



VincentCare
Engage. Enable. Empower.



VincentCare
Community Housing



Welcome as you are

Process evaluation report



How has this evaluation been funded

This project has been funded by the Victorian Government through the LGBTIQ+ Organisational Development Grants 2024–25.



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We acknowledge the richness, diversity and sophistication of the culture of Aboriginal and Torres Strait Islander peoples and pay our respects to Elders past and present and to the memories of their ancestors.

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1. Executive summary

Welcome As You Are is an intersectional inclusive practice guide (the guide) co-designed by LGBTIQ+ clients with lived and living experience of homelessness. This project was made possible through the Victorian Government's LGBTIQ+ Organisational Development Grants. As part of the project, VincentCare has undertaken a process evaluation of the project to specifically assess:

Participant experience, inclusion, confidence and safety, specifically:

- The **experience** and **satisfaction** of participants in the project
- The **inclusion** of participants' **ideas** and **voice** in the development of the guide
- Participant **confidence** and **ability** to contribute
- The physical, emotional and cultural **safety of participants.**

Building participant capability, specifically:

- Whether the project created meaningful opportunities for **learning** and **capability building.**

Fidelity to methodology and organisational learning, specifically:

- The project's **fidelity** to **co-design** methodologies
- Whether the project resulted in **organisational learning** and **development.**

The evaluation found that the co-design process was largely effective in creating a positive, inclusive, and meaningful experience for participants, while also generating important organisational learning about the practicalities of co-design implementation.

Overall, participants reported high levels of satisfaction, engagement, and motivation, with strong evidence that the process successfully centred lived and living experience and created a sense of purpose. Most participants felt heard, respected, and able to meaningfully contribute, with facilitators demonstrating active listening and openness to diverse perspectives. The use of structured approaches – such as group agreements, small group activities, and regular feedback mechanisms – supported participant inclusion, confidence, and group safety.

However, the findings also highlight that inclusion alone does not guarantee confidence or clarity of role. Some participants experienced uncertainty about how their contributions would influence the final product, and a small number questioned the legitimacy of their input compared to perceived “expert” knowledge. Additionally, the iterative and evolving nature of co-design created challenges, particularly where communication about next steps and expected outcomes was unclear.

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Executive summary

Participant safety was generally strong, particularly from a client perspective, with many reporting a sense of equality and respect.

At the same time, feedback identified gaps in accessibility and inclusion practices, particularly for participants with specific communication or support needs, indicating areas for improvement in ensuring consistent cultural and physical accessibility.

The project also demonstrated success in building participant capability, with training and facilitated learning activities increasing understanding of co-design principles, ethical participation, and the value of lived experience. Participants recognised the importance of intentional engagement, relationship-building, and adequate resourcing in delivering meaningful co-design.

In terms of methodology, the project showed partial fidelity to co-design principles, moving between “doing for” and “doing with” approaches rather than applying co-design consistently across all stages. Early phases, such as project establishment and recruitment, were largely staff-led, while later stages (particularly guide development) demonstrated stronger collaborative practice. This reflects the resource-intensive nature of authentic co-design, requiring time, capability, and organisational readiness.

Finally, the project generated significant organisational learning, reinforcing the importance of:

- clearly defining participation approaches from the outset
- investing in adequate time, facilitation, and resourcing
- embedding evaluation and responsiveness throughout the process
- positioning lived experience as central to decision-making.

These insights provide a strong foundation for strengthening future co-design initiatives and embedding more consistent, authentic participatory practice across the organisation.

2. Purpose of evaluation and scope

As part of the Victorian Government's LGBTQIA+ Organisational Development Grants, VincentCare Victoria secured funding to support the review and revision of its Gender and Sexuality Inclusive Practice Guide.

This guide was originally developed by VincentCare staff in 2019.

In alignment with the VincentCare Recovery Model and its emphasis on creating opportunities for genuine client participation, Welcome As You Are has been developed using a co-design approach, centring on lived and living experience and applying an intersectional lens. This approach acknowledges that inclusive practice and cultural safety are strengthened by an understanding of how intersecting aspects of identity shape individuals' experiences of services, inclusion, and discrimination.

This project holds critical importance for VincentCare as it not only demonstrates the organisation's values in action but has also provided an opportunity to experience co-design as a viable and practical method for continuous quality improvement. As a result, VincentCare has undertaken a process evaluation to assess the efficacy of the project's co-design process.

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2.1 Why process evaluation

As VincentCare continues to embed co-design as a key approach to continuous quality improvement, it was important to evaluate whether this project achieved its intended outcomes - particularly regarding participant safety and inclusion - and whether it was delivered in line with established co-design principles and methodologies.

For the purposes of this evaluation, the term 'participant' has been used to encompass both client and staff participants who were involved in the co-design process, unless a particular participant group (e.g. client participant or staff participant) is mentioned.

To support this assessment, VincentCare undertook a process evaluation as a systematic method to examine how the project was implemented and how it operated in practice.

The evaluation assesses whether activities were delivered as intended, measures fidelity to the original design, and evaluates participant experiences.

The evaluation has also identified challenges and improvement opportunities to support future replication or scalability, and to provide insight into why intended outcomes were or were not achieved.

2.2 Key areas of focus

This evaluation has focused on three key areas:

- Participant experience
- Inclusion
- Confidence and safety

Specifically:

- The experience and satisfaction of participants in the project
- The inclusion of participants' ideas and voice in the development of the guide
- Participant confidence and ability to contribute
- The physical, emotional and cultural safety of participants

Building participant capability, specifically:

- Whether the project created meaningful opportunities for learning and capability building

Fidelity to methodology and organisational learning, specifically:

- The project's fidelity to co-design methodologies
- Whether the project resulted in organisational learning and development

Participant Experience,
Inclusion, Confidence
and Safety



Building
Participant
Capability



Fidelity to
Methodology and
Organisational Learning

3.

Co-design methodology

3.1 What is co-design?

Co-design is a collaborative approach to designing services, programs, policies or solutions with the people who are directly affected by them.

Rather than organisations making decisions on behalf of communities or clients, co-design actively involves people with lived and living experience in identifying issues, generating ideas, shaping solutions and testing what will work in practice.

Co-design seeks to share power and direction, and values lived experience alongside professional expertise, creating opportunities for shared decision-making throughout the process.

Co-design can involve workshops, interviews, participatory activities and ongoing feedback to ensure that diverse voices are meaningfully included.

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3.2 Why is co-design important?

Co-design is important because it helps create solutions that are more relevant, effective and responsive to the needs of the people they are intended to support.

By involving people with lived and living experience early and throughout the process, VincentCare can build trust, strengthen relationships and increase engagement and ownership of outcomes.

VincentCare understands that amplifying the voices of clients, renters, and residents and facilitating their participation in decision-making creates better outcomes at an individual level.

We also know that developing a culture of shared decision making through co-design and co-production with people grounds our organisational priorities, and improves service provision, policies, procedures, and practice.

This mutuality is fundamental to understanding the power of participation in community services, the profound impact that active participation has on the health and vibrancy of our services, and the enduring change that participation can facilitate within individuals and communities..

3.2 How was co-design undertaken for this project?

- **Participant recruitment and identity:** A total of 12 participants (six staff members and six clients) participated in the project. Participation was voluntary and participants were recruited through expressions of interest.

The project sought participants who identified as LGBTQIA+ and who may have other experiences of marginalisation either through their cultural heritage, or by having a disability. Staff participants were also recruited due to identification as LGBTQIA+, an ally or their interest in the project.

- **Facilitation:** Workshop facilitation was largely designed and undertaken by paid VincentCare staff. Staff participants were provided with additional co-design and participatory evaluation training to develop these skills.

- **Project duration and remuneration:** Participants were recruited in early September 2025, with the intention that the project would wrap up prior to the end of the calendar year.

Client participants were remunerated at \$50 per hour for their involvement, including any in person workshops as well as any tasks outside of formal workshops.

The duration of the project extended far beyond what was initially planned, with a total of five training sessions (occurring in September and October 2025), and five workshops beginning in September and ending in April 2026.

The project extended past the original end-date due, in most part, to underestimating the resources and time that is required to do co-design well.

4.

Evaluation methodology

A qualitative and participatory approach was adopted for this process evaluation, with evaluation activities largely informed by the Participatory Evaluation Training delivered by Community Powered Resources as part of the grant program.

Data was collected from multiple sources, including formal surveys, participatory evaluation activities and group discussions/reflections.

All feedback mechanisms needed to be accessible for all participants to ensure key reflections were captured.

Using a range of data sources strengthened the validity of the findings and enabled a more comprehensive understanding of the project and its implementation.



5. Key findings

In evaluating the project's co-design process, three key areas were in focus:

Participant experience, inclusion, confidence and safety, specifically:

- The **experience** and **satisfaction** of participants in the project
- The **inclusion** of participants' **ideas** and **voice** in the development of and final version of the guide
- Participant **confidence** and **ability** to contribute
- The **physical, emotional** and **cultural** safety of participants

Building Participant Capability, specifically:

- Whether the project created meaningful opportunities for **learning** and **capability building**

Fidelity to Methodology and Organisational Learning, specifically:

- The project's **fidelity to co-design** methodologies
- Whether the project resulted in **organisational learning** and **development**

5.1 Participant Experience, Inclusion, Confidence and Safety

Participant experience and overall satisfaction was captured throughout the project and through a range of feedback mechanisms.

These included end of workshop surveys, check-in/check-outs, and identifying and responding to participant expectations of workshops.

Through these feedback mechanisms, overall participant experience and satisfaction was positive, and highlighted participant eagerness to contribute.

Check-ins at the start of each workshop provided a mechanism for participants to raise concerns.

Questions such as "What would you like to get out of today's session?" were posed to the group at the beginning of sessions, with some participants using this opportunity to voice anxieties about the size of the project and whether it would be able to be achieved. Participants used this opportunity to raise questions about next steps and to seek clarity about the direction of the project.

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The co-design process generated consistently positive participant experiences, with strong evidence of engagement, motivation, and perceived value.

Participants expressed enthusiasm for contributing to a resource that directly reflects their lived experience, suggesting that the process successfully created a sense of purpose and relevance.

However, there were some limitations that were observed. The iterative nature of co-design presented challenges for some participants, especially in relation to uncertainty of the final guide, limited understanding of next steps and variable understanding of how their contributions would be used in shaping the guide. This indicates that satisfaction was not solely derived from the co-design process itself, but from how well it was facilitated, communicated, and structured.

Feedback indicates that the co-design process was largely successful in centring participant voices and creating opportunities for people to meaningfully influence the guide.

Most participants reported feeling heard, respected, and able to contribute their ideas, with many ratings at the higher end of the scale.

Participants described active listening by facilitators, group discussions where multiple perspectives were welcomed and a sense that ideas were not only expressed but considered and reflected in the guide.

This suggests that the process aligned well with co-design principles, where lived experience and collective knowledge were treated as legitimate and valuable sources of expertise.

While inclusion was rated highly, some participants reflected on how they participated rather than whether they participated.

A small number noted feeling less like content contributors and more like facilitators, uncertain about whether their ideas were “expert enough” to shape the guide.

This highlights that inclusion is not only about the opportunity to speak, but also about confidence, role clarity, and validation. Even in inclusive spaces, participants may self-limit if they perceive expertise as hierarchical or feel their lived experience is less relevant.

Participant safety was assessed from both personal and group safety perspectives. Personal safety focused on physical location of workshops, that participants were respected, listened to and treated fairly, and that cultural safety was prioritised and evident in the planning and facilitation of workshops. Client participants had higher ratings of personal safety than those of staff participants.

Client participants noted that they felt respected and that there was a feeling of equality across the group. Feedback from staff participants acknowledged perceived failings in adequately meeting accessibility needs for all participants including challenges with inconsistent/unreliable interpretation services and ensuring that spaces and activities were accessible to clients with cognitive disabilities or hearing impairments.

Group safety was defined as the ability for participants to equally participate and contribute to conversations, that steps were taken to address or reduce power imbalances, and that participants were able to share their opinions including different or opposing views.

Feedback from participants – especially client participants – was incredibly positive, with participants reflecting that their voices were heard and that everyone was provided with the opportunity to share their views. Participants noted the importance of developing a group agreement at the beginning of the project, as well as consistently revisiting the agreement, helped to build a safer environment for participation.

Participants also identified that small group activities were conducive to inclusion and made it easier for everyone to contribute, as opposed to only working in one big group.

5.2 Building participant capability

In addition to whether the project created an environment that was inclusive, safe and built the confidence of participants, the project also sought to actively create opportunities for learning and capability building for participants.

Activities that were undertaken as part of the project to build participant capability included training and a facilitated workshop by external training provider.

The training provided an overview of what co-design is, where it fits within models of participation (including Hart's Ladder of Participation and Arnstein's Ladder of Citizen Participation) and why co-design is an invaluable approach to service design.

Training touched on the concept of intentional sharing and the difference between lived experience and expertise, as well as providing guidance on what mining is within a client participation context and the importance of seeing clients as partners rather than resources, and providing advice on how projects such as these can avoid mining.

To measure whether these activities contributed towards participant capability building, surveys were conducted at the end of each session.

The surveys conducted at the end of both training sessions revealed that:

- Participants learned about critical co-design concepts, specifically highlighting intentional sharing and the importance of relationship building in establishing and maintaining effective co-design partnerships
- Participants were already considering the time and resources that would be required to do co-design ethically and meaningfully
- Participants regarded the training as a worthwhile and valuable use of their time

5.3 Fidelity to methodology and organisational learning

This evaluation has sought to understand whether this project had fidelity to a co-design methodology and whether the project has resulted in organisational learning and development.

5.4 Co-design methodology

For the purposes of this evaluation, VincentCare has assessed this project against the participation ladder (see page15).

This is borrowed from Nottinghamshire County Council and was used as part of the training delivered at the commencement of the project.

This ladder places different participation approaches on a scale where:

- The approaches at the bottom of the ladder are examples of "doing to" in which people are seen as passive recipients, services are designed for them, and their views are not considered;
- The approaches in the middle rungs of the ladder are examples of "doing for" where people are asked for their opinions and views, but have limited influence over decisions that are made;; and
- The approaches at the top of the ladder are examples of "doing with" where people are involved as equal partners from the start to the end of a project.

Co-producing

Co-designing

Engaging

Consulting

Informing

Educating

Enforcing

Doing with

● Involving people as equal partners from the start to the end of a project.

Doing for

● People are asked their opinions and views but have limited influence over decisions that are made.

Doing to

● People are seen as passive recipients, services are designed for them and their views are not considered.

Using this ladder as a template, VincentCare assessed whether the project exclusively employed a co-design approach, or whether the project used other lesser participation approaches.

For the purposes of evaluation, the project was broken into stages:

- Project Establishment
- Participant Recruitment
- Training
- Guide Content
- Guide Design

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Stage

Stage activities

Assessment

Participation approach

● Project establishment

- Establishment of project team.
- Grant application.
- Identification of trainers.

- This stage had no lived and living experience involvement.
- Project team included staff and grant idea was conceived by staff.
- Training was identified by staff.

● Doing to (Educating)

● Participant recruitment

- Developed information sheet for prospective participants.
- Met with prospective participants and outlined project.
- Identified accessibility requirements.

- Clients with LLE provided with opportunity to participate and to seek information about project.
- This stage didn't provide opportunities for clients to shape the project or revise project scope or intention.

● Doing for (Informing)

● Training

- Provided training on co-design.
- Developed Group Agreement.
- Established relationships and group safety.

- Clients were provided with training as well as the opportunity to shape training through feedback.
- Clients unable to change training provider or select additional training.

● Doing for (Informing and consultation)

●● Guide content

- Multiple workshops to design the content of the guide including what should and shouldn't be included.

- Client and staff participants worked alongside one another to develop guide content.
- Staff often acted as scribes to listen to client experiences and ask clarifying questions.
- Staff designed and facilitated each workshop.
- Work between workshops was often conducted by staff due to time and remuneration constraints.

●● Doing with Doing for (Co-design and consultation)

Stage	Stage activities	Assesment	Participation approach
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● ● Guide design

- Workshop to discuss visual aesthetics of the guide.

- Client and staff participants worked alongside one another to identify how the guide should look from an aesthetic viewpoint.
- Feedback on branding was also provided by VincentCare to maintain linkage to other organisational documents.

● ● Doing with
Doing for

(Co-design and consultation)

● Evaluation

- Ongoing evaluation activities within workshops.
- Development of evaluation report.

- Both client and staff participants participated in evaluation activities throughout the project, usually as part of workshops.
- Only staff were responsible for the completion of the actual evaluation report.

● Doing for

(Consultation)

Overall, it is fair to say that the project did not exclusively use co-design participation approaches, and for the most part, oscillated between Engagement (“doing for”) and Co-design (“doing with”).

Using authentic and genuine co-design throughout a project such as this requires significant resources in terms of staff time, support and remuneration for client expertise.

It also requires staff and clients that are conversant in co-design and readily able to respond to or seek out opportunities for co-design activity.

5.5 organisational learnings

Key organisational learnings from the project highlighted the importance of genuine co-design that places people with lived experience at the centre of decision-making, aligning strongly with the VincentCare Recovery Model and commitment to client-centred practice.

Participants recognised that meaningful co-design requires significantly more time, planning, preparation and resourcing than initially anticipated, with appropriate staffing, facilitation and organisational support critical to delivering genuine client participation.

The project also reinforced the importance of clearly defining from the outset whether activities are intended to be genuine co-design, consultation, or a combination of both, to support shared expectations and authentic participation.

A further learning was the value of bringing together people with diverse skillsets and perspectives, including staff, clients and subject matter experts from across the organisation, which strengthened collaboration and enhanced project outcomes.

Embedding evaluation throughout the project, remaining responsive to participant feedback, and incorporating participatory evaluation activities were also identified as key enablers of reflective practice and continuous improvement

Finally, the project generated important insights into co-design implementation processes, common challenges, and alternative approaches that can inform future organisational practice.

Finally, participant attrition was identified as an important consideration for future projects.

At the outset, it was anticipated that both the project duration and the level of participant commitment would be limited to approximately three to four months.



However, as the participant group developed a deeper understanding of authentic co-design principles and the scope of engagement required, it became evident that the project would extend beyond the original timeframe.

Although the majority of client participants remained involved throughout the project, their capacity for active participation diminished in the later stages.

This was largely due to immensely positive transitions from supported accommodation into long-term housing, during which participants were focused on establishing stability in their new homes.

Drawing on these insights, VincentCare has developed a clearer understanding of the resource requirements and time commitments associated with co-design initiatives.

It is recommended that comprehensive information regarding expected duration and engagement be provided at the commencement of future projects, enabling participants to make informed decisions about their level of involvement.

Additionally, staff should proactively identify potential risks related to participant attrition and implement appropriate mitigation strategies to minimise its impact.

6.

Future improvements and recommendations

Several key themes emerged from the evaluation, highlighting the organisational conditions required for effective and meaningful co-design.

A central theme was the importance of creating safe, inclusive and accessible participation environments through the use of group agreements, regular check-ins and check-outs, proactive identification of participant needs, and transparent communication about expectations, processes and limitations.

These approaches were seen as critical to building participant confidence, addressing power imbalances, and supporting ongoing engagement throughout the iterative nature of co-design work.

The evaluation also identified the importance of honesty and clarity, particularly where uncertainty exists, to help participants feel informed, prepared and able to contribute meaningfully.

A second key theme related to capability-building and organisational readiness. Participants identified the need for dedicated facilitation training, clear organisational guidance on co-design methodologies and client participation models, and structured support for staff undertaking continuous improvement activities when using co-design approaches.

The evaluation reinforced the importance of developing a shared organisational understanding of the differences between consultation, participation and genuine co-design, particularly approaches that prioritise “doing with” rather than “doing to” or “doing for” clients.

Training for all participants prior to commencing co-design activities was also viewed as essential to establishing shared expectations, clarifying roles, and recognising power dynamics from the outset.

A further overarching takeaway was that meaningful co-design requires sufficient resourcing, planning and organisational commitment.

This includes allocating adequate time for facilitation, preparation and reflection, ensuring remuneration and support for client participants, and maintaining organisational accountability to honour the outcomes of the co-design process.

The recommendations collectively highlighted that co-design is most effective when it is approached as a deliberate organisational practice, supported by clear structures, skilled facilitation, accessible engagement methods, and a genuine commitment to shared decision-making and continuous improvement.

Recommendations:

1. Develop and routinely revisit group agreements.

Group agreements can help to establish safety and confidence.

Taking the time for participants to develop a group agreement helps to establish safety and works to redress or minimise power imbalances caused by roles or perceptions that some forms of expertise are more valued than others.

2. Understand and meet expectations where possible.

Include check-ins at the start of every workshop to understand participant expectations of the session, and refer back to the expectations during the workshop to ensure that those expectations are met or to address concerns.

3. Use check-ins and check-outs to measure participant satisfaction and confidence over time.

Activities like the Soft Shoe Shuffle help to gauge whether activities or workshops help to improve participant satisfaction or confidence over time.

Where possible, adjust to improve the experience of participants and address concerns.

4. Provide as much clarity and direction as possible and be honest when there are unknowns.

Both client and staff participants experienced challenges with the iterative nature of co-design.

Part of the role of a facilitator is to support participants to sit with the unknown, and to provide opportunities to create certainty where possible.

Provide participants with as much information as possible ahead of time so that people can feel prepared. This can go a long way to improving participant confidence and their ability to contribute.

5. Ensure adequate time for facilitation.

Facilitation takes practice and requires significant preparation. Ensure that people designated to facilitate co-design activities have appropriate training and support prior to, and throughout, the project.

Ensure adequate time allowances for preparation and reflection prior to, and post, co-design activity.

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Recommendations:

6. Be proactive in understanding participant needs and seek guidance to create accessible spaces.

Creating spaces that are truly accessible for all participants requires awareness, planning and guidance.

Be proactive in identifying the unique needs of each participant and what they will require to participate.

If uncertain how to meet those needs, seek guidance from the participant or from an expert conversant in that particular area.

Be honest and upfront about any limitations to access, and give participants the choice as to whether they participate as a result of those limitations.

7. Provide training prior to the commencement of co-design activity.

Prior to starting any co-design activity, deliver training to all participants that articulates what client participation and co-design is, as well as outlining the respective roles of participants as well as identifying and acknowledging power imbalances.

8. Develop guidance on client participation models and methodology.

To assist organisations to move towards client participation approaches that have higher degrees of client ownership and co-production, develop guidance on client participation models.

Guidance should highlight the differences, including perceived benefits, between approaches that are “doing to”, “doing for” and “doing with”.

9. Produce organisational guidance on how to use co-design when undertaking continuous improvement activity.

Ensure that staff are provided with support when considering using co-design, including when and how to include clients as well as what to consider at each stage of a project.

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10. Ensure that sufficient resources are available to undertake co-design activities, and be clear about limitations.

Only undertake co-design activities if adequate resources are available.

This includes remuneration to client participants, staff time to support and drive activities, and organisational commitment to honour and uphold any products or decisions made through the co-design process.

If these conditions can't be provided, be clear about what level or type of client participation approach can be guaranteed.

Ensure that clients are aware of those limitations so that they can make an informed choice about their participation

11. Where possible, include clients in the production of evaluation reports in addition to participatory evaluation activities.

This ensures that clients have the opportunity to define the scope and focus of formal evaluations, as well as to provide valuable insights and shape recommendations.

12. Manage participant attrition.

It is recommended that future co-design projects incorporate proactive planning to address the risk of participant attrition.

This should include clearly communicating anticipated timeframes, expectations, and levels of commitment at project commencement to enable participants to make informed decisions about their involvement.

Project planning should also account for the likelihood of extended timelines, particularly where authentic co-design approaches are being adopted.

Staff should identify potential attrition risks early (such as changes in participants' personal circumstances, including housing transitions) and implement appropriate mitigation strategies. These may include flexible participation options, ongoing engagement supports, and contingency planning to sustain meaningful participation throughout the project lifecycle.



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