report card would be a good idea. Something that names and shames people who are doing the wrong thing, like they do with restaurants with food. That way you could shop from service to service.
5. A lot of people do not complain through the proper channels, like through the Ombudsman because they don't know where to go and are just trodden on anyway. Most people just rant and rave which gets you know nowhere. I have made a complaint and nothing was happening, so I persisted. Finally it got listened to. If the system was working then no-one would have issues. There needs to be a genuine process of complaints that is not compromised.
6. Needs to be encouragement of services to set up feedback processes. Perhaps a person within government who's role it is to work with services to make sure feedback happens.
7. Need a mediator. At some services it says: 'complaints to the manager, but what if your complaint is about the manager?' Its not just a complaint, it puts people at odds. All complaints should be handled by an external person. The information on how to contact someone external needs to be clearly provided.
8. 'Nobody wants to go to the Ombudsmen's Watchdog for complaints' – they're too slow.
9. Needs a complaint watchdog that understand homelessness and the sector.

## **Intimidation and fear of retribution**

1. It is daunting you worry that they may pick on you.
2. I haven't made a complaint. If you did, you'd get hit against that brick wall there.
3. Would never complain. Don't want to cause trouble. People call you crazy if you cause trouble and they might call the police or kick you out. Don't want to end up with a criminal record for causing trouble.
4. Most people don't make complaints. The only people I have known that have made complaints to services have been barred shortly after.
5. People often don't speak up because they are afraid.
6. There is an Ombudsman, I think, that you can make a complaint to. They have started coming to the WISH (a homelessness hub project in Sydney) but no-one knows who they are and what they are going to do. The problem is that you don't want to be seen making a complaint to them, when they are coming to the service you want to make a complaint against.
7. When you are homeless you just have to lie back and think of England. It ain't going to be pleasurable but you do what you need to do to get through.
8. 'Fear of not having a service is enough to keep anyone silenced.'
9. Said that he was on the street for 10 years: 'the main thing that stops clients from coming forward is the fear of being punished. When I hear them talking about inclusive and humanitarian, I want to throw up. Everyone knows how to talk the talk.'
10. 'I have never tried to complain because I'm too scared to do that. I've had a lot of problems at home and at school. I mightn't be doing anything wrong but I get into trouble anyway.'
11. Never had a problem with services, also don't want to stuff around with making a complaint. In the end it gets you no where anyway. Here in X there is only one service-if I make a complaint against them, where am I going to go?
12. Why complain when you are never right anyway. Out here if you piss someone off, you have no-where else to go. If you had to choose between staying in a flawed services and sleeping in the cold, what would you choose?

## **Access**

1. Never made a complaint and would have no idea about how to make one  
I have never formally given a complaint. I think I can tell the staff here about what I need, but I don't think I know where or how to make a complaint.
2. Never made a complaint as it is not my way. But I don't think I would know how to anyway.
3. When she first started using one particular service, they gave her the number to make complaints to, but due to language barriers, she never tried. She doesn't know where else she could go to make complaints, especially since the service won't take any action when she complains to them.
4. Services are generally not opened to feedback. A lot of complaints didn't have to become a complaint if they were resolved right at the start.
5. Notes that a lot of grievance processes are very complicated and the language is inaccessible.

### **No point in providing feedback**

1. Spoke generally about sense that nothing happens with complaints or feedback.  
'There's two kinds of people. People who want to make a difference and others who can't. They haven't got a clue. They're blasé.'
2. Finds it hard to make any further complaint or even to ask for help when staff had failed to respond in the past.
3. 'What is the point of giving feedback to the "empire of lies". If you ever try to make a complaint, because all of the services speak to each other you are essentially shunned. I do assert my rights but it comes back to bite me in the arse and I get discriminated against as a trouble maker.'
4. 'Yes, I have tried to give feedback. But I live on the street why would anyone listen? And they don't.'
5. There is no real way to make complaints you simply have to suck up and take whatever you get. People do not have the option of making a complaint and if you do services turn a blind eye to you in the future.
6. "Client are held accountable all the time, the services are not." - When someone makes a complaint, there are no real repercussions to the staff the complaint is about.

## **No problems with services, no need to provide feedback**

1. This service is pretty good, I haven't had a need to make any complaints, so I'm not sure what it would be like, but if I do have a concern, I would just talk to the staff about it.
2. Never had a problem with services, also don't want to stuff around with making a complaint. In the end it gets you no where anyway. Here in X there is only one service-if I make a complaint against them, where am I going to go?
3. If you need something, it is better to just ask.
4. The staff here are really friendly and approachable. I haven't had the need to make a complaint, but if I do, the staff are friendly enough to be approached.
5. I have never formally given a complaint. I think I can tell the staff here about what I need, but I don't think I know where or how to make a complaint.
6. I've never had a complaint, everything has been really good here.
7. No. I have not tried to give feedback because I think services are doing the best that they can.
8. You take what comes to you. There is no point giving feedback. Don't think there should be feedback as people will ask for too much.
9. Have never had to complaint, but would if need to.
10. Have never had to give feedback, but if I did would know who to talk to at X service because I know who the boss and the managers are.

## **Negative experiences in providing feedback or lodging complaints**

1. The attitude of services is that if you don't like it, you can leave. They are really arrogant about it and think that they know what you need. I have tried to raise a few ideas about how things could be changed for residents and I was laughed at. Lost my paperwork and information. made 2 complaints to the Housing Minister, there were some initial action and I was told they would review my case and let me know in 2 days, but weeks have gone by and they never contacted me. The caseworker there is always away and it's hard to get anyone there to help. Keep having to tell them the same story, but to different people. I called them on the phone and they me to just come to the office to see them, but when I get there, the person there just makes me take a ticket, even after I explained to them that I'm just here to see this person. They tell me this is

how it needs to be. I end up waiting for over an hour. After a few times like this, I ended up calling the person on my phone when I'm there and she came out to see me instead.

2. At the current accommodation, she pays closed to \$140 for a share room. There is a smoking area outside, but residents & staff kept insisting to open the windows and the cigarette smokes comes inside the common area, which triggers her asthma and makes her sick. She's tried to close the windows and were verbally abused by other residents for doing it. The staff wouldn't take action until one resident abused her with racist remarks. She complained to staff and all residents were told at a service meeting that racist behaviours would not be tolerated. She complained to service manager about the problem with the cigarette smokes and manager promised when she was eating at the common area, they would ensure all the windows were closed. The staff refused to follow the directive and insisted on keeping one window open "for air" and told her she needs to compromise with others at the service. She told the staff that the manager had agreed to it and that she would lodge a complaint with the government if they don't comply. The staff got frightened and complied, but she was later asked by staff whether she had considered going to another accommodation instead because they could help her make the referral. She told them she had wanted to for a while but were too unwell to make arrangements herself, and so they referred her to another service. Prior to her referral, she rarely spent time at the service, especially in the common areas because she felt unwelcomed by both residents and staff.

3. They don't care, they act like they think you're an asshole and a loser for living here'

4. Once I made a complaint and they said, 'do you think this is the right service for you?' Felt like she faced retribution for making a complaint.

5. Unprofessional staff: 'laughing about my life,' don't make referrals, sarcastic and cruel remarks –especially to children, lots of assumptions and offensive, expectation that you'll 'kiss their ass'

6. 'you shouldn't be sitting in the park crying your eyes out, telling your PHaMs worker that you'd rather sleep in the park or go back to hospital'

7. Staff who didn't do their job: catatonic woman pissing herself and being told, after complaining, that she should clean it up herself.

8. I do assert my rights but it comes back to bite me in the arse and I get discriminated against as a trouble maker.

9. Yes I have tried to give feedback. But I live on the street why would anyone listen? And they don't.

10. X Service was really bad, the staff there 'looked at me like I'm dirt. Every time.' Every time I go there they push me away, so I don't want to go back. I told them they were treating me bad and I asked them why, but they just stared at me and didn't answer me.

11. A lot of people do not complain through the proper channels, like through the Ombudsman because they don't know where to go and are just trodden on anyway. Most people just rant and rave which gets you know nowhere. I have made a complaint and nothing was happening, so I persisted. Finally it got listened to. If the system was working then no-one would have issues. There needs to be a genuine process of complaints that is not compromised.

12. 'Clients I've known who've raised complaints have been treated unfairly by the service provider. Or the complaint raised has been ignored.'

13. 'In 95% of cases where people have complained management is resentful, staff is resentful. The client usually goes away.'

14. 'The favourite excuse is: where are we going to get the funding to do that?'

15. I challenged a service once about their double standards. They were giving special treatment to one person, he needed a lot of support and he was volunteering at the kitchen. They let him stay there permanently, and I knew he was smoking and drinking at all that just outside the service, and if I was doing that they wouldn't have left me back in, but they would let him in. I told the service manager about that and he told me to just leave it, when I wouldn't, because that's just double standards, he told me it is up to them how they like to run the service and I don't have to be there if I don't like it. He then told me he would in fact prefer that I'm not there anymore, and he told me to go pack my room and leave. I went back to the service recently to try and make a complaint about the service manager, but they told me the complaint would need to go to the service manager – the guy who kicked me out. I thought about going to their main office in the city to make a complaint, but then I didn't end up doing it.  
on services' attitude to people trying to make a complaint: "be a good boy, go away now and shut up." Has been moved on for making a complaint.

16. In Queensland I tried to give feedback because all of the services there are dodge. It did not go anywhere.

## **Positive Experience in providing feedback**

1. X service is much better run, the clothing room is managed and staff make the effort to resolve disputes between residents. She had a similar problem with cigarette smoke there, but when she told the staff, they gave her exclusive permission to eat her meals on the upper floor to be away from the secondhand smoke.

2. Had a good experience of giving feedback at a service. Felt that they listened and took account.

3. 'It was OK.'

## **Should there be A National Framework?**

1. While I think that national standards are a good thing, bureaucracy should not replace quality of care.

2. Services need to know how they can move on and how they can improve.

3. Services are hopeless. The amount of people who sleep down here (on the streets) is shocking. It is important for services to be integrated, 'mental health issues are big. I was diagnosed two years ago as being bipolar.'

4. Government has a responsibility to oversee that services are providing the quality of care required from them.

5. The government should make sure that services are doing their job. Not sure if funding should be tied to the reporting, but government needs to make sure that services are doing what they are meant to be doing.

6. If you have regulation it needs to be enforced, the first two options seem to be based on self-regulation which in fact equals no regulation at all.

7. The assessment outcomes should be made public, because then people would know which one is a good service to go to and would go there instead of the bad ones.

8. Services are really important, so it is important that they do their job properly.

9. You're dealing with an entrenched mentality. A national framework needs to be able to deal with this and have teeth.

10. To have rule for everyone, then you know what to expect from services.

11. Yes, so that there is just one rule for all services to follow.

12. Everything should be the same for each service.

13. United belief that having a federal approach to guidelines is a good idea – the need for a united approach. Everyone makes their own rules at present and therefore it is long overdue.

14. Integrated services: 'Mental health is a big issue. Some services don't help you, they kick you out because of your mental problems and then you're back on the street.'

15. Services need to work together, they are 'fucking petty' and won't speak to each other or help each other at the moment. 'Unless you sit down and say: services have to integrate and if you don't you're gonna get your butt kicked.'

16. The current system is fragmented and many people are falling through the cracks in terms of finding a way into the system to access help.

17. The welfare sector is a closed club. They don't bag each other, they don't even speak to each other.

18. Perhaps a National Quality Framework could link to services across state borders, services needing to support people who are moving interstate to connect with other services.

19. I don't really know the point of all this. Nothing ever changes, services will do what services want to do.

### **Should services assess their own performance against the standards?**

1. Long as they actually get in and help services to meet standards.
2. It is a gross mistake to leave it in the hands of services.
3. Services want to keep funding so of course they are going to sell that they are meeting standards.
4. If you have regulation it needs to be enforced, the first two options seem to be based on self-regulation which in fact equals no regulation at all.
5. Ticking the boxes and covering their arses, that's the focus of many services.

### **Should consumers' feedback be sought?**

1. There needs to be someone outside the services to come in and check out how the services are going. The services may think that they are doing something when they really aren't, or they could be lying about doing something when they're not.
2. Never been asked what I think or how things could be improved. Never heard of anywhere that would do that kind of thing.
3. Services don't want client feedback. I have never been to a service that had client feedback in place.

4. Independent assessment is good. They should talk to both the consumers and the services to decide how much resource need to be provided and where it should go to.
5. There should be some sort of committee within the service that you can have a representative that goes to a meeting to represent other clients. 'That way you don't have to voice it in front of everyone – you can feel a bit shy.'
6. Regular feedback should be required.
7. Independent body needs to come to services and get clients offsite to get feedback.
8. NSW is different to QLD. Here no services have ever asked me for input but if you go to QLD they always ask you to fill in feedback forms.
9. I would like to suggest Option 5 where services are cut out of the loop and government just comes and speaks directly to us about whether we feel the services are up to scratch. It is crap that they are only encouraged to seek client feedback.
10. Noted that it can be a tricky thing: may be good to be able to give anonymous feedback but you can't set up a system where people aren't accountable for what they say about services staff. That isn't fair if they have a grudge against someone. But also need to make it a process where people feel comfortable in voicing their views.
11. Had idea of regular forums or meetings so people could voice their views.
12. Talbot should listen to people who are using their services but they don't. The reality is that the case workers are really busy but taking time to listen to service users might actually make things easier in the long run
13. Yes it is vital that services speak to people using their services
14. It is vital that services have consumer feedback, how can you improve without participation
15. There needs to be encouragement of services to set up feedback processes. Perhaps person within government whose role it is to work with services to make sure feedback happens
16. Would be good for services to ask for feedback from consumers. Has never been to anywhere that does it.
17. Client feedback is something that is so vital, yet it never done. One example of this is with one service that I go to that has a particular program that no-one is currently going to. Because no-one is going they think that there is no-one is interested and are likely to stop in the program. But the issue is with the staff member running it. People desperately want to access the program, but the staff member treats them so badly that

they don't want to have anything to do with him. If they had any client feedback process in place, they would be able to find out what the problem is and then maybe they could give the person some training.

18. Services don't know about doing client feedback. They need help to do so.

19. Services are generally not opened to feedback. A lot of complaints didn't have to become a complaint if they were resolved right at the start. Notes that a lot of grievance processes are very complicated and the language is inaccessible.

### **Should services be assessed by an independent assessor?**

1. I like the idea of having standards in place but they need to have someone external regulating them. Otherwise it is like leaving the cat in charge of the cream.
2. Independent assessment is good. They should talk to both the consumers and the services to decide how much resource need to be provided and where it should go to.
3. All industries need external assessment. It is important and definitely needed if there's money being put towards its. As far as keeping service providers honest, yes absolutely necessary.
4. Independent body needs to come to services and get clients offsite to get feedback.
5. The best way to find out what is happening is to speak to someone who does not have a vested interest.
6. There really needs to be an ongoing independent body that is charged with coming out to services. I know the ombudsman currently exists but I have never seen them.
7. It would be a good idea for government to come and see things for themselves.
8. Someone should go and check out the services, see for themselves what's happening and then let the government know about how the money is being spent.
9. Someone outside should be doing the checking, because if it is about what they're doing, then why would you let them do their own assessment?
10. Thinks that a National Framework and external audits are important: 'all businesses have to do it. It is also important for them to spend time with younger staff and show them how to improve.'
11. Should have an independent body to do assessment, not services rating themselves.

12. External assessors will need to know the states and local needs. Fed Government needs to be aware of local needs and be able to look at the standards and know which ones are more important. The assessment process should also include a person who has an experience of homelessness. The assessment teams should also share information and they need to understand the system.

13. It would be good to have someone else come in and have them report.

14. There needs to be someone outside the services to come in and check out how the services are going. The services may think that they are doing something when they really aren't, or they could be lying about doing something when they're not.

15. There needs to be an independent assessor who comes in to look at the paperwork by the services and then talk to the consumers and compare the difference between the two.

### **Accreditation should be tied with funding**

1. Support independent body to check on services and tell the government how they are doing. Should be tied to funding arrangements.

2. Funding should be tied to service performance, and service should be shut down or have their funding cut if they are not working.

3. The assessment system needs to be tied to their funding. 'service providers won't adhere to it, it should be tied to their funding, its their bread and butter.' Assessment teams will need to compare performance between services receiving equal and similar amounts of funding and do some analysis of how they are running. There's a lot of variables between services such as how many volunteers, the number and quality of staff and the quality of volunteers. The assessment teams should also look at the client numbers.

4. Assessors need to look at how services are also using their money and to ask, 'why the waste of resources? Please explain.' Look at where the funding is going and where it is being allocated. But another thing that needs to be considered is what will happen if they can't meet their requirements. Will they close it down? Sometimes it causes more harm than good in closing a service down.

5. Every service is different. This could take away the gray area. If they don't do it, they shouldn't get the bloody funding. Let's set it in concrete. If it's a toothless tiger, there's no leverage.

6. Hit them in the hip pocket.

## **Accreditation should not be tied to funding**

1. Government should monitor services without taking control. If the government takes control of homelessness services, then they risk becoming too bureaucratic like Housing NSW and other government agencies are. Would be best if government just make suggestions to services.
2. Prefers funding not be strictly tied with assessment/accreditation because services know what kids want and how they should be run to address consumers' needs, but the government doesn't.

## **Comments on which option is preferred**

1. Option One is fine as long as they actually get in and help services to meet standards.
2. Option 2 would be the best option because it would just save time for services doing it rather than government. Whoever does it is going to be the same whatever happens.
3. Option 3 would be best. As long as there is some balls behind them so that if you don't do the right thing you get a slap on the wrist.
4. Prefer option three because services are linked via funding.
5. Liked option 3, you can't tell how a service is performing unless you are there, face to face.
6. Option 3 or 4 are good because they bring Housing NSW into it. I have been waiting for 2 years for housing. This is not acceptable, it should be 2 months at the most.
7. Thinks that Option 3 is the best one as needs to be an external person coming in.
8. We need national guidelines, we need to have a bare minimum. It needs to be option three or four, the others are 'toothless tigers'.
9. Option 3 or 4 are the best because they actually mean services have to do something rather than just giving lip service to having quality services.
10. Likes Option 3. It is necessary to have assessment by an outside person and to have client voice, sometimes that's what we need...a voice.

11. I think option 4 is the best because some places are so bad they are not worth going to, you may as well be living on the streets. The really bad places need more control and the government needs to look into them.

12. Option 4 as the best option because it seems to fit what is preferred and services can be changed after a while.

13. Prefer option 4. It's really helpful for services to get feedback.

14. Thinks that Option 4 is the best as it is national and linked to an accreditation framework.

15. Prefer option 4 because it includes assessment by an independent body, the report is tied to service funding – it provides a solid framework. Funding for services should be tied to the report to make sure that the money is going to services that are working and is not being wasted. If the funding is well-spent, it means there are more quality resources to go around and misuse is avoided.

16. Option 4 as best because then the government would know where the money is being spent on and can make sure funding is being spent properly.

17. Option 4 is the best because it allows for independent audits. Self-auditing leads to corruption. If you get taxpayers money you should be open to independent auditing.

18. Option 4 is the best because it makes services accountable and makes them listen to what changes need to be made.

19. Option 4 is the best- what good are service standards if they aren't enforceable. Empty words.

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