Frameworks for supporting Client Participation in Victoria

The Voice of Parents is a two-year project led by the Centre for Excellence in Child and Family Welfare (the Centre), supported by Gandel Philanthropy and Equity Trustees - The Arthur Gordon Oldham Charitable Trust. The Voice of Parents project will develop a model and toolkits for parent voices to be heard, so that organisations and programs in child and family services can include parents' voices in their work.

The Victorian Government has several frameworks that support organisations in their consideration and implementation of a **client participation** process. This document explains how these government frameworks support organisations in embedding the **client voice** in practice, as well the opportunities and challenges in these frameworks for participatory processes.

The word client is used to refer to someone who uses a service, such as someone who may be involved with child protection, a housing or homelessness service, or a community service organisation.

This review document looks at four frameworks relating to the Department of Health and Human Services (DHHS):

Human Services Standards	Community Services Quality Governance Framework	Client Voices Framework for Community Services	Public Participation and Stakeholder Engagement Framework
A single set of service quality standards for DHHS funded service providers and DHHS-managed services.	A framework supporting organisations and individuals to deliver safe, effective, connected, person-centred community services, providing a basis from which safeguarding functions are brought together	A framework for community services that aims to assist individuals at every level of a community service to critically assess their current practice in relation to seeking, hearing and responding to the client voice.	A guide on how DHHS engages with the health and human services sector, stakeholders and the community to achieve quality outcomes and deliver their Strategic Plan 2017.

Compliance or best-practice

Compliance requirements for organisations, or ways that we protect and empower clients (service users) including regulation, performance management, quality standards, feedback, incident response and audit processes. These will have a mechanism for enforcement (a way to make sure they are used) such as a law or regulation. **Best-practice** frameworks are designed to build on and describe the most effective way of operating and how to keep improving beyond a basic set of standards . Using these may help organisations to prove that they are meeting compliance expectations.

Compliance	Best-practice
Human Services Standards These are gazetted (published officially so people can be notified) under the **Children, Youth and Families Act 2005** and the **Disability Act 2006**. New community service organisations (CSOs) and disability service providers (DPSs) that are applying to be registered as CSOs under the **Children, Youth and Families Act 2005** or **Disability Act 2006** must demonstrate that they can comply with the Human Services Standards. Already existing CSOs and DSPs must undertake an independent review against the standards within 12 months of initial registration and must maintain this accreditation.	**Community Services Quality Governance Framework** The framework is designed for services to review, design and continuously improve their own structures, systems and processes. **Client Voices Framework for Community Services** The framework is intended as a resource to assist with prioritising and informing practice, capability and improvement approaches. Services are encouraged to consider how the framework can inform and support existing quality governance systems and processes. **Public Participation and Stakeholder Engagement Framework** Designed to provide foundations of DHHS's engagement activity and designed to support DHHS and organisational staff in doing so.

Human Services Standards

All service providers that are funded or managed by DHHS to provide services to clients are required to meet the Human Services Standards (Standards).

To determine whether an organisation is meeting these standards, they need to be certified, which requires an independent review every three years. Sometimes there will also be monitoring and action plans will be required to meet the standards outside of the independent review process.

Organisations who do not meet these Standards by failing to achieve **compliance** may need to have an independent review or be considered to have not met the requirements of their **Service Agreement**. This may mean they are deregistered and no longer able to provide services.

Aims

The standards aim to:

- Embed and promote rights for people accessing services
- Assure the community that service providers are providing services that meet the client's needs
- Develop a common and systemic approach to quality review processes
- Build greater transparency in quality requirements, between DHHS, service providers, clients and community
- Enable service providers to select an independent review body from an approved panel that meets their requirements and expectations
- Foster a culture of continuous quality improvement that is embedded in everyday practice and supports meaningful participation of people in giving feedback about the services they require and the quality of services they receive
- Reduce red tape to ensure service providers have more time and resources to provide services by reducing the number of quality reviews they are required to undertake

Principles

Principles provide the basic values and ideas that explain how something works. The Standards are based on the following principles:

- Clients should be at the centre of service delivery with their rights promoted and upheld
- Standard review processes play an important role in ensuring that the policies, processes and systems a service provider has in place consider and uphold client rights and needs
- Standard review processes provide greater assurance to people accessing services and the community about the quality of the services they will receive
- The Standards reduce red tape for service providers and provide greater flexibility for the community sector to meet quality assurance requirements
- The Standards ensure continuous quality improvement and support the participation of clients in quality improvement

How can Standards support client participation?

Standards and independent review processes help to ensure service providers have systems in place that promote acceptable levels of management, administration and service delivery. In this case, the Standards help to make sure that organisations: plan and deliver services in a manner that respects the

rights of clients; promote opportunities for clients to be included in their communities; include clients in decision making about the service they receive; and provide opportunities for clients to make choices about services and where and how they receive them.

Requiring organisations to become certified and maintain certification helps ensure that organisations are meeting these expectations. The Standards around **Empowerment** and **Participation** support **client participation** by promoting choice, decision making, and making sure people understand their rights and responsibilities, and are supported to use these.

Service Delivery Standards

What is the Standard?	What does it look like?
Empowerment People's rights are promoted and upheld.	• People understand their rights and responsibilities • People exercise their rights and responsibilities
Access and engagement People's right to access transparent, equitable and integrated services is promoted and upheld.	• Services have a clear and accessible point of contact • Services are delivered in a fair, equitable and transparent manner • People access services most appropriate to their needs through timely, responsive service integration and referral
Wellbeing People's right to wellbeing and safety is promoted and upheld.	• Services adopt a strengths-based and early intervention approach to service delivery that enhances people's wellbeing • People actively participate in an assessment of their strengths, risks, wants and needs • All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals) • Each person's assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate • Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury
Participation People's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.	• People exercise choice and control in service delivery and life decisions • People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment • People maintain connections with family and friends, as appropriate • People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community • People maintain and strengthen their cultural, spiritual and language connections • People develop, sustain and strengthen independent life skills
Governance and Management Organisations must be effectively governed and managed at all times	• The Organisation must be able to demonstrate that it is able to meet governance and management standards, as established by the Secretary to DHHS

What are the limitations?

Even with Standards in place and the certification process, organisations may have difficulty engaging with clients in the way that is expected. This can be for a variety of reasons, including limitations on resources, lack of training or support, or lack of oversight.

Meeting these standards is considered the base level requirement; organisations should not fall below these Standards. However, supporting the community requires organisations to also grow, improve, and design programs that support and preferably exceed the Standards.

Opportunities to do this include: creating an organisational culture where wellbeing is prioritised; providing opportunities for staff to further develop their skills sets; strong, transparent, supportive and accessible leadership and clearly communicated, measurable goals for improving services. Critically,

Community Services Quality Governance Framework

Governance is the system by which an organisation is controlled and operates, and the ways that organisation, and the people in it, are held accountable. It is how we make sure organisations are operating in a way that meets its goals and performs well. Poor governance can lead to failures in managing funding, meeting requirements, and delivering services, leading to negative outcomes for people in the community.

The Community Services Quality Governance framework ('the Governance Framework') outlines the roles and responsibilities and guiding principles for effective, high-quality governance. Quality governance provides a framework for organisations and individuals to deliver services that are:

Who is it for?

It is designed for all organisations that deliver community services, including DHHS and community service organisations, such as child protection, child and family services, and community-based health services.

- **Safe:** free from preventable harm including neglect or isolation
- **Effective:** incorporates contemporary evidence, providing appropriate services in the right way, at the right time, supporting the right outcomes for every person.
- **Connected:** services work together to achieve shared goals; people experience service and support continuity as they move through the service system.
- **Person-centred:** people's values, beliefs and situations guide how services are designed and delivered. People are enabled and supported to meaningfully participate in decisions and to form partnerships with their service providers.

The Governance Framework is deliberately aligned to Safer Care Victoria's Partnering in healthcare framework, as there are organisations and clients that access both health and community services. It is also consistent with Aboriginal self-determination as described in the *Korin Korin Balit-Djak: Aboriginal health wellbeing and safety strategic plan; 2017-2027*.

It focuses on five domains, which are different areas within an organisation that are all connected to one another. These are:

- leadership and culture;
- client and family partnerships;
- workforce;
- best practice;
- and risk management.

These domains must work together to meet the shared goal of all community service providers: delivering safe, effective, connected, person-centred community services is a shared goal of all community service providers. The figure on the right shows how these relationships should work.
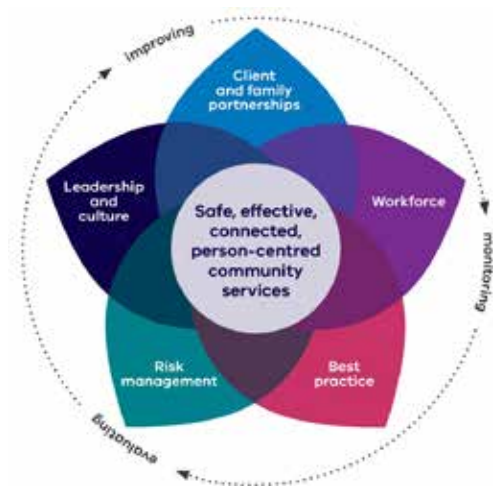
As quality governance impacts everyone, the Governance Framework sets out standards for everyone involved in the system, including clients and families, DHHS, frontline staff and volunteers, managers and team leaders, CEOs and executives, and directors.

How can quality governance support client voice?

The Governance Framework suggests organisational leaders and workers should focus on partnering with clients, families and communities; regular review, evaluation and identifying areas for improvement; ownership and accountability for the quality of services provided. As part of the focus on partnering with clients, families and communities, the Governance Framework says that this group should be able to advocate for safety to support the best possible outcomes for themselves and other clients, and share their experience, provide feedback and offer suggestions to support improvement. This supports client participation and is included in other areas of the Governance Framework, such as requiring executives to seek information from sources, and for clients to test and understand the quality of all areas of service delivery.

Quality Governance Principles

What is the principle?	What does it look like?
Excellence in client experience always	Commitment to a positive experience for clients every time (safe , effective, connected and person-centred)
Continuous improvement	Rigorous measurement of performance and progress that is benchmarked and used to manage risk and drive improvement in the quality of services and experience
Partnership with clients and families	Client engagement is actively sought and supported at all levels, from engagement in direct service provision, service design and delivery to governance and oversight
Clear accountability and ownership	• Accountability and ownership for quality and safety is demonstrated by all staff • Compliance with legislative and departmental policy requirements
Effective planning and resource allocation	Staff have access to regular training and educational resources to maintain and enhance their skills
Proactive collection and sharing of information	• The 'way we do things' is regularly challenged and additional information sought when clarity is required • Robust data is collected, shared and informs decision making and improvement
Openness and transparency	Reporting, reviews and decision making are underpinned by transparency and accuracy, and are clearly linked to decision making
Empowered staff and clients	• Organisational culture and systems are designed to promote and support safe services • Staff and clients feel comfortable to speak up about quality and safety concerns, and are listened to • Service delivery centres on clients and families
Workforce leadership and engagement	• A culture of all staff owning and contributing to service outcomes is promoted and practised by all staff • Staff actively participate and contribute their expertise and experience

The Governance Framework focusses on the importance and accountability of leadership and culture in organisations and values the experience and expertise of both clients and workers. This supports **client participation** by placing a spotlight on and reinforcing the need listen directly to the voices of people who use the services. It is intended to be used to support both clients and practitioners in 'amplifying their voices' and includes some concrete examples for organisations to consider.

The Governance Framework has been developed in a way that services can scale, adapt and implement elements to meet the needs and scope of their organisation. As it is designed to be accessed by everyone (including volunteers, frontline workers, team leaders, managers executives, and board members), it is written in a way that is accessible and practical. It has a number of practical elements including measures of success, indicators of poor performance, and tailored questions that can be used by organisations to critically examine their services.

Unlike the Human Services Standards, the Governance Framework does not have a mechanism for enforcement. However, the Standards require an organisation to demonstrate that it is able to meet governance and management standards, failing to comply with aspects of this framework could be used as evidence that an organisation is not meeting the Standards.

What are the limitations?

The Governance Framework notes that the Community Services Quality and Safety Office (CSQSO) will develop further supports to assist providers in implementing quality governance (p 28). As a result of COVID-19, the CSQSO has been redeployed to support immediate COVID-19 response and control measures, so this work is still being developed.

Client Voices Framework for Community Service

The Client Voices Framework for Community Services ('the Client Voice Framework') was created after the **Community Services Quality Governance Framework**. **Client voice** refers to any and all expression of the views, needs, experiences or outcomes of people who have lived experience of community services. They could be individuals, family members or carers.

It builds on the work of the Governance Framework, specifically on the domain 'Client and Family Partnerships' by providing clear guidance to service providers on how to make the critical connection between client voice and the broader governance system.

The framework was for all people who work or volunteer within the community services system and is intended for use as a resource to inform all facets of practice and service improvement.

> **Who is it for?**
>
> This framework is designed for all people who work or volunteer in the community services system, including in DHHS and in community service organisations. It is also for clients to help them understand the ways that services try to listen and respond to their views, feedback, and experiences.

Aims

The framework aims to:

- Promote the value and influence of the client voice in all aspects of community services design, delivery and development to improve quality and safety
- Provide principles and guidance to inform and connect multiple pieces and related work
- Emphasise the critical link between quality governance, client voice and outcomes
- Establish expectations and responsibilities across all levels of community services
- Provide a reference point for everyone working in community services (regardless of their role or the stage and nature of their work) to assess and reflect on how things are currently done and develop new ways of working, with the constant commitment to improve client outcomes

The framework is deliberately aligned to Safer Care Victoria's *Partnering in healthcare framework*, as there are organisations and clients that access both health and community services. It is also consistent with Aboriginal self-determination as described in the *Korin Korin Balit-Djak: Aboriginal health wellbeing and safety strategic plan; 2017-2027*.

How does a client voice framework support client participation?

This framework provides principles to guide and support workers to listen to and act on behalf of the client voice. It expands on each principle in detail, providing relevant and practical examples of what effective client participation looks like at all levels of practice (individual, organisation and system). The framework provides 'fit-for-purpose strategies' (such as reflective questions) for workers to explore and address barriers to participation. These strategies were developed in partnerships with clients about what actually works with additional 'tips from clients' are included throughout the guidance. It also includes information about other helpful resources.

The client voice framework for community services recognizes that responsibility sits with the system and its workforce, not clients, to provide safe, effective, connected and person-centred services for everybody, every time. The Client Voice framework supports this by being designed so that organisations and individuals can use it in ways most relevant to them, and adapt it to their specific settings (for example, a volunteer may use it differently to a foster care agency worker). The framework has also been published as an easy read version, supporting its own work by making sure that as many people in the community as possible can read and understand its focus.

It is based on five key principals for practice to help embed the client voice at all stages in practice – individual, organisation and system.

Client Voice Principles

What is the principle?	What does it look like?
The client voice is essential for quality and safety *'I experience safe services and I can speak up if something isn't right'*	• The definition of service quality is determined with clients. • Staff and clients report that they experience an open and transparent culture. • Systems and processes such as feedback, complaints and incidents are understood, accessible and promoted to all clients, all the time. • Clients are asked about quality and safety, and their experiences and views inform service delivery and design. • Staff at all levels demonstrate respect, awareness and empathy in every interaction with clients – they listen, believe and act.
Clients have expertise *'My expertise and experience is valued'*	• Clients are recognised and treated as experts in their own lives and experiences. • Client views and experiences are actively sought, valued and acted on throughout all stages of their involvement with a service. • A client partnership approach, characterised by shared decision making is applied at all levels – individual, organisation and system. • Client expertise is appropriately acknowledged, including through payment where appropriate. • Organisations can show their commitment to self-determination for Aboriginal and Torres Strait Islander people.
The client's voice is part of everyone's role *'I receive help and support in a coordinated way, at the right time'*	• Evidence of the client voice is seen in how services are designed, delivered and evaluated. • It is clear in the organisation's policies and governance structure. • Everyone in the organisation is supported to take responsibility for the client voice. • The relevance of the client voice is seen in every interaction, level and stage of service design, delivery and review.
The are many client voices *'I receive help and support in a way that makes sense to me'*	• An understanding of diversity and intersectionality shapes the approaches and strategies used to engage with clients. • Organisations use more than one way to promote the client voice. • Person-centred practice is promoted through recruitment, orientation, ongoing training and supervision. • Genuine attempts are made to hear the views of all clients, including those hardest to reach. • The impact of power differences between clients, providers and systems is understood and addressed. • Processes, communication methods and engagement strategies are deliberately tailored and consider diversity, culture, class and power differences.
The client voice leads to actions *'I can influence change'*	• There is evidence that the client voice is used in quality and continuous improvement processes. • Seeking, listening to and acting on the client voice is ongoing. • Clients are informed about what happens to their input. • New ways of doing things are continually explored and trialled, leading to action and driving change.

What are the limitations?

The framework is based on a range of research, most of which focuses on the experience of participation and how clients are engaged. However, there is not much literature about how the client's voice is used in improving quality and safety in community services (despite this being identified as a critical component in improving outcomes).

As with the Governance Framework, this document sets out best-practice rather than a compliance requirement, meaning it relies on organisations to undertake this work proactively. For resource limited organisations with high staff turnover there may be difficulties translating this into practical outcomes.

Public Participation and Stakeholder Engagement Framework

The Public Participation and Stakeholder Engagement Framework ('the Public Participation Framework') sets out how DHHS will engage with stakeholders, and how they will have the public provide their views, feedback, and experiences on decisions that have been made, and that are being made.

DHHS defines **stakeholder engagement** as the process of interacting and working with their stakeholders. A **stakeholder** is an individual, organisation or group with an interest in, or concern about something, or who is impacted by a decision or change. Examples of this include a person who is a client of child and family services, a minister, an advocacy group, or a community service organisation.

> **Who is it for?**
>
> The framework is for anyone who may by interested in or affected by the decisions of DHHS. This includes individuals, groups, organisations that DHHS funds, and other areas of government.

Public participation is the process used to consult, or partner with, interested or affected individuals or groups to inform and influence government decision making. For us, public participation also includes our funded agencies and other organisations that are affected by the decisions we make.
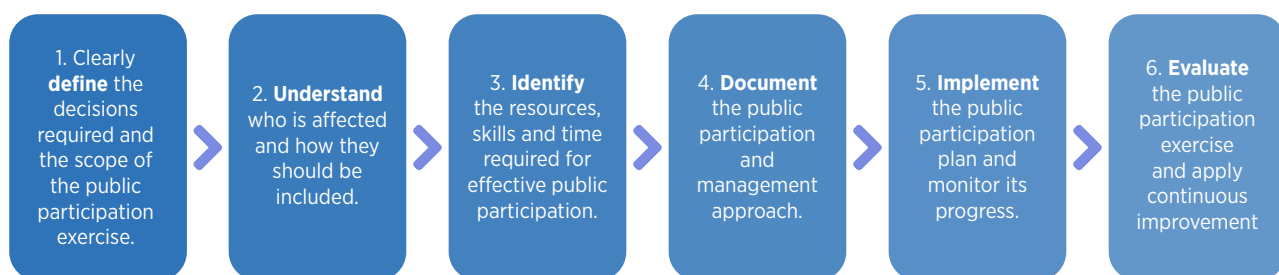
Although the Public Participation Framework is specific to DHHS, it is part of the Victorian Government's Public Engagement and Partnership Vision, which outlines the vision of 'working together to make better decisions and improve the lives of Victorians'.

Framework

The framework sets out:

- Definitions and principles of engagement
- Expectations, roles and responsibilities of staff when engaging with stakeholders and undertaking public participation activities
- Guidance on accessing stakeholder engagement training, generalist and specialist support as well as additional resources

The framework provides information on different types of engagement levels, and elements for better practice engagement. DHHS is required to demonstrate how it meets the Victorian Auditor-General's Office (VAGO's) six elements of engagement for best practice:

1. Clearly **define** the decisions required and the scope of the public participation exercise.	2. **Understand** who is affected and how they should be included.	3. **Identify** the resources, skills and time required for effective public participation.	4. **Document** the public participation and management approach.	5. **Implement** the public participation plan and monitor its progress.	6. **Evaluate** the public participation exercise and apply continuous improvement

This process, along with the supportive materials, is designed to ensure that organisations such as the DHHS are thinking ahead of time about the nature and requirements of the engagement. This can support a more meaningful engagement than if it is ad hoc and without clear reasoning, meaning people are more likely to feel it has been a beneficial and valuable process.

Critically, the Public Participation Framework stresses the importance of inclusivity, recognising the diversity of different communities and individuals and how these can impact their experiences or make it harder to engage.

Toolkit

The Public Participation framework includes a step-by-step guide and practical tools to develop and implement a successful stakeholder engagement plan. Critically, these tools identify some of the barriers to effective engagement, including unclear purpose, insufficient skills or resources, non-inclusive engagement approaches, and failure to provide feedback or evaluate.

How does a Public Participation Framework support client participation?

Making sure there is a clear understanding of how DHHS will engage with stakeholders and the public means that people who have been often left out of such conversations can now have opportunities to make their needs and experiences heard. The framework highlights the importance of strengthening engagement with all stakeholders (from clients, victim-survivors, community members to staff) to improve services.

The framework speaks to the importance and need for inclusive engagement, providing guidance on Aboriginal self-determination, engaging with culturally diverse people and communities, engaging with people with a disability and engaging with young people. This supports the understanding that client participation should be a varied and tailored exercise to make sure that people are included and heard in a meaningful way that is of benefit to them.

Engagement Principles

What is the principle?	What does it look like?
We are purposeful *We know why and who we are engaging*	We are clear about the purpose of engagement and the desired outcomes. We know the stakeholders and communities that are affected by, interested in or can influence the decisions being made and the best ways to engage them.
We are prepared *We engage early, taking into account history and experince*	We are clear about the purpose of engagement and the desired outcomes. We know the stakeholders and communities that are affected by, interested in or can influence the decisions being made and the best ways to engage them. We have a plan that sets out the project context, purpose, scope and stakeholders. It also captures the level and methods of engagement, timeframes, roles and responsibilities and resources required. We begin to engage early and monitor and adapt as we go.
We are genuine *We are true to our word and put people first*	We put people and communities, not the issue, at the centre of our engagement. We acknowledge the experiences, goals and contribution of all participants. We ensure that stakeholders clearly understand the purpose of the engagement, their role and what they can and cannot influence, and what they should expect from us.
We are inclusive *We provide opportunities and support participation*	We encourage and support a diverse range of stakeholder input and have a good understanding of the community's capacity and willingness to contribute. We ensure that our engagement has a high level of accessibility and provides people with the support they need to participate meaningfully.
We communicate *We provide regular updates and value feedback*	We communicate regularly with participants throughout the engagement process to keep them updated. This includes timely feedback on how their input has been used in policy or service design. We measure the effectiveness of our engagement and capture the lessons learned in order to inform future engagement.

What are the limitations?

While the Public Participation Framework and toolkit provide useful information and stepped out processes that organisations can follow, there is a risk that the level of detail means it is too resource intensive to embed in every day practice. While these might be suitable for a large-scale project, but their use in every day planning and decision making is not necessarily practical. To use this effectively would require managers to be familiar with the document and able to embed processes for operational staff that made this possible, which may not be feasible for smaller organisations.

While these are the standards that DHHS want to achieve, there is no clear way of knowing that these are expectations being met beyond the experiences of individuals. The toolkit is also only a suggested guide and while it claims to represent a basic minimum standard of engagement, it is unclear how such a minimum standard would be monitored or evaluated.