

Client voice framework for community services

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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Client voice framework for community services

Secretary's foreword

The experiences of people who come into contact with community services provide us with the richest source of information about how the system, individual services and we as the department are performing. The client voice tells it as it really is – warning us, educating us, guiding us and ultimately leading us towards the aspiration of all Victorians being safe, healthy and able to lead a life they value.

Unless we truly listen to the client voice, we can't fully understand what people need and how to respond in the right ways, keep people safe and ensure supports are of the highest quality. We also miss out on opportunities to learn and share what is working well. This can only happen when clients, families and carers are consistently invited, supported and equipped to engage and when staff in the system have the right capability. We need to continually reflect and test whether we are truly listening, hearing and acting on client voice.

We know that people are the experts in their own lives and that outcomes are better when we engage with this expertise. The onus is on us, as the people who oversee, design and deliver community services, to understand and respond accordingly to the diverse ways that people express themselves – from their first contact with the service system and throughout their journey. The client voice can be any expression of people's needs and experiences. We need to encourage and support this expression, to value it and be alert to it. We need to understand what gets in the way and do something about it. We need to make genuine attempts to hear all voices, including those hardest to reach.

This *Client voice framework for community services* aims to support everyone working in the community services system from volunteers to boards of management, frontline workers to chief executive officers as well as people involved in policy and system design. It can also be used, along with future implementation supports, by clients, families and carers themselves to confirm the expectations of everyone in the system to listen and act on their voices, therefore building empowerment and capability.

Building on the *Quality governance framework for community services*, this is a supportive, capacity-building resource. It doesn't create new requirements but instead consolidates what we instinctively know, value and, in many cases, already do – as well as what the evidence shows us. The framework provides an overarching frame, based on five key principles, for all our efforts to seek, listen and act on the client voice at all stages and levels – individual, organisation and system.

Of course there are already many examples of innovative and effective client engagement that are already occurring across the system. The overarching principles in this framework will help to embed the client voice and promote consistency across the system, with the ultimate goal of safe, effective, connected and person-centred services for everybody, every time.

I am pleased to share the *Client voice framework for community services* and sincerely thank the many clients and staff from across the system who have been involved in its development. I look forward to our combined efforts to elevate the many voices of clients in everything we do.



A handwritten signature in black ink that reads "Kym Peake". The signature is fluid and cursive.

Kym Peake
Secretary, Department of Health and Human Services

The *Client voice framework for community services* has been developed with people who use and work in community services.

Thank you to the many people with lived experience who have contributed their expertise, in particular Gregory Mackay, Matthew Zammit, Margherita Coppolino, Brittany Witnesh, Aedan Brittain, Jody Letts, Cameron Bloomfield, Christine Thirkell, Joal Presincula and Belinda MacLeod-Smith.

Thank you also to the many organisations that have helped, including Berry Street, Voice at the Table, Council to Homeless Persons Peer Education Support Program, Wombat Housing and Support Services, Victorian Mental Illness Awareness Council, TANDEM, Centre for Excellence in Child and Family Welfare, Safer Care Victoria, Family Safety Victoria and Youth Affairs Council Victoria.

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As a client, I felt that my voice didn't matter.



I was never really involved in anything.



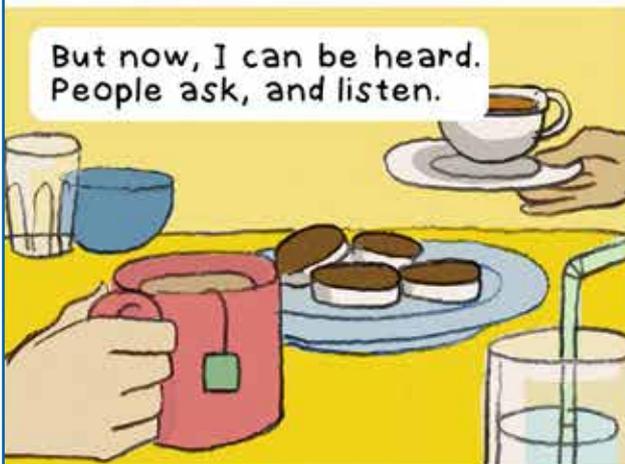
People wanted to help, but it wasn't their job to listen.



How the higher ups ran things, was a mystery.



I never knew to ask, or even to complain.



But now, I can be heard. People ask, and listen.



And I can be a part of all the things that matter.

What is the client voice?

The 'client voice' refers to any and all expression of the views, opinions, needs, experiences and outcomes of individuals, families and carers who have previous or current involvement with a community service.

This expression includes all information from a client, in any form, such as any contact with a worker, case planning discussions and records, complaints and feedback, quality audits, service reviews or policy consultations. It includes non-verbal indicators of a person's experience or views. It may include clear or subtle actions, behaviour, engagement or non-engagement in services.

'Client voice' is an umbrella term that describes essential input into any activity that asks for and records the views of clients including person-centred practice, co-design and quality governance. The client voice is also the output of these activities. The client voice is relevant at all stages of a person's involvement with the system, and at all levels. This framework considers the client voice at the levels of **individual, organisation and system**.

Various terms are used for people who use community services, and there are many views about what is preferred. The *Client voice framework for community services* uses the term 'client' or 'people with lived experience' to describe people who have used a community service, their families and carers.

The client voice is important in all community service settings, including voluntary and involuntary services. Clients include, but are not limited to:

- tenants
- children and young people
- foster and kinship carers
- people who use community mental health and alcohol and drug services
- victim-survivors.

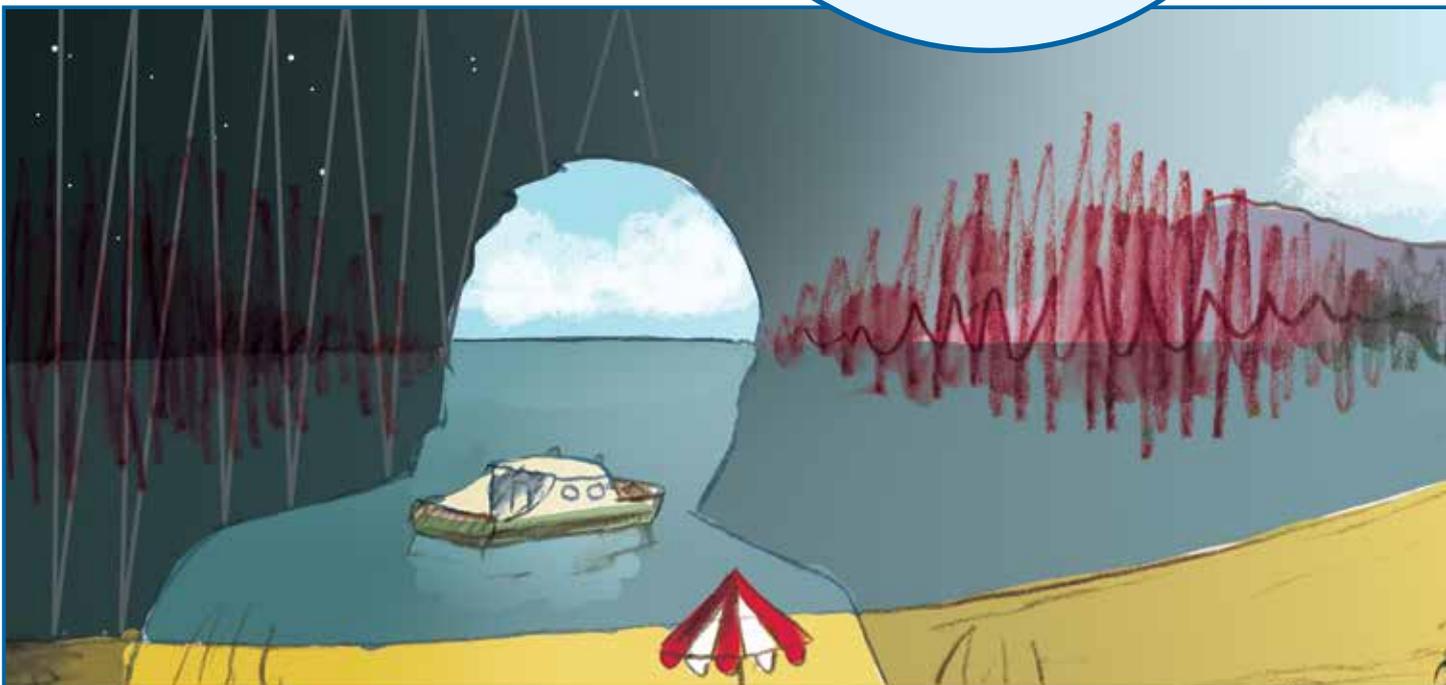
'Clients' include people with lived experience, families and carers.

'The image represents the client's voice influencing the world.'

'The image features the silhouette of a person superimposed on a seascape. The horizon is made up of a waveform, representing the sound of a voice.'

This waveform transitions from red to green. The setting changes from dark to light. The silhouette of the person allows the light background to show through them. The silhouette represents the client and what that are saying and how they want the light setting but are positioned in the dark setting.'

'The background transitions from a dark setting to a light setting, representing the client's voice being realised and the power of this voice to enact change.' – **Gregory Mackay**



Who is this framework for?

This framework is designed for all people who work or volunteer in the community services system, including in the Department of Health and Human Services and in community service organisations. This recognises that it is the responsibility of the system to ensure safe, effective, connected and person-centred services for everybody, every time.

Community services are funded, regulated and delivered by the department. They include disability, family violence, housing and homelessness, child and family, child protection and community-based mental health and alcohol and drug services.

In this framework, volunteers, frontline workers, managers, senior leaders, policy and program staff and members of boards and committees of management will all find information relevant to their roles and work. The framework may also be useful to clients in that it confirms the expectations and responsibilities of people in the system to create opportunities and to listen and respond to their views and experiences.

The framework is intended as a resource to assist with prioritising and informing practice, capability and improvement approaches. All services are strongly encouraged to consider how the framework can inform and support their existing quality governance systems and processes and help to review, design and demonstrate the ways in which they currently seek, listen and act on the client voice.



Why a client voice framework?

The experiences that people have when they have contact with community services are the richest and most important source of information about the quality and safety of those services. The client voice brings attention to situations of real and potential harm. The client voice is essential in understanding ways that quality and safety could be improved and tells us what is already working well.

Actively empowering clients to have their voices heard, to make informed decisions and to have real influence leads to services that are better tailored to individual needs, preferences and values. Client voice helps prevent avoidable harm, and it results in better outcomes.

Many government inquiries and reviews following system failures across health and community services have consistently found the absence of listening and acting on the client voice as factors contributing to harm. The Royal Commission into Family Violence recommended government and agencies identify and develop safe and constructive ways to ensure the voices of clients are heard and inform policy development and service delivery.¹ The Royal Commission into Institutional Responses to Child Sexual Abuse recommended involving children when initiatives are designed and carried out to prevent child sexual abuse.² Research has also found that person-centred care can greatly increase the quality and efficiency of care.³

Without the client voice, it's difficult for anyone to know whether the community service system is working.

'Person-centred means 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.'

– Community services quality governance framework

1 Royal Commission into Family Violence recommendations <<http://www.rcfv.com.au/Report-Recommendations>>

2 Royal Commission into Institutional Responses to Child Sexual Abuse recommendations <<https://www.childabuseroyalcommission.gov.au/recommendations>>

3 Department of Health and Human Services strategic plan <<https://dhhs.vic.gov.au/publications/department-health-and-human-services-strategic-plan>>

Aims of the framework

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 of 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.

Changing the way we work

There are many and varied ways that community service providers, policy and program staff already seek out the client voice and use it to improve client experiences and outcomes. Many are innovative, evidence-based and proving to be effective. The aim is to build on these based on what staff and clients have told us, the research and the lessons learnt from past failures.

In some cases, however, the same strategies have been used over long periods, with mixed results. Too often, the various ways that the client voice is sought and used is uncoordinated, ad hoc and inconsistent. This makes it difficult to embed the client voice into the way we do our work. To be effective, we need to capture information and analyse it at the systems level so we can:

- identify and share best practice
- benchmark client experiences
- drive and support system improvement
- track changes over time.

Doing things in ways that avoid ‘tokenism’ and allow a range of views to be heard can be challenging for people working in the community services system:

- Many clients have had negative experiences when it comes to having a say. These range from a lack of input into what and how their supports will be provided through to disappointment in engagement processes where they haven’t felt listened to.
- A common theme is that clients don’t see any evidence that what they say is used to make changes. Sometimes people don’t know what happens to the information they provide. This includes personal information about their circumstances and support needs, feedback, complaints and other input such as responding to a consultation or getting involved in co-design projects. Having to retell stories is common and frustrating.
- Family members and carers sometimes face a lack of respect and acknowledgement of their experiences and expertise.
- Providers may find the growing emphasis on the client voice as threatening if they interpret this to mean a loss of decision-making authority. In other cases, there’s concern about extra workload, capacity and staff capability. Others may view it as unrealistic to truly listen and respond to what clients say. Some may be satisfied that what they currently do is enough.
- For those working in policy and program areas or on boards and committees it can be particularly challenging to find effective, meaningful ways to include the client voice when they don’t have direct relationships and regular contact with clients themselves.

Using the framework to create change

The framework provides overarching principles to guide workers to seek out, listen to and act on the client voice. The principles are designed to connect everyday practice with ongoing improvement and system change.

The framework makes it clear that everyone in the system holds responsibility for **safe, effective, connected and person-centred services**. It provides examples of the principles in action at the individual, organisation and system levels and includes information about other resources.

The community services system is complex. People working in the system are dealing with multiple demands, pressures and constant change. People's lives and needs can also be complex. Longstanding power relationships and ways of doing things don't change overnight. This framework encourages us all to reflect on what has been learnt from system failings, what is working well and current practice. It promotes trying new ways of listening and responding to the client voice.

The framework will adapt over time as the system continues to change and develop and as evidence grows about what works and what doesn't. We continue to learn from the views and experiences of everyone in the system and the changing world around us.

The domains of quality governance

Quality governance is the combined systems, processes, leadership and culture that are at the core of safe, effective, person-centred, connected services, underpinned by continuous improvement.

The *Community services quality governance framework*, released in October 2018, sets the objective of **safe, effective, connected and person-centred** services for everybody, every time. It outlines the roles and responsibilities involved in delivering on that objective and the domains and systems that help make sure it's delivered consistently:

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

The *Community services quality governance framework* emphasises the following five domains of quality governance:

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

The principles of continuous monitoring, evaluation and improvement support the domains (Figure 1).

Figure 1: Quality governance domains



Under the 'client and family partnerships' domain, promoting the status, presence and influence of 'client voice' in all aspects of community services design, delivery and review is a priority. The objective of this work is to improve quality and safety in community services by making sure the client voice is always included.

This *Client voice framework for community services* expands on the *Community services quality governance framework's* 'client and family partnerships' domain. It provides guidance to community service providers and policy and program areas to make the vital connections between client voice and a broader quality governance system.

This framework has been written with the help and input of clients across community services as well as a broad range of the workforce including practitioners, managers, board members, policy and program staff.

'TIPS FROM CLIENTS' appear throughout the framework – these are words of wisdom from people we spoke with during the various workshops and focus groups we held to develop the framework.

'QUOTES FROM THE SECTOR' appear throughout the framework – these are the views or experiences of sector representatives shared during development of the framework, or messages from relevant resources.

How can I use this framework?

The *Client voice framework for community services* will help all community service provider, policy and program staff to seek, listen and act on the client voice.

Five key principles

The framework is based on five key principles developed with clients and staff of community services. They are accompanied by prompts to help put them into practice at the individual, organisation and system levels. They are followed by key questions and tips from clients.

The five principles are:

1. **The client voice is essential for quality and safety.**
2. **Clients have expertise.**
3. **The client voice is part of everyone's role.**
4. **There are many client voices.**
5. **The client voice leads to action.**

How to use the framework

The framework can be read in part or whole, depending on the reader's needs. The principles set the expectations for everyone in the community services system. Anyone, regardless of their role, can use the principles to:

- reflect on current practice
- identify priority areas for improvement or change
- identify where things are currently working well and could be expanded and shared
- support initiatives, projects or ideas that aim to improve client outcomes, quality and safety
- find information about further resources.

Staff and **volunteers** who work in community services are encouraged to explore and address the barriers to seeking out, listening to and acting on the client voice.

Managers, executives, boards and **committees of management** are encouraged to think about their own role in seeking, hearing and acting on the client voice but also the influence they have on supporting others in their organisation and throughout the broader system to do so.

Policy and program staff are encouraged to reflect on how the client voice informs their work, to consider the principles and how they might apply in practice, and what opportunities there may be to connect more meaningfully with the client voice.

This means more than simply providing opportunities for clients to 'have a say'. It means recognising our shared responsibility to actively support and prepare people to have a say. It means taking action to understand the barriers and to do something about them. It means responding to cultural needs, literacy levels, the impact of trauma, geographical or social isolation and disadvantage. It means understanding that safety and risk are thought about and understood differently by children and adults.⁴

4 What do children and young people have to say about safety in institutions? <<http://theconversation.com/what-do-children-and-young-people-have-to-say-about-safety-in-institutions-45705>>

It means providing complete information in ways that are meaningful to different people and groups so they can make informed decisions. It also means supporting the workforce with the capability and confidence to be genuinely open and aware of the client voice in everything they do, and to be able to act on it.

Alignment with other frameworks

The client voice principles create a benchmark for engaging with clients that is consistent with related policy and program frameworks.

This document is deliberately aligned to Safer Care Victoria's *Partnering in healthcare framework*, released in March 2019 in recognition that some organisations and clients access both health and community services. The *Partnering in healthcare framework* was developed through wide community consultation about what is important to people for improving the quality and safety of health care. This has been tested with community service stakeholders and mapped to the five core principles of the *Client voice framework for community services*. While examples in practice may look different in a health service to what they would in a community service, the things that matter to people are strongly aligned, as are the key aspects that are needed for a partnership approach.

This framework is also consistent with Aboriginal self-determination as described in *Korin Korin Balit Djak: Aboriginal health wellbeing and safety strategic plan: 2017–2027*. The purpose of Korin Korin Balit-Djak is to realise the Victorian Government's vision for 'self-determining, healthy and safe Aboriginal people and communities' in Victoria. The framework principles in action include examples of how a commitment to Aboriginal self-determination should be reflected in organisational policies and in practice. The concepts involved in understanding what individuals, groups and communities need in order to shift power and make decisions are inherent in self-determination.

There are also a range of other frameworks, resources and initiatives that provide important and related information about engaging with clients, co-design, person-centred practice, human rights and stakeholder engagement. A list of other relevant publications and resources can be found at the end of this document.

This framework will also complement and support existing ways that we protect and empower clients including regulation, performance management, quality standards, feedback, incident response and audit processes. The framework builds on these to describe and support best practice and continuous improvement beyond compliance with base standards (for example, Child Safe Standards, Human Service Standards) across all community services, and at the **individual, organisation and system levels**.

More information, tools and resources will be developed to help implement both this framework and the *Community services quality governance framework*. These resources will be based on feedback from clients and people who work in the system and be co-designed with them wherever possible.

'Quality and safety is led by the client voice.'

– Family violence executive

Client voice principles

The client voice principles listed in Table 1 provide overarching guidance for seeking, listening to and acting on the client voice at the individual, organisation and system levels. The principles are based on the views and experiences of clients and staff across the system, the characteristics of services that have good quality governance, the extensive work that has been done with health services and a review of relevant literature.

Table 1: Client voice principles

Principle

1. The client voice is essential for quality and safety



I experience safe services...
I can speak up if something isn't right...

2. Clients have expertise



My experience and expertise is valued...

3. The client voice is part of everyone's role



I receive help and support in a coordinated way, at the right time...

4. There are many client voices



I receive help and support in a way that makes sense to me...
I choose how much I participate in the services I receive...

5. The client voice leads to action



I can influence change...

The principles can be used to test current practice within a team, project or organisation, or to underpin and guide new initiatives or strategies. The principles are explored in more detail throughout the framework, including how they can be put into practice at the individual, organisation and system levels.

	What this looks like
	<p>The definition of service quality is determined with clients.</p> <p>Staff and clients report that they experience an open and transparent culture.</p> <p>Systems and processes such as feedback, complaints and incidents are understood, accessible and promoted to all clients, all the time.</p> <p>Clients are asked about quality and safety, and their experiences and views inform service delivery and design.</p> <p>Staff at all levels demonstrate respect, awareness and empathy in every interaction with clients – they listen, believe and act.</p>
	<p>Clients are recognised and treated as experts in their own lives and experiences.</p> <p>Client views and experiences are actively sought, valued and acted on throughout all stages of their involvement with a service.</p> <p>A client partnership approach, characterised by shared decision making is applied at all levels – individual, organisation and system.</p> <p>Client expertise is appropriately acknowledged, including through payment where appropriate.</p> <p>Organisations can show their commitment to self-determination for Aboriginal and Torres Strait Islander people.</p>
	<p>Evidence of the client voice is seen in how services are designed, delivered and evaluated.</p> <p>It is clear in the organisation's policies and governance structure.</p> <p>Everyone in the organisation is supported to take responsibility for the client voice.</p> <p>The relevance of the client voice is seen in every interaction, level and stage of service design, delivery and review.</p>
	<p>An understanding of diversity and intersectionality shapes the approaches and strategies used to engage with clients.</p> <p>Organisations use more than one way to promote the client voice.</p> <p>Person-centred practice is promoted through recruitment, orientation, ongoing training and supervision.</p> <p>Genuine attempts are made to hear the views of all clients, including those hardest to reach.</p> <p>The impact of power differences between clients, providers and systems is understood and addressed.</p> <p>Processes, communication methods and engagement strategies are deliberately tailored and consider diversity, culture, class and power differences.</p>
	<p>There is evidence that the client voice is used in quality and continuous improvement processes.</p> <p>Seeking, listening to and acting on the client voice is ongoing.</p> <p>Clients are informed about what happens to their input.</p> <p>New ways of doing things are continually explored and trialled, leading to action and driving change.</p>

Getting started

No matter what your role in the community services system, reflecting on the following questions will help you identify what your first steps – or next steps – might be, whether you want to assess how the client voice is currently integrated in your work, or are thinking about new ways of doing things:

- Think about your role. Whose voice should you be hearing? Who is your client?
- What might your clients need to genuinely have their voice heard?
- What sort of information do you need from clients – and when?
- What questions do you need answers to?
- What information do you already have (and therefore might not need to ask clients about again)?
- What do you do with the information you already have?
- What will you do with new information? Are the right systems and authorisations in place to use it?
- What would help you to seek, hear and act on the client voice (for example, more information, different strategies, advice, training, connections)?
- What resources do you have? Can you pay people or offer any other benefits/incentives?
- Who do you have around you? Who could help you? Who will support you?
- Does the place where you work value client expertise? Can you influence this?
- What's already happening that works well? Can you build on that?
- What's already happening that doesn't work well? Can you do anything about that?
- Is there research, literature or other resources that you can learn from and use?
- How will you integrate the client voice at all stages of your work? How can you get clients involved early?
- How will you communicate with clients about what happens to their input?

You probably won't have all the answers to these questions, and you might answer them differently over time and in different roles. The key message about getting started is to make sure you understand and focus on:

- the clients who are relevant to your work
- the context that you work in – resources, people, opportunities and limits
- what it is you seek to change, learn or achieve.

'There's a fair amount of excitement across our workforce for how we take a much more user-centred approach in terms of the work that we do.'

– Deputy Secretary,
Children and Families
Division

Principle 1: The client voice is essential for quality and safety



Time and time again, all around the world, the lessons learnt from system failings and other negative events in human services have highlighted the vital role client knowledge and experience has in bringing attention to problems and risks. A key message of this framework is that the client voice is essential for quality and safety – and this is a shared responsibility of everyone in the community services system.

TIPS FROM CLIENTS

When people are in crisis they often don't know what they need, and the system doesn't make it easy to take the first step. Many people don't know what question to ask – the system and everyone in it needs to be sensitive to this.

TIPS FROM CLIENTS

Good workers are friendly, pleasant, courteous, respectful and supportive. They see the person as a whole, support them towards a shared goal regardless of program constraints, stick at it, do their homework, listen and follow up on things.

TIPS FROM CLIENTS

The fear of retribution for speaking up about things that aren't going well is insidious and can exist regardless of service type, personal resources, background, qualifications, age or levels of involvement.

TIPS FROM CLIENTS

Treat others as you would like to be treated – everyone deserves respect.

'As a team leader, I cold-call clients and gather feedback about the service they are receiving. This takes time, but it gives clients the opportunity to speak to their worker's team leader directly. It also gives me a good understanding of how the service is actually being provided.'

– Team leader, Children and Family Community Service Organisation

How do you assure yourself that clients are safe and experience a quality service?

Principle: The client voice is essential for quality and safety	
What this looks like	Principle in action
<p>The definition of service quality is determined with clients.</p> <p>Staff and clients report that they experience an open and transparent culture.</p> <p>Systems and processes such as feedback, complaints and incidents are understood, accessible and promoted to all clients, all the time.</p> <p>Clients are asked about quality and safety, and their experiences and views inform service delivery and design.</p> <p>Staff at all levels demonstrate respect, awareness and empathy in every interaction with clients – they listen, believe and act.</p>	<p>Individual</p> <ul style="list-style-type: none"> • Clients are involved in decisions about their individual goals. • Clients are supported to understand and be a part of conversations about safety and risk. • Clients can easily access information about how to make a complaint or give feedback in different languages, easy read, electronic or hard-copy versions. This includes information about other organisations and advocacy services that can help them. • Clients have the option of giving feedback without leaving their name. • Staff and clients are asked often about their experiences, for example, through 'pulse checks', satisfaction surveys, conversations with staff or other methods. • All staff and clients can explain what they would do if they had a complaint or were involved in an incident, and their explanation is consistent with the organisation's policies and procedures. • Staff and clients have positive stories to tell about their experience when they have raised an issue or complaint. • Raising a complaint or reporting an incident about quality and safety is done without fear of negative impacts on their care. <p>Organisation</p> <ul style="list-style-type: none"> • Annual reports include information about how staff and client experiences of quality and safety have been sought and used. • Policies and procedures specifically address the safety of children. • Information from complaints and incidents is analysed, reported and used to improve services. • Complaints are responded to quickly and with compassion and competence. • Feedback about what changed because of a complaint or incident is given to everyone involved. • Staff are trained and supported, for example, through mentoring and supervision, in how to respond to complaints and incidents. <p>System</p> <ul style="list-style-type: none"> • Quality standards are developed, monitored and reviewed with input from clients. • Data is collected through complaints, feedback and incident systems and is analysed and used in system review and design. • Organisations access research and evidence and use it to inform their decisions. • System governance groups seek out the client voice from a range of sources, for example, by using case studies about client experiences of quality and safety and the ways incidents are reviewed. • Cultural safety is specifically identified as a requirement of quality service for Aboriginal and Torres Strait Islander clients.

Principle 2: Clients have expertise



Fundamental to genuine client voice work is a belief in client expertise. This belief underpins person-centred practice and guides behaviour that acknowledges and recognises every client as holding unique insights that are valuable. This doesn't mean that clients are always right, or that their lived experience expertise is enough on its own to meet the challenges of quality and safety in community services. It doesn't mean that community service providers, policy and program staff will always agree with an individual or client group or be able to act on their voice. The important message is that lived experience has value – it has been proven to enrich the quality and safety of services and the relationships between clients and staff. It's critical to quality and safety, and it's essential to quality governance.

TIPS FROM CLIENTS

Don't just tick the boxes...
listen and respect.

TIPS FROM CLIENTS

Participation should be paid.

TIPS FROM CLIENTS

Children are rarely asked
what they think.

TIPS FROM CLIENTS

Clients must be
represented on
committees, advisory
and working groups.

**'Attitudes can
be a barrier – not
recognising lived
experience as equal to
professional experience
and a lack of willingness
or knowledge to level out
power differentials to
enable true client voice.'**

– Manager, Community
Service Organisation

Is client expertise acknowledged and valued in your workplace?

Principle: Clients have expertise	
What this looks like	Principle in action
<p>Clients are recognised and treated as experts in their own lives and experiences.</p> <p>Client views and experiences are actively sought, valued and acted on throughout all stages of their involvement with a service.</p> <p>A client partnership approach, characterised by shared decision making is applied at all levels – individual, organisation and system.</p> <p>Client expertise is appropriately acknowledged, including through payment where appropriate.</p> <p>Organisations can show their commitment to self-determination for Aboriginal and Torres Strait Islander people.</p>	<p>Individual</p> <ul style="list-style-type: none"> • Staff actively seek out genuine partnerships to enable shared decision making. • Clients are always treated with respect and are actively listened to. • Clients are informed about how their views are considered and used to influence change. • Clients benefit from providing input, for example, with formal recognition, skill development or payment. • Except when related to their direct service provision, when clients participate in engagement activities their reasonable costs such as travel, childcare, personal care and interpreter services are reimbursed. • When clients are invited to take part in consultation, co-design or other participation activities, their broad life experience, skills, talents and qualifications are considered, not just their experience of a particular service or program. <p>Organisation</p> <ul style="list-style-type: none"> • It's clear how client experience is integrated into all levels of operations and governance, including shared decision making, for example, in organisational charts, annual reports, recruitment panels and quality and governance structures. • It's clear where person-centred practice and client engagement skills exist within organisations, for example, in position descriptions and staff qualifications or specifically designated roles. • Client roles are included on projects and working groups. Governing bodies have formal methods for directly listening to clients, for example, through client advisory roles. • There are organisational policies and procedures about client recognition, payment and reimbursement. • There are organisational policies about self-determination that are developed and regularly reviewed in partnership with Aboriginal people and services. <p>System</p> <ul style="list-style-type: none"> • Client views are sought and included in policy and program design. • Clients are asked about their experience of the broader system, and their feedback is used in continuous improvement processes. • Client representatives are included on advisory groups and in consultation processes. • There are system-level guidelines for client recognition, payment and reimbursement.

Recognition, payment and reimbursement

There are various views about what and how people with lived experience should be recognised for their input and varying capacity across the system to do so. It's usually quite clear what is expected in terms of participation when it comes to direct service provision, for example, as part of application processes, assessments and case planning. However, as the client voice in service and system review, evaluation, design and quality governance continues to be elevated across the system, questions about consistent practice and resourcing arise. Below are some guiding considerations for individual providers, policy and program staff to include in future work:

- People should experience benefit from sharing their expertise. This doesn't always have to be in the form of monetary payment; however, in some cases this is the best and most appropriate way.
- Everyone involved should agree about what is a reasonable payment and reimbursement. This might involve changing the scope, method or even location of what is being proposed and the benefit being offered.
- Clear, accessible and transparent information should be provided as soon as possible about what people are being asked to do (including where, how and why), and also what the organisation's resource limitations are, so people can make an informed decision about whether to take part.
- The impact of power imbalance (see principle 4) and individual circumstances must be considered to ensure people are not pressured to take part in any exchange, event or opportunity that may disadvantage or harm them.
- Organisations should have clear policies and procedures for recognising client expertise, and staff should be supported to understand and implement these. Ideally these would be developed in partnership with clients.
- Experiences should be positive – every effort should be made to ensure people feel respected and valued, that their time hasn't been wasted and that they have been listened to.

One way to test whether monetary payment is appropriate is whether other stakeholders would be paid for the same sort of activity or input, for example, a consultant or service provider representative. This isn't always simple or straightforward, and of course resources are limited. Paying people is one of the ways to recognise the valuable and specialised contribution clients make when providing their insights from lived experience; however, it's not the only one. Others include:

- references that can be used for job or training applications
- a contribution to formal qualifications through the activity (consult with a registered training provider regarding this)
- skill development and capability building – goals and outcomes can be established with the person or group beforehand and an approach agreed
- network building and the chance to build an ongoing relationship between parties – this could be formal or informal, with the desired outcomes established at the outset
- catering and a verbal acknowledgement (if participation is called for publicly and being held as part of large group consultation)
- a thank-you letter
- a gift voucher.

Reasonable out-of-pocket expenses such as travel, accommodation, personal support (including personal care for a family member to allow participation), meals and any associated incidental expenses should be reimbursed. It's important to remember that reimbursement of costs associated with participation is different from payment and recognition for time and expertise, so both should be considered separately.

When working out payment and reimbursement, consider the:

- nature of the work
- time commitment
- degree of accountability and responsibility
- client's skills and experience.

For example, for a short online survey that allows people to opt in or out, is time-limited and low cost, it might be appropriate to offer a nominal payment, voucher or other type of non-monetary benefit, including a formal thank you of some sort.

However, in cases where repeat engagement or formal representation on a stakeholder group is requested (for example, regular attendance at an advisory group) and a high level of input is being sought, payment for time and expertise as well as reimbursement of reasonable out-of-pocket expenses is likely to be the most appropriate option.

There are several client representative organisations that can help make connections with people who have lived experience and that have existing recognition and remuneration policies (see 'Client representative groups and organisations' in the 'Useful resources' section of this framework).

Principle 3: The client voice is part of everyone's role



Across the system everyone is responsible for finding a way to connect with the client voice and using this to inform their work at all levels – individual, organisation and system. This framework draws on various models showing levels and stages of client participation, partnership and involvement to make the point that client voice is relevant throughout a person's experience of community services – starting with the first contact, right through to receiving and reviewing the service. It also covers service and policy design and system reform.

Put simply, it's important to think about what level of engagement is relevant in any circumstance and therefore what methods are most suitable.

The responsibility of a direct worker or volunteer is to actively seek and use their client's voice to inform the work they do. This may include, for example, providing support and information in particular languages or locations and sharing decisions about case plan goals. Managers and executives are responsible for supporting and monitoring their staff to do this and to ensure other methods of hearing and using the client voice are used when designing and evaluating feedback processes. The responsibility of a board of management is to ensure information that is used to set the vision of the organisation, to identify and manage risk, and to plan and to make impactful decisions are informed by the client voice.

For managers, executives and board members it also means using their role and influence to enable the client voice to be listened to and acted on. For example, managers have a role in making sure staff can access interpreter services, and boards have a role in ensuring the organisation's policies and procedures support this to happen easily.

Policy and program staff need to think about how their work supports all of this in practice, how the rich information gained throughout every level and stage is used effectively to build evidence about what works and what doesn't and to identify where changes are needed in policies and guidelines that ultimately influence client experience.

'Addressing attitudes and mindsets is crucial to better integrating consumer voice into everyone's work. We need to ensure it becomes business as usual rather than seen as an additional extra.'

– Policy worker, Children and Family Community Service Organisation

How do you incorporate the client voice into your work and support others to do so?

Principle: The client voice is part of everyone's role	
What this looks like	Principle in action
<p>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.</p> <p>Everyone in the organisation is supported to take responsibility for the client voice.</p> <p>The relevance of the client voice is seen in every interaction, level and stage of service design, delivery and review.</p>	<p>Individual</p> <ul style="list-style-type: none"> • Clients have opportunities to express their views, needs and opinions at any time, not only occasionally or after a service has finished. • Staff and volunteers listen to the clients who they interact with. • All staff and volunteers understand their role in quality and safety and the connection to the client voice. • Clients are engaged early and are involved in every stage of service review, planning, evaluation, consultation and co-design processes. <p>Organisation</p> <ul style="list-style-type: none"> • Even if the organisation assigns a person to lead 'client voice' activities, everyone's responsibility is still described, for example, in position descriptions. • Group feedback processes don't only happen when a service, project or program is completed or as part of an annual questionnaire. • The minutes of boards and committees of management meetings reflect how the client voice has been used in decision making. • Vision and mission statements are informed by the client voice. • Professional development and supervision processes and templates include a reference to how individual staff support the client voice. <p>System</p> <ul style="list-style-type: none"> • Policy and program areas adopt person-centred design principles and methods such as co-design. • System governance groups can show how they connect with the client voice, for example, in their workplans. • System reforms are based on and shaped by the client voice.

'Co-design is the process of creating new approaches to services with the people who use or deliver our services.'

– Public participation framework

TIPS FROM CLIENTS

Staff should strive for excellence in every interaction.

Levels and stages of participation

There are many approaches and models used to describe the levels and stages of participation. One widely quoted consumer engagement concept is Arnstein's Ladder (1969). This ladder metaphor shows simple groupings from low levels of engagement that offer little opportunity for client input (informing and consultation), through to high levels of client control (partnerships and co-designs). The department's *Stakeholder engagement toolkit* refers to the International Association for Public Participation (IAP2) Public Participation Spectrum as the basis for all stakeholder engagement. The stages of the IAP2 spectrum are:

- **inform** – providing information to stakeholders
- **consult** – obtaining stakeholder feedback on alternatives for potential courses of action or decisions made
- **involve** – working directly with stakeholders to ensure concerns and aspirations are understood and reflected in proposals or policy
- **collaborate** – partnering with stakeholders at each stage of a project
- **empower** – placing final decision making in the hands of the stakeholder.

Sometimes levels and stages of engagement can be agreed at the outset of a project or initiative, for example, during planning where there's control over how stakeholders, including clients, will be involved. At other times levels and stages are predetermined; for example, collaboration and empowerment can't occur if decisions have already been made and there's limited possibility of changing courses of action. There may also be resource or other constraints, such as limited time, that restrict the way engagement and participation can occur. Sometimes empowerment or collaboration would be the preferred approach, but limited funding, time or even expertise mean that it isn't possible. In other cases, the legal nature of providing a service defines the level of engagement, for example, if a case plan is based on a court order or where, by law, certain decisions can only be made by particular people.

The important message here is to remember the concept of levels and stages and the relationship between what is occurring, or is planned, and the best ways of going about it. Become familiar with the IAP2 Public Participation Spectrum <<https://www.iap2.org.au/About-Us/About-IAP2-Australasia-/Spectrum>> and refer to other resources applicable to your workplace and role for guidance. Be clear about what level and stage you are involved in and communicate this to others.

In developing this framework, clients and staff across the system often said they were disappointed about being involved in processes that were described as more empowering than what they actually were, for example, 'co-design' processes that were in fact consultation. Often the experience will be a better one if there has been open communication and shared decision making regarding the level of engagement being offered or requested, regardless of where it sits on the spectrum from 'inform' through to 'empower'.

Fit-for-purpose strategies

Many of the key messages in this framework can be summarised by the concept of 'fit for purpose'. It's important that any activity that aims to seek, listen and act on the client voice is carefully considered in terms of what the end goal is: objectives, people, context or resources.

Often a strategy or product can be impressive on its own, but the process of developing it might not have been a positive experience. Unless it meets the needs of the people it's intended for, and unless it leads to the outcomes sought, it isn't meaningful or successful. For example, a well-designed questionnaire that is visually engaging and widely available won't be successful if it doesn't ask the right questions or if the timing and method of distribution doesn't suit the target group. It can be extremely worthwhile to have clients take part in working groups, committees or project teams, but unless people are adequately prepared and supported to take part, this strategy may not be successful. It could instead discourage clients and others from participating in the future.

Consider the ability of one person or a small group to represent a large group of clients – both at a point in time and also over time. For example, there may be benefit in reviewing membership of a governance group if the client representative roles have been held by the same people for many years. It's worthwhile to continually question whether there are better ways of representing client experience and whether the people and the methods used are the best choices.

There's no single best practice model or step-by-step engagement process, but rather a range of ways to initiate, promote and sustain client involvement. The method will vary in the same way people, problems and organisations do, each with its own challenges and difficulties, and each achieving different outcomes.

Using more than one technique or engagement approach may provide the opportunity to reach beyond the usual stakeholders and increase participation and the client groups represented. However, it's important to first consider and be clear on the intended approach and outcomes before starting any new engagement activity to ensure it's meaningful and targeted, that it has credibility and that it's a good use of people's time and resources.

'Currently we do the following – consumer advisory committee to our board and executive – listening posts run by consumers for consumers and carers to seek feedback and ideas – consumer surveys – consumer focus groups. We remunerate consumers for their time and expertise.'

– CEO, Disability Organisation

Principle 4: There are many client voices



Just as every client's circumstances, needs and experiences are individual, the way that staff across the system engage and communicate must also be tailored to individuals. This principle is about recognising that one size does not fit all. For the client voice to be meaningful, and for clients to have a genuine say, the approaches used must consider individual needs. Community service clients are not all the same, nor are the clients of any one type of service or program within the system. Some clients are much better placed to self-advocate and speak up than others.

TIPS FROM CLIENTS

Organisations have a responsibility to train and support clients in tailored ways to empower and enable them to have their say.

TIPS FROM CLIENTS

Cultural awareness is paramount – services and staff must understand and respect cultural diversity and bring this awareness into all interactions.

TIPS FROM CLIENTS

A variety of methods should be used to engage with and hear the client voice.

'Intersectionality refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.'

– Diversity and intersectionality framework

How do you and those around you support clients to have a say in ways that are suited to their individual needs?

Principle: There are many client voices	
What this looks like	Principle in action
<p>An understanding of diversity and intersectionality issues shapes the approaches and strategies used to engage with clients.</p> <p>Organisations use more than one way to promote the client voice.</p> <p>Person-centred practice is promoted through recruitment, orientation, ongoing training and supervision.</p> <p>Genuine attempts are made to hear the views of all clients, including those hardest to reach.</p> <p>The impact of power differences between clients, providers and systems is understood and addressed.</p> <p>Processes, communication methods and engagement strategies are deliberately tailored and consider diversity, culture, class and power differences.</p>	<p>Individual</p> <ul style="list-style-type: none"> • No-one experiences harm or is worse off for expressing themselves. • Contact with every client considers cultural and language needs and preferences. • Interpreter services and communication aids are used appropriately, and staff are supported to do so. • Communication, resources and environments are age appropriate. • Information is provided in different languages and in easy-read formats. • When a client disengages with a service, someone from the service follows up with them in a compassionate and understanding way to find out why. • The limits to a client's input and control over services are explained, for example, in non-voluntary services. <p>Organisation</p> <ul style="list-style-type: none"> • Organisations show they comply with standards and laws that protect clients. • Different client voice methods and techniques are used for different groups, for example, children. • Staff are qualified, trained and supported to understand and use person-centred practice. • Organisations regularly look at and act on data about how people are accessing their services, including diverse groups. • Organisations have a clear plan for implementing the Aboriginal and Torres Strait Islander cultural safety framework. • Power imbalances are understood and addressed, for example, through options to give private feedback, creating welcoming and non-threatening physical spaces and genuine shared decision making. <p>System</p> <ul style="list-style-type: none"> • Reviews of system structures such as funding and policy frameworks take diversity and gender difference into account, for example, by using 'designing for diversity' principles and resources. • Client-reported outcomes and experience measures are built into reporting frameworks. • A data intelligence approach is applied to information to improve understanding about strengths and opportunities in the system.

Addressing power imbalances

The client voice must be sought and acted on in ways that recognise and are sensitive to power imbalances. These imbalances exist between people who need support and the system of paid staff, volunteers, carers, organisational structures, policies and law that is set up to provide that support.

A strong theme heard from clients is that to truly make a difference, a client voice approach must acknowledge and address in-built power imbalances. The most common and consistent message is that service providers, including the department, hold power, and that this influences all aspects of the relationship between clients, staff, organisations and the system.

It's important to acknowledge that the power imbalance in any relationship or circumstance will vary and will also change over time. It's also unrealistic to say that it can be changed in every situation; however, there are things that can be done to:

- increase our understanding and awareness
- help empower clients
- change approaches to recognise power imbalances.

Some examples include making sure that if a person or group has any particular cultural, accessibility or literacy needs that this information is well understood and the methods used to communicate are tailored to them.

When done well, participation in itself is empowering for clients.

Table 2 provides some examples and reflective questions that can be used when in contact with individuals, families or other groups.

TIPS FROM CLIENTS

There is great fear associated with speaking up/giving feedback – linked to the dependence people have on services/supports and systemic disempowerment.

TIPS FROM CLIENTS

Trauma shuts people down.
Judgement and fear silences people.

'Even if a client is involved with a service involuntarily, their voice is important.'

– Disability Justice Team Leader

Table 2: Addressing power imbalance

Steps to address power imbalance	Considerations	Reflective questions
<p>1. Understand the situation</p>	<ul style="list-style-type: none"> • History of service experiences • Cultural identity, background and needs • Literacy skills • Disability • Intersectionality • Age • Current support services • Eligibility for support services • Experience of trauma • Dependants • Access to local services • Social and family context 	<p>Have previous experiences been positive or otherwise?</p> <p>What do the case files show?</p> <p>Are there particular direct worker characteristics that might be preferred (for example, age or cultural background)?</p> <p>Could the person or group lose supports, entitlements or benefits?</p> <p>Is it possible that the person or group might feel pressure to take part in an engagement activity even if it might not be in their best interests?</p> <p>Are there other power imbalances, for example, within family or carer relationships?</p> <p>Have you asked the person or group about the above?</p> <p>How will you manage the conflicting views and opinions of different clients?</p> <p>Have you thought about unintended bias?</p>
<p>2. Empower (where possible)</p>	<ul style="list-style-type: none"> • Providing accessible information and resources, including information about privacy and confidentiality • Training, orientation or skill development • Location of meetings, for example, in culturally safe spaces • Creation of child- and youth-friendly physical environments⁵ • Accessibility of information, systems and processes 	<p>What information or support would help the person or group to have their voice heard?</p> <p>Are there other groups, services or resources that could help, for example, advocacy?</p> <p>Are there decisions that the person or group could have control over but doesn't currently? Can that be changed?</p> <p>Is it possible to create an opportunity for a client or group to express themselves when family/carers are not there?</p> <p>Have you assumed what people need instead of asking them?</p> <p>What will clients gain from what happens, for example, new skills, protective behaviours, recognition?</p>
<p>3. Tailor the approach</p>	<ul style="list-style-type: none"> • Use of technology • Different ways to have a say – in person, anonymously, verbally, in writing • Be clear about the questions you want answered • The option of a support person • Follow up 	<p>Could you work with the person or group to plan and design what you're going to do?</p> <p>What sort of technology or supports, such as advocacy or accessible resources, are available that might help?</p> <p>How will you check in to make sure what you're doing is working and that everyone is OK?</p> <p>Do you need to make sure counselling or other psychological support is available?</p> <p>How will you provide feedback to the person or group and keep them up to date?</p>

⁵ Australian Institute of Family Studies 2017, *Protection through participation – Involving children in child-safe organisations*, AIFS, Southbank

Ethical considerations

Ethical conduct involves acting in the right spirit and showing respect and concern for one another.⁶ Ethical practice is at the heart of community services and, when it comes to the client voice, many of the ethical considerations will be very familiar to staff across the system. However, if you're considering doing something new, or changing or increasing client engagement activities, questions may arise about ethics and whether any sort of formal or informal processes might apply.

Board members, executives and managers will want to feel comfortable that the strategies and methods being undertaken in their organisation or teams are the right ones and that the staff involved are qualified to implement them. Other community service staff may want to make sure they are following correct procedures and best practice. Policy and program staff or others who don't usually have direct contact with clients might be unsure how to connect with people and ensure engagement approaches are ethical and appropriate.

With each engagement activity, there will be different ethical considerations; however, certain elements must always be considered, particularly when it involves vulnerable people. Formal ethics approval is not always needed; however, it's a good idea to get guidance before proceeding. Once again it's important to think carefully about **what the purpose is** and **who the people involved are**.

Informed consent

It's important to think about how and when informed consent should be obtained and to revisit this regularly. This means providing information in formats that are suitable to every individual's needs about:

- the purpose of the activity
- the process that will be undertaken
- rights and responsibilities
- recognition/payment/reimbursement
- how to opt out or withdraw consent
- how information will be handled, including how it will be stored.

Informed consent doesn't have to be formal. You may be able to get informed consent through a conversation or email if:

- you are already working with the person or group and therefore have a relationship with them
- the activity is low risk
- the activity doesn't involve a lot of time and requires expertise that has been used before.

If you don't know the person or group and the activity is not standard, this could require a bigger time commitment. If you're asking for new views and expertise, formal informed consent may be needed, for example, in a printed document.

Always allow enough time for people to understand the information, and make it clear how they can pose questions or ask for changes to the planned approach. Find out if people have others in their life who they would like to support them in making a decision about consent, for example, family, friends, carers or advocates. Help them to do this if needed.

⁶ National Health and Medical Research Council 2018, *National statement on ethical conduct in human research* – graphics from client engagement workshop, Australian Government, Canberra

Vulnerability

It's important to consider potential negative impacts, including trauma, that discussing client experiences and engaging with services might bring up. This is the case not only for those directly involved but also for other clients, families and staff. These negative impacts could require sensitive handling to support the wellbeing and safety of the people involved. Even when recruitment to an activity has been carefully managed, there may be particular circumstances or subject matter that are difficult for people.

Before you engage with people, measures should be in place to support them, including referrals to mental health professionals if needed either during or after an activity or event. Consider the skills that facilitators and workers may need so they can pick up on and respond to support needs; for example, frontline staff may need new skills in trauma-informed care or youth engagement.

Specific groups

There will be ethical considerations associated with particular groups of people with lived experience that need to also be factored into planning, delivery and follow-up of engagement activities.

Many organisations say they would like to hear the views of children or young people better but don't know how or are concerned they will 'do it wrong'. Children and young people are often keen to be involved too but don't know how or aren't adequately supported to.⁷ Currently, the process for engaging with children under 18 years, particularly children in care services and welfare services, is challenging for research, policy and service delivery staff due to ethical concerns including power imbalances and control and practical issues of access and informed consent.

Other specific groups may need special consideration too. For example, elderly people may be vulnerable because of limited support networks and may depend on the services they receive. Being clear that honest feedback will not affect their access to services and only considering activities that provide positive social connections (for example, peer-based activities) might help.

Examples of practical suggestions for other client groups are listed in *Cared for enough to be involved – client participation guide* <<http://www.nwhn.net.au/admin/file/content2/c7/Client%20Participation%20Guide.pdf>>.

⁷ Client participation guide <<http://www.nwhn.net.au/admin/file/content2/c7/Client%20Participation%20Guide.pdf>>

Formal ethics approval

Human research involving more than a low risk must be reviewed by a formal human research ethics committee. The National statement on ethical conduct in human research <<https://nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>> is a series of guidelines made in line with the *National Health and Medical Research Council Act 1992 (Cwlth)*. The guidelines focus on the ethical aspects of designing, reviewing and conducting human research.

The Department of Health and Human Services Human Research Ethics Committee <<https://www2.health.vic.gov.au/about/clinical-trials-and-research>> accepts submissions when research starts from within the department (conducted by departmental staff) or is arranged by the department and conducted by others.

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) is a leading organisation in Australian Indigenous studies, and its ethics guidelines inform all research in this area. AIATSIS has created the *Guidelines for ethical research in Australian Indigenous studies* <<https://aiatsis.gov.au/research/ethical-research/guidelines-ethical-research-australian-indigenous-studies>> to ensure that research with and about Aboriginal and Torres Strait Islander peoples follows a process of meaningful engagement and exchange between the researcher and the people involved in the research.

Where to go for help

Discuss your plans, concerns and questions with your manager or other relevant people in your organisation. If possible, try to find out if something similar has been done before and what process was undertaken. Also check if your organisation has policies and procedures about client engagement, person-centred design and ethics. If possible it might be beneficial to seek the advice and expertise of others outside your organisation.

With the increasing focus on co-design, there's a move from protecting individual participants to developing relationships between professionals and community partners that benefit both.⁸ More resources will be made available to support these engagements as part of implementing this framework.

⁸ Cross, J, Pickering K, Hickey M 2014, 'Community-based participatory research, ethics, and institutional review boards: untying a Gorgian knot', *Critical Sociology*, vol. 41, no. 7–8, pp: 1007–1026



Principle 5: The client voice leads to action

In developing this framework, a strong message from clients is that, above all, people want to know that their voice will make a difference – that the time, effort and personal experience they share will be actively used and will bring about change. This doesn't necessarily mean that everything clients suggest will be agreed with or acted on, but that they will be genuinely heard and taken into consideration.

Clients want to know what happened. Too often people report that they have been a part of engagement, case planning, evaluation or consultation processes but then haven't heard about what happened next and don't know where the information they provided went or how it was used.

Feedback loops are critically important. As part of quality governance, continuous improvement and good practice, it's essential that the client voice is not only sought and heard but that it's genuinely used to influence change and the feedback loop is closed. It's important to think about how this will be done right from the beginning, not at the end of a strategy, project or initiative. Sometimes this will mean checking that the right people or areas of an organisation are on board – that there's the necessary support and commitment to follow through. It's also important to be upfront with people about the potential limitations of how their voice will be used.

Also give thought to how the client voice will be used in an integrated and ongoing way, rather than for just one purpose. This will help to maximise the effort people have made and the benefit of their input; it will ensure people aren't asked the same questions over and over. It's also important that this becomes a process that continually improves all levels of the system.

'I don't want a pat on the back and a gift voucher. I want to see change in the system.'

– Brittany Witnesh,
Young Leader, 2018

TIPS FROM CLIENTS

There must be a timely response to actions and questions – otherwise we don't know if anyone was really listening.

How is the client voice used to influence real change in your workplace?

Principle: The client voice leads to action	
What this looks like	Principle in action
<p>There is evidence that the client voice is used in quality and continuous improvement processes.</p> <p>Seeking, listening to and acting on the client voice is ongoing.</p> <p>Clients are informed about what happens to their input.</p> <p>New ways of doing things are continually explored and trialled, leading to action and driving change.</p>	<p>Individual</p> <ul style="list-style-type: none"> • Clients know how their voice is used, including what the reasons are if it doesn't lead to any change or outcome. • Clients' satisfaction with services improves over time. • Clients' involvement with services leads to positive outcomes for them. • Over time, there are new and different opportunities for clients to have a say. <p>Organisation</p> <ul style="list-style-type: none"> • Organisations can show how they apply a quality governance system. • Client outcomes are measured, for example, via outcomes frameworks. • Managers, executives, boards and committees of management can show how they stay on top of best practice and innovation regarding the client voice. • Client voice policies and processes always include a feedback loop. <p>System</p> <ul style="list-style-type: none"> • Outcomes and quality governance frameworks are accompanied by implementation plans and support. • System-wide barriers to using the client voice are identified and addressed. • Best practice, success and innovations regarding the client voice are shared across the system. • The work of policy and program areas helps providers to make connections between the client voice within different systems such as regulation, performance reporting and quality governance. • Leaders across the system use evidence-based improvement methods to collaborate, innovate and effect change, leading to better outcomes for clients. • System-level measures are developed and used to improve client outcomes.

Client voice data and measures

In developing this framework, many people have raised the issue of how we measure the impact of policies, procedures and services and, ultimately, how we can measure the impact of the client voice. Measuring quality and safety at each level – individual, organisation and system – is critical if we are to better understand the relationship between what we do and the difference it makes for clients.

Gathering information about client experience at the individual level is the most common, for example, recording case plan goals at the beginning, during and at the end of providing a service. The challenge is how to use this information to better understand what works within an organisation, sector or the whole community services system, and what doesn't.

Work is underway in the department to develop system-wide quality and safety measures for community services. Measuring the quality and safety of the system is a key requirement to improving it. A consistent set of strong, well-considered measures is vital to developing an understanding of the system and key to achieving system quality and safety improvements.

How to implement this framework

This framework is for all people who work or volunteer in the community services system, including in the department and community service organisations. This recognises that the onus is on the system and its workforce, not clients, to provide safe, effective, connected and person-centred services for everybody, every time. Implementation requires an ongoing commitment from all stakeholders.

Given the diverse, complex and dynamic nature of the system, there will be great variation in how the framework will be implemented and what it means for different people and organisations. The framework is designed to support core business, existing safeguarding regimes and regulation, as well as new and emerging practices rather than to double-up on or add to requirements. As such, implementation will be varied and should be staged as appropriate to the situation.

The expectation is that everyone in the system does something to reflect on the client voice, what it means in their context and where the opportunities are to do things better.

The framework will adapt over time as the system continues to develop and as evidence grows about what works and what doesn't. This will happen alongside the *Community services quality governance framework* rollout.

Community services can start using the *Client voice framework for community services* now, for example by:

- confirming their commitment to seeking, listening to and acting on the voices of clients in publicly available material
- distributing and promoting the framework
- bringing people together to review the client voice principles and to find opportunities to make improvements
- adding specific actions to existing quality and continuous improvement, learning and development and business plans, aligning them to one or more of the framework principles.

'To do everything well takes time and dedication by all staff, so it is important to set out a stepped approach with some self-assessment tools. It will be very helpful to have clear diagrams, flow charts and tools that are fundamental, no matter what service you are delivering.'

– Community health executive

The department will help community services to implement the *Client voice framework for community services* through other department-led initiatives including:

- a self-assessment tool to help community services evaluate their quality governance processes, systems and capabilities against the five quality governance domains outlined in the *Community services quality governance framework* (this will include the client voice as a key component of the client and family partnerships domain)
- a digital interactive feedback mechanism to support our commitment to speak with children and young people about service delivery
- the Voice of the Child project, which is about creating more opportunities for the voices of children and young people to be heard, valued and acted on in policy and service design
- the support of communities of practice, which focus on building workforce skills across the system and in different locations
- developing a model for a lived experience consultative group that could be drawn on for input into policy and program design, learning and development programs and other projects or initiatives
- tools, templates and guidelines for how to make sure clients are represented in governance groups, projects and evaluations; lived experience position descriptions or 'opportunity outlines'; guidance around payment and reimbursement and ethical considerations
- developing core client questions for community services and client experience quality measures that will help capture client experiences consistently and show where services can improve
- an evaluation model for implementing the framework.

'The type of support and resources that will help include things like sample position descriptions for clients on committees, sample client advisory group terms of reference, training sessions for staff and clients on effective client engagement.'

– Peak body governance consultant

Literature review

Literature gap

We undertook a literature search to find out how best to include the client voice in community services and to see what evidence there is on how it can improve safety or quality in community services.

The search found gaps in the theory and practice of capturing client voices for improving quality and safety in community services, despite the client voice being a critical element of assuring and improving the quality of service outcomes. Broadening the scan, the literature showed that client feedback and participation in decision making is necessary to ensure decisions are in line with community and individual needs. Most literature focused on processes and people's experience of and participation in various methods of engagement across community services' planning or delivery. As we move to a more joint approach with clients, evidence of the influence of the client voice (and the impact it generates) will be more widely available.

Key themes

Across the literature, key themes repeatedly surfaced at every level of engagement that are applicable across community services. These are explored below.

Effective communication and accessibility

Consider access needs so everyone has the same opportunity to take part in an activity in a way that suits them. Use plain-language resources and methods that don't intimidate or exclude people from participating. Use communication aids to encourage an open dialogue of actively listening and learning from clients.

Valuing experience and expertise

Recognise that clients, including children and young people, have skills and knowledge they have acquired through their own lived experience. They are 'experts of their experience'.

'We have developed quality improvement processes across all our services to children and families ... we have developed questions that can be adjusted ... but provide comparable results between different programs.'

– Manager, Children and Family Community Service Organisation

Power imbalance

There's a natural power and control imbalance that needs to shift from professionals within the community sector to clients by supporting shared decision making and engaging in respectful and mutual relationships.

Purposeful and outcomes-focused feedback

Ensure clients have a clear understanding of the type of feedback they are engaging in (including informal feedback), how their views will be used, and how it will influence decision making. There must also be transparency on the outcomes of their involvement, and this must be communicated as soon as possible.

Continuous and varied engagement

Use a variety of flexible methods or channels at the same time to actively engage clients and enable feedback to be provided on a single issue. Increase representation and participation by meeting clients' needs to participate. Furthermore, the process must be repeated or continuously followed up so the knowledge base is built on and actions reviewed to ensure ongoing improvements.

Meaningful and genuine engagement

Adopt a genuine spirit of client engagement. Avoid tokenistic or non-meaningful activities that can further disempower clients for the sake of 'going through the motions'.

Skills and mindset

Continuously upskill staff through awareness raising and training, supervision and mentoring to support conflict handling, open dialogue conversations, active listening and data collection processes, particularly in children's services and for specific cultural groups.

Respecting and valuing diversity

Engage in respectful and equal relationships between clients and staff. Value the rights and diversity of clients and their experiences of the services.

**'To know that
someone is saying
"I get you, I hear you,
I understand what it's
like to be you", I think
there's nothing
more powerful.'**

**– Consumer
representative**

Useful resources

North and West Metropolitan Homelessness Local Area Service Network 2011, *Cared for enough to be involved – client participation guide* <<http://www.nwhn.net.au/admin/file/content2/c7/Client%20Participation%20Guide.pdf>> (great practice solutions for address problems)

Health Consumers Queensland 2017, *Consumer and community engagement framework* <<http://www.hcq.org.au/our-work/framework/>>

Department of Health and Human Services 2011, *Doing it with us not for us* <<https://www2.health.vic.gov.au/about/publications/researchandreports/Doing-it-with-us-not-for-us-Strategic-direction-2010-13>>

Association of Participating Service Users 2010, *Straight from the source* <<http://sharc.org.au/wp-content/uploads/2014/04/PSU-Straight-From-the-Source-Manual.pdf>>

Hart's Ladder model of the steps of participation: Are we listening? The need to facilitate participation in decision making by children and young people in out-of-home care

Resources from the National Health and Medical Research Council

2016: *Statement on consumer and community involvement in health and medical research* <<https://nhmrc.gov.au/about-us/publications/statement-consumer-and-community-involvement-health-and-medical-research>>

2010: *NHMRC road map II: A strategic framework for improving the health of Aboriginal and Torres Strait Islander people through research* <www.nhmrc.gov.au/_files_nhmrc/publications/attachments/r47.pdf>

2007: *The Australian code for the responsible conduct of research* <www.nhmrc.gov.au/guidelines/publications/r39>

2007 (updated May 2015): *National statement on ethical conduct in human research* <www.nhmrc.gov.au/guidelines/publications/e72>

2004: *A model framework for consumer and community participation in health and medical research* <www.nhmrc.gov.au/_files_nhmrc/publications/attachments/r33.pdf>

2004: *Resource pack for consumer and community participation in health and medical research* <www.nhmrc.gov.au/_files_nhmrc/publications/attachments/r34.pdf>

2002: *Statement on consumer and community participation in health and medical research* <www.nhmrc.gov.au/guidelines/publications/r22-r23-r33-r34>

Cultural references

2006: *Cultural competency in health: a guide for policy, partnerships and participation* <www.nhmrc.gov.au/guidelines/publications/hp19-hp26>

2005: *Keeping research on track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics* <www.nhmrc.gov.au/guidelines/publications/e65>

2003: NHMRC road map: A strategic framework for improving Aboriginal and Torres Strait Islander health through research <www.nhmrc.gov.au/guidelines/publications/r27-r28>

2003: Values and ethics: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research <www.nhmrc.gov.au/guidelines/publications/e52>

Client representative groups and organisations

Voice at the Table – Self Advocacy Resource Unit (SARU) <<https://voiceatthetable.com.au/>>

Peer Education Support Program (PESP) <<https://chp.org.au/services/pesp/>>

Self Help Addiction Resource Centre (SHARC) <<http://www.sharc.org.au/>>

TANDEM <<https://www.tandemcarers.org.au/>>

Victorian Mental Illness Awareness Council (VMIAC) <<https://www.vmiac.org.au/>>

Victim Survivor Advisory Council (VSAC) <<https://w.www.vic.gov.au/familyviolence/victim-survivors-advisory-council.html>>

Koori Youth Council <<https://www.yacvic.org.au/about-us/about-yacvic/>>

CREATE <<https://create.org.au/>>

Centre for Excellence Young Leaders <https://www.cfecfw.asn.au/youth-participation-and-advocacy/>

Berry Street Y-Change: <https://www.berrystreet.org.au/y-change>

Related frameworks, resources and initiatives

Department of Health and Human Services *Client services charter* <<https://dhhs.vic.gov.au/centre-evaluation-and-research>>

Department of Health and Human Services *Stakeholder engagement and Public participation framework and toolkit* <<https://dhhs.vic.gov.au/centre-evaluation-and-research>>

Safer Care Victoria *Partnering in healthcare framework* <<https://bettersafercare.vic.gov.au/resources/tools/partnering-in-healthcare>>

Designing for diversity resources <<https://www2.health.vic.gov.au/about/populations/designing-for-diversity>>

Victorian Government *Diversity and intersectionality framework* <<https://w.www.vic.gov.au/familyviolence/designing-for-diversity-and-intersectionality/diversity-and-intersectionality-framework.htm>>

Department of Health and Human Services *Korin Korin Balit Djak* <<https://dhhs.vic.gov.au/publications/korin-korin-balit-djak>>

Victorian Government *Youth policy: Building stronger youth engagement in Victoria* <<https://www.youthcentral.vic.gov.au/get-involved/youth-programs-and-events/victorian-government-youth-policy>>

Department of Health and Human Services *Delivering for diversity: Cultural diversity plan 2016–2019* <<https://dhhs.vic.gov.au/publications/delivering-diversity-cultural-diversity-plan-2016-2019>>

Department of Health and Human Services *Language services policy and guidelines* <<https://dhhs.vic.gov.au/publications/language-services-policy-and-guidelines>>

Victorian Government *Accessible communication guidelines* <<https://www.vic.gov.au/victorian-government-communication-guidelines>>

Department of Health and Human Services *Aboriginal governance and accountability framework* <<https://dhhs.vic.gov.au/publications/aboriginal-governance-and-accountability-framework>>

Victorian Charter of Human Rights and Responsibilities <<https://www.humanrightscommission.vic.gov.au/human-rights/the-charter>>

Commission for Children and Young People resources and support <<https://ccyp.vic.gov.au/child-safety/resources/>>

Disability Services Commissioner resources <<https://www.odsc.vic.gov.au/resources/>>

Mental Health Complaints Commissioner resources <<https://www.mhcc.vic.gov.au/resources>>

Victorian Council of Social Service resources <<https://vcoss.org.au/category/resources/>>

International Association for Public Participation IAP2 <<https://www.iap2.org.au/Home>>

Public Sector Innovation Network <<https://innovationnetwork.vic.gov.au/>>

Department of Health and Human Services Centre for Evaluation and Research <<https://dhhs.vic.gov.au/centre-evaluation-and-research>>



