



Family &
Community
Services

Specialist Homelessness Services Program Guidelines

June 2014



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1 Introduction

The Specialist Homelessness Services (SHS) Program is the primary NSW Government response to homelessness. SHS are a vital part of the broader service system that supports people who are experiencing, or are at risk of homelessness.

The SHS Program Guidelines have been developed to define the purpose, parameters and appropriate use of funding which is contracted to Non-Government Organisations (NGOs) by the Department of Family and Community Services (FACS) under the SHS Program funding period from August 2014 to June 2017.

The SHS Program Guidelines are also designed to assist NGO providers to plan and report on the performance and quality of their services and inform service users and the community about what is being funded and why.

This version of the SHS Program Guidelines supersedes the Supported Accommodation Assistance Program (SAAP) Program Guidelines released in October 2007.

The SHS Practice Guidelines are a subset of the SHS Program Guidelines and both documents should be read in conjunction.

The SHS Program Guidelines and SHS Practice Guidelines will be updated as appropriate to incorporate any significant new information. The next review is scheduled for July 2015.

1.1 Going Home Staying Home

Prior to the funding period August 2014 – June 2017, there was a major reform of the SHS Program, known as the Going Home Staying Home (GSHS) reform.

The GSHS Reform Plan released in February 2013 outlined the five reform strategies:

1. designing services better
2. making it easier to access services
3. improving planning and resource allocation
4. developing the homelessness sector and workforce
5. better ways of contracting to deliver quality and continuous improvement.

New SHS contracts in the August 2014 to June 2017 funding period aim to embed the GSHS reform priorities.

Designing services better

Through GSH new SHS Practice Guidelines were developed, to guide how SHS operate. Evidence based and client centred responses were developed to help SHS:

- intervene early to prevent homelessness
- rapidly rehouse clients
- provide crisis and transitional responses where appropriate, and
- provide intensive responses for clients with complex needs.

Making it easier to access services

As part of the GSH reforms new access arrangements have been developed that will mean clients receive a consistent response no matter where they enter the system.

A single statewide telephone information and referral service will be available for people who are homeless or at risk of homelessness, providing information and linking them to a range of mainstream and SHS.

Improving planning and resource allocation

Previously, funding for SHS was distributed on an historical basis and did not reflect current need. For the first time, from August 2014, resources will be distributed based on evidence of need using a population based Resource Allocation Model (RAM).

The RAM has informed the design and budget for services in the 2014-2017 funding period so that they better reflect local needs.

Developing the homelessness sector and workforce

Through GSH, FACS has funded an Industry Partnership of the three peak bodies for homelessness in NSW to:

- develop an Industry Development Strategy
- develop a Workforce Development Plan
- support the sector with change and reconfiguration.

The Industry Partnership is made up of Homelessness NSW, Yfoundations and Domestic Violence NSW.

Better ways of contracting to deliver quality and continuous improvement

The aim of this strategy is to streamline the contracting arrangements for SHS, improve the quality of services and ensure that SHS are continuously improving.

2 Program description

2.1 What does the SHS Program aim to achieve?

The SHS Program aims to ensure people who are homeless or at risk are supported to achieve safe and stable housing in the community. SHS are a vital part of the broader social service system, which includes mainstream and specialist services.

2.2 What type of assistance does the SHS Program provide?

The SHS Program funds NGO providers to deliver:

- general support (eg advice, advocacy and living skills)
- personal and emotional support (eg counselling and psychological support)
- financial and employment support
- referrals to mainstream and specialist services (eg health, drug and alcohol, legal and court support)
- assistance to obtain or maintain long-term housing
- crisis and medium-term accommodation, and
- other basic support (eg meals, showers and transport).

2.3 Who does the SHS Program assist?

People eligible for the SHS Program in NSW are those who are homeless or at risk of homelessness¹. The SHS Program assists more than 50,000 people each year. The main reasons people seek help are:

- financial difficulties
- relationship breakdown leading to one or more household members leaving home without adequate alternative accommodation
- fleeing domestic and family violence
- housing affordability stress
- inadequate or inappropriate dwelling conditions
- drug and alcohol issues
- mental health issues, and
- leaving institutional settings² – without proper transition planning into stable accommodation.

The client groups that SHS are required to support are identified in the individual Program Level Agreement for each service. For planning and

¹The standard definition of homelessness is that developed by the Australian Bureau of Statistics (ABS).

²This includes young people leaving care without positive family or community connections or without support to live independently or prisoners exiting into the community not having the rental history, skills or income to access or sustain a tenancy.

contractual purposes in NSW, SHS clients are classified into four main groups as follows:

Client group	Description
Young people	Single men and women aged 16–24 years. SHS do occasionally assist young people under the age of 16 (see further information below).
Single men	Aged 18 years and over, however most services targeting this client group would primarily support men over the age of 25, because younger clients often choose to use youth homelessness services that may be more appropriate to their needs.
Single women	Aged 18 years and over, however most services targeting this client group would primarily support women over the age of 25 because younger clients often choose to use youth homelessness services that may be more appropriate to their needs.
Families	People who present as part of a group, including couples with or without children, single people with children and other family groupings.

Beyond these four main client groups, other SHS Program client groups can be identified by their cultural background, their particular circumstances and the reasons they seek support. The following provides some examples of these client groups.

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people comprise 7.8% of the homeless population but only 2.5% of the whole NSW population. Aboriginal people have homelessness rates more than three times the rate of homelessness in the non-Aboriginal population. Therefore this client group is a high priority for SHS.

Culturally and linguistically diverse communities

Some culturally and linguistically diverse communities experience discrimination in accessing private rental accommodation and have difficulties affording appropriate housing due to financial insecurity. This is particularly the case for some recently settled migrants who are often vulnerable to homelessness.

People experiencing or escaping domestic and family violence

Domestic and family violence is one of the most commonly cited reasons for people seeking assistance from SHS. Women and children escaping domestic and family violence are more likely to report economic disadvantage and a decline in housing security and tenure after leaving their partner. They are also at greater risk of experiencing

physical and mental health issues, poverty, social isolation and employment instability.

Rough sleepers

On Census night 2011, 1,922 people were identified as rough sleepers in NSW. Males represented three-quarters (75%) of this homelessness group. Recent research has identified that people who have initially become homeless as a result of mental health or substance use issues are more likely to experience rough sleeping. As a result, rough sleepers are particularly vulnerable to issues that can either exacerbate an existing mental illness or create conditions that can lead to mental illness.

People leaving correctional facilities

People leaving correctional facilities are more likely to experience difficulties in accessing employment opportunities and mental health services, which can increase the risk of homelessness and recidivism.

Young people leaving care

Approximately 50% of young people leaving care in Australia are expected to experience homelessness at some stage in their lives. Young people leaving care are more likely to have a low income as a result of unemployment and have lower levels of educational attainment compared to the general population.

Young people under the age of 16

In some circumstances SHS provide services to unaccompanied children aged under 16 years (those who arrive alone without a parent or guardian). Whilst unaccompanied children under 16 years of age are not a designated target group of the SHS Program, they do seek assistance from SHS providers.

In recognition of this situation, FACS developed the *Unaccompanied Children Under 16 Years Accessing Specialist Homelessness Services* policy. This policy provides parameters within which SHS, FACS and the broader service system for young people can work collaboratively to meet the needs of unaccompanied children under 16 years who are homeless or at risk of homelessness.

This policy is located within the SHS Practice Guidelines.

3 Funding framework

The Australian Government continues to be an ongoing partner in the NSW Government's response to homelessness by providing a significant co-contribution to the SHS Program.

3.1 Intergovernmental Agreement on Federal Financial Relations

The Intergovernmental Agreement on Federal Financial Relations (IAFFR) provides the framework for ongoing financial support by the Australian Government to the States and Territories.

National Agreements define the objectives, outcomes, outputs and performance indicators, and clarify the roles and responsibilities that guide the Australian Government, States and Territories in the delivery of services across a particular sector.

Funding for the housing and homelessness sectors occurs under the National Affordable Housing Agreement (NAHA).

3.2 National Affordable Housing Agreement (NAHA)

The objective of the NAHA is that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. An intended outcome is people who are homeless or at risk of homelessness achieve sustainable housing and social inclusion.

Two specific NAHA outputs contribute to this outcome:

- number of people who are homeless or at risk of homelessness who are assisted to secure and sustain their tenancies, and
- number of people who are assisted to move from crisis accommodation or primary homelessness to sustainable accommodation.

Two specific NAHA measures indicate performance toward achieving this outcome:

- reduction in the proportion of Australians who are homeless, and
- reduction in the proportion of people experiencing repeat periods of homelessness.

3.3 *Community Welfare Act 1987* (NSW)

In NSW, the provision of SHS Program funding is carried out in accordance with the provisions of the *Community Welfare Act 1987* (NSW).

The *Community Welfare Act 1987* aims to protect and improve the wellbeing of the people of NSW, with a focus on promoting the welfare of the family, Aboriginal people, and those who are disadvantaged.

The *Community Welfare Act 1987* enables the Minister for Family and Community Services to provide grants; coordinate the allocation of funds; and review, monitor and evaluate community welfare services and social development programs where the program objectives are consistent with those of the *Act*.

3.4 Previous agreements and legislation

The SHS Program was referred to as the Supported Accommodation Assistance Program (SAAP) until 31 December 2008.

SAAP was previously governed by the *Supported Accommodation Assistance Act 1994* and the SAAP V Multilateral Agreement. The SAAP V Multilateral Agreement was terminated and replaced by the NAHA effective 1 January 2009.

Although the *Supported Accommodation Assistance Act 1994* has not been repealed, its role setting out specific funding and service delivery requirements has been replaced by the IAFFR (see section 3.1) and the agreements sitting under the IAFFR relating to homelessness.

The *Homelessness (Consequential Amendments) Bill 2013* sought to repeal the *Supported Accommodation Assistance Act 1994* to make way for the proposed *Homelessness Act 2013*. However the two proposed bills were not progressed owing to the dissolution of parliament following the Federal Election in September 2013.

No further bills replacing the *Supported Accommodation Assistance Act 1994* have since been proposed.

3.5 Regulation relating to Government property and leases

Many SHS are registered community housing providers. These providers may own or lease NSW Government properties or receive funding from FACS to lease properties in the private rental market.

SHS providers securing leases and/or leasehold funding to undertake property, tenancy and lease management must comply with relevant regulatory and contractual requirements.

The regulatory system for community housing providers is administered by the Registrar of Community Housing.

Community housing providers need to be a Registered Community Housing Provider within the meaning of the *Community Housing Providers (Adoption of National Law) Act 2012 (NSW)* to receive community housing assistance.

Providers must have their registration confirmed before housing assistance can be provided by FACS. Further information about the Community Housing Regulatory System is available at <http://www.nrsch.gov.au/>.

SHS providers may therefore enter into a separate Community Housing Agreement with FACS for the management of capital or leasehold community housing properties. The *Housing Act 2001* includes the legislative basis for FACS to enter into contractual agreements with providers to:

- establish a legal basis for issuing funding and/or properties to providers
- set standards and targets for providers to ensure accountability, and
- provide a basis for monitoring compliance with those standards and targets.

FACS is implementing a reform of transitional housing managed by SHS providers. The changes apply to assistance delivered for the purpose of transitional housing only and include a new approach to the treatment of Commonwealth Rent Assistance from 1 January 2014, and new property management responsibilities from 1 July 2015 for properties leased from the NSW Land and Housing Corporation.

Property management responsibilities include, but are not limited to, responsive and planned maintenance and property outgoings such as the payment of council rates, water charges and insurance.

Further details about the reform can be viewed at:

<http://www.housing.nsw.gov.au/Community+Housing+Division/Community+Housing+Providers/Specialist+Homelessness+Services/SHS+Transitional+Housing+Reform.htm>

4 SHS in the broader service system

SHS and mainstream services both contribute to preventing and reducing homelessness. In this context, the term ‘mainstream services’ refers to the full range of generalist and specialist non-SHS services delivered by government and non-government providers, including long-term housing, health, education, employment, justice, mental health, drug and alcohol services, child protection, family support services and the income support system.

Figure 1: Role of SHS in relation to mainstream services in preventing and addressing homelessness

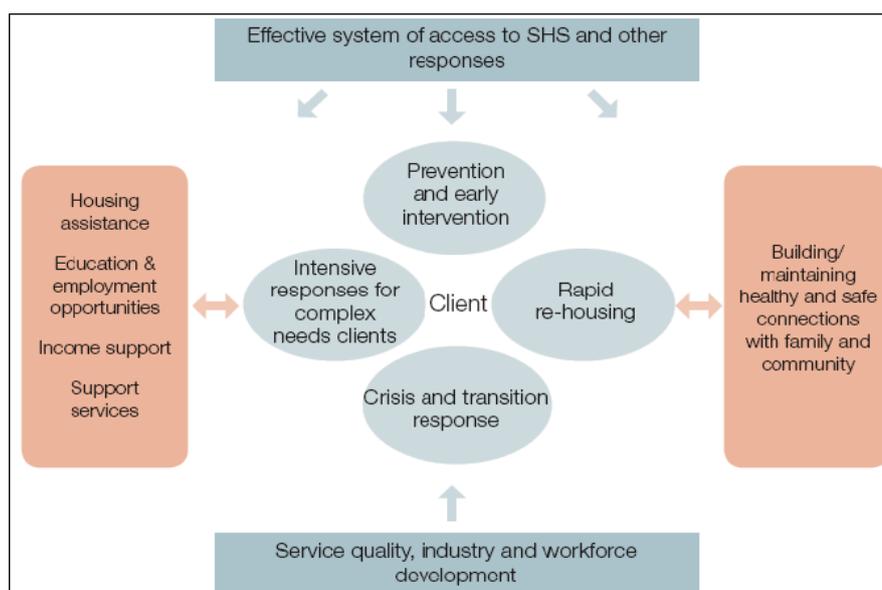
Client Outcomes	SHS providers' primary role	Mainstream services' primary role
<p>People who are at imminent risk of homelessness are identified and supported to remain safely in their existing housing or to secure stable housing</p>	<ul style="list-style-type: none"> • deliver a prevention and early intervention response • collaborating with mainstream agencies to identify and respond to individuals and families at risk of homelessness • providing information, referrals and coordination for individuals and families who need help navigating access to a range of services to address imminent homelessness • working intensively with individuals and families to sustain existing tenancies where specialist assistance is needed 	<ul style="list-style-type: none"> • collaborating with SHS to identify and responding to individuals and families at risk of homelessness • delivering emergency relief and housing assistance services for people at risk of homelessness - where a timely response can resolve their needs without intensive, specialist assistance • building internal capacity to better respond to clients at imminent risk of homelessness who require an intensive, specialist response • supporting people to obtain and retain employment and training
<p>Establishing regional and local protocols/practices that best utilise SHS and mainstream resources to identify and support people who are at imminent risk of homelessness (including agreements about which individuals and families will be referred to SHS for assistance to sustain tenancies).</p>		
<p>People who experience homelessness are rapidly and safely re-housed</p>	<ul style="list-style-type: none"> • deliver a rapid rehousing response • work with real estate agents to help clients secure housing • providing crisis accommodation while housing is being secured • provide practical assistance • provide follow-up support after housing 	<ul style="list-style-type: none"> • actively participating in case plans by implementing agreed housing and support responses where appropriate and according to core business • providing Private Rental Brokerage Service, temporary accommodation, bond loans and rental assistance • providing specialist support services (eg mental health, D&A rehabilitation, family support)

Client Outcomes	SHS providers' primary role	Mainstream services' primary role
		services)
SHS and mainstream services work together to identify individuals and families who have just become homeless and develop and implement a tailored case plan based on the right mix and housing and support responses		
People in crisis are provided with safe and secure accommodation and supported to access stable housing	<ul style="list-style-type: none"> • deliver a crisis and transitional response • provide supported crisis and transitional accommodation • working with individuals and families to develop and implement tailored case plans 	<ul style="list-style-type: none"> • leading or actively participating in case planning by implementing agreed housing and support responses where appropriate and according to core business
Partnerships between SHS and housing providers and mainstream services to develop and implement case plans aimed at moving people out of homelessness as quickly as possible and stabilising their housing.		
People who are re-housed after becoming homeless are supported to stay housed	<ul style="list-style-type: none"> • deliver intensive responses for complex clients • work with the client to develop a post-crisis transition plan • undertake follow-up and support as agreed in the plan • continuing to respond to requests from the client for ongoing information, advice and advocacy • monitor sustainability of housing and respond to triggers of homelessness risk in the initial housing stabilisation period 	<ul style="list-style-type: none"> • actively participating in transition plans by implementing agreed housing and support responses where appropriate and according to core business • housing providers monitor homelessness risk post crisis (with client consent) and refers to SHS as required • providing specialist support services (eg mental health, D&A rehabilitation, family support services)
SHS, housing providers and mainstream services working together to put in place a post-crisis transition plan to ensure clients continue to get the follow-up, assistance and support they need to stay housed.		

5 Service Delivery Framework

A new Service Delivery Framework has been developed to guide the Going Home Staying Home reforms. The Framework is illustrated in Figure 2 below.

Figure 2: SHS Service Delivery Framework



The Framework puts the client at the centre of service delivery and offers the following four core service responses according to their need:

- early intervention and prevention
- rapid re-housing
- crisis and transition
- responses for complex needs

The Framework embeds SHS system enablers including access, service quality, and industry and workforce development. Linkages with other human services ensure SHS are part of the broader service system response. Supporting clients to build and maintain connections with family and community is an integral component of the Framework.

The Framework also requires SHS providers to comply with the following principles and practices of the streamlined access system:

- operate as part of a 'no wrong door' access system in which assessment of the client is undertaken at initial contact. Where a provider is the first organisation approached by a client who has not undergone a common assessment, the SHS Provider

should complete the assessment (in alignment with the Streamlined Access module in the SHS Practice Guidelines)

- Accept assessments and referrals undertaken by other services, where appropriate (including the Statewide Information and Referral Service – Link2home)
- undertake consistent assessment and referral practices
- connect clients to mainstream services where appropriate, and
- provide daily updates on vacancies for both accommodation and support services in the SHS vacancy management system.

All SHS funded providers are required to deliver and design their services (including service types and activities) in line with the SHS Practice Guidelines.

The SHS Practice Guidelines are a subset of these Program Guidelines and provide specific detail regarding each Service Delivery Framework element and any additional requirements for SHS funded providers.

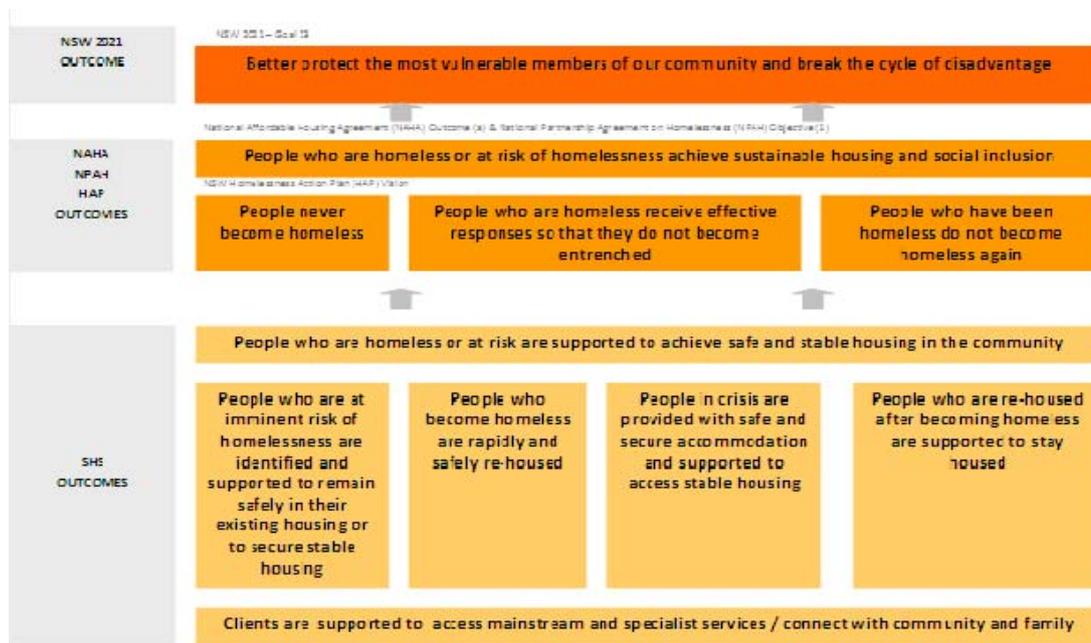
6 Program outcomes

Both SHS providers and mainstream agencies contribute to the achievement of four SHS Program outcomes:

- people at imminent risk of homelessness are identified and supported to remain safely in their existing housing, or to secure stable housing
- people who experience homelessness are rapidly and safely re-housed
- people in crisis are provided with safe and secure accommodation and supported to access stable housing, and
- people re-housed after becoming homeless are supported to stay housed.

Figure 3 below illustrates how the four SHS Program outcomes contribute to higher level outcomes articulated in the NAHA and the NSW State Plan – *NSW 2021: A Plan to Make NSW Number One*.

Figure 3: Specialist Homelessness Services Outcomes Framework



The SHS Program outcomes framework is being developed further to include short and medium term outcomes that contribute to the longer term and higher level outcomes.

7 Contract Governance Framework

Performance for SHS providers is managed through the FACS Contract Governance Framework which outlines a set of systems, principles and processes by which a contract relationship is managed.

The Framework is aimed at supporting partnerships between contract managers and service providers in the delivery of performance goals.

The Framework comprises four elements or 'pillars', each of which focus on aspects of achieving performance in the contract relationship. These include:

- **Pillar 1** – Performance monitoring and measurement
- **Pillar 2** – Achieving performance through understanding the contract documents
- **Pillar 3** – Achieving performance through relationship management
- **Pillar 4** – Non-adversarial negotiations in managing contracts

There is a key relationship between the Framework and the SHS Quality Assurance System (QAS) (discussed in next section) that SHS must be aware of when fulfilling an aspect of Pillar 1. Specifically, SHS providers must use the new QAS to assess their performance when completing *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice* of the PLA Self-Assessment within the Contract Governance Framework.

Under Pillar 2 all SHS funded providers are contractually required to comply with their Funding Deed, SHS Program Level Agreement, Service Delivery Schedule, SHS Program Guidelines and SHS Practice Guidelines.

Further detail regarding the Contract Governance Framework is provided in the SHS Practice Guidelines.

8 SHS Quality Assurance System

FACS has developed a Quality Assurance System (QAS) for SHS in NSW. The QAS was designed to be consistent with work undertaken by the Australian Government, States and Territories to develop a National Quality Framework (NQF) which aimed to achieve better outcomes for people who are homeless or at risk by improving the quality and integration of services they receive.

Key components of the NSW QAS include:

- SHS Standards
- SHS Client Charter
- SHS Complaints Mechanism.

The SHS Standards

The SHS Standards fall into two groups: service delivery; and governance and management, as follows:

Service delivery

Standard 1 – Promoting, upholding and exercising rights

Standard 2 – Service access and equity

Standard 3 – Decision making and participation

Standard 4 – Service outcomes

Standard 5 – Service system

Governance and management

Standard 6 – Governance

Standard 7 – Systems management

Standard 8 – Human resource management

Standard 1 incorporates the requirement for SHS providers to have a *SHS Client Charter* and the requirement to comply with the *SHS Complaints Mechanism*.

Where a provider does not fully meet the SHS Standards, they will be expected to demonstrate continuous quality improvement against the SHS Standards over the course of the funding period. The long-term goal is for all providers to fully meet the SHS Standards.

Where there is an equivalency between the SHS Standards and other recognised quality frameworks, accreditation under these frameworks will be recognised as compliance with the relevant SHS standards.

The QAS includes a self-assessment workbook which is a tool to assist SHS providers to assess their performance and determine if their

systems and practices meet the requirements fully, partially, or not at all.

The SHS Client Charter and SHS Complaints Mechanism

The QAS includes templates that SHS providers can use when establishing a client charter and a complaints mechanism.

Reporting

As noted in the Contract Governance Framework section, SHS providers must use the SHS QAS and related tools to assess their performance when completing *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice* of the PLA Self-Assessment with the Contract Governance Framework.

The PLA Self-Assessment is one source of information that FACS contract managers may use in their 'desktop review' to form an overall assessment of a service provider's performance during the year.

Further detail regarding the QAS is provided in the SHS Practice Guidelines.

9 Performance measurement

9.1 Client level

Although factors outside the SHS Program may impact on achieving the Program's objectives, data must be collected from SHS providers to demonstrate each service's contribution to the difference that the Program is making to clients' lives, and to support continuous improvement of the SHS system.

Each SHS provider will be required to report on their performance against the following set of core client outcome indicators:

- proportion of daily requests to SHS where people are turned away
- proportion of SHS clients experiencing repeated episodes of homelessness
- proportion of SHS clients who established long-term accommodation
- proportion of SHS clients referred who sustained their long-term accommodation
- proportion of SHS clients enrolled in education during the period of assistance
- proportion of SHS clients entering the labour force during the period of assistance

Measures for each indicator will be based on data obtained from the SHS Data Collection facilitated by the Australian Institute of Health and Welfare (outlined in section 11 below). The measures will be further defined by the GSH Monitoring and Evaluation Strategy (outlined further in section 10 below) for use during the funding period. Any significant changes to these performance measures during the funding period will be negotiated with providers.

9.2 Service level

A fundamental performance measure for SHS providers is demonstrating the achievement of minimum client outputs and the case-mix required of their Program Level Agreement.

Over the July 2014 to June 2017 funding period FACS will establish other indicators and measures to monitor whether SHS providers are contractually complying with their Funding Deed, SHS Program Level Agreement, Service Delivery Schedule, SHS Program Guidelines and SHS Practice Guidelines.

SHS providers will be required to participate in the development of baselines and targets which relate to their service level indicators and measures.

The 2014–15 funding year will be used to develop data collection systems and tools as required and to establish service level baselines, which will be used to develop and report on targets in future years.

10 Program monitoring and evaluation

In addition to the performance measures outlined in section 9, SHS providers will be required to collect and report information that will be used to assess performance and inform continuous improvement.

Using the SHS Outcomes Framework (outlined in section 6) as its foundation, the GSHS Monitoring and Evaluation Strategy will further detail and specify the evaluation questions, activities, and indicators that will be used to monitor and evaluate the impact, effectiveness, efficiency and appropriateness of:

- the SHS Program on client outcomes, and
- GSHS reforms on the SHS system and services funded through the SHS Program.

SHS providers will be required to contribute to both quantitative and qualitative evaluation activities. Wherever possible, data will be sourced from existing data collection systems and activities, including the new Client Information Management System and the AIHW SHS Data Collection.

SHS providers will need to provide any requested information to FACS within a reasonable time.

A separate module for the GSHS Monitoring and Evaluation Strategy will be developed for inclusion in the SHS Practice Guidelines.

11 Data collection strategies

The Australian Institute of Health and Welfare (AIHW), in conjunction with State and Territory Governments, has developed a national SHS Data Collection to facilitate reporting requirements under the NAHA.

The SHS Data Collection was introduced nationally in July 2011 and replaced the Supported Accommodation Assistance Program (SAAP) data collection. The SHS Data Collection contains three elements:

- a National Minimum Data Set (NMDS) to provide quality information about people who are either homeless or at risk of homelessness and who seek or receive services from SHS
- a website called the Specialist Homelessness Online Reporting (SHOR) to submit data, and
- an administrative database called the Specialist Homelessness Establishments Database (SHED).

All services funded under the SHS Program in NSW are required to fulfill all requirements of the SHS Data Collection including the submission of confidential client data monthly to the AIHW.

An annual SHS report is released by AIHW in December each year. Reports are available at national, state and service provider level.

SHS providers are also required to use a Client Information Management System that:

- allows SHS client data to be searched for and shared in real time across all NSW SHS providers, subject to consent and legislative requirements
- incorporates the NSW SHS common assessment tool
- interfaces with the HSN e-referral system to allow referrals to be sent and received
- allows SHS support and accommodation vacancy information to be maintained and accessed in real time
- supports client case management
- allows reporting of compliance with the NSW SHS Quality Assurance System
- allows extract and reporting of service-related information to support annual and periodic performance management and assessment via the FACS service provider portal
- captures all data required by the SHS Data Collection and ensures that client and service-related information is recorded promptly and that all NMDS reporting requirements are met on time, and
- captures any required performance measurements outlined in section 9 above.

12 Partnership and consultation arrangements

FACS recognises that strong partnership approaches are critical to the work we do. Partnership arrangements for the GSH reform program were facilitated through a range of governance mechanisms which included SHS, mainstream and specialist services, consumers, peak organisations, academics, subject matter experts and all levels of government.

The multi-disciplinary nature of the governance groups ensured that the knowledge, expertise and experience of clients, industry and other homelessness experts were incorporated into the design and delivery of the GSH reform.

The following governance groups were established to facilitate the work of the GSH reform and will be reviewed in the future to ensure that key aspects are transferred into a business as usual governance framework for the SHS Program:

- **FACS Project Board** – comprises executive level staff from FACS Housing NSW and FACS Community Services to oversee and monitor the delivery of the GSH reform program.
- **Sector Reference Group** – comprises the six main peak representative bodies involved in homelessness. They have expertise in and represent key client groups and subsectors including domestic violence, youth, generalist and housing.
- **Panel of Experts** – comprises eight members who do not formally represent specific client groups but who have generic expertise and experience in the field of homelessness including research, service delivery, leadership, or who have had a lived experience of homelessness and/or been consumers of SHS.

In addition, a range of other homelessness governance mechanisms supported the work of GSH and will continue to be utilised in a business as usual environment for SHS. These include:

- **District Homelessness Implementation Committees:** These Committees will guide the implementation and consolidation of the GSH reforms. They provide a mechanism for ensuring that the SHS sector is linked into mainstream agencies and other governance structures such as those concerning mental health and domestic violence. The membership and activities of these Committees will build on the strengths of the former Regional Homelessness Committees and will include representation from SHS providers. The Committees will link to the statewide Homelessness Interagency Committee.

- **NSW Premier’s Council on Homelessness** – The peak advisory body to the NSW Government in relation to homelessness. The Council provides high-level policy advice to the Premier and relevant Ministers on responses to homelessness. It is chaired by the NSW Premier and comprises 12 members including the Minister for Family and Community Services and individuals from the community, academia, non-government and business sectors. Council appointees are required to consult with their constituents or relevant stakeholders, including SHS, on the issues being considered at Council meetings.
- **NSW Homelessness Interagency Committee** – A senior officers group responsible for overseeing the implementation of projects funded under the NPAH and resolving systemic issues at a central policy level. It includes representation from key agencies in FACS, the Department of Premier and Cabinet, NSW Treasury, the Ministry of Health, the Department of Police and Justice, the Office of Finance and Services and the Department of Education and Communities.