



Specialist Homelessness Services

Practice
Guidelines



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Specialist Homelessness Services Practice Guidelines

Introduction

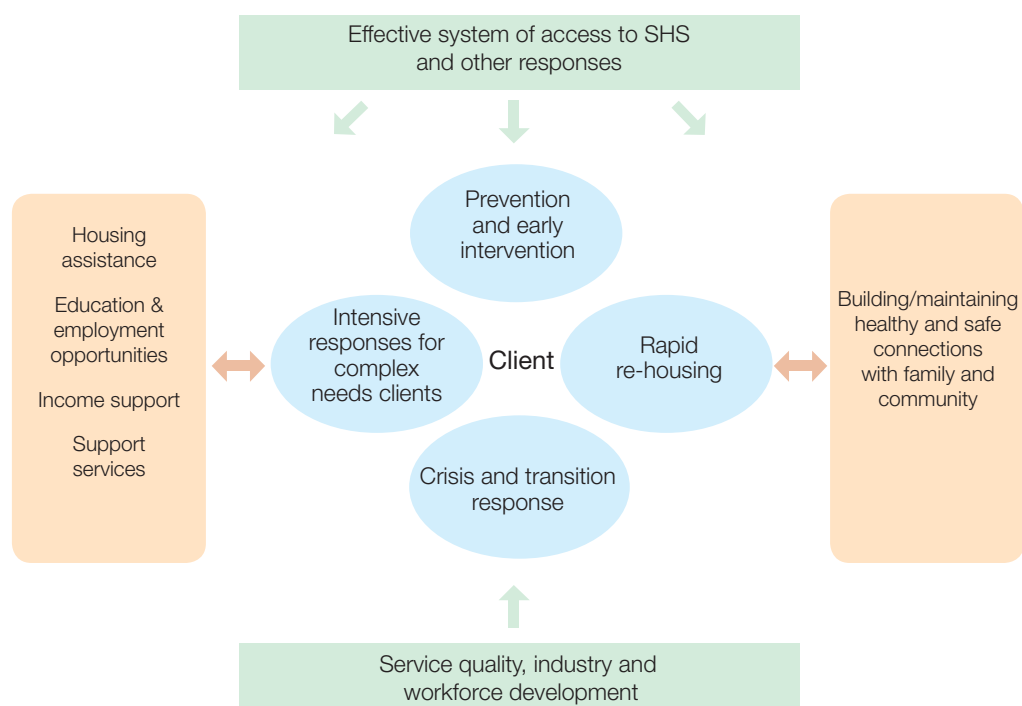
Specialist Homelessness Service Delivery Framework

Specialist homelessness services (SHS) are a vital part of the broader service system that supports people experiencing or at risk of homelessness.

The NSW Department of Family and Community Services (FACS) developed a new service delivery framework for SHS (see Figure 1) which comprises the following elements:

- a client-centred approach that places the client at the centre of all service responses
- evidence-based practice responses in four core service responses – prevention and early intervention, rapid rehousing, crisis and transitional responses, and intensive responses for complex needs clients
- SHS service system enablers, including access, service quality, and industry and workforce development
- links with other human services to ensure SHS responses are part of the broader service system and build/maintain connections with family and community.

Figure 1: Specialist Homelessness Service Delivery Framework



The Practice Guidelines

The Practice Guidelines have been developed to inform and guide SHS practitioners to effectively implement each element of the Service Delivery Framework.

The first version of the Guidelines, released in September 2013, was developed to assist applicants with the Going Home Staying Home (GHS) Prequalification Scheme.

The second version of the Guidelines, released in November 2013, was developed for the tender stage of the GHS procurement process and was expanded to include more information regarding brokerage and SHS clients, including providing support to unaccompanied children under 16 years.

This third version forms part of the contracting package of information and informs the implementation of the new specialist homelessness services established through the GHS reform.

All service providers funded under the SHS program are contractually required to comply with their Funding Deed, SHS Program Level Agreement, Service Delivery Schedule, SHS Program Guidelines and these SHS Practice Guidelines.

These Guidelines are presented as a series of Modules including:

- Service delivery responses – *Module 1*
- Streamlined Access – *Module 2*
- Quality assurance system – *Module 3*
- Brokerage funding guidelines – *Module 4*
- Policy for unaccompanied children under 16 years accessing SHS – *Module 5*.

These modules contain key information and tools to implement the principles and practices for best practice service delivery for SHS.

Modules within these guidelines will be reviewed and revised as required.

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Specialist Homelessness Services

Module 1: Service Delivery Responses

1.1 Introduction

Module 1 of the Specialist Homelessness Services (SHS) Practice Guidelines focuses on service delivery responses. It compiles a range of information about good practice design principles for SHS in relation to:

- client-centred responses
- SHS collaboration within the broader service system
- four core responses: prevention and early intervention, rapid re-housing, crisis and transition responses, and intensive responses for complex needs.

These elements work together as part of a holistic service response. They do not operate in isolation from each other. Most SHS providers will deliver all of the four core responses. A small number of SHS deliver only one core response. Clients may also receive more than one core response as part of their case plan, as their needs and circumstances change over time.

Module 1 also provides guidance around the:

- definitions of low, medium and high effort for service responses
- considerations SHS providers must make when delivering services that have multiple client groups and/or multiple core responses
- considerations SHS providers should make when providing services for client groups that require specialised approaches.

This module is intended as a reference document to ensure consistent information is available to SHS practitioners to facilitate a common understanding about the new SHS system and the evidence underpinning it.

Embedding good practice across the SHS service system ensures the quality of the response is not dependent on a particular SHS provider or the location of the service the client entered.

Module 1 was informed by the evidence base of homelessness research and evaluations, and SHS practice that has built up over the last 10 years.

1.2 The role of Specialist Homelessness Services

Both SHS and mainstream services 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.

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

Client Outcomes	SHS providers primary role	Mainstream services primary role
People who are at imminent risk of homelessness are identified and supported to remain safely in their existing housing or to secure stable housing.	<ul style="list-style-type: none"> • Delivering a prevention and early intervention response (refer to section 1.5) • 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 respond 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.
	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.	

Client Outcomes	SHS providers primary role	Mainstream services primary role
People who experience homelessness are rapidly and safely re-housed.	<ul style="list-style-type: none"> • Delivering a rapid re-housing response (refer to section 1.6) • Working with real estate agents to help clients secure housing • Providing crisis accommodation while housing is being secured • Providing practical assistance • Providing 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, e.g. mental health, drug and alcohol rehabilitation, family support 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"> • Delivering a crisis and transition response (refer to section 1.7) • Providing 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.		

Client Outcomes	SHS providers primary role	Mainstream services primary role
People who are re-housed after becoming homeless are supported to stay housed.	<ul style="list-style-type: none"> • Delivering intensive responses for complex clients (refer to section 1.8) • Working with the client to develop a post-crisis transition plan • Undertaking follow-up and support as agreed in the plan • Continuing to respond to requests from the client for ongoing information, advice and advocacy • Monitoring housing sustainability and responding 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 monitoring homelessness risk post-crisis (with client consent) referring to SHS as required • Providing specialist support services, e.g. mental health, drug and alcohol 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.	

1.3 Client-centred approach

A client-centred approach to service design means that each service response is built around the needs of the individual client rather than a programmatic or predetermined service offer.

The service response is based on the particular circumstances of each client, their experiences and choices. This includes individually tailoring the intensity and duration of support, and the accommodation setting in which support will be delivered.

A client-centred response also considers the needs of the family or household in achieving a long-term housing outcome, including the needs of children.

A client-centred approach is strengths-based with a focus on building individual and family capacity, skills, resilience, and connections to community. In an effective client-centred approach, you expect to see:

- responses that focus on individual client needs
- linkages with the client's family and community
- consumer choice and client involvement
- assessment tools that link client needs to the best service response
- culturally appropriate and trauma-informed practice
- case management and coordination
- skilled caseworkers
- flexible brokerage funding
- collaboration with other services good relationships with housing providers.

A client-centred approach must be informed by evidence-based practice for working with specific population groups and client needs. For many services this is done by specialising in responses for specific groups of clients, for example, victims of domestic and family violence (DFV), people exiting prison, young people at risk and so on.

The following criteria can demonstrate a client-centred approach, and the key signposts may be used along with other indicators to demonstrate capability against these criteria.

The SHS Quality Assurance System (Module 3) provides further information about embedding a client-centred practice in an SHS.

Table 2: Criteria and signposts of client-centred approach

Criteria	Signposts
Commitment to a client-centred approach	<ul style="list-style-type: none"> • Client-centred service design and planning that is strengths-based and linked to individual needs • Promotional and communication materials that make explicit the service's commitment to a client-centred approach.
Appropriate client feedback and complaints mechanisms to ensure the responsiveness of the service to individual needs, circumstances and concerns	<ul style="list-style-type: none"> • Robust mechanisms for collecting client feedback, both directly from clients and indirectly from advocates and other service providers that work with clients • Easy client access to mechanisms to lodge complaints and for the prompt resolution of complaints • Use of client feedback and complaints in service planning to improve responsiveness to individual client needs.
Systematic policies and procedures to ensure each service response is built around individual client needs	<ul style="list-style-type: none"> • Comprehensive policies and procedures for individualised case planning to ensure: <ul style="list-style-type: none"> ◆ all case-managed clients have an individualised case plan, including children accompanying adult clients ◆ all case plans encourage client responsibilities and mutual obligations ◆ all case plans will tailor duration and intensity of service response to reflect individual needs and client preferences ◆ all case plans outline the full range of SHS and mainstream services that will be provided, consistent with client needs ◆ all case plans outline how services will be integrated and coordinated ◆ all case plans consider and, where relevant, have specific actions to ensure client safety ◆ all case plans include points of review and ongoing monitoring to respond to changed client circumstances. • Quality assurance processes to ensure client-centred case plans translate into client-centred service responses • Regular updates to case plans with changing service responses to reflect changing client needs and choices.

Criteria	Signposts
Promoting client mutual obligations towards resolving and preventing their homelessness and having a range of opportunities for their input into setting and reviewing case plan goals and service responses	<ul style="list-style-type: none"> ● Robust mechanisms for setting and documenting client choices and goals ● Regular reviews of case plans with evidence of client input in reviewing progress and updating goals ● Robust mechanisms for measuring and reporting client outcomes.
Collaboration arrangements are in place to ensure integrated and coordinated responses across the full range of SHS and mainstream services relevant to client needs	Refer to section 1.4.
Practices in place to ensure target client groups are effectively supported with particular consideration to, for example, culture, age, disability, and sexuality	<ul style="list-style-type: none"> ● Profile of clients is consistent with agreed/planned focus of service targeting ● Comprehensive policies and procedures for planning and delivering appropriate service responses that consider, for example, cultural background, disability, sexuality, age, and gender ● Where a provider delivers services to a specific client group (e.g. working with Aboriginal clients, young people, or women escaping domestic and family violence), service design and planning is focused on the adoption of evidence-based practice appropriate to these clients.
Flexibility for support arrangements to follow the client as their needs change	<ul style="list-style-type: none"> ● Flexible service delivery arrangements that allow caseworkers to undertake outreach and work cooperatively with specialist support services.

Spotlight on the Trauma-Informed Practice Model

Emerging evidence strongly indicates that it is important for services working with people who experience or are at risk of homelessness to understand the impact of trauma.^{1,2} Studies in Australia and internationally consistently document that people who experienced homelessness have high rates of exposure to traumatic events in their childhood and/or adolescence; this may include abuse, domestic violence, witnessing alcoholism or drug abuse, and other. Further, many people experiencing homelessness will also suffer from depression, substance abuse and severe mental illness, which makes them more vulnerable to further exposure to traumatic events. Consequently, people experiencing homelessness are at an increased risk of experiencing traumatic events during their periods of homelessness.

A recent consensus-based definition of trauma-informed care within the homelessness service setting was developed as follows:

*A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.*³

Further work needs to be done to ensure that trauma-informed care is embedded in SHS practice across the board where appropriate, particularly in services that work with clients who have complex needs and are chronically homeless. This may be a shift for some services, and embedding the practice will be an evolving process over time. Trauma-informed care is strongly emerging as a recognised best practice approach.

The link below is for the Trauma-Informed Care Organisational Toolkit, which includes a Trauma-Informed Care Organisational Self-Assessment. This toolkit gives practical guidance on the key areas of a trauma-informed service. The self-assessment gives organisations an understanding of what a trauma-informed service looks like and allows them to compare how their organisation responds to the needs of people affected by trauma. The tool also provides practical ideas for how organisations can embed or improve trauma-informed care practices in their services.

You can find more information and the toolkit at
www.familyhomelessness.org/media/90.pdf

1.4 SHS collaboration within the broader service system

To be effective, SHS providers have an important leadership, promotion and collaboration role within the broader homelessness service system. This should take place through the District Homelessness Implementation Groups (DHIGs), mechanisms such as the District Implementation and Coordinating Committees (DIACCs) that were established to integrate housing and mental health problems, as well as a range of other interagencies and networks, as are relevant to the District.

Table 3 shows the criteria and signposts that demonstrate capabilities for delivering effective homelessness services in a collaborative and connected way.

Table 3: Criteria and signposts of a collaborative SHS role

Criteria	Signposts
Demonstrated active role in raising awareness about homelessness, and effective responses to prevent and respond to homelessness in mainstream services	<ul style="list-style-type: none">● Regular contact and communication with the full range of mainstream services to promote better identification and responses to risks of homelessness and actual homelessness● Promotional and communication materials that inform mainstream services of the role of SHS in the service system.
Systems in place to deliver information, initial assessment, referral, and coordination role for clients referred to or presenting at the service (when it is safe to do so)	<ul style="list-style-type: none">● Robust arrangements that ensure all clients referred to or presenting at the service receive, as a minimum:<ul style="list-style-type: none">◆ tailored information and advice appropriate to the client's needs and circumstances◆ an initial assessment of need to determine whether an SHS or mainstream service response is most appropriate for the client's needs and circumstances◆ assistance to support and coordinate the take-up of a referral where it is determined that another SHS or mainstream service is the most appropriate service response.

Criteria	Signposts
<p>Collaboration arrangements are in place with mainstream services to ensure integrated and coordinated responses across the full range of SHS and mainstream services relevant to client needs</p>	<ul style="list-style-type: none"> ● Appropriate local protocols/practices are in place that define which individuals and families will be referred by mainstream services to the SHS (and which will not be referred), and that cover: <ul style="list-style-type: none"> ◆ people who are at imminent risk of homelessness ◆ people who are homeless and can be rapidly and safely re-housed ◆ people who are in crisis and require safe and secure short-term accommodation and support prior to moving into long-term housing ◆ people who were previously homeless and require support to sustain their tenancies. ● Mechanisms (such as case coordination reference groups – refer to Module 4 Brokerage Guidelines) that facilitate proactive and ongoing collaboration with the full range of service providers that contribute to addressing individual client needs, for example: <ul style="list-style-type: none"> ◆ housing assistance services, including social housing and private rental assistance ◆ services to access education and employment opportunities ◆ income support services ◆ health services, particularly where homelessness is associated with mental health problems and drug and alcohol issues ◆ specialist domestic and family violence support services and systems ◆ child and family services including family support, child protection and early childhood services ◆ Aboriginal services, services for people from culturally and linguistically diverse backgrounds, and other specialist services. ● Appropriate local protocols/practices are in place with mainstream services to promote their active participation in client case plans by implementing agreed housing and support responses.
<p>Active participation in local service system planning</p>	<ul style="list-style-type: none"> ● Proactive participation in Department of Family and Community Services (FACS) District and local planning mechanisms to ensure available SHS and mainstream resources are used effectively to support the achievement of the SHS delivery framework outcomes.

Collaboration

There are different levels of collaboration or approaches to working together that services will establish to facilitate access for their clients. Formal mechanisms such as case coordination groups can be an effective approach. However, in some circumstances informal arrangements between services can be effective where only a phone referral is required to access a service.

SHS providers understand their service systems and can determine the level of formality they need to put in place to facilitate the most effective response for their clients.

Spotlight on approaches to establishing coordination groups

Some of the NSW Homelessness Action Plan (HAP) projects involved multi-agency coordination groups. Coordination groups typically ensure that all agencies – mainstream and specialist – are involved in common intake, assessment, and case coordination and support planning processes. In projects using a model of joint working, coordination groups were set up to share the responsibility for approving and case managing clients.

Critical success features of coordination groups include:

- documented roles and responsibilities of members
- continuity in the membership
- processes in place to guide decision-making and allocation of resources
- ownership of resource allocation decisions at a local level
- support of a coordinator to drive the process
- clear communication processes
- respect for the input of all group members
- inclusion of Aboriginal services and key workers, and culturally and linguistically diverse services and key workers, as appropriate.

The following are examples of how coordination groups were used in the HAP projects.

Coordination groups – support for people at risk of eviction service model

Coordination groups were established as part of the service delivery models for the tenancy support models on the Mid and Far North Coast. These groups were effective mechanisms that directly influenced service system integration and expanded relationships between specialist and mainstream services. Service providers noted that as a result of the coordination group they had gained:

- greater awareness of the need for early intervention when a family was experiencing financial difficulties that put their tenancy at risk
- increased knowledge of services offered by other organisations and the skills of members of the group
- skills development and a shared understanding of client-centred service delivery and homelessness prevention
- knowledge of tenancy and housing issues
- improvements in case coordination.

Coordination groups – long-term housing and support service model

The Rural Interagency Homelessness Projects (long-term housing and support) established coordination groups at the local level where participating organisations, which included stakeholders from the homelessness service system and the broader service system, shared the responsibility for approving brokerage and case managing clients. The approach proved effective in providing a coordinated response to clients with multiple issues, and generated new solutions for supporting clients. It improved the local service system by enabling the sharing of information, increasing knowledge about effective ways to meet the needs of people who are homeless or at risk of homelessness, providing a platform for training and building trusting relationships, and improving accountability for service delivery.

For further information about and examples of coordination groups, refer to the HAP evaluations for projects concerning people at risk of eviction and projects concerning long-term housing and support. These can be found at:

www.housing.nsw.gov.au/Help+with+Housing/Homelessness/Homelessness+Action+Plan+and+National+Partnership+Agreement+-+Evaluation+Reports.htm

Module 4 provides further information about the use of coordination groups in administering brokerage funding.

District Homelessness Implementation Groups (DHIGs)

The DHIGs have been established in each FACS District and include membership of government and non-government organisations that have a role in addressing and preventing homelessness.

The DHIGs will:

- oversee and guide the consolidation of the GHSH reform, to facilitate and enable:
 - ◆ the consolidation of referral practices and integrated service pathways
 - ◆ a forum to guide the No Wrong Door approach
 - ◆ a forum to share best practice on service delivery and to continue to identify improved approaches.
- establish and consolidate links:
 - ◆ between the reformed SHS sector and mainstream agencies capable of addressing the issues in mainstream services' policy and practice under GHSH (as raised by the GHSH Linkages Working Group), including links to DIACCs and other key structures, and other whole of government initiatives to address homelessness, for example, the *Framework for Multi Agency Transition Planning to Prevent Exits into Homelessness*⁴
 - ◆ to relevant regional forums – such as the Illawarra Forum, Central Coast Community Council, Sector Connect, Western Sydney Community Forum – to inform the identification of District issues.
- provide a mechanism to support system-wide change into the future in line with FACS strategic priorities and key NSW Government directions on homelessness. It will also facilitate the identification and development of District-specific solutions in response to local priorities. This would include strengthening linkages with key regional forums and other regional stakeholders.

1.5 Intervening early to prevent homelessness

A key outcome of the SHS Program is to support people at risk of homelessness early to prevent them from becoming homeless. An initiative of the GHS reform is for SHS to deliver a better balance between intervening early to prevent homelessness and crisis responses.

Evidence-based practices and tools that underpin responses for intervening early to prevent homelessness include:

- promoting awareness of the causes of homelessness and the early warning signs and factors that indicate a person may be at risk of becoming homeless
- working closely with ‘first-to-know’ services (such as housing providers, correctional facilities, schools, domestic and family violence services, Police, children’s and family services, and other services) to identify people at risk of becoming homeless
- working in conjunction with relevant services to provide personal, emotional and practical support to help people at risk of becoming homeless to stay safely housed
- working with others to promote innovative housing solutions
- facilitating access to income support, other financial help, legal and/or financial advice, family support and mediation services, and tenancy advice and support services
- advocating on behalf of the client to help them access services and navigate the service system
- helping a client to access education and employment opportunities and to build positive connections with family members, where possible, and with the broader community
- providing and facilitating access to post-crisis support to sustain people in their accommodation.

The criteria and signposts that most strongly demonstrate alignment with the evidence about effective early intervention practice responses are outlined in Table 4. These complement client-centred approaches and collaboration with the broader service system, which are outlined in sections 1.3 and 1.4.

Table 4: Prevention and early intervention criteria and signposts

Criteria	Signposts
Systems in place for working with individuals and families (where specialist assistance is needed) to sustain existing tenancies or find alternative accommodation	<ul style="list-style-type: none"> ● Robust links and collaboration strategies with first-to-know agencies (such as Centrelink, Reconnect, Family Support Services, health centres, real estate agents, and social housing providers) to ensure appropriate referrals are received to case manage clients at imminent risk of homelessness (where the client does not have the financial and/or family and community support to resolve their crisis or avoid the risk of harm) ● Specific policies and procedures for individualised case planning for clients receiving early intervention responses, including: <ul style="list-style-type: none"> ◆ negotiating client responsibilities and advocating on behalf of the client to help them sustain their tenancies ◆ facilitating access to specialist mainstream support services (e.g. mental health, drug and alcohol, family support and mediation services), early childhood services, income support, financial help, legal advice, education and employment opportunities, justice responses (e.g. Apprehended Domestic Violence Orders), and community participation and family engagement opportunities ◆ putting in place follow-up strategies to ensure the tenancy is sustained after the initial crisis is addressed ◆ ensuring the profile of clients targeted and receiving early intervention service responses is consistent with District priorities, including: <ul style="list-style-type: none"> – clients at imminent risk of eviction – clients requiring support to sustain existing tenancies – clients requiring alternative accommodation to avoid the risk of harm.
Systems in place for working with individuals and families who are in care or institutional settings in order to avoid exits into homelessness	<ul style="list-style-type: none"> ● Strong collaborative partnerships with relevant institutions, e.g. hospitals, prisons, out-of-home care providers, juvenile detention centres ● Specific policies and procedures for working with institutions – aligned to the Framework for Multi-Agency Transition Planning to Prevent Exits into Homelessness⁵ – including: <ul style="list-style-type: none"> ◆ integrated transition planning ◆ multi-agency case management.

Criteria	Signposts
Systems in place for working with individuals and families who were previously homeless and have been successfully re-housed who require support to sustain the new tenancy	<ul style="list-style-type: none"> • Robust links and collaboration strategies with relevant mainstream services to coordinate individualised case planning for clients who were previously homeless and have been successfully re-housed • Specific policies and procedures for individualised transition plans for clients who were previously homeless and have been successfully re-housed, including: <ul style="list-style-type: none"> ◆ negotiating client responsibilities and advocating on behalf of the client to help them sustain their new tenancy ◆ facilitating access to mainstream services needed to sustain their new tenancy, e.g. mental health services, family support and mediation services, income support, financial help, legal advice, education and employment opportunities, community participation, and family engagement opportunities ◆ putting in place follow-up strategies to respond to ongoing requests from the client for information, advice and advocacy (after the end of the transition plan).



Spotlight on tenancy support services

Tenancy support is only one of the many service approaches that aim to prevent homelessness. Other examples of early intervention approaches include: working with schools to support students at risk of homelessness; coordinating referrals for a client to address the issues that are putting them at risk of homelessness; and linking a client in to financial counselling, financial support and/or legal support.

The HAP evaluations of tenancy support projects are a good resource to gain an understanding of client issues as well as the success factors that influenced this model. You can find the tenancy support evaluations at www.housing.nsw.gov.au/Help+with+Housing/Homelessness/Homelessness+Action+Plan+and+National+Partnership+Agreement+-+Evaluation+Reports.htm

Following are some of the key success factors of tenancy support approaches that were identified in the HAP evaluations as well as anecdotal advice provided by SHS:

- **Promote the service within the community and local service system** – for example, give presentations to local service networks or place material about the service in locations that potential clients frequent such as Centrelink, real estate agents, family support services, and medical centres. Promote the service as advantageous for housing providers by identifying clear benefits for them such as reduced tenancy management, fewer evictions, and reductions in rental arrears.
- **Put mechanisms in place with relevant stakeholders to identify people early before they are evicted** – for example, develop working relationships with private and social housing providers so they proactively refer a client to the SHS when their tenancy is at risk before their situation reaches a crisis point, e.g. eviction. Also, develop ways to support relevant stakeholders to gain an understanding of how to identify tenancies at risk and undertake an appropriate response, e.g. referral.
- **Ensure referral processes are easy for participating services and responses are swift** – for example, housing providers only want to make one phone call to a service when issues with their tenants arise. Further, they want the service to respond immediately to resolve the issue and not in a couple of days' time.
- **Ensure staff understand the business of housing providers** – for example, understanding the internal procedures and policies of housing providers can inform tenancy support workers about how to work effectively with these key stakeholders. It can also provide the tenancy support worker with a better understanding of the constraints and pressures housing providers work with.

- **Give housing providers what they need and not what you think they want** – some SHS providers indicated successful partnerships were developed on the basis of asking their local housing providers what they needed. For example, the housing provider indicated that they needed more help to improve their understanding about how to deal more effectively with their client group and to identify risks early.
- **Recognise that evictees don't tend to seek help early** – evictees often do not seek advice, information, support, or advocacy to defend their housing nor do they contact the landlord/manager to discuss the situation before it escalates further. In addition, evictees often do not make use of formal dispute resolution mechanisms to resolve the immediate tenancy issue. Therefore, SHS providers delivering tenancy support services must be effective at identifying clients early and ensuring their staff have good negotiation skills to advocate on behalf of clients to avoid evictions. Further, staff must be trained to understand the *NSW Residential Tenancies Act 2010*.
- **For many tenants on low incomes an unexpected expense, such as a medical bill, can lead to their inability to maintain rental payments.** The vast majority of evictions are caused by failure to pay rent and the accumulation of rent arrears. Therefore, tenant support services need to have a primary focus on assisting tenants to address their rent arrears, including supporting tenants to access rent assistance via FACS where appropriate. The use of brokerage funds in this situation must be consistent with the Brokerage Guidelines (Module 4).
- **Ensure clients receive the right information and advice** – clients can be empowered to respond to their situation if they have information about their rental housing rights, responsibilities, and legal rights in order to ensure the fair and efficient implementation of tenant-landlord regulations. This information may be provided directly by the case manager or through a partner agency.
- **Ensure the service has an appropriate geographic coverage** – this can be achieved by providing an outreach service delivery model with caseworkers visiting staff in their homes and/or community venues.
- **Develop practices that can support clients who have multiple issues that are contributing to their risk of eviction** – for instance, case management is a necessary practice to support clients. The following approaches were effective for the HAP tenancy support models:
 - ◆ flexible, client-centred, short-term support (up to 16 weeks) for tenants in private rental or social housing
 - ◆ a case management model supported by brokerage funding to purchase goods or services, or to assist with managing debt
 - ◆ mechanisms to connect clients to services, to meet client needs, as well as address the immediate issues that place them at risk of eviction
 - ◆ an emphasis on supporting clients to learn budgeting and financial management skills, as well as developing affordable debt repayment arrangements.

Spotlight on Staying Home Leaving Violence

Victims of domestic and family violence (DFV) should be offered a range of options to escape the violence, including the option to remain in the home while the offender is removed via an Apprehended Domestic Violence Order (ADVO), or alternatively crisis and transition accommodation approaches.

There are specialist services to support victims to remain in their homes (with the perpetrator removed). These are Staying Home Leaving Violence (SHLV) services, available in a number of locations across NSW.

SHLV is a specialised DFV program aimed at promoting housing stability for victims, and preventing their homelessness. SHLV also aims to prevent the occurrence of post-separation abuse. The SHLV service model is based on intensive casework which is long-term, needs-based and integrated with key agencies such as the Police, Women's Domestic Violence Court Advocacy Services, health services, FACS, housing services, and relevant non-government organisations.

SHLV allows for comprehensive assessment of risk for women and children affected by domestic and family violence. SHLV safety planning and case management strategies support a process of enabling domestic and family violence victims to:

- remain separated from a violent partner by addressing common barriers to leaving violent relationships
- have stable accommodation
- maintain support networks
- maintain security in employment/training for women
- maintain security in education/childcare for their children.

This applies to experiences of domestic and family violence following the separation of the intimate partners. Research indicates that the period following separation from an abusive relationship can put victims at higher risk of violence.

SHLV service details can be found at: www.community.nsw.gov.au/docs_menu/parents_carers_and_families/domestic_and_family_violence/stayhome_leaveviolence.

SHLV is intended to complement existing services, and to operate in collaboration and coordination with existing services. SHS should work with SHLV providers in their areas to facilitate access for clients that wish to remain in their homes.

Alternatively, an SHS may work with the perpetrator through the provision of crisis or temporary accommodation approaches.

1.6 Rapid re-housing

Rapid re-housing refers to short-term targeted assistance to minimise the time that a person spends being homeless, where appropriate accommodation can be readily sourced and the client's needs are such that rapid re-housing is feasible. Rapid re-housing requires:

- having collaborative arrangements with real estate agents and social housing providers that facilitate access to long-term accommodation
- capacity to assess clients within 24 hours of becoming homeless to determine whether a rapid re-housing service response is feasible and appropriate
- capacity to develop and commence implementing individual rapid re-housing case plans for suitable clients within 48 hours
- following up clients, with their agreement, after they have been housed to help them sustain their tenancy.

While a rapid re-housing approach can be applied to many clients, the fundamental difference is the complexity of needs. A rapid re-housing approach is generally suitable for people who have the capacity to settle quickly back with family or friends or into private rental, social housing or other affordable and safe long-term housing options which they can sustain with low-level support.

The criteria and signposts that most strongly demonstrate alignment with the evidence about rapid re-housing responses are outlined in Table 5. These complement client-centred approaches and collaboration with the broader service system which are outlined in sections 1.3 and 1.4.

Table 5: Rapid re-housing criteria and signposts

Criteria	Signposts
Arrangements in place to access properties either directly or via collaborative arrangements that facilitate rapid sourcing of and/or allocations to affordable private rental, social housing or other suitable long-term housing	<ul style="list-style-type: none"> • Collaborative arrangements with real estate agents / social housing providers that facilitate rapid re-housing allocations for suitable clients • Innovative housing solutions, such as shared accommodation • Understanding the range of housing assistance products and services provided by FACS to support clients to access private rental.
Systems in place for working with individuals and families to establish and then sustain new tenancies following rapid re-housing	<p>Specific policies and procedures that allow:</p> <ul style="list-style-type: none"> • assessment of clients within 24 hours of becoming homeless to determine whether a rapid re-housing service response is feasible and appropriate or alternative options (such as family reconciliation or living temporarily with family/friends) are more suitable • development of individual rapid re-housing case plans for suitable clients within 48 hours of becoming homeless • arrangements for providing follow-up support after housing.



Spotlight on establishing rapid re-housing responses

In 2012–13 FACS trialled three Rapid Re-housing Projects. The evaluation of these projects provides some good advice for SHS to consider if they are required to implement this core response as part of their new SHS.

The success factors identified in the evaluation were as follows:

- Locating rapid re-housing staff within locations where there are FACS offices, particularly Temporary Accommodation (TA) intake locations, was an effective approach to gain access to clients to assess their eligibility for a rapid re-housing response.
- Further, having immediate access to clients enabled the case managers to visit the client in TA within 24 hours to undertake an assessment of their immediate needs and have a rapid response plan in place within a couple of days.
- Rapid response plans only need to identify the range of support/responses that a client urgently needed to stabilise their situation and facilitate their entry into private rental accommodation. For example, the client may need assistance with rental applications, obtaining ID or other documentation, mentoring on personal presentation, communicating with real estate agents, and/or help to access FACS private rental products such as Rent Start or Start Safely. Clients may also require support to apply for Commonwealth Rental Assistance if a rental subsidy was an identified need and/or a no interest loan scheme.
- Once the situation had stabilised and the client transitioned into long-term accommodation, the service put a long-term response plan in place. The long-term response plan identified the necessary supports required by the client to help them sustain the tenancy and prevent repeat periods of homelessness. The service provider either provided the support (through an individualised case management approach) or negotiated with local service providers to ensure the full range of services identified in the long-term response plan was provided to the client.
- It is important to remain engaged with the client for at least the first three months of their new tenancy. Even if the service only provided a monthly phone call, it allowed them to identify any potential issues which may impact on the tenancy and intervene early or arrange for an appropriate alternative response. Encouraging the client to remain engaged can also be effective and promote mutual obligations.
- Arrangements with real estate providers and social housing providers needed to be practical and responsive. Housing providers want services to respond swiftly when they identify issues which are putting a tenancy at risk.
- A leasing subsidy model, where the service provider put their name on the lease to support a proposed tenancy, enabled clients to access private rental properties who may not have otherwise been supported by the real estate agent.

1.7 Crisis and transition responses

Crisis and transition responses provide safe and affordable short-term or medium-term accommodation with support. Crisis and transition responses aim to assist clients to exit these temporary arrangements into long-term housing with post-crisis support as required, when it is safe and feasible to do so.

This response includes:

- providing safe short-term or medium-term accommodation while the client's homelessness is resolved
- providing case management and support to mitigate the impact of the immediate crisis
- helping connect clients to other services, to employment education and training, and to positive and safe family and community networks
- working with clients towards exiting these temporary arrangements into safe and affordable long-term housing
- providing post-crisis support as required to help the client to stay housed after crisis.

Crisis or transitional accommodation is only provided with support and other services. This includes individualised support to mitigate the impact of the immediate crisis and the support necessary to exit, at the appropriate time, into long-term housing with post-crisis support. This is essential to prevent people from cycling through temporary housing and never finding a permanent home.

The criteria and signposts that most strongly demonstrate alignment with the evidence about effective crisis and transition responses are outlined in Table 6. These complement client-centred approaches and collaboration with the broader service system which are outlined in sections 1.3 and 1.4.

Table 6: Crisis and transition response criteria and signposts

Criteria	Signposts
Access to crisis/ transitional properties or collaborative arrangements that allow allocations to crisis/ transitional accommodation	<ul style="list-style-type: none"> • Collaborative arrangements with other SHS and social housing providers that facilitate rapid allocations for suitable client to crisis/transitional accommodation. • Robust assessment processes to determine situations where crisis or temporary accommodation is the safest option for a client • Active case management arrangements to move clients who are in crisis accommodation and transitional accommodation into long-term housing with support if needed, including: <ul style="list-style-type: none"> ◆ advocating to help clients secure long-term housing ◆ facilitating access to specialist and mainstream support services to address immediate crisis needs (e.g. mental health, income support, legal advice) ◆ putting in place strategies for the client to exit crisis accommodation, at the appropriate time, into long-term housing.
Systems in place for working with individuals and families to provide transitional accommodation with support, plus support to exit into long-term housing	<ul style="list-style-type: none"> • Specific policies and procedures for individualised case planning for clients receiving transitional accommodation including: <ul style="list-style-type: none"> ◆ advocating to help clients secure long-term housing ◆ facilitating access to mainstream support services to build the skills and resources needed to secure and sustain long-term housing (including but not limited to employment, education and training opportunities; independent living skills) ◆ monitoring support to ensure transition goals are achieved and exit is seamless ◆ working with these housing providers and with clients, promote innovative housing solutions.

Crisis and Transitional Properties

Crisis and transitional properties are an important component of the SHS system.

One of the main differences between crisis and transitional properties is typically the period of time a client can stay in the property which can be defined as follows:

- Crisis accommodation is short-term accommodation (generally up to three months but sometimes for a couple of nights or a week) for people who are experiencing homelessness.
- Transitional housing is interim accommodation (generally from three months up to eighteen months) that may be provided for people exiting or transitioning from crisis accommodation.

SHS may have different configurations of crisis and transitional properties. For instance, some crisis property configurations will have support services on site, such as counselling rooms, interview rooms, and group activity rooms. These crisis properties may also have communal areas such as the kitchen, dining room, lounge room, bathroom, and laundry.

Other crisis properties may be standalone houses or apartments with support services within another location.

Transitional properties are typically standalone houses or apartments with support services located offsite.

Crisis and transition responses should be defined by the type of service response and the level of supervision provided by the SHS provider rather than the property configuration. All clients in crisis and transitional accommodation must have a case plan regardless of the length of time they are supported. Refer to the spotlight below on what a crisis response looks like in a refuge for further detail about case management.

Models of supervision for crisis and transition responses

Crisis and transitional properties can have a range of supervision arrangements depending on client need and the level of risk to the client and other residents. Services for young people often require a higher level of supervision, for example, young people under 16 years old and young people with complex needs and challenging behaviours. SHS providers are required to undertake appropriate risk assessment to ensure the right level of supervision is provided to clients. The following supervision models are the most common in SHS:

- Active staff available 24/7 – staff member/s will be available every hour of the day at the crisis service. This is typically only for a crisis response.
- A 24/7 sleep-over model – staff onsite for up to 16 hours a day usually through two shifts and a staff member sleeps on site. The sleep-over staff are available to be ‘called to duty’ if required. This is typically only for a crisis response.
- Business or ordinary hours with on-call support available after hours. The service is staffed during normal business hours or ordinary hours, and a staff member is rostered on-call to be available for a ‘call to duty’ if required. This can apply to crisis and transition responses.
- Weekly outreach which is generally applicable to clients in transitional accommodation, though this is likely to be more regular if the client is a young person. The SHS would be flexible to provide any additional supports, if required by the client, which may be provided through outreach or an SHS outlet. This can be applicable to crisis and transition responses.

Spotlight on what a crisis response looks like

Refuge style crisis accommodation is very common in the previous and new SHS service system. While there are different types of refuges and operating models, the following are key elements of a crisis response within a refuge model:

- Undertake a needs assessment (in line with the SHS common assessment tool) to determine:
 - ◆ suitability for refuge accommodation
 - ◆ living skills
 - ◆ risk and safety issues
 - ◆ mental health problems
 - ◆ drug and alcohol misuse issues
 - ◆ presence of trauma
 - ◆ intensity of service response required
 - ◆ if an alternative approach would be more suitable
 - ◆ if they have complex issues to ensure their supervisory and response needs are met adequately
 - ◆ their capacity to live in a communal setting.
- Facilitate referrals to other SHS that may be able to provide a more suitable response for the client. SHS will recognise that crisis accommodation should be the last resort and all suitable options should be explored, if possible, before the client is accommodated.
- Provide the appropriate level of supervision (see Models of supervision).
- Develop comprehensive risk management plans if the assessment identifies need.
- Outline house rules to the client and provide them with orientation.
- Advise the client of their rights, rules and responsibilities, including the SHS provider's service charter and the complaints process.
- Recognise duty of care responsibilities, particularly for young people.
- Support the client/s to deal with the immediate crisis and prioritise their needs, which may include a trauma-informed response, child protection, legal/court support, material aid, financial assistance, access to health services (including mental health, and drug and alcohol), support to access housing, assistance to access personal belongings, advocacy, response to breaches, and assistance to ensure all family members are safe and have access to services (such as male family group members over the age of 16 or family pets).
- Develop a case plan regardless of the length of time the client is supported. The SHS Case Management Resource Kit can be found at www.housing.nsw.gov.au/Help+with+Housing/Homelessness/Specialist+Homelessness+Services+Program

- Ensure the client actively participates in their case planning through goal setting, identifying service responses, and regular reviews.
- Ensure the client is aware of their mutual obligations towards resolving and preventing their homelessness.
- Recognise that accompanying children may require their own case plan that should be carried out in consultation with the parents/caregivers.
- Develop the case plan collaboratively with the client and identify the range of services the client requested in order to meet their goals.
- Coordinate the services identified in the case plan to support the client to achieve their case plan goals. However, avoid connecting the client to multiple services if they become overwhelmed, and give them time to accept the full service provision identified in their case plan.
- Monitor client outcomes and progress, and review regularly with the client.
- Use specialised approaches that target client group/s need, such as therapeutic models and trauma-informed care, and apply a range of theories and frameworks that are considered appropriate and effective for working with particular groups.
- Put an exit plan in place as soon as possible and support the client through the exit process.
- Provide post-crisis support if required and ensure the client receives the required level of effort.



Spotlight on what supported transition service models can look like for young people

- Undertake a needs assessment (in line with the common assessment tool) with special consideration of the young person's:
 - ◆ living skills
 - ◆ developmental skills
 - ◆ self-advocacy skills
 - ◆ skills development opportunities
 - ◆ capacity to live in group setting for up to two year period
 - ◆ ability to gain independence over time.
- Recognise that the shared housing experience is a good opportunity for the young person to gain negotiation, communication and self-advocacy skills.
- Facilitate access to skills development opportunities, including education and has vocational training.
- Recognise the cyclic nature of complex behavioural patterns and survival mechanisms that may impact on a young person's progress.
- Don't set young people up to fail. Develop realistic expectations for them to achieve independence and to undertake education, training and employment.
- Support them to develop living skills over time to gain independence.
- Challenge any disincentives to gain employment because of the social housing rent model.
- Provide a strengths-based approach and a trauma-informed response.
- Recognise that language/terminology is important with young people.
- Recognise that multiple service involvement can be overwhelming for young people so prioritise their issues/needs to ensure more effective and sustainable outcomes.
- Put an exit plan in place from entry point, and work towards independence even if the young person remains in supported transitional accommodation for up to two years.
- Ensure the appropriate level of supervision is provided.
- In the same way as crisis responses, ensure young people are part of their case plan development and goal setting, including ongoing reviews.

1.8 Intensive responses for clients with complex needs

Practice responses that include intensive multidisciplinary support are recognised as the best approach for clients with complex needs such as clients entrenched in homelessness (e.g. long-term rough sleepers) and people with chronic physical and mental health problems, drug and alcohol related problems, or people at continued risk of domestic and family violence.

The focus of the response for clients with complex needs should include:

- providing intensive, multidisciplinary support needed for clients entrenched in homelessness
- providing a Housing First approach based on helping clients access and establish permanent housing linked to intensive and integrated support
- working with the client and other services to undertake multidisciplinary case planning where multiple providers work together to wrap-around the services needed to address the client's needs – potentially including treatment and support for mental health or alcohol and/or drug problems; support to transition from correctional facilities or out-of-home care; support to deal with trauma; support to deal with domestic and family violence; and specialist services such as financial or legal advice
- providing assertive outreach, particularly to rough sleepers.

The criteria and signposts that most strongly demonstrate alignment with the evidence about effective responses for clients with complex needs are outlined in Table 7. These complement client-centred approaches and collaboration with the broader service system, which are outlined in sections 1.3 and 1.4.

Table 7: Criteria and signposts for intensive responses for clients with complex needs

Criteria	Signposts
Access to properties to support a housing first approach	<ul style="list-style-type: none"> • Collaborative arrangements with real estate agents / social housing providers that facilitate housing first allocations for clients with complex needs • Working with these housing providers and with clients, promote innovative housing solutions.
Systems in place for coordinating the service response for individuals and families with complex needs	<ul style="list-style-type: none"> • Regular contact and robust collaborative arrangements with specialist support services, such as mental health, or drug and alcohol services • Assessment processes to identify clients with complex needs requiring intensive, multidisciplinary support • Establish approaches, such as assertive outreach, to engage with clients who are hard to reach • Specific policies and procedures for individualised case planning for clients with complex needs • Mechanisms for establishing intensive, multidisciplinary teams for managing complex need cases, including establishing the roles and responsibilities of all agencies contributing to the case plan.
Expertise to deliver specialised models of care such as trauma-informed practice and narrative therapies to work with clients impacted by mental health problems, drug and alcohol, domestic and family violence, and other complex issues	<ul style="list-style-type: none"> • Relevant staff training and resources to ensure staff are equipped to manage a range of challenging behaviours and complex situations • Specific collaborative arrangements, and policies and procedures to ensure needs are identified and appropriate referrals are made • Having the knowledge base to identify complex needs and building an appropriate referral network.

Spotlight on HAP projects that supported people with complex needs

The evaluation of three HAP projects that supported clients with complex needs – the Riverina Murray HAP Project (RMHAP), the Rural Homelessness New England Project (RHNE), and the South East NSW Community Connections Project – indicated that:

- in order to assist people to permanently break the cycle of homelessness, it is necessary to provide access to housing and facilitate coordinated, client-centred support and practical assistance to help sustain a tenancy
- long-term housing and support approaches need to take different client needs and local service systems into consideration as there can be particular challenges in rural and regional areas, such as distance to services and service options. However, there can also be more opportunities in these areas to access affordable housing
- several interlinked components need to be present to achieve successful outcomes, particularly for people with more complex needs. These components include:
 - ◆ housing that is provided in a timely way, that is appropriate to a person's needs, affordable, of secure tenure, and based on a Housing First approach (thus not dependent on treatment for issues such as alcohol and drug use or mental illness)
 - ◆ case management that is persistent, client-focused and provides practical supports for the duration of the client's needs
 - ◆ effective service integration and cooperation to draw together the range of services and practical support required to sustain a tenancy
 - ◆ referrals and links to other support services that clients may need.

Complex needs: a client's story

Peter is a 41-year-old male who has struggled since his twenties to obtain and sustain any long-term tenancy. He has a long history of sleeping rough, moving from one unsafe boarding house to another, cycling through crisis accommodation and numerous admissions to psychiatric units and hospitals.

Peter was diagnosed with paranoid schizophrenia in his early twenties. As part of his care and management for his mental health diagnosis, Peter is currently on a Community Treatment Order (CTO). He admits to being an active poly-substance user, although has indicated he would like to decrease his use.

Peter was referred to an SHS provider by the local community mental health team. The SHS caseworkers met with Peter and through the initial assessment

and discussion with him about his preferences, they agreed to pursue a Housing First service option.

Peter agreed to work with the SHS caseworkers to develop a case plan. Peter's goals were to be appropriately housed and get access to ongoing medical support. SHS caseworkers were able to locate safe boarding house accommodation on a temporary basis, which assisted in maintaining regular contact with Peter.

Once Peter was settled in the boarding house, the SHS caseworkers were able to begin making referrals and assist with his practical needs. He was linked to a local GP and a referral was made to drug and alcohol counselling. Peter and the SHS caseworkers met with his current mental health caseworker in order for him to remain compliant with his CTO and mental health plan.

Peter was assessed as a priority for social housing and a property offer was made and he accepted. However, as the move in date got closer, Peter told his caseworkers that he didn't want the property because he felt unsafe about moving into the new property and wasn't familiar with the area. The caseworkers encouraged Peter to visit the local area a couple of times before he was scheduled to move. On a couple of occasions, Peter visited the local shops, the library, and the medical centre, and attended a Narcotics Anonymous meeting in the area which significantly reduced his anxiety about the move. The caseworkers also liaised with the housing provider to get the locks changed to make Peter feel safer.

The SHS caseworkers supported Peter to make the transition from the boarding housing to the long-term accommodation. The caseworkers connected local services to visit Peter in his property to complete an assessment for essential items like furniture, crockery and food. The caseworkers remained an active part of Peter's support as he settled into the property and became familiar with the community, public transport and the local shops.

After a while the SHS caseworkers and Peter reviewed his case plan and identified new goals that were more consistent with his needs now he was stably housed. This included accessing training to prepare Peter for work. The caseworkers worked with Peter at a pace he was comfortable with and referred him to new local services to meet his current needs only when he was ready.

Peter settled into the property and with the ongoing assistance and continued coordination of the SHS caseworkers and local support services he continues to move forward in addressing his mental health problems and sustaining his tenancy. Peter indicated on his most recent case plan review that he will shortly start a part-time TAFE course and would like to begin looking for work when he completes it.

1.9 Definitions of low, medium and high effort

The case mix for the new services is characterised by low, medium and high effort. Effort in this context refers to the level of resources needed from the SHS to support the client. It focuses on the role of SHS only in supporting the client and does not factor in resources needed from other services (such as mental health services, alcohol and other drug services, family support services, legal support). For more information about the role of SHS in supporting clients, refer to section 1.2.

Defining responses by level of effort as opposed to a client's complexity allows SHS to be flexible to provide client-centred responses. In some cases, clients with complex needs may enter an SHS but only require low or medium effort because their main support is being provided by another agency. For example, a client is having issues with their tenancy and they are referred to an SHS to liaise with the housing provider to negotiate a rental arrears repayment plan. The SHS would then liaise with the client's main support provider to ensure the plan was in place. In this instance, the level of support is likely to be low-effort as the SHS has only provided a couple of hours of resources to speak to the client and then advocate on their behalf with the housing provider. The SHS would also be expected to follow up with the client or their main support provider to ensure the situation was resolved and did not require further follow up.

In other cases, clients may not present with complex needs but require a high level of effort from the SHS provider. For instance, a family that has become homeless due to eviction from a private rental property needs to stay in crisis accommodation while the SHS provider supports them to access long-term housing. During their time in crisis accommodation, the SHS provider recognises that individual family members would benefit from access to additional support, such as parenting skills, counselling, employment and education (including tutoring for the children), and financial counselling. Further, once the family has been re-housed in long-term accommodation, the SHS provider and the family agrees that some ongoing case management will give the family the opportunity to continue working on achieving their case plan goals, in particular, resolving the issues that contributed to their previous episode of homelessness.

Level of effort

The level of effort required for each client will primarily depend on:

- the number of service activities they require from the SHS provider and the resources required to deliver these services
- the length of time spent by the SHS provider to support the client
- the length of time spent by the SHS provider to coordinate services for the client.

Low-effort cases

- ✓ Clients will usually require only one type of service activity such as facilitating access to private rental assistance or helping the client to secure a place at a drug and alcohol clinic.
- ✓ This assistance will usually be short-term but may require some follow-up.
- ✓ Clients will usually not require accommodation, although a few may need to access one-off temporary accommodation.
- ✓ These clients will not normally require the SHS to develop a formal case plan but may require some initial support and referral to other services.

Medium-effort cases

- ✓ Clients are likely to require more than one service activity.
- ✓ They may require short-term crisis or transitional accommodation with low-level supervision, or need support to sustain their long-term housing arrangement.
- ✓ Medium effort may be intensive assistance that is provided over a number of days, or lower intensity assistance that is provided over a longer period.
- ✓ Clients will usually have a case plan developed with them, which could involve coordination with other service providers.

High-effort cases

- ✓ Clients will usually require support across a number of service activities over a longer period of time.
- ✓ These clients may require crisis or transitional accommodation, or may be supported in long-term housing.
- ✓ Based on the client's need, this assistance may be provided intensively over a few weeks, or over a number of months at lower levels of support intensity.
- ✓ Clients will always have a case plan.
- ✓ The case plan for high needs clients will usually require the SHS to coordinate a range of services that the client needs.

1.10 SHS delivering services to multiple client groups

Some SHS will be required to deliver services to multiple client groups whereas some will only have one client group. SHS that have multiple target groups in their case mix will not deliver generic or one size fits all responses. These SHS will have the capacity to deliver specialised responses for specific client groups. Where SHS are provided through Joint Working Arrangements with several organisations, one organisation could have the expertise to provide specialised responses to particular client groups, such as women experiencing domestic and family violence.

An SHS that has multiple client groups in their case mix will need to structure their service model to ensure client needs are met, with specific emphasis on safety and the requirement for specialised responses. Key considerations include:

- understanding the data and evidence for the needs of client groups in the locations of service
- understanding evidence for best practice in relation to specific client groups
- strengthening service delivery through collaboration with relevant partner agencies to meet the needs of the target client groups
- responding differently to specific client groups within the service
- ensuring that approaches to allocating accommodation take into account safety and risk issues for different client groups, e.g. women leaving domestic and family violence would not use the same service outlet as men.

The following provides an example of how a new SHS will structure its service model to consider the needs of its multiple client groups.



Spotlight on an example in practice

One of the new SHS has a case mix that includes single men, young people, and women with or without children experiencing domestic and family violence. The service delivery model was developed in consideration of client safety, client need and the requirement to provide the four core responses: prevention and early intervention; crisis and transition; rapid re-housing; and intensive responses for complex needs. The new SHS has the following service elements:

- two crisis refuges and multiple transitional properties available to women who cannot remain safely at home
- an outreach case management team with female-only staff who specialise in women's issues, including domestic and family violence, and child protection
- a rapid re-housing response where a specialist caseworker will link clients experiencing domestic and family violence into the Start Safely program to access additional funding for rental subsidies
- a youth refuge and multiple transitional properties available to young people who cannot return home but need support for a period of up to 18 months to live independently
- a youth outreach team to provide case management to the young people in the refuge and the transitional properties. The youth outreach team also delivers early intervention approaches, in collaboration with local school counsellors, to identify young people at risk of becoming homeless. The youth outreach team will have a partnership with the Reconnect program to facilitate access for young people who are homeless or at risk of homelessness due to a breakdown in the family relationship
- a generalist provider that will provide a separate response to single men and/or the perpetrators of violence against women being supported by the service. This provider will provide support to single men but may refer perpetrators to another service to access accommodation, counselling, and support groups that deal with his anger management issues. The generalist provider service outlet will operate in a location separate to the domestic and family violence service outlet to ensure the safety of clients experiencing domestic and family violence.

1.11 Specialisation for target client groups

The new SHS have four core client groups: young people, single women, single men, and families. These client groups are defined as follows.

Client group	Description
Young people	Single men and women aged between 16–24 years. SHS do occasionally assist young people under the age of 16 years.
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.

Most SHS will also have primary target groups within these broad core client groups, for example:

- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse backgrounds
- women with or without children experiencing or escaping domestic and family violence
- rough sleepers
- young people, including those leaving out-of-home care or juvenile detention
- people exiting institutional settings, including correctional facilities, health facilities, alcohol or other drug rehabilitation, or other institutional settings
- lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people
- survivors of trauma
- people with mental health problems
- older people.

Some client groups require SHS to make special consideration when designing and delivering service responses. This section outlines key issues, risk factors and good practice approaches to guide SHS in their service design, development and delivery.

There is also an extensive evidence base of homelessness research, evaluation and data that SHS can review to gain a better understanding about the key issues and best practice approaches for these client groups, for example:

- Homelessness Clearing House – www.homelessnessclearinghouse.govspace.gov.au
- Homelessness Action Plan (HAP) evaluations – www.housing.nsw.gov.au/Help+with+Housing/Homelessness/Homelessness+Action+Plan+and+National+Partnership+Agreement+Evaluation+Reports.htm
- Domestic Violence Clearing House – www.adfvc.unsw.edu.au
- Australian Housing and Urban Research Institute – www.ahuri.edu.au
- Australian Bureau of Statistics (ABS) Census Data
- Australian Institute of Health and Welfare (AIHW) Specialist Homelessness Services Data Reports.

Module 2 – *Streamlined Access* and Module 3 – *Quality Assurance System* also provide guidelines relevant to ensuring effective access and equity strategies. The quality standards in particular, and the workbook at TAB A, provide SHS with requirements and a guide to achieving service access and equity, decision-making and participation, and service outcomes.

1.11.1 Young people

Facts:

- Young people are defined by the Australian Institute of Health and Welfare (AIHW) as clients aged 15–24 years who present alone in their first support period.⁶
- Nearly one-quarter of all clients (23%) in NSW were young people who presented alone. By comparison, young people presenting alone comprised 18% of all clients nationally.
- Young people aged 18–24 years comprised 20% of all SHS clients in NSW.
- 61% of young people presenting alone in NSW were female and 39% were male.
- 25% of all homeless people on Census 2011 night were aged between 12–24 years. Young people aged between 19–24 years had the highest rate of homelessness of any age group on Census night.
- While family conflict and breakdown is recognised as the leading cause of youth homelessness, there is likely to be a range of factors that have contributed to a young person's homelessness.
- Young people leaving care and those involved in the juvenile just system are among the most vulnerable members of society. They have limited economic and social resources to draw on which can result in them having extreme difficulties with establishing and maintaining accommodation.⁷
- When compared to their peers, young people leaving care are less likely to have completed Year 12, less likely to be in full time work and/or education, more likely to be unemployed, and more likely to be receiving a form of government income support.

In developing a support model for young people, SHS practitioners should:

- ✓ be flexible in their approach to ensure that young people who are experiencing homelessness or at risk of homelessness are supported effectively within arrangements of their choice. SHS should have the capacity to provide outreach support to young people to sustain them to live with friends or extended family if this arrangement is the young person's preference. The ultimate aim of the SHS provider is to ensure the viability of their temporary arrangement with regard to the safety and wellbeing of the young person, while longer-term arrangements are being put in place
- ✓ provide a strengths-based approach and a trauma-informed response
- ✓ support the young person to challenge cyclic behaviours and recognise that survival mechanisms are often entrenched behaviours and require specialised developmentally-based responses
- ✓ transition the young person into independent accommodation and education and/or training at an appropriate pace to ensure they are managing and the changes are sustainable. Transitioning a young person too quickly could set them up to fail and escalate them back into homelessness
- ✓ ensure staff with specialised experience and/or qualifications in working with young people deliver responses in SHS with a client mix that includes young people. This could include (though is not limited to) expertise in adolescent development, counselling, social work, domestic and family violence, sexual assault, living skills, child protection, advocacy, community welfare, and accessing education, employment and training opportunities. SHS staff will require specific skills for this client group to work with challenging behaviours and complex needs. The capacity to undertake client risk assessments is also important
- ✓ have the capacity to deliver best practices responses for young people across a range of accommodation options including: remaining at home, transitional housing, and private rental and refuge environments
- ✓ consider if gender specific approaches are necessary as homelessness triggers can often be different for young males and females
- ✓ provide specialised responses, if required, for transgender younger people – further information is in section 1.11.9
- ✓ coordinate, for a young person with complex issues, an interagency approach between local services that can meet the range of needs across all domains, e.g. accommodation; education; health, including mental health and wellbeing; and financial. This approach requires the identification of a lead agency that will take case management responsibility
- ✓ recognise that multiple agency involvement may overload a young person and negatively impact on their developmental process. Therefore, providers should prioritise the young person's needs so that they work with a limited number of providers at a time
- ✓ utilise family level interventions in cases involving family conflict and breakdown, where it is safe and appropriate to do so, which may be delivered directly or through partnerships with specialised services such as Reconnect, family

reconciliation support or other community resources. Because family conflict and breakdown is a leading cause of youth homelessness, family level interventions that focus on improving relationships can be pivotal in both preventing homelessness and supporting transitions out of homelessness

- ✓ encourage the young person to maintain or re-establish social connections and relationships with friends, family members and the broader community, if it is appropriate and safe to do so. Facilitate this through a harm minimisation framework
- ✓ undertake early intervention approaches with young people that include collaborating with schools and appropriate programs/services that target young people at risk of homelessness. Identifying at-risk young people before they become homeless and providing them with support can often prevent their situation from escalating and subsequent disengagement from school. An example of good practice for engaging with schools is The Geelong Project. (See Spotlight on The Geelong Project.)
- ✓ explore and adopt alternative early intervention approaches that include, for example, outreach to youth spaces, such as youth centres
- ✓ understand that young people who are supported by SHS may not be in a position to live independently and are not safe to stay at home. A young person entering SHS may initially require crisis accommodation and then move into transitional accommodation over time to gain the necessary skills to live independently, before moving to longer term arrangements
- ✓ recognise young people's need for safety and mobility when accommodating them, and take into account their need for young people to be close to public transport, peers, school, work, and other support networks
- ✓ begin skills development for young people when they are in crisis accommodation.
- ✓ develop the young person's independent living skills over time, including communication, negotiation, self-advocacy skills, budgeting, shopping, cooking, and cleaning
- ✓ assist the young person to re-engage with education or find suitable employment or training opportunities through linkages with relevant service providers, such as Job Services Australia (JSA) and Centrelink
- ✓ continue engagement with the young person following their exit from the service to maintain a level of stability in their life and avert any issues before a crisis situation develops. Because an SHS may be the only stable aspect in a young person's life, this may encourage them to contact the SHS for support if problems emerge or if they are at risk of homelessness or become homeless
- ✓ assign the young person one staff member, if possible, who can provide continuity of connection and support while they are in the SHS
- ✓ participate in coordination and planning prior to a young person's exit from out-of-home care or a juvenile correctional facility, where resources allow this. In this instance, the SHS would negotiate their role and level of effort they could provide

- ✓ be aware that unaccompanied children under 16 years who are homeless or at risk of homelessness may be clients of SHS. The FACS policy providing guidance and outlining the responsibilities of SHS when supporting unaccompanied children under 16 years is at Module 5
- ✓ ensure the service has the appropriate level of supervision based on the client needs, complexity, and risk to themselves and others. See section 1.7 for further detail on models of supervision.

Spotlight on 'The Foundations'

In recognition that homelessness for young people is much more than not having a roof over their heads, Yfoundations (the youth homelessness peak organisation) has developed a resource for services working with young people experiencing homelessness: *The Foundations*.

This resource identifies five foundations as integral to the process of ending youth homelessness:

Connections – It is vital that all young people are given the opportunity to develop and nurture the connections in their lives. Connections to friends, family, community and society promote resilience and social inclusion. Connections ensure young people are protected from damaging and risky behaviours during a formative developmental stage.

Safety and Stability – It is vital that all young people not only feel safe, but are actually protected from risk factors that may impede their developmental process. Young people must have the internal and external mechanisms that will enable them to build the confidence and independence that is necessary to actively participate in and contribute to their communities.

Health and Wellness – It is vital that all young people, particularly during the formative stages of their growth and development, are physically, socially and emotionally well. To ensure this, young people must have access to all the necessary prerequisites for achieving health and wellness. Being well and feeling healthy will promote self-worth and ensure young people feel competent to participate in their communities.

Education and Employment – It is vital that all young people are given the opportunity to pursue their educational and professional goals. Education and training is crucial to the growth and development of young people. Education and training, including formal tuition and practical life skills, promote self-confidence and independence and provide young people with the skills and competencies necessary to enter adulthood.

Home and Place – It is vital that all young people have access to a safe, non-judgemental Home and Place – a comfortable place that they identify with and belong to. A Home and Place should be an environment that promotes growth and fosters positive development.

The Foundation resource can be accessed at <https://yfoundations.org.au/article>

Spotlight on The Geelong Project

An example of good practice for engaging with schools is *The Geelong Project: A community of schools and youth services model for early intervention*, which is underpinned by an early intervention framework and recognises that schools are sites for early intervention.

The Geelong Project (TGP) is an innovative place-based community of schools and youth services model for early intervention. The model involves population screening for risk, a flexible practice framework, youth-focused family-centred case management, and longitudinal follow-up and support, as required, until social and educational outcomes have been achieved.

The practice framework developed by TGP provides for a differentiated three level response:

- a non-casework response, either active monitoring by school staff, or a secondary consultation where a referral is made to another program or agency, or advice given to a non-TGP action
- casework support, either a brief counselling-type of casework or case management by TGP
- wrap-around case management for complex cases requiring the formal involvement of several agencies. Youth-focused and family-centred case management means that direct engagement and support is provided to a young person as the client, but also, work with family members is undertaken. The support work involves both community sector workers and school staff working together in a more coordinated, collaborative type of practice.

TGP targets children and young people aged 14–18 years, although in practice the program works with any children or young people in the secondary school age range.

During the pilot phase of just under 12 months, TGP proactively identified and intervened with 95 young people and 43 family members, where homelessness and school disengagement were identified as a high risk.

Data on risk was used to demonstrate how estimates of youth homelessness can be constructed from whole of school data, and also how the extent of need for early intervention can be estimated.

The broad approach, objectives and outcomes for TGP align with the FACS focus on developing effective early intervention approaches and breaking disadvantage. It could complement the range of youth-focused initiatives being delivered through SHS.

The report of The Geelong Project can be found at www.thegeelongproject.com.au/wp-content/uploads/2013/09/The-Geelong-Project-FAHCSIA1.pdf

1.11.2 Unaccompanied young people under 16 years

Facts:

- The term ‘unaccompanied children’ refers to all children under 16 years who request assistance from SHS on their own.
- Homeless children and young people are more likely than their peers to have experienced abuse, neglect or family violence at home, to have experienced mental illness, to have been in contact with the justice system, to misuse drugs and alcohol, and to be disengaged from education.
- In 2012–13, over 1,300 unaccompanied children and young people aged between 12–15 years sought assistance from SHS.
- Of these children, over 60% were girls and over 18% identified as being Aboriginal or Torres Strait Islander.
- Mental illness can be seen as both a cause and consequence of homelessness, and is more prevalent among the homeless population than the general population. In 2012–13, around 36% of children seeking assistance from an SHS reported having a mental health problem.
- Domestic and family violence is a key driver of homelessness among all age groups, but particularly for vulnerable children and young people. Over 32% of unaccompanied children reported domestic and family violence as one of the reasons leading to their homelessness.
- Experience of homelessness and the risk of homelessness both impact negatively upon a child’s participation in education, which in turn has future impacts upon their ability to continue in higher education, training and employment. Studies have shown children who are homeless to have a high rate of disengaging from education.⁸ In 2012–13, 25% of unaccompanied children seeking assistance from an SHS reported being disengaged from education.

In developing a support model for unaccompanied children and young people, SHS practitioners should:

- ✓ be part of a child safe organisation. See www.kidsguardian.nsw.gov.au/Working-with-children/become-a-childsafe-organisation
- ✓ operate trauma-informed care and practice, i.e. a therapeutic model of care that has an overarching focus on creating and sustaining a supportive care environment that is capable of healing the traumatic impact of neglect and abuse
- ✓ deliver client-centred services, i.e. build responses that wrap around the needs of the individual child or young person. Service responses should be based on the particular circumstances of each client, their experiences and choices, which will involve individually tailoring the intensity and duration of support and the accommodation setting in which support will be delivered

- ✓ have established strong, collaborative relationships with other SHS, FACS, broader child and youth services, other NSW Government agencies (including Health, Education and Juvenile Justice), as well as the broader community. Effective collaboration is a core part of a client-centred approach and key to preventing and breaking the cycle of homelessness. To be effective, SHS providers have an important leadership, promotion and collaboration role within the broader homelessness services system
- ✓ provide continuity of care as consistency in key case workers is central to building relationships and can assist in improving longer-term outcomes. This is particularly significant in contexts where clients have had traumatic experiences that have resulted in a lack of trust in people and services. Continuity of care also refers to ensuring clients receive appropriate levels of support after transitioning to alternative forms of accommodation
- ✓ assess and report concerns about the possible abuse or neglect of a child/young person. The NSW Mandatory Reporter Guide is available to assist mandatory reporters to make a decision about whether or not to report their concerns to the Child Protection Helpline. Information about the Mandatory Reporter Guide can be found at www.community.nsw.gov.au/kts/guidelines/reporting/mrg2.htm
- ✓ utilise family level interventions in cases involving family conflict and breakdown, where it is safe and appropriate to do so, which may be delivered directly or through partnerships with specialised services such as Reconnect, family reconciliation support or other community resources. Because family conflict and breakdown is a leading cause of youth homelessness, family level interventions that focus on improving relationships can be pivotal in both preventing homelessness and supporting transitions out of homelessness
- ✓ undertake early intervention approaches with children and young people that include collaborating with schools and appropriate services that target children and young people at risk of homelessness. Early identification and support can often prevent a situation from escalating and prevent a child or young person disengaging from school. School counsellors can play a valuable role in the referral pathways
- ✓ continue casual contact with the child or young person when they no longer receive formal support from the service. Because an SHS may be the only stable relationship in a child or young persons' life, it is appropriate to encourage them to contact the SHS for support if problems emerge
- ✓ deliver services in accordance with the *Unaccompanied children under 16 years accessing SHS policy* (see Module 5).

1.11.3 Aboriginal and Torres Strait Islander people

Facts:

- In NSW, Aboriginal and Torres Strait Islander people comprised 2.9% of the general population, but represented 25% of SHS clients who identified as Indigenous.⁹
- There was a 17% increase in the number of Aboriginal people who were homeless from the 2006 Census to the 2011 Census.
- Aboriginal and Torres Strait Islander people have a higher risk of becoming homeless due to housing issues such as overcrowding, physical health and health care issues specific to Aboriginal people, breakdown of kith and kin relationships, history of domestic and family violence, mental health problems, substance abuse issues, interaction with Police and the criminal justice system, and social discrimination or marginalisation.
- Research has found that mainstream concepts of homelessness may not necessarily reflect Aboriginal understandings of homelessness, which is better defined by a loss of control over the place where one lives than by a lack of accommodation.¹⁰
- Evidence indicates that where Aboriginal staff are employed in a service, there is an improved understanding of client needs and community issues.¹¹

In developing an SHS model that can effectively meet the needs of Aboriginal clients, SHS practitioners should:

- ✓ develop best practice approaches by researching the evidence base and consulting with Aboriginal stakeholders (including local Aboriginal service providers, Aboriginal Land Councils, and the community) to ensure the service approach is culturally appropriate and suitable to a particular region
- ✓ be aware that mainstream accommodation-based approaches may not be appropriate and that simply providing accommodation may not address the most critical support need for Aboriginal and Torres Strait Islander clients¹²
- ✓ respond in a culturally sensitive manner and provide culturally appropriate services. Recognise that approaches used for non-Aboriginal clients may not necessarily be appropriate or effective for Aboriginal clients. For instance, safe house models that include cooling off centres for the perpetrator are sometimes more effective domestic and family violence approaches for Aboriginal people
- ✓ have policies in place that proactively seek the recruitment and retention of Aboriginal staff
- ✓ recognise that not every Aboriginal client needs or wants to be referred to an Aboriginal practitioner
- ✓ facilitate cultural competence training for all staff or ensure all staff are competent in providing culturally safe services

- ✓ ensure a culturally supportive environment is available to all clients and staff
- ✓ provide a culturally appropriate intake and assessment process (see Module 2 – *Streamlined Access*)
- ✓ establish trust and invest time in building strong relationships between client and caseworker over time
- ✓ recognise the important role of family and kin in service approaches
- ✓ develop relationships and effective linkages with local Aboriginal organisations to facilitate greater awareness of and engagement with Aboriginal issues to inform and strengthen the service response. Many communities have existing local Aboriginal interagency groups to connect with
- ✓ consider ‘hot-desking’ at various Aboriginal organisations to facilitate outreach to people who would not otherwise approach an SHS provider. Recognise this may require a significant time investment in order for the community to observe and develop a positive opinion if the service provider is non-Aboriginal
- ✓ recognise that the word ‘family’ can have a very different meaning for different individuals, reflecting both their practical experience and circumstance, their ideals or hopes, the ‘norms’ of their cultural group about primacy of certain relationships and obligation/rights to others, and preferred household composition
- ✓ consider how to institutionalise ‘cultural competence’ within your organisation and across all functions, through incorporating it as a dimension of ‘quality management’ so it becomes part of the organisation’s governance and practice and does not just reside in the interests and skills of individuals.

Spotlight on establishing a culturally relevant SHS for Aboriginal clients

Every SHS will need to respond to Aboriginal people but some SHS will have a case mix with a high percentage of Aboriginal clients. The following is an example of a new SHS that needs to develop its services to be culturally relevant for Aboriginal people. This particular example is focused on the SHS response for Aboriginal women with or without children who are experiencing domestic and family violence and are homeless for other reasons. The client group also includes young Aboriginal women aged from 18 years old.

The service identified the range of qualifications and experience their staff needed to respond to the client group. For example:

- because this was an Aboriginal specific service and this was a non-Aboriginal provider, it was necessary to have Aboriginal identified positions and staff with extensive experience in working with Aboriginal people
- young people required responses from staff with specialised experience and/or qualifications including (though not limited to) adolescent development, counselling, social work, domestic and family violence, sexual assault, living skills, child protection, advocacy, community welfare, and accessing education, employment and training opportunities

- women experiencing domestic and family violence required staff to have specialised experience and/or qualifications in (though not limited to) counselling, social work, DFV, sexual assault, child protection, advocacy and community welfare
- because this client group was likely to have high rates of exposure to traumatic events and have complex needs, the service recognised that the service model needed to embed trauma-informed care approaches. Over time, the service will ensure that staff without trauma-informed care skills receive the appropriate training and mentoring to deliver this response effectively.

The service undertook a recruitment process that encouraged Aboriginal people, domestic violence specialists and experienced family support workers to apply for various positions. The service understood that these specialised positions required an approach to recruitment that was different to a standard recruitment process. For example, the service disseminated information about the position through informal networks to ensure it reached the right audience. They wrote the selection criteria in an informal way to attract applicants who might be put off or intimidated by formal language. The service advertised the positions in various publications such as the Koori Mail, the local council websites, Pro Bono Australia job site, and the NCOSS job site to ensure a wider audience was reached to promote the specialised jobs.

The service understood that SHS responding to Aboriginal clients experiencing domestic and family violence would need to have experience and skills to provide culturally appropriate and safe responses which may differ from non-Aboriginal clients. To facilitate their cultural competency skills, the service approached the local Aboriginal Land Council and engaged them to train their non-Aboriginal staff in cultural competency skills.

It was critical for the SHS to work closely with the local health services, particularly the Aboriginal Health Service, to establish referral pathways both ways. The Aboriginal Health Service had specialist DFV workers and the SHS had a strong working relationship with them. On occasions, when the SHS provided training opportunities for the staff, they invited the DFV workers from the Aboriginal Health Service, which further strengthened their professional relationship.

The service ensured the Aboriginal staff were subject matter experts in the organisation and had mentor roles for the non-Aboriginal staff.

Where necessary, Aboriginal staff will be given training opportunities to be able to effectively mentor non-Aboriginal staff about culturally appropriate service responses for Aboriginal clients.

The Manager intends for all staff (both Aboriginal and non-Aboriginal) to have the skills to provide a culturally safe response for Aboriginal clients. This is considered important because consultations with the local community suggested that sometimes Aboriginal people didn't want to see an Aboriginal worker because there were family connections and they preferred to be supported by someone who was not known to the family.

1.11.4 Women and children experiencing domestic and family violence

Facts:

- In 2012–13, 23% of female SHS clients in NSW reported that their main reason for seeking assistance was domestic and family violence (DFV).
- DFV was the most commonly reported main reason for seeking assistance across all clients.¹³
- Women experiencing DFV are at a higher risk of becoming homeless and are less likely to be financially independent or have access to safe alternative accommodation.
- Children who experience DFV and homelessness also have a greater risk of becoming homeless later in life.

In developing an SHS model that can effectively meet the needs of women and children experiencing DFV, SHS practitioners should:

- ✓ be familiar with *It Stops Here*, the NSW Government's domestic and family violence framework for reform. You can find information about this at www.domesticviolence.nsw.gov.au. This includes information about Safer Pathway, the new approach to victim safety that involves consistent risk assessment, centralised management of referrals, improved information sharing between agencies and Safety Action Meetings for victims assessed as being at serious threat. This approach is in place in Orange and Waverley, with further rollout across NSW in coming years. The website also has reference documents and tools that SHS can utilise when supporting women experiencing DFV
- ✓ prioritise safety – recognising this can vary accordingly to the different responses SHS can provide. For instance, prioritising safety for women remaining in the home will require different considerations to prioritising safety for women being rapidly re-housed or supported in crisis or transitional accommodation. Regardless of the response type, at a minimum, SHS should undertake a risk assessment for the client, to provide the most appropriate response. SHS are encouraged to use the new Domestic Violence Safety Assessment Tool (DVSAT), implemented through the reform, *It Stops Here*. The DVSAT can be found at www.domesticviolence.nsw.gov.au
- ✓ coordinate and integrate multi-agency support services, as appropriate, to the needs of the client(s), such as the Police, the court system, legal services, medical and mental health services, and child protection
- ✓ ensure they comply with the requirement to assess and report concerns about the possible abuse or neglect of a child/young person. The NSW Mandatory Reporter Guide is available to assist mandatory reporters to make a decision about whether or not to report their concerns to the Child Protection Helpline. Information about the Mandatory Reporter Guide can be found at www.community.nsw.gov.au/kts/guidelines/reporting/mrg2.htm

- ✓ ensure staff have specialised experience and/or qualifications in (though not limited to) counselling, social work, domestic and family violence, sexual assault, child protection, trauma-informed care, advocacy and community welfare. Under the DFV reforms, a skills strategy is being implemented to provide access to training for frontline DFV workers. Access to a training needs analysis and training calendar can be found at <http://swsi.edu.au/dfvstrategy/Events.aspx>
- ✓ embed in the service model a trauma-informed care approach and ensure staff are experienced in trauma-informed practice. Staff will also be experienced in strengths-based casework and have the expertise to utilise a number of primary theories and frameworks that are considered appropriate and effective in working with women and children experiencing DFV¹⁴
- ✓ recognise that accompanying children are likely to require individual responses which are separate to their mothers/care givers. SHS will either have the expertise to provide these responses or have established partnerships with appropriate services to facilitate referrals for accompanying children
- ✓ ensure that members of the family affected by the DFV who cannot be directly supported by the SHS service, such as male family group members over the age of 16 or family pets, are connected with an appropriate service
- ✓ be familiar with available perpetrator and men's behaviour change programs, and work with these providers to develop referral mechanisms if appropriate. Supporting the perpetrator to deal with their own issues and needs can be more effective and safer than excluding them from support altogether. Some SHS will have the capacity to work with the perpetrator (particularly cross target packages) but most will need to refer them to other services
- ✓ assist clients to access flexible brokerage funding, particularly for essential furniture and whitegoods to establish a new household if required. SHS would also seek access to other brokerage sources outside of their own service
- ✓ offer victims of DFV a range of options to escape the violence, including the option to remain in the home while the offender is removed via an ADVO, or alternatively crisis and transition responses. There are specialist services that support victims to remain in their homes (with the perpetrator removed). Staying Home Leaving Violence (SHLV) services are located in a number of locations across NSW. Service details are available at www.community.nsw.gov.au/docs_menu/parents_carers_and_families/domestic_and_family_violence/stayhome_leaveviolence.html. SHS should work with SHLV providers in their regions to facilitate access for their clients that wish to remain in their homes. (See Spotlight at section 1.5.)
- ✓ consider re-housing women in private rental accommodation as an alternative approach to crisis and transitional housing. An SHS would work with social housing providers to access housing assistance, particularly Start Safely, which is a rental subsidy that helps people escaping DFV to be re-housed in private rental. Start Safely has been an effective component of rapid re-housing approaches that were trialled through the National Partnership Agreement on Homelessness for women and their children experiencing DFV. These approaches are only suitable for client(s) who are able to transition quickly into a private rental that is linked to case management support, if required

Leaving violence: a client's story

Rachel is an Aboriginal woman with four children aged from 6 to 15 years. Rachel had been experiencing violence from her partner for some years. She eventually sought help from an SHS women's refuge. She told the SHS she wanted the family to stay together and remain with her partner, but she also wanted the violence to stop and to feel safe.

The SHS undertook an initial assessment and risk assessment. As Rachel and her children were at risk of further violence, the SHS asked her if she wanted to try to stay at home (and get her partner removed through Staying Home Leaving Violence) or whether she wanted to go elsewhere. She preferred to move as she was scared to stay home, but said she would only move if she could keep all her children together.

The SHS had crisis properties that were off-site from the refuge and allowed families with older boys to remain together as a family unit. To ensure Rachel's son was supported appropriately, the SHS linked him in with a youth worker at the youth SHS.

The SHS was non-judgemental about Rachel wanting to return to the partner but recognised they needed to assist Rachel to put some foundations in place to allow this to happen as safely as possible. The SHS responded to Rachel's immediate needs to ensure she was safe and supported. The specialist DFV caseworker developed a case plan for Rachel and identified the following needs:

- Rachel needed crisis accommodation until she worked out what she wanted to do.
- An interim Apprehended Domestic Violence Order (ADVO) for her and the children needed to be obtained. This was done through the local Women's Domestic Violence Advocacy Service.
- Access to a range of support services outside of the SHS needed to be arranged, which included counselling, financial support, financial counselling, legal support, and support for the children.
- Rachel had no financial support or income so the SHS supported her to apply for benefits with Centrelink.
- Support for the children needed to include counselling and liaison with school around learning support.
- The SHS sought advice from a men's service to link Rachel's partner to a behaviour change program. This information was passed on to him.

Rachel returned to her partner two months later. Over the following 12 months, she returned to the refuge on several more occasions. During this time she continued to receive support from the SHS for her and her children.

Eventually she determined that she wanted to make a permanent break from her partner and asked the SHS to support her in this goal. The SHS organised a transitional property for her and provided brokerage funds for basic household items.

Rachel's long-term goal was to relocate to her home town to be closer to her family. She was advised that if she could demonstrate capacity to afford a private rental, she could be eligible for the Start Safely property.

Rachel was able to stay in the transitional property for 18 months, during which time she was supported to participate in vocational training and a work experience placement, after which she commenced looking for a job so that she could work towards her relocation plan.

1.11.5 Families

Facts:

- In 2012–2013, 28% of SHS clients were identified as families receiving support. 74% were single parents with children, 17% were couples with children, 7% couples without children and 2% were other family groups.
- Over one-quarter (27%) of all support periods provided in NSW were undertaken by family groups.
- 59% of family group clients in NSW were female and 41% were male.
- 17% of all Australia's homeless are under the age of 12.
- The experience of homelessness for children can result in disrupted schooling and poorer education outcomes, as well as poorer health, emotional, behavioural and developmental outcomes. All of these may have long-term effects and may make them more vulnerable to repeat periods of homelessness.
- Domestic and family violence frequently leads to family breakdown, separation, and women and children being forced out of the home in search of respite and safety.
- Causes of family homelessness include financial difficulty, housing affordability, domestic and family violence and inadequate or inappropriate dwelling conditions.
- Reduced housing affordability has led to more families facing homelessness and they are becoming a more visible homeless population than before.

In developing an SHS model that can effectively meet the needs of families, SHS practitioners should:

- ✓ ensure the service is genuinely client-centric to meets the needs of every individual within the family. At the same time, recognise their identity as part of a family and the role of parents as experts on their family
- ✓ ensure staff focus on understanding the unique vulnerabilities that homeless families may possess. Provide continual staff education and awareness-raising activities that focus on the unique needs of families, children and the whole family dynamic. Understand the complexity of the modern family dynamic. This includes single fathers, parents with either shared access or intermediate access of their children, and extended families that might include aunties, uncles and elderly relatives, etc. It also includes understanding the cultural meaning of family for Aboriginal people and people from culturally and linguistically diverse backgrounds
- ✓ recognise the broad spectrum of different needs that exist for homeless families and provide tailored support
- ✓ provide access to appropriate accommodation that offers the family time to consider their longer-term situation rather than focusing on the immediacy of food, shelter and housing. Respite from concern about the family's immediate survival will allow the family to reassess their situation, search for work, or find an appropriate place to rent
- ✓ be a child safe organisation. See www.kidsguardian.nsw.gov.au/Working-with-children/become-a-childsaf-organisation
- ✓ provide self-contained facilities, where possible, if the family requires crisis or transitional accommodation. It is also important for the family unit to be accommodated together unless there is a domestic or family violence situation
- ✓ provide support that preserves a sense of normality and maintaining a stable situation despite the stressors of homelessness
- ✓ provide stronger cross-agency linkages to gain greater understanding of other services and options available to families in a local area. Greater knowledge sharing, collaboration and discussion between services providers (both non-government and government) is critical in addressing the complex needs associated with family homelessness
- ✓ engage other community agencies, including local neighbourhood centres, playgroups and support groups to link the families into the local area
- ✓ develop a space for parents to reconnect with children and to spend time oriented toward the deeper needs of the child. Help parents access parenting programs if necessary
- ✓ work closely with family support services with the aim of assisting a family's move out of homelessness and addressing some of the specific challenges
- ✓ assess and report concerns about the possible abuse or neglect of a child/young person. The NSW Mandatory Reporter Guide is available to assist mandatory reporters to make a decision about whether or not to report their concerns to the Child Protection Helpline. Information about the Mandatory Reporter Guide can be found at www.community.nsw.gov.au/kts/guidelines/reporting/mrg2.htm

Spotlight on a new SHS – the Sydney District West Family Homelessness Support Service

This Service will support women with children experiencing domestic and family violence, single parents with children and couples with children who are homeless or at risk of homelessness. It will also provide specialised support for clients with mental health problems and surviving child sexual abuse. The Service will work from a central office-based location and have service outlets in the district. Further, the Service will provide a 24/7 crisis line and mobile support to families, where required.

The lead provider will deliver this new service in partnership with a number of organisations. The partnership represents a broad range of expertise with particular emphasis on supporting families. The broad range of partner agencies involved in this Service will facilitate access for clients to specialist case management skills including: social work; psychology; counselling; community services; mental health; alcohol and other drug misuse; family systems theory; complex trauma; child development; disabilities; child protection; domestic and family violence; and property and tenancy management.

The Service will deliver the four core responses: prevention and early intervention; supported crisis and transitional accommodation; rapid re-housing; and intensive responses for complex needs.

The Service model will be underpinned by a client-centred, trauma-informed, holistic and streamlined approach to accessing wrap around intensive support or short-term interventions for families. The Service will undertake a comprehensive assessment of the client to identify their risks and needs, which will be followed by the development of a case plan that can range from an early intervention response to a supported crisis accommodation response. The case plan will incorporate the broad range of specialist knowledge and skills that the partnership brings to the service.

The Service will have the capacity and expertise to provide responses to accompanying children when an assessment indicates they require a separate response from the holistic family response.

The Service will accommodate families in the range of available crisis and transitional properties consistent with their needs.

The Service will have access to extensive donation resources to meet families' needs for household items. However, where donations cannot support clients to meet their identified goals as part of the case plan, the service will utilise the brokerage model and establish a coordination group to allocate this funding. An emergency delegation process will also be established as part of the brokerage model.

1.11.6 Rough sleepers

Facts:

- The number of rough sleepers in NSW recorded in the 2011 Census was 1,920.
- Rough sleepers are a high priority because of the serious health and safety risks associated with sleeping rough.
- While rough sleepers are not a homogenous group, many have high and complex needs, including chronic health issues, gambling, drug and alcohol related problems, mental health problems, particularly those who are chronically homeless.
- People sleeping rough are often unlikely to actively seek help beyond their immediate material needs and evidence indicates they have a mortality rate three to four times higher than that of the general population.¹⁵

In developing services that can effectively meet the needs of rough sleepers, SHS practitioners should:^{16, 17}

- ✓ provide persistent and practical outreach support to engage and work effectively with people experiencing long-term homelessness. Assertive outreach models are effective approaches for rough sleepers which have achieved good outcomes for this client group
- ✓ work closely with stakeholders (including the community) that may have contact with this client group as rough sleepers may be hidden and difficult to identify in some locations. In this situation. Stakeholders would include local councils, rail staff, police, health services, Centrelink, and other service providers. This is part of an effective assertive outreach approach
- ✓ provide access to permanent supported housing and a Housing First approach, whereby clients are not required to be treatment compliant to access housing
- ✓ ensure multidisciplinary case management teams, which can include health workers, mental health specialists, counsellors, caseworkers experienced with rough sleeper populations, and housing specialists
- ✓ deliver integrated services to the client in situ, in a manner that is coordinated around the client, tailored to individual need, and delivered in a way that minimises the number of different services a client must access to get their needs met
- ✓ improve health outcomes and reduce repeat presentations to hospitals and other institutions by providing coordinated and holistic service delivery, and linkages to the mainstream system of supports over time
- ✓ provide post-crisis support once the client has accessed long-term housing.

Spotlight on a new SHS – Inner City of Sydney Assertive Outreach and Case Coordination Service

The Assertive Outreach and Case Coordination Service will build on the successful assertive outreach service model in the inner city – Way2Home. The provider of this Service will work with clients who are chronically homeless with complex needs, particularly those sleeping rough. The Service will assist clients to transition from sleeping rough or living in improvised dwellings into long-term accommodation options, and support them to sustain that housing in the long-term.

Aboriginal people represent a high proportion of rough sleepers in the inner city of Sydney and the Service will incorporate a culturally effective and appropriate service approach in the model. The Service will:

- provide a street outreach to engage with people sleeping rough with patrols in the early morning as clients awake and early evening before they bed down
- deliver a service that provides a multidisciplinary team with the necessary specialised staff required for an Assertive Outreach Service. In particular, it's important that all staff have experience and the capacity to engage with rough sleepers
- provide assessment, client-led care planning and ongoing support in situ to rough sleepers with high needs through multidisciplinary case management. Staff will recognise where their effort is best placed to target clients who are open to transitioning off the street
- provide ongoing post-crisis support or negotiate for another service to undertake this support so the client can successfully sustain the tenancy and avoid returning to sleeping rough
- focus on long-term housing solutions for clients rather than cycling in and out of crisis or transitional accommodation
- provide a Housing First approach whereby clients will be supported to transition into long-term housing without the requirement to be 'housing ready' or treatment compliant prior to entry into housing
- collaborate in coordinated care planning and service delivery for clients who have health needs and do not access other mainstream health services, including General Practitioners and specialist medical, drug and alcohol or mental health services
- develop and implement strategies to reduce barriers faced by people experiencing homelessness in accessing specialist drug and alcohol, mental health, and physical health services
- develop effective partnerships with relevant support services to facilitate an integrated and coordinated service response whereby services are wrapped around the client

- support clients who have transitioned into long-term accommodation to access their local mainstream and community services, as required
- develop place-based strategies, in collaboration with a range of stakeholders, for reducing homelessness and associated impacts in areas where large populations of rough sleepers are located
- manage partnerships with health and mainstream services to facilitate their support and contributions to active case management arrangements
- coordinate partnerships to find alternative solutions for complex clients who are unable to live independently, such as Housing Accommodation Support Initiative (HASI) packages, Aged Care Services, and Disability Care Services.

1.11.7 People exiting institutional settings

(This includes correctional facilities, health facilities and alcohol and other drug rehabilitation, and out-of-home care)

Facts:

- There is significant evidence that people exiting institutional settings are at higher risk of homelessness.
- Leaving custody, mental health facilities or rehabilitation services into homelessness increases the risk of reoffending/relapse.
- People exiting institutions are likely to be overwhelmed when they begin navigating complex service systems in order to meet their needs.
- People exiting institutions are likely to have multiple needs requiring different services immediately upon exiting or soon after.
- While most people will receive some exit planning, there are also reasons why some people exiting institutions (such as those exiting unexpectedly) find themselves requiring the services of SHS providers.

In developing services that can effectively meet the needs of people exiting institutional settings, SHS practitioners should:

- ✓ develop relationships with Corrective Services, Juvenile Justice, health services and rehabilitation facilities, and out-of-home care providers to improve exit planning and appropriate referral on the client's exit. They should also consider participating in DHIGs
- ✓ understand that signatories to the *Framework for Multi-Agency Client Transition Planning to Reduce Homelessness* have obligations to not exit people into homelessness¹⁸
- ✓ provide pre-exit support, where possible, in order to assist institutions planning the exit of their client and reduce the number of needs still to be met upon exit

- ✓ coordinate integrated assistance from multiple government and non-government services, e.g. mental health, alcohol and other drugs, medical, accommodation, legal, and financial
- ✓ assist clients to integrate into the community (i.e. de-institutionalise and make good emotional connections) to encourage positive mental health and prevent cycling back through these institutions and homelessness
- ✓ assist with living skills, where needed
- ✓ work with families who may be going through a period of adjustment upon the return of their family member from an institution, e.g. to prevent relationship breakdown leading to homelessness, or repair relationships, if possible
- ✓ provide emotional support to clients who feel overwhelmed by their multiple needs and the requirements of the service system in order to get help.



Exiting custody: a client's story

Warren is 38 years old and will be released from custody in a couple of weeks with a six month parole period. Warren has a lengthy history of previous imprisonment that began when he was 15 years old. For over a decade, on every occasion that Warren was released from custody, he exited into homelessness.

An SHS that supported clients with complex needs and targeted people exiting corrective institutions participated in Warren's pre-release planning, in collaboration with the local mental health service and Corrective Services, through a local interagency mechanism.

The SHS established first contact with Warren while he was still in custody to develop his pre-release plan. During the pre-release planning, the SHS worked with Warren to identify his goals. Warren was very clear that securing accommodation was his key priority. He also indicated that he was worried about getting back into a drinking and drug-taking culture on his release and wanted help to avoid this if possible.

The SHS agreed to provide supported crisis accommodation for Warren on his exit from custody and coordinated the range of services he would require at that time. The local mental health service and Corrective Services agreed to facilitate access to the services they were able to provide, such as drug and alcohol services, mental health services, court support, and monitoring his parole period. All service providers were clear on their roles and responsibilities and ensured Warren understood that the SHS was his case manager and his main contact. This was recorded on this case plan.

The SHS began looking for long-term housing options for Warren before he was released as their experience indicated this could take a bit of time to secure. When Warren was released, he went into supported crisis accommodation and began counselling straight away. The SHS helped Warren gather appropriate identification, obtain Centrelink benefits, a Medicare card, and set up a bank account.

Warren regularly attended Alcoholics Anonymous meetings but found his release too overwhelming. He contacted some old friends and began binge drinking. The SHS organised a case plan meeting for Warren with all of the agencies in attendance. Agreement was reached by the health provider, correctives provider and the SHS to put a more intensive support plan in place for Warren, with his advice. Warren agreed to attend a specialised support service that would help him with his drinking.

Over time, the SHS was able to secure Warren a place within a boarding house. Warren was happy with this arrangement because he would have felt lonely if he lived in an apartment, whereas the boarding house enabled him to have contact with other boarders.

The SHS was able to access some brokerage funding from a charitable organisation to source furniture for Warren's room in the boarding house and purchase some new clothes.

The SHS continued to work with Warren once he was living in the boarding house to work on his long-term goals. Warren wanted to reconnect with his family, particularly his children. The SHS linked Warren to a family reconciliation service that met with him on a weekly basis until such time as contact with his family was made. Warren continued to work with the family reconciliation service on a monthly basis to ensure he was on track with achieving this goal.

Warren continued to be supported by the SHS for approximately 12 months to ensure he was on track to have a stable life. He successfully maintained his tenancy, was regularly seeing his children, secured a job, and reduced his drinking, which was a key cause of his offending behaviour.

Resources for working with people leaving custody

Some SHS are in locations where they are likely to provide accommodation and/or support to a number of clients exiting custody. It is important for these providers to understand the complexities and issues faced by these clients, and to support them effectively.

FACS is currently working towards the development of learning tools about the needs of this client group. More information will be provided on this in due course.

Additionally, there are a number of websites that provide useful information to support clients exiting custody, including those with alcohol and other drug issues:

www.crcnsw.org.au/resources

www.nobars.org.au/

www.gettingout.com

1.11.8 People from culturally and linguistically diverse backgrounds

Facts:

- Current research on the relationship between cultural, linguistic, or ethnic diversity and homelessness is limited, though evidence suggests that family breakdown is a significant risk factor for homelessness for people from culturally and linguistically diverse backgrounds.¹⁹
- People from culturally and linguistically diverse backgrounds are more likely to be homeless because of: being separated from family or significant others; living with distant relatives or in a non-traditional family composition; living in overcrowded accommodation; and domestic and family violence issues.²⁰
- People from culturally and linguistically diverse backgrounds are more likely to experience social isolation and mental health problems as a result of family breakdown, language barriers and cultural dislocation, discrimination, and previous experiences of instability or trauma.²¹
- People from culturally and linguistically diverse backgrounds may experience financial issues and difficulty accessing housing due to non-recognition of education and skills. Further challenges can include navigating unfamiliar education and employment pathways, discrimination in the private rental market, and lack of awareness of tenancy rights.²²
- Recent arrivals are particularly vulnerable to homelessness. For example, women arriving on spousal visas who find themselves escaping domestic and family violence situations and without an independent income, often seek the help of an SHS.

In developing an SHS model that can effectively meet the needs of clients from a culturally and linguistically diverse background, SHS practitioners should:

- ✓ learn more about emerging cultural communities in your area, for example, cultural practices, religious customs, history of migration, and organisational networks
- ✓ ensure all staff are trained in the process for accessing interpreters and endeavour to provide services to clients from culturally and linguistically diverse backgrounds in their language if they have limited English language proficiency.²³ Interpreters can be sourced through the NSW Community Relations Commission (www.crc.nsw.gov.au/services/language_services) and the Telephone Interpreter Service (www.tisnational.gov.au/)
- ✓ coordinate integrated multi-agency responses to address complex needs, including mental health support services, family and relationship counselling, employment services, legal and financial advice, and local cultural associations or programs
- ✓ partner with settlement services that are funded to provide arrival and settlement services to refugees and humanitarian entrants

- ✓ facilitate access to culturally appropriate and relevant tenancy education programs about tenancy agreements and the rights and responsibilities of all parties.²⁴ Tailor the language and pace of the program to suit the client
- ✓ assist clients from culturally and linguistically diverse backgrounds to obtain a tenancy by providing assistance with application forms, securing referees, accessing bond and rent assistance, and complete condition reports
- ✓ understand that trauma-informed care (TIC) may also be appropriate for people from culturally and linguistically diverse backgrounds who immigrated to Australia as refugees or who have experienced violence. See 'Survivors of Trauma' below.

Spotlight on a new SHS – Canterbury Bankstown Multicultural Family Homelessness Support Service

This Service is targeted at people from culturally and linguistically diverse backgrounds. This diversity creates a need for special tailoring of service provision. The Service will need to demonstrate an understanding of the communities in the target locations, cultural competencies to address the needs of these communities, and strong partnerships with migrant resource services, settlement services and other relevant community organisations. The Service will also need to demonstrate an understanding of the needs of refugee communities and approaches that are required to meet their needs.

This Service will support women and children experiencing domestic and family violence and vulnerable families, including women and men with children who are homelessness or at risk of homelessness in the Canterbury Bankstown Local Government Areas. Clients of this Service may require additional support with regard to:

- mental health problems
- torture and trauma
- sexual assault.

The Service will provide holistic homelessness services including: supported crisis and transitional accommodation while homeless people are supported to secure long-term accommodation; rapid re-housing; and post-crisis support and follow-up to help prevent individuals and families, who resolved their homelessness, from becoming homeless again. The Service provides wrap around support and intensive case management, where this is required.

The Service will deliver the four core responses: prevention and early intervention; supported crisis and transitional accommodation; rapid re-housing; and intensive responses for complex needs.

The Service will have a multidisciplinary team of staff with relevant experience and/or qualifications in (though not limited to) counselling, social work, domestic and family violence, sexual assault, child protection, and community welfare.

1.11.9 Lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) people

Facts:

- LGBTIQ people have a high risk of experiencing homelessness. A person who identifies as an LGBTIQ person is significantly more likely to have a history of family conflict or breakdown, to experience discrimination and victimisation, to use highly addictive substances, to leave home more frequently, and to experience mental health problems.
- Same-sex attracted and gender-questioning young people are over-represented in homeless populations.
- LGBTIQ people may under-utilise support services for fear of experiencing direct or indirect discrimination while receiving the service, which is supported by evidence that LGBT people do experience homophobia within SAAP/SHS services.²⁵ Direct homophobia may be in the form of threats and intimidation, physical violence, or sexual harassment from other clients. Indirect discrimination may manifest in the needs of the client being neglected or ignored by providers.²⁶
- Research about the most effective approaches to meet the needs of LGBTIQ people is limited.

In developing an SHS model that can effectively meet the needs of LGBTIQ people, SHS practitioners should:

- ✓ prioritise safety – ensure the accommodation settings will not expose the client to discrimination or harm. During the assessment, have an open and frank discussion about issues that generate problems or anxiety for the client and address them, including preferences for housing, sleeping, and bathroom and shower arrangements. Defer to the client on what is 'safe' for them
- ✓ coordinate and integrate multi-agency support services, as appropriate, to the needs of the client(s), including medical and mental health services, legal advice, and local LGBTIQ community organisations or associations. Ensure clients are referred to services that are also safe and respectful
- ✓ consider mediation or reconciliation processes and/or referral to family therapy for young LGBTIQ clients, if appropriate and acceptable to the client. This may include individual support services for parents of young LGBTIQ clients to address homophobia
- ✓ communicate clearly that LGBTIQ people are welcome to access the service and that it is a safe space where LGBTIQ clients will be treated with respect and dignity, e.g. post a statement or safe-space symbol in the foyer, explicitly recognise LGBTIQ people in promotional material, and conduct outreach through local LGBTIQ organisations
- ✓ ensure organisational procedures are inclusive of LGBTIQ issues and cover respect, inclusive language, confidentiality, housing placements, bathroom and shower policies, and harassment. Developing and enforcing resident contracts or 'house rules' that reflect these policies can increase sense of safety for LGBTIQ clients

- ✓ train staff to address homophobic or discriminatory behaviour among other residents
- ✓ develop strategies to reduce hetero-sexism in service delivery and recognise the sensitivity required when supporting homeless people with diverse sexuality and gender expression
- ✓ utilise useful resources that focus on LGBTIQ issues, such as 'Growing Up Queer'. This resource has been developed by Twenty10 in partnership with a range of stakeholders and can be found on Twenty10's website www.twenty10.org.au/resources/research.

Spotlight on a new SHS – Lesbian, Gay, Bisexual, Transgender, Intersex or Queer (LGBTIQ) Youth Homelessness Service

This multi-purpose service will support young people under the age of 21 who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) who are homeless and those under 25 who are at risk of becoming homeless. This Service will be located in Sydney and will have the capacity to provide a state-wide service.

The Service will support Aboriginal people and people from culturally and linguistically diverse backgrounds.

Clients are expected to require support with regard to:

- mental health problems
- alcohol and other drug misuse
- recent release from juvenile/correctional centres or involvement in crime
- leaving out-of-home care
- gambling addiction issues
- sexual health issues
- people involved in sex work.

The Service will have strong working relationships with relevant stakeholders across NSW to ensure clients can access support wherever they are located.

The Service will deliver all of the core responses: prevention and early intervention; supported crisis and transitional accommodation; rapid re-housing; and intensive responses for complex needs. Prevention and early intervention, and rapid re-housing will be provided state-wide through outreach support. Crisis and transitional accommodation will be provided in the Sydney District. Intensive responses for complex needs will be provided across the Sydney District through outreach and/or supported accommodation, as required.

1.11.10 Survivors of trauma

Facts:

- Survivors of trauma include people who have experienced physical and/or sexual abuse, experienced chronic neglect and/or protracted emotional abuse, witnessed violence, been exposed to war or civil unrest, or had experiences as a refugee.
- People who have experienced homelessness in the past are also more likely to have been exposed to trauma.
- Clients in this group have a high risk of experiencing homelessness because they are more likely to experience depression or other mental health problems, poor physical health, chronic injuries and pain, substance abuse issues, relationship and self-esteem issues, or have contact with the criminal justice system as a result of past trauma.

In developing an SHS model that can effectively meet the needs of survivors of trauma, SHS practitioners should:

- ✓ understand the impacts of trauma on housing instability, using the trauma-informed care (TIC) approach²⁷
- ✓ train staff in trauma awareness and embed TIC practices in the organisation
- ✓ emphasise the physical, psychological and emotional safety of the client
- ✓ agree on clear roles, responsibilities and boundaries appropriate to survivors of interpersonal trauma
- ✓ provide opportunities to rebuild control and self-empowerment
- ✓ identify and build on the client's strengths, and stay strengths-focused rather than deficit-oriented
- ✓ link clients with specialist therapy, and mental health and other services for treatment. For example, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provides a holistic range of services for people from refugee and refugee-like backgrounds who have experienced torture or other traumatic events before arriving in Australia. Their website is a good resource for SHS to review when developing approaches for this client group www.startts.org.au/.

Moving forward from trauma: a client's story

Mona arrived in Australia seven years ago at the age of 33 to live with her mother. Mona spoke limited English and could only get employment with a family-run cleaning business that overworked and underpaid her.

Mona came to Australia with a traumatic past, having experienced the loss of her father and brothers through tragic circumstances, and childhood sexual abuse from a friend of the family. When Mona was diagnosed with Post Traumatic Stress Disorder (PTSD) in 2011, she was living in her car and had become a sex worker. She had lost touch with her mother and was admitted on a few occasions to mental health units after self-harming.

Last year, Mona started receiving case management through an SHS that provides an intensive supportive service and housing for women who are survivors of childhood sexual abuse. Mona was moved into the SHS's crisis accommodation for three months while she undertook the program. Her case management included:

- crisis counselling and referrals to specialist counselling services, when required
- weekly support sessions
- assistance in setting and achieving goals
- education for future work, career planning, and workplace development
- assistance with legal and family court matters
- ongoing Outreach Program following transition to independent living.

After three months in the program, Mona was able to transition into long-term housing with the help of the SHS. Because Mona was still fragile, the SHS continued to provide ongoing outreach, which is a critical part of their continuum of support for clients when they transition into independent living. The staff supported Mona to attend appointments with her psychiatrist on a weekly basis, and she underwent supported reconciliation sessions with her mother.

Mona is successfully maintaining her tenancy and was supported by the SHS to connect with local recreation activities. She is now doing a course to improve her English. Mona hopes this will help her to study further because she wants to become a counsellor for women who are also survivors of sexual abuse.

1.11.11 People with mental health problems

Facts:

- Research evidence has consistently identified mental illness as a high risk factor for homelessness. In 2012–13, 26.9% of SHS clients in NSW had a current mental health issue.²⁸
- Studies of the homeless population in Sydney have suggested that the prevalence of mental disorders among this group is approximately four times greater than prevalence in the general Australian population.²⁹
- People with mental health problems are more likely to have difficulty negotiating the required processes to obtain housing and to experience discrimination or stigma when trying to obtain housing. They may be particularly sensitive to social isolation or living in socially dysfunctional or unsafe areas, leading to difficulties in sustaining housing.

In developing an SHS model that can effectively meet the needs of people with mental health problems, SHS practitioners should:

- ✓ provide intensive responses while a client is in crisis or transitional accommodation, which continue once they have exited into long-term housing
- ✓ ensure exit plans are developed in consultation with mental health services
- ✓ provide an assertive outreach service to reach people with a mental illness who are on the street (see section on Rough Sleepers)
- ✓ provide post-crisis support, if required, to successfully maintain a tenancy
- ✓ partner with housing providers, if required, to ensure the client receives ongoing support to maintain the tenancy
- ✓ work with social and private rental providers to ensure the client is supported to navigate and negotiate with their systems, and receives ongoing communication in relation to maintenance and repairs, problem neighbours, or other issues relating to living conditions³⁰
- ✓ assist the client to access flexible brokerage funds to support the establishment of stable accommodation
- ✓ refer the client to ongoing financial counselling, mental health services, other counselling services, medical services, and social activity programs that will support a person with a mental illness to better manage the risk factors that may compromise maintenance of their tenancy
- ✓ develop relationships with locally-based community mental health services through the District Implementation and Coordinating Committees (DIACCs) and other mechanisms.

Dealing with mental health problems and homelessness: a client's story

Rebecca, 55 years old, was diagnosed with major depression and Obsessive Compulsive Disorder (OCD) following the breakdown of her marriage of 30 years. She was renting in the private market; however, on her own, the rent exceeded her disability pension causing her to fall into arrears and eventually be issued with a Notice of Termination.

Rebecca had also accumulated large debts. She was in a desperate state and was admitted to a Mental Health Unit (MHU), where she stayed for two months. However, each time she was about to be discharged back into the community she would experience a panic attack.

The MHU referred Rebecca to an SHS that had specialist mental health caseworkers. The caseworkers could offer Rebecca the support she needed when being discharged from the mental health unit. With the SHS support, Rebecca was still anxious, but did not experience a panic attack when exiting the MHU.

The SHS transitioned Rebecca into their supported crisis accommodation where she continued to be supported by the SHS service in order for her situation to stabilise before re-entering long-term housing. The SHS advocated on Rebecca's behalf with her real estate agent to gain access to her belongings. The SHS helped her arrange for a removalist to put those belongings into storage until she could be re-housed. They also negotiated to have Rebecca's rent debt repaid through Centerpay from her pension, which she has now repaid.

After about six weeks, the SHS supported Rebecca to inspect a number of suitable properties that were within her price range. Eventually, Rebecca found a unit she was happy with and the SHS arranged for a Bond Loan from Housing NSW.

Rebecca continued to be supported by the SHS once she was housed. They ensured the range of services identified in her case plan were coordinated and wrapped around her.

Over time, Rebecca was at a level of readiness such that the SHS was able to refer her to a service that was relevant to her needs, which had reduced significantly once she had been housed and stabilised.

She is now living independently in her unit and has successfully completed courses in First Aid, Happiness and Wellbeing, Rent-It-Keep-It, and Cognitive Behaviour Therapy. Rebecca attends the local TAFE and is studying a course in Information and Digital Media.

1.11.12 Older people (aged 55 years and over)

Facts:

- Although the proportion of older clients in SHS is small (6.1% of all SHS clients in NSW in 2012–13), Census data suggests that the rate of homelessness among older people is growing as the general population ages.³¹
- Contrary to the gender distribution of the broader SHS client population in 2012–13, 53.2% of older SHS clients in NSW were male, compared to 43% of all NSW clients. Nationally, older men most commonly reported ‘financial difficulty’ as their main reason for seeking assistance, while older women most commonly reported ‘domestic and family violence’ as the main reason.³²
- Emerging evidence found that older women are increasingly at risk of becoming homeless due to poverty and unaffordable housing and that women aged over 55 years old are becoming a growing ‘hidden’ homelessness population group. Women in this age group may have spent many years raising children and are less likely to have accumulated sufficient superannuation by working full-time in the paid workforce.³³
- Older people may be at higher risk of homelessness due to increased social isolation, breakdown of family relationships or intergenerational housing arrangements, and vulnerability to financial difficulty after a trigger event, such as retirement, death of a spouse, or onset of mental illness or health crisis, placing those individuals at risk of homelessness.³⁴

In developing an SHS model that can effectively meet the needs of older people, SHS practitioners should:

- ✓ conduct outreach programs, as older people at risk of or experiencing homelessness are less likely to seek assistance and tend to under-utilise services
- ✓ consider family reconciliation and/or alternative family accommodation options that may better support ongoing social participation and housing stability
- ✓ coordinate integrated assistance from government and non-government services to address complex needs, including:
 - ◆ medical care and mental health support, counselling, or pastoral care
 - ◆ legal advice and advocacy, which includes advocacy if property modifications are needed to support the client to remain independent
 - ◆ where appropriate, connecting older clients with supported accommodation or community aged-care services to support the client to remain independent
- ✓ assist older clients to access brokerage funds, and provide practical assistance to obtain furniture and whitegoods, and with moving
- ✓ train staff to have an awareness and understanding of life stage issues, including social isolation and exclusion or marginalisation, grief, and ways to support the dignity of the older person
- ✓ develop good partnerships with aged-care services to facilitate access for clients who would be more suitable for these types of arrangements than SHS
- ✓ ensure financial assistance is available to alleviate immediate crisis and/or avoid exits into homelessness. The SHS may provide financial assistance where possible but should recognise there would be a range of other programs that potentially provide financial support to this client group.

Homelessness after 55: a client's story

Janet is a single 58-year-old woman who had been living for two years in a boarding house in Sydney's inner west. Previously, she was married for 30 years and for most of these years focused on bringing up her children. Consequently, when Janet's husband sought a divorce, she was left without his income to support her and did not have skills to get into the workforce. As Janet was diagnosed with chronic depression and an anxiety disorder, her sole source of income is the disability support pension (DSP). Janet has also been diagnosed with osteo-arthritis, which restricts her mobility and capacity for undertaking ordinary daily activities.

Janet needed help because the owner of the boarding house informed all residents they would need to leave in four weeks because he was closing down the business to renovate the property. Janet presented to the same local community centre that had helped her find the boarding house two years before.

With her permission, the community centre referred Janet to a local SHS provider, which carried out an assessment of her needs and then, over the following few days, developed a case plan with her. Given her strengths and capabilities, and positive housing history, Janet was assessed as requiring a medium level of resources to achieve the goals of the case plan.

The case plan looked at Janet's immediate, medium- and longer-term needs, and developed a strategy for meeting each of these. Janet's immediate need was to find alternative accommodation that was affordable, in an area she was familiar with, and where she felt safe. Alternative options for this immediate need were discussed with Janet, including crisis accommodation and other boarding houses.

With the support of the SHS, a suitable boarding house was identified that met her criteria. The SHS assisted Janet with many practical aspects of the move into the new boarding house. Once settled, the SHS helped Janet to work on her medium-term needs, the main one being to find secure, affordable and safe public or community housing. Consequently, the SHS supported Janet to apply for housing via Housing Pathways and helped her gather the necessary evidence from her general practitioner and other health professionals. This evidence indicated that Janet's need for housing was assessed as at-risk.

Given that an offer of housing would be forthcoming, Janet's caseworker conducted a review with her to identify the areas of support she would need to establish and sustain the tenancy; the level and frequency of that support; under what circumstances, and at what date, the support would begin to move into an exit plan; and other external supports that would be required.

Within a few months, Janet was offered a suitable unit by a local community housing provider and, again, the SHS supported Janet with the move and other necessary arrangements to move into the tenancy.

When Janet was settled in her new accommodation, the SHS transitioned her into more appropriate services that included the local women's health centre as well as a local HACC service. The women's health centre now keeps regular contact with Janet and the community housing provider to ensure she is managing independently and sustaining the tenancy.

Endnotes

1. McDonagh, T. (2011) Tackling homelessness and exclusion: understanding complex lives, Joseph Rowntree Foundation: York.
2. Australian Centre for Post-traumatic Mental Health: Literature Review: *The Nature of the Relationship between Traumatic Events in People's Lives and Homelessness: 2012*.
3. Hopper, E.K., Bassuk, E.L. & Olivet, J. (2010) Shelter from the Storm: Trauma-informed care in homelessness services settings: *The Open Health Services and Policy Journal*. 3:80–100.
4. www.housing.nsw.gov.au/Help+with+Housing/Homelessness/Homelessness+Partnerships+and+Agreements.
5. Department of Family and Community Services (2012) Framework for Multi-Agency Client Transition Planning to Reduce Homelessness, www.housing.nsw.gov.au/NR/rdonlyres/DFC81D4B-8DFC-482B-B950-905B11FC6393/0/Framework_for_MultiAgency_Client_Transition_Planning.pdf.
6. Unless otherwise stated, the main data set used is the AIHW SHS data collection in NSW for 2012–13. The ABS Census of Population and Housing (Homelessness) 2011 is the source of the Census data.
7. Johnson, G., et al (2009) Positioning Paper: Improving housing outcomes for young people leaving state out of home care, Melbourne: Australian Housing and Urban Research Institute.
8. Rossiter, B., Mallett, S., Myers, P. and Rosenthal D. (2003) Living Well? Homeless young people in Melbourne, Melbourne: Australian Research Centre in Sex, Health and Society.
9. AIHW (2013) Specialist homelessness services 2012–13, Cat. no. HOU 273. Canberra: AIHW, NSW Supplementary Table 2.3, and SCRGSP (Steering Committee for the Review of Government Service Provision) 2014, *Report on Government Services 2014*, vol. G, *Housing and homelessness*, Productivity Commission, Canberra, Table 18.1.
10. Memmott, P. (2002) AHURI Research & Policy Bulletin Issue 042: *Re-thinking Indigenous Homelessness*, Australian Housing & Urban Research Institute, Queensland.
11. AHURI Research Synthesis Service (2013) Homelessness Action Plan – summary of evaluation findings, Melbourne: Australian Housing and Urban Research Institute.
12. *Ibid*.
13. AIHW (2013) Specialist homelessness services 2012–13. Cat. no. HOU 273. Canberra: AIHW.
14. Practice guidelines: Women and children's family violence counselling and support programs. Children, Youth and Families Division, Victorian Government Department of Human Services.
15. O'Connell, J. (2005) Premature mortality in homeless populations: A review of literature, National Health Care for the Homeless Council, Nashville.

16. Australian Housing and Urban Research Institute (AHURI), *Evidence to inform NSW homelessness action priorities 2009–10*.
17. Housing First refer to Pathways to Housing, www.pathwaystohousing.org. For further Assertive Community Teams (ACTs) refer to the ACT Center of Indiana, www.psych.iupui.edu/ACTCenter or the U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration Center for Mental Health Services, <http://mentalhealth.samhsa.gov/communitysupport>.
18. www.housing.nsw.gov.au/Help+with+Housing/Homelessness/Homelessness+Partnerships+and+Agreements.
19. AHURI Research Synthesis Service (2013) New evidence in homelessness research, Melbourne: Australian Housing and Urban Research Institute.
20. Centre for Multicultural Youth (2010) Information Sheet: *Working with newly-arrived young people who are homeless or at risk of homelessness*, Victoria: Centre for Multicultural Youth. Available at www.cmy.net.au.
21. *Ibid.*
22. *Ibid.*
23. AHURI Research Synthesis Service (2013) New evidence in homelessness research, Melbourne: Australian Housing and Urban Research Institute.
24. Rossiter, B., Mallett, S., Myers, P. & Rosenthal D. (2003) *Living Well? Homeless young people in Melbourne*, Melbourne: Australian Research Centre in Sex, Health and Society.
25. *Ibid.*
26. Maberley, E. & Coffey, P. (2005) *Opening the Door? Exploratory research into lgbt young people's access to supported accommodation in Queensland*, Brisbane: Queensland Youth Housing Coalition .
27. Mottet, L. & Ohle, J. (2003) *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*, New York: The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute.
28. Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010), *Shelter from the Storm: Trauma-informed care in homelessness services settings*, The Open Health Services and Policy Journal. Vol.3, pp. 80–100.
29. AIHW (2013) Specialist homelessness services 2012–13. Cat. no. HOU 273. Canberra: AIHW.
30. Schetzer, L. & Sowerwine, S. (2014) “Somewhere over the rainbow...”: The opinions and experiences of people living with mental illness in getting housing, Sydney: Public Interest Advocacy Centre (PIAC).
31. *Ibid.*
32. AIHW (2013) Specialist homelessness services 2012–13. Cat. no. HOU 273. Canberra: AIHW.
33. *Ibid.*
34. Petersen, M. & Parsell, C. (2014) *Older Women's Pathways out of Homelessness in Australia*, Mercy Foundation.
35. Petersen, M., Parsell, C., Phillips, R. & White, G. (2014) Preventing first time homelessness amongst older Australians, AHURI Final Report No.222. Melbourne: Australian Housing and Urban Research Institute.

Module 2: Streamlined Access

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Specialist Homelessness Services

Module 2: Streamlined Access

2.1 Introduction

This module focuses on the streamlined access components of Specialist Homelessness Services (SHS) and provides guidance and information on the No Wrong Door approach and the following related elements of the new streamlined access system:

- Common Assessment
- Client information sharing
- Client Information Management System (CIMS)
- Link2home.

This module provides high level guidelines that will be supported by additional tools and guidelines.

2.2 Current access issues

The broader homelessness service system in NSW incorporates many homelessness services targeted to particular groups of people seeking assistance. While there are a number of examples of good access arrangements in place, there is general recognition that a more systematic, consistent and streamlined approach to access is required.

Assessments may be shaped by the scope, capacity and criteria of the individual agency, rather than by the client's needs. Services may not assess for individual needs for which there are no readily available service responses. Occasionally, knowledge of available services and consistent referral pathways may encourage more comprehensive assessments.

Some individuals and families gain access to an appropriate SHS in a short timeframe; however, many do not and have to try to obtain assistance from multiple services. Each approach to an agency often means the people seeking assistance go through another assessment. Multiple assessments by agencies of people who cannot be assisted reduces the agency's available time to work with clients who are able to be provided with assistance and support.

The need to retell their story each time they seek assistance can become a barrier to clients being matched to the best service able to assist them. Repeated and multiple assessments of people seeking assistance can also result in disengagement and add to existing trauma.¹

2.3 Future access system

Streamlined access is focused on making it easier for people who are homeless or at risk of homelessness to gain access to the right services, based on their needs. It is supported by the introduction of new tools and technology that will ensure up-to-date information is available, that there are consistent assessment and referral practices, and that people seeking assistance receive better support from SHS, including services outside of the SHS sector. In practice, this means people will receive consistent information, assessment and referral, regardless of where or how they come into contact with the service system.

Further, streamlined access aims to divert demand away from SHS in cases where a mainstream response is more appropriate. This will be done through consistent assessment, referral and information sharing practices, and continued building of stronger links with other accommodation and support services.

SHS practitioners will be supported with guidelines, tools, training and systems to implement practices that improve access for clients. This will include using technology to share information to prevent people who are seeking assistance from having to re-tell their story, as well as systems that provide up-to-date, real-time information about service options and current capacity.

SHS providers will facilitate access by implementing the following principles and practices:

- operate as part of a No Wrong Door access system and undertake assessment of clients at their initial point of contact with the system
- undertake consistent assessment and referral practices
- accept assessments and referrals undertaken by other services, where appropriate, including Link2home
- connect people seeking assistance to mainstream services, where appropriate
- share client information (with client consent and within legislative requirements)
- provide accurate and up-to-date service information, including daily updates on vacancy/capacity management for accommodation and support services
- ensure client and service-related information is recorded promptly
- use a shared Client Information Management System.²

2.4 No Wrong Door approach

Access to SHS will be client-centred, consistent with the GHSH Service Delivery Framework (refer to Module 1) by operating within a No Wrong Door approach. This means that when a person or family presents or contacts an SHS provider they will, at a minimum, be provided with information, advice, and referral (if required) to an accommodation or housing provider, a support provider or both. They will also receive an initial assessment (including risk assessment) from the SHS at which they first present.

The aim of the No Wrong Door approach is to ensure people who are homeless or at risk of homelessness:

- have easy access and a clear pathway to the services they need
- receive an initial risk and needs assessment to determine their immediate needs and any safety issues
- do not have to visit multiple services before their needs are assessed
- receive consistent and accurate information and advice.

Under a No Wrong Door approach, all SHS providers are responsible for carrying out an initial assessment for all individuals or families who present or contact a service seeking assistance. The initial assessment is based on a set of common questions (to be used by all SHS providers) that aim to determine, in consultation with the applicant, the response that will best fit their needs. SHS providers will assess on behalf of the SHS system, and not just on behalf of their own service, their own vacancies or target group.

There are some circumstances where a client cannot be assessed at the first service to which they present. See exemptions listed at section 2.5.5.

There are a number of practices and tools that will enable services to operate within a No Wrong Door service system. These include:

- the use of a common initial assessment tool that identifies the safety, accommodation and support needs of people who present
- the sharing of client information and knowledge of how, when and where information can be shared, as well as mechanisms for collecting client consent
- access to up-to-date and accurate service information
- understanding the needs of specific client target groups
- referral mechanisms that allow information to be shared in an effective and timely way
- close alignment with the state-wide information and referral service, Link2home
- a client information management system to support and capture these practices.

2.5 Common assessment

2.5.1 Why do we need common assessment?

The introduction of a common assessment approach will result in people who are homeless or at risk of homelessness receiving an initial assessment at their first point of contact with an SHS. This initial assessment will be undertaken as part of the normal interview process that usually occurs when a person or family presents to an SHS provider.

Historically in NSW there has not been a uniform approach to assessing people seeking assistance from specialist homelessness services, although there are some common assessment tools being used in some areas.

Different approaches and tools make the sharing of client information between specialist homelessness services and other services difficult.³ Where the demand for services exceeds the available resources, these different approaches, together with lack of coordination and systems for sharing client information, mean that people seeking assistance are less likely to receive the services they require in a timely manner. In some cases, this results in people falling through the cracks.

The initial assessment plays a fundamental role in identifying the person's safety, accommodation and support needs, and in determining the response and actions required to enable them to get the service that best meets their needs at the time, and prevents them from falling through the cracks or bouncing between services.

The assessment involves using a common set of questions and recording the responses into the Client Information Management System (CIMS) so they can be shared (with client consent) either for referral purposes or if the applicant re-presents.

On some occasions, SHS staff may need to assess people who do not fit their primary target group/s. Resources will be available to support staff to work with a range of target groups.

SHS staff will continue to use their existing skills and professional judgement when completing the initial assessment.

2.5.2 SHS common assessment principles

All SHS providers must use the following principles when assessing people seeking assistance:

- All people are given the opportunity to actively participate in an initial assessment process to ascertain immediate needs.
- Initial assessments are based on a common approach.
- The assessment process gives priority to safety and urgent needs.
- Assessment always includes consideration of risk.
- A constructive, tailored response is provided to all people at initial contact.
- Assessment is client-focused and directed.
- Assessment is responsive to the needs of specific groups of people.
- Assessment includes a focus on early intervention and diverting people away from the homelessness service system, where appropriate.
- Assessment includes consideration of strengths and resources.
- Applicant privacy and confidentiality are respected and client information is stored, with their consent.
- The information collected at initial assessment is proportional to the applicant's needs and is non-intrusive.
- People are assisted regardless of where they come from.
- The number of assessments is minimised to prevent people from having to re-tell their story.
- Assessments are culturally appropriate.
- Assessment is supported by availability of information to applicants and other services.
- Assessment aims to connect applicants with the best available services and supports.
- Referrals are made only where a 'receiving' agency has indicated it has the capacity to (potentially) accept the referred applicant.

2.5.3 How does the initial assessment work?

The initial assessment should be conducted when a person seeks assistance from an SHS provider in person or over the phone. In most instances, gathering this information would occur in the first few minutes of contact with the service.

The initial assessment will assist the provider in determining which of the four service delivery responses is best able to assist the person or family, based on their circumstances and support needs. In some cases, the initial assessment will help SHS staff determine that no SHS response is required or an alternative response is needed.

Interview questions and tools to assist providers to record the information and responses are available to practitioners.

After completing the initial assessment through an interview, SHS staff will be required to enter the information collected into the CIMS so the information can be shared with other SHS providers, subject to client consent being provided and recorded into the CIMS.

If an initial assessment has recently been completed within CIMS⁴, SHS staff should update the latest initial assessment with any information that has changed since that assessment was undertaken.

Each target group has specific needs and/or characteristics that may impact their experience of homelessness and the suitability of the different SHS service responses. The initial assessment can be tailored to identify information about needs and risks to provide immediate assistance for different target groups.

2.5.4 When should the initial assessment be conducted?

Consistent with the No Wrong Door approach, all SHS staff are expected to conduct the initial assessment with any individual thought to be seeking assistance because of their homelessness or risk of homelessness. This includes individuals who would not normally be in the target group or age range appropriate to the specific SHS. In short, all SHS services are expected to conduct the initial assessment on behalf of any person who presents, and not solely for those individuals who may become clients of their service.



2.5.5 When is the initial assessment not appropriate?

Under the No Wrong Door approach, SHS staff are expected to complete an initial assessment when an individual or family first presents at an SHS seeking assistance. In some instances, SHS providers may have restricted participation in No Wrong Door.

Other exemptions to conducting the initial assessment within a No Wrong Door approach are as follows:

- when conducting the initial assessment could jeopardise the safety or wellbeing of other people seeking assistance or existing clients of the service
- when the SHS assessor or other service staff feel threatened or intimidated by the people seeking assistance, or where, from an occupational health and safety perspective, the circumstances are not safe
- when the individual or family is deemed to be in such a high-risk situation that an alternative intervention or specialist risk assessment process is urgently needed. Examples of these circumstances might include:
 - ◆ when a crisis mental health intervention is urgently required
 - ◆ when there is an immediate child protection risk and a Risk of Significant Harm (ROSH) report should be made in the first instance
 - ◆ when a police response is urgently required
 - ◆ when medical treatment is urgently required.
- when an alternative and more appropriate SHS service is in the vicinity and has been contacted to conduct the initial assessment, either in person or over the phone, for the people seeking assistance without undue delay.

In all instances, staff should make every effort to connect the individual or family with more appropriate assistance in the shortest time possible. The client should be informed of the reason an assessment cannot be conducted and advised of alternative options for seeking assistance.

Circumstances that **must not be used** as reasons not to conduct the initial assessment include:

- ✗ staff are too busy
- ✗ staff are not familiar with the category of people seeking assistance
- ✗ staff do not believe they should have to conduct the initial assessment
- ✗ staff prefer their own assessment tool and don't wish to use the initial assessment.

2.5.6 Risk assessment

Safety and risk assessment is an essential element of the initial assessment. Some people seeking assistance will require an emergency response due to an immediate safety need. This might be due to a high and immediate risk to themselves or others. Such applicants might need to be referred to mental health services, emergency services or the police, as appropriate, as a matter of urgency.

The initial assessment includes questions that help to identify any safety and risk issues a person may be experiencing.

All providers should be familiar with mandatory reporting requirements and other information related to the safety, welfare and wellbeing of children and young people and people experiencing domestic and family violence. Relevant information can be found at www.keepthemsafe.nsw.gov.au/home.

All providers will need to be aware of the It Stops Here Safer Pathway components of the Domestic and Family Violence Reforms. In particular providers are encouraged to use the Domestic Violence Safety Assessment Tool (DVSAT) when people experiencing domestic or family violence seek assistance.

The DVSAT has been developed to help service providers consistently and accurately identify the level of threat to domestic violence victims. A victim may be identified as either *at threat* or *at serious threat* through the DVSAT.

If a victim is identified as *at threat*, service providers should provide appropriate support to the victim, either directly or by making relevant referrals.

If a victim is identified as *at serious threat*, providers should offer appropriate support to the victim (such as contacting police) and ensure their immediate safety needs are addressed, including by making a referral to a Safety Action Meeting, where available.

The DVSAT and a suite of resources are available at www.domesticviolence.justice.nsw.gov.au.

2.5.7 Enhanced assessment of needs for identified groups

Many SHS provide assistance to a diverse range of client groups. These groups include women and children escaping domestic and family violence; Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds; young people; people with disabilities; refugees; and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people.

Within a No Wrong Door approach, providers will need to be skilled in working with a diverse range of client groups. Each group may need additional information collected during the initial assessment to determine their support needs and identify if they have any risk and safety issues that need to be considered before a referral is made.

SHS providers should put in place strategies to improve the skills of staff to carry out assessments across a range of target groups. This could include use of culturally appropriate assessment practices such as partnering with another SHS provider with expertise in working with a specific target group. (Refer to Module 1 for more guidance on working with different client groups.)

2.6 Client information sharing

New information sharing tools have been developed to support providers to share client information with consent, in line with legislative requirements. The records of clients who receive a service from a provider fall within the parameters of the *Health Records and Information Privacy Act 2002* (NSW), Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (NSW), Part 13A of the *Crimes (Domestic and Family Violence) Act 2007* (NSW), and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth).

SHS providers are required to take reasonable steps to ensure people seeking assistance understand why the information will be shared and with whom, and to seek their consent. Information about consent should be provided in an appropriate format that can be understood by the person seeking assistance.

In circumstances involving unlawful activity, where it is suspected a young person, child or family is at risk of significant harm or domestic and family violence, SHS providers must comply with relevant legislation, including:

- Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* that allows agencies who work with at risk children to exchange information related to their safety, welfare or well-being to facilitate better coordination of service provision
- Part 13A of the *Crimes (Domestic and Family Violence) Act 2007* that allows sharing of victims' and perpetrators' information in specific circumstances. These are outlined in the Domestic Violence Information Sharing Protocol.

All SHS providers need to understand their responsibilities and compliance requirements in line with Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* and Part 13A of the *Crimes (Domestic and Family Violence) Act 2007*.

All SHS providers are expected to comply with the SHS Client Information Sharing Protocol. This guide will cover information relating to the disclosure of client information, record keeping, withdrawal of client consent, granting client access to their records, refusing client access to their records, and requests from clients to amend their files.

Further information can be found at:

- *Privacy and Personal Information Act 1998* (NSW)
- *Government Information (Public Access) Act 2009* (NSW)
- www.domesticviolence.justice.nsw.gov.au
- www.community.nsw.gov.au/kts/guidelines/info_exchange/introduction.htm

2.7 Client Information Management System

A new Client Information Management System (CIMS) for SHS providers was introduced in June 2014 as part of a phased rollout. The CIMS is a key mechanism to enable and support good practice through consistent business processes, and ultimately deliver an improved access system for clients. CIMS supports SHS providers to operate within a No Wrong Door approach by enabling providers to: more easily share client information (with client consent); send and receive electronic referrals; access up-to-date service information; manage vacancies; and record, store and report client information.

Key functions of the CIMS include:

- a client search function that allows CIMS users to search and share client records (with client consent) preventing clients from having to re-tell their story
- a sensitivity flag that enables non-consenting clients or clients whose safety may be at risk to not have their records shared outside of the workgroup or cluster
- the ability to capture client consent to allow the sharing of client information
- the capacity to consistently record an initial assessment, as part of the No Wrong Door approach
- a referral functionality that allows the sharing of client information, including the initial assessment, with CIMS users and, over time, external providers
- a service directory and vacancy management system that can record real time information that will save staff from having to call numerous services to find support and/or accommodation
- support for client case management
- the capacity to record, store and report on client information, in line with the National Minimum Dataset requirements.

The CIMS first release in July 2014 incorporated a basic service directory and vacancy management system, with further enhancements planned at a later stage. The second CIMS release in August 2014 included an electronic referral function that enables CIMS users to transfer client records across SHS providers. Release 3, scheduled for November 2014, will allow the sharing of client information (with client consent) as part of a state-wide client view, a sensitivity flag, and introduction of the common assessment tool.

SHS providers that have their own CIMS may continue to use it provided they meet the Data Collection and streamlined access requirements outlined in the SHS Program Guidelines, including that it:

- 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 initial assessment, referral functionality between SHS users of CIMS
- interfaces with the HSNet e-referral system to allow external 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.

2.8 Link2home



A key aim of the GHSH reform is to make it easier for clients to access the right services that meet their needs. To assist this aim, a single state-wide information and referral service, Link2home, has been established for people who are homeless or at risk of homelessness, or providers working on their behalf. Link2home operates through a single phone number delivered by the FACS Housing Contact Centre.

Link2home also operates as part of the No Wrong Door approach for entry into the specialist homelessness service system. Link2home will:

- conduct initial assessments as well as provide information and referrals
- refer clients to an SHS or for Temporary Accommodation (TA) assistance as well as to other services, appropriate to their need
- actively connect with SHS in regional, rural and metropolitan areas.

It is essential that SHS providers and Link2home work together closely to provide responses and make it easier for clients to access the services they need.

Link2home can arrange Temporary Accommodation for eligible clients, provided all options for finding other accommodation have been explored. SHS providers cannot refer clients to Link2home if they are unable to find a suitable service. However, where a client presents at an SHS and an assessment has taken place and every effort has

been made to locate an appropriate response but accommodation cannot be secured, the SHS provider can contact Link2home to seek temporary accommodation for the person/family if emergency accommodation is required.

Link2home has a specially trained team that conducts an initial assessment consistent with the SHS initial assessment. Once the assessment is completed and the vacancy management system checked, with consent of the caller Link2home will call services to make a referral. When the SHS provider agrees to accept the referral, Link2home sends the assessment information to the SHS provider.

More information about Link2home is on the GHSH website at www.housing.nsw.gov.au/ghsh.

Endnotes

1. Further information and evidence on improving access to homelessness services in Black, C. and Gronda, H. (2011) *Evidence for improving access to homelessness services*, Australian Housing and Research Institute (Research Synthesis Institute), Melbourne.
2. SHS providers that use their own CIMS may continue to use them provided they meet the Data Collection and other Streamlined Access requirements outlined in the SHS Program Guidelines.
3. Going Home Staying Home Reform Plan (2012), p. 9.
4. The CIMS has a federated search function that staff should use prior to undertaking the initial assessment on a presenting client.

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Specialist Homelessness Services

Module 3: Quality Assurance System

3.1 Introduction

The aim of this module is to demonstrate the relationship between the NSW Department of Family and Community Services (FACS) Contract Governance Framework (the Framework) and the SHS Quality Assurance System (QAS) for Specialist Homelessness Services (SHS) providers. The Framework is the overarching mechanism to manage FACS funded services and SHS providers must comply with this document.

The QAS introduces a range of recognised standards for SHS. Providers are required to assess their level of compliance with the SHS Standards in order to complete *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice* of their PLA Self-Assessment for 2014–15.

This module does not include templates and forms which are part of the Framework, as SHS providers will receive this material through a separate process established by their FACS contract managers. This module includes the template (SHS Standards self-assessment workbook at TAB A) and tools (support tools at TABs B–F) to support the QAS.

3.2 Contract Governance Framework

Performance for SHS providers is managed through the 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 providers in the delivery of performance goals. The four elements or 'pillars' of the Framework, each of which focuses on aspects of achieving performance in the contract relationship, are:

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

It is important to note that Pillar 2 of the Framework identifies that all service providers funded under the SHS program are contractually required to comply with their Funding Deed, SHS Program Level Agreement, Service Delivery Schedule, SHS Program Guidelines and SHS Practice Guidelines.

This module describes aspects of Pillar 1 within the Framework and its relationship with the new QAS. The performance monitoring and measurement aspects include:

- Ongoing review – corporate review plans linked to the Funding Deed and ongoing review plans linked to Program Level Agreements (PLAs)
- Self-assessment – corporate and PLA
- Annual desktop review
- Risk assessment and analysis – corporate and PLA
- Monitoring and review meeting
- Performance improvement plans (PIPs) – corporate and PLA.

Further information about these aspects of Pillar 1 is provided below.

3.2.1 Ongoing review process – corporate and PLA

Ongoing review at the corporate and PLA level focuses on building relationships between the contract manager and the service provider through regular meetings, attendance at interagency meetings and annual general meetings, email and phone contact, and site visits to observe operational activities on the ground. The ongoing review process ensures comprehensive information is available for contract managers to assess contract performance during the annual review and resolve any identified issues with providers at an early stage.

Importantly, the frequency of the ongoing review process is determined by an assessment of risk. Organisations assessed as being at higher risk will require more frequent monitoring than those deemed to be at lower risk. The aim of risk assessment and performance monitoring is not to focus punitively on providers, but rather on providing support for gaps in service provision where it is needed.

3.2.2 Self-assessment – corporate and PLA

As stated in the SHS Program Guidelines, providers are required to undertake annual self-assessments using the corporate self-assessment tool and the PLA self-assessment tool to demonstrate they have fulfilled contractual requirements. The corporate and PLA self-assessments are completed online through the Community Online Management System (COMS) service provider portal.

Providers are required to complete the QAS in order to complete *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice* of the PLA self-assessment.

3.2.3 Annual desktop review

Each year, FACS formally reviews the information it holds about each provider it funds in order to form an overall view about the provider's performance over the course of the year and whether funding should continue. This is a 'desktop review' that relies on information gathered throughout the year by FACS during the ongoing review process, complemented by the provider's corporate and PLA self-assessments and acquittals submissions. The outcome of the desktop review is shared with the provider.

3.2.4 Risk assessment and analysis – corporate and PLA

The Framework regards risk management as a continuous process to support improvements in service delivery and to enable gaps to be identified and supported at an early stage. Risk assessments are undertaken by FACS contract managers in conjunction with each provider as part of the annual desktop review process.

3.2.5 Monitoring and review meeting

Where it is determined that a provider is not meeting the agreed performance goals, the provider is invited to attend a formal monitoring and review meeting to discuss the issues. Providers should prepare for the meeting by locating relevant papers and gathering evidence to demonstrate the practice requirements described in their corporate and PLA self-assessments. Interviews may be arranged with board members, management, staff, and service users as part of this process. Where significant continuing performance issues are identified by FACS, the provider will be asked to develop proposals for improving performance for inclusion in a Performance Improvement Plan.

3.2.6 Performance Improvement Plan (PIP) – corporate and PLA

The Performance Improvement Plan (PIP) is an agreement between the provider and FACS about actions the provider will take to improve performance. A PIP is negotiated when FACS identifies a significant contractual or performance issue to be addressed.

PIPs are developed at either the corporate or PLA level. As part of their day-to-day functions, FACS contract managers will actively monitor progress made by providers in implementing PIP actions. A PIP remains active until all the actions have been achieved.

3.3 Compliance requirements for community housing managers

Providers that manage community housing properties on behalf of FACS, or have had Land and Housing Corporation properties vested to them, are required to comply with their Community Housing Agreement and related Assistance Agreements. They may also be required to meet reporting and performance requirements under the Community Housing Contract Compliance and Performance Management Framework.

Organisations that manage community housing properties are required to be registered and will also have obligations under the National Regulatory System for Community Housing.

3.4 SHS Quality Assurance System

The SHS Quality Assurance System (QAS) is founded on work undertaken by the Australian Government, states and territories to develop a National Quality Framework (NQF). The QAS aims to achieve better outcomes for people who are homeless or at risk of homelessness by improving the quality and integration of services they receive.

The key components of the QAS are:

1. SHS Standards
2. SHS client charter
3. SHS complaints and feedback system
4. SHS Standards self-assessment workbook

As previously noted, providers are required to complete the QAS prior to completing *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practice* of the PLA self-assessment.

3.4.1 SHS Standards

The NSW SHS Standards are divided into two groups:

- **Service delivery** – This group of Standards addresses the way services are provided to assist people who are homeless or at risk of homelessness, and to support them to achieve safe, affordable and stable housing. They describe the rights of clients, the principles that should underpin service delivery, and how services should be delivered to achieve positive outcomes for clients.
- **Governance and management** – This group of Standards addresses the way the provider supports the achievement of its service objectives. They describe the leadership, direction and longer-term planning of the organisation, and the systems and processes to carry out day-to-day activities.

3.4.2 Summary of SHS Standards

Service delivery	Standard 1: Promoting, upholding and exercising rights Clients receive services that promote and uphold their rights and safety, and support them to effectively exercise those rights.
	Standard 2: Service access and equity Clients are provided with fair and transparent processes ensuring equity of access for all clients, and identifying and removing barriers for clients who may experience disadvantage in accessing the service.
	Standard 3: Decision-making and participation Clients are actively supported to make choices and decisions about their service and to actively participate as a valued member of their chosen community.
	Standard 4: Service outcomes Clients are assisted and supported to achieve positive outcomes by the development, delivery and review of quality programs and services that meet individual client needs.
	Standard 5: Service system Outcomes for individuals and communities are improved by the service provider working collaboratively with other service providers and agencies.
Governance and management	Standard 6: Governance The governing entity defines clear goals and purposes for the service provider, adapts to and manages change, develops strategies to achieve and monitor the service provider, and is accountable for all its activities.
	Standard 7: Systems management There are effective management systems and strategies in place to ensure the service provider's goals are met.
	Standard 8: Human resource management The service provider develops and supports its workforce, both paid and voluntary, to ensure the effectiveness of its services.

Standard 1 incorporates the requirement for providers to have a client charter and a complaints and feedback system.

3.4.3 SHS client charter

What is a client charter?

A client charter is an important way to give clients a clear, simple picture of their rights with regard to your service, and to show them the organisation has a commitment to respecting those rights and to providing them with a quality service.

All providers are required to have a client charter. The client charter is part of the requirement for SHS Standard 1. An example of a client charter is at TAB B.

How to make use of the charter

Each SHS provider should adapt the charter model to its own client needs and adopt this formally within the organisation. In adapting the template, service providers should keep the existing content but may adapt wording to suit their client group and make any additions they consider appropriate.

The charter should then be made available to all clients. How a service does this will depend on the particular circumstances and client group, but this may include:

- displaying it in key areas of the service's premises where clients will see it
- making the charter available in accessible formats or other languages
- giving copies to individual clients
- explaining the charter to clients as part of the assessment process.

All staff and volunteers should be aware of the charter and understand its purpose and use.

This may include:

- ensuring it is included in the orientation for all new staff and volunteers
- reviewing and discussing the charter and using it in staff development and training
- reviewing client responses and understanding of the charter as part of service review and planning processes.

3.4.4 SHS complaints and feedback system

Overview

An SHS complaints and feedback system is a requirement of SHS Standard 1.

All clients have the right to make a complaint or provide feedback on any aspect of the service that they receive, or were unable to receive. They have the option of providing their feedback to the SHS provider (an internal complaint) or to the NSW Ombudsman or other external body (an external complaint).

All providers must have a system that enables clients and others to make complaints and provide compliments and feedback, and for those complaints to be resolved, where possible, by the service. All complaints, whether the provider believes them to be well informed or not, must be treated with respect and handled seriously.

Characteristics of an effective complaints and feedback system

A 'complaint' is any situation in which a client or someone acting on behalf of a client or clients tells an organisation they are dissatisfied with the way the service has been delivered, or an aspect of the Standards, practices or policies of the organisation.

Complaints may be made by clients about aspects of the service or made by other agencies or individuals about aspects of the organisation's service to clients, or its interactions with other organisations and individuals.

Complaints are best seen as just one part of a client feedback system with the focus being on actively gathering feedback on a continuous basis, rather than passively waiting for complaints.

A well designed complaints and feedback system can also provide an important source of information for the provider, helping it to identify and deal with any issues that negatively impact the quality of service delivery or pose a risk to clients or the organisation. Compliments and other feedback may help to confirm and consolidate effective practices, approaches, systems and processes.

A complaints and feedback system should be based on the following principles:

- fairness
- equity
- objectivity and impartiality
- confidentiality
- natural justice
- timeliness,

and should:

- follow a due process
- create an environment of openness and trust
- demonstrate a balanced approach
- follow a clear policy/procedure that everyone knows about
- monitor and report on the progress and outcomes of complaints.

Effective implementation of a complaints and feedback system is dependent on:

- people understanding their right to make a complaint and how to go about it. Where necessary, assistance should be provided to clients to help them prepare or lodge a complaint. Information about the service's complaints and feedback system should be explained to clients in any client service statement and during client assessment
- staff understanding the procedures and having the skills to create an environment that welcomes complaints and feedback. Effective complaints handling should be incorporated in learning and development opportunities for staff.

How to implement the complaints and feedback system

The service must have a complaints policy and procedure that reflects the requirements of this section in addition to other external requirements, legislation or contractual obligations.

The policy should describe the provider's commitment to ensuring that anyone using its services has the right to lodge a complaint or to appeal a decision of the organisation and that their concerns will be dealt with in a manner that is fair, accountable and transparent.

Complaints policies must outline:

- how complaints may be lodged with the service – this should specify the information that will be needed, and what form it needs to be in
- who will receive the complaint and what process will be used to register the complaint
- how the complaint will be investigated – the process must be fair and thorough, and individuals should be protected during the process
- the timeframe for each step of the process
- how the complainant will be notified of the outcome and whether they will have any right of appeal.

Complaints handling procedures must:

- allocate responsibilities for receiving and managing complaints
- have set timeframes for dealing with and resolving complaints
- have a method for keeping a record of complaints, and monitoring their progress and resolutions
- provide guidelines to help staff resolve matters as informally as possible
- ensure the client is kept informed of the progress at each stage and informed of the outcome in writing.

A 'user friendly' version of the complaints policy should be made available as a pamphlet, poster or information sheet for clients. The complaints policy should also be explained to clients during the assessment process.

A summary of the number of complaints and compliments received in a financial year and their outcomes should be reported to FACS contract managers during the annual self-assessment process.

Tools for developing a complaints and feedback system are at TABs C–F.

3.5 Self-assessment against the SHS Standards

This section provides guidance for SHS providers when responding to *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practices* of the PLA self-assessment.

Step 1: Identify whether your service already meets some of the SHS Standards by complying with another recognised quality assurance system

A provider may already meet some of the SHS Standards because they comply with the requirements of another relevant quality assurance system.

FACS recognises the quality assurance systems in the table below as meeting some of the requirements of the SHS Standards.

Providers that meet all the SHS Standards by complying with an equivalent quality assurance system shown in this table still need to demonstrate compliance with the additional requirements of SHS Standards 1, 2 and 4.

The table is only intended as a resource for providers to assist with self-assessment against the SHS Standards and to minimise duplication of work. FACS intends to refine and develop the table over the course of the funding period. Further development will occur in consultation with providers, FACS district staff and relevant stakeholders.

Equivalence of SHS Standards to other quality assurance systems^a

SHS Standards	NSW Good Practice Guidelines	National Community Housing Standards ^b	National Regulatory System for Community Housing ^c	QIC Community Services and Health Standards	Australian Service Excellence Standards (ASES) ^d	National Standards for Mental Health Services	Home Care Standards	NSW Disability Services Standards	ISO 9001:2008 Quality Management Systems ^e	Equip/ACHS	Family Relationships Guidelines
Standard 1	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met
	Additional requirements: Service providers that meet the standards above only need to demonstrate that they meet the client charter and the complaints and feedback system elements of SHS Standard 1.										
Standard 2	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met
	Additional requirements: Service providers that meet the standards above only need to demonstrate that they meet the access and equity requirements of the SHS Program Guidelines.										
Standard 3	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✗ Not met	✓ Met	✗ Not met
Standard 4	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met
	Additional requirements: Service providers that meet the standards above only need to demonstrate that they meet one or more of the core service responses in the SHS Program Guidelines.										
Standard 5	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✗ Not met	✗ Not met	✗ Not met
Standard 6	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met
Standard 7	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✗ Not met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met
Standard 8	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met	✓ Met

^a 'Equivalence' in this module is intended to reflect the level of consistency between the SHS Standards and other relevant quality assurance systems. This does not imply that other quality assurance systems mutually recognise the SHS Standards.

^b The National Community Housing Standards that underpin the voluntary accreditation system for community housing providers in NSW are able to be more closely mapped to the SHS Standards due to their more specific nature. The SHS Standards are more comparable to an accreditation approach than to statutory regulation.

^c The National Regulatory System for Community Housing is being introduced to replace the NSW Regulations for Community Housing. The National Regulatory System Performance Requirements will be mandatory for community housing providers.

^d The Australian Service Excellence Standards (ASES) are available nationally as well as being the mandated set of standards for SHS funded by SA Department of Communities and Social Inclusion.

^e ISO 9001 is focused on quality management within the organisation and refers to 'products' rather than services. Where the standard meets an objective, it does so without specific reference to delivery of human services and in most instances would require that an assessment has been conducted within the context of SHS Standards requirements, with specific reference to the elements within the SHS Standards, particularly with regard to Standard 4: Service outcomes.

Step 2: Complete the SHS Standards self-assessment workbook

The SHS Standards self-assessment workbook (TAB A) is a resource to assist providers with self-assessment against the SHS Standards. FACS intends to refine and develop the workbook over the course of the funding period. Further development will occur in consultation with providers, FACS district staff and relevant stakeholders.

Providers should complete the workbook in order to complete *Part B – Service Delivery – 2 Accreditation/Quality Management Systems and Practices* of the annual PLA self-assessment. Providers may also find the workbook helpful in developing a quality improvement plan.

It is not a requirement for providers to submit the workbook as part of business as usual performance reporting.¹ Providers should update the workbook each year in order to assess progress and complete the PLA self-assessment.

The workbook contains instructions for completing the self-assessment and a list of practice requirements that should be used to compare a service's current practice against the requirements of each of the eight Standards.

There are three columns in the self-assessment workbook:

- practice requirements
- documentation
- areas for improvement or development.

Examples of the types of evidence that would assist in demonstrating your service meets a Standard are in the 'Documentation' column. This list of examples is not exhaustive or prescriptive. Organisations need to consider the relevance of the service examples in light of their particular circumstances.

You may find that some of your responses to one Standard are also applicable to other Standards. In this case, simply cross-reference them rather than repeat the details.

There is space at the end of the worksheet to note any barriers or constraints. You may want to list environmental or systems factors or issues, if any, that are not within the control of your organisation, and that have inhibited its ability to meet a particular Standard. For example, in remote areas, making appropriate client referrals may be difficult due to the limited services available in the area.

Column 1: Practice requirements

The practice requirements are provided as a checklist of the requirements for each Standard, and to prompt your thinking about what constitutes good practice. They aim to promote reflection and discussion within the service, and/or dialogue between the service and a reviewer from an external agency.

The practice requirements are a minimum list of what providers need to do to demonstrate they meet the Standard. If your service has other practices that demonstrate it meets a Standard in a different way, these should be listed in the section at the bottom of the table for 'Other'.

Column 2: Documentation

This column is about providing evidence to demonstrate that the systems and processes in Column 1 are in place. Evidence is required for each practice requirement within a Standard:

- Evidence may be in any format, for example, narrative, dot points, and photographs.
- For an existing document, write the name of the document and where in your organisation it can be located
- For broader existing documents such as your annual report and report on achievements, write the name of the document and the pages or sections in which the evidence can be found.

Evidence can be identified for the group of practice requirements as a whole; it is not necessary to repeat evidence for each point.

The evidence should be relevant, current, reliable and corroborated:

- **Relevant:** it should relate directly to the practice under examination.
- **Current:** it should be recent enough to confirm that the practice still exists.
- **Reliable:** it should be obvious enough that different people observing the evidence would be likely to come to the same general conclusion about the practice.
- **Corroborated:** multiple pieces of evidence should be used, where appropriate, to confirm a conclusion about a practice.

Column 3: Areas for improvement or development

Where the practice requirement within a Standard has not been demonstrated through documentation, you should identify areas for improvement or development against the requirement. Providers will be expected to take action in the areas identified for improvement over the course of the funding period.

For each Standard, you should write down any improvements your service would like to consider. The wording should be concrete and specific so the identified areas can be implemented in a measurable way. It is not necessary to provide an area of improvement to correspond with every point in the current situation column, only for those areas that you aim to develop or improve.

The long-term goal is for all providers to fully meet the SHS Standards.

Finally, self-assessment against the SHS Standards using this workbook indicates a service's commitment to a journey of continuous quality improvement. A properly managed self-assessment can lead to improved teamwork, staff morale, client outcomes and the development of a service's learning culture. This workbook serves as a tool to assist services to make formal records of their progress and development in this quality journey.



TAB A SHS Standards self-assessment workbook template

Service delivery

Standard 1: Promoting, upholding and exercising rights

Clients receive services that promote and uphold their rights and safety, and support them to effectively exercise those rights.

Meeting this standard

Your service ensures clients are provided with:

- information about their rights and responsibilities, and support to exercise those rights
- privacy and confidentiality
- processes for making complaints and providing feedback
- protection from risk of harm or abuse within the service environment
- a safe and well-maintained physical service environment
- quality service provision that is respectful and appropriate to their cultural, spiritual and language needs.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Rights and responsibilities <ul style="list-style-type: none"> <input type="checkbox"/> Client rights and responsibilities are identified and documented through a client charter based on the client charter template (see TAB B) <input type="checkbox"/> A copy of the client charter is displayed and/or made available to all clients and they are fully informed of their rights and responsibilities <input type="checkbox"/> A complaints policy and procedure is in place that meets the standards set out in the complaints and feedback system (TAB C) <input type="checkbox"/> Policies and procedures document how client rights to privacy and confidentiality are maintained 	Examples <ul style="list-style-type: none"> ● Your service's client charter ● Processes for assisting clients to understand and exercise their rights and responsibilities ● Complaints policy and procedure ● Complaints register ● Privacy and confidentiality policy feedback from clients about their understanding of the client charter and the mechanism for making complaints ● Number, nature and resolution of complaints and compliments that are received from clients or stakeholders ● Systems are in place to ensure clients who have difficulty with reading understand the client charter, the complaints and feedback system and any other relevant written documents 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Safe environment <ul style="list-style-type: none"> <input type="checkbox"/> Policy and procedures are in place to protect clients from risk of harm or abuse within the service environment <input type="checkbox"/> The physical environment is safe and well maintained, and meets all health, safety, fire and building laws and regulations <input type="checkbox"/> Suitable facilities are available for the particular client group, including children where relevant 	Examples <ul style="list-style-type: none"> • Client safety policy and procedures • Results of reviews of physical environment • List or descriptions of facilities available to clients • Fire safety inspection certificates • Emergency procedures and equipment lists 	
Cultural appropriateness <ul style="list-style-type: none"> <input type="checkbox"/> Programs are designed with the cultural diversity of the target group in mind, and services and programs are provided in a culturally appropriate manner <input type="checkbox"/> Staff are provided with appropriate and consistent training in relevant cultural competencies for service areas <input type="checkbox"/> Aboriginal family, kinship and cultural responsibilities are incorporated in service decisions and practices <input type="checkbox"/> Mechanisms are available to assist Aboriginal staff and clients to resolve issues in culturally appropriate ways 	Examples <ul style="list-style-type: none"> • Cultural appropriateness and awareness policy • Staff training records 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 1.		

Standard 2: Service access and equity

Clients are provided with fair and transparent processes ensuring equity of access for all clients, and identifying and removing barriers for clients who may experience disadvantage in accessing the service.

Meeting this standard

Your service ensures all clients are provided with:

- consistent access and assessment processes
- consistent referral mechanisms to alternative services where necessary
- the same availability, quality and level of service.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Access <input type="checkbox"/> The service complies with access and referral requirements set out in the SHS Program Guidelines <input type="checkbox"/> Eligibility policies and procedures for the service are in place and are consistent with the client group defined in the contractual agreement with FACS	Examples <ul style="list-style-type: none">• Information made available to potential clients and other services• Eligibility and priority criteria and guidelines• Entry and transition procedures• Documented systems and processes for referrals• Referral protocols, interagency collaboration, and assessment processes• Number of people seeking service who have been successfully referred to other service providers• Stakeholder survey results indicating their level of understanding about the organisation, and referral and entry process	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Equity <input type="checkbox"/> Policies and procedures are in place to ensure the same access to services, service quality and service level is provided to clients within the target group without discrimination on the grounds of gender, religious, cultural or linguistic background, sexual orientation, age, disability, or family status <input type="checkbox"/> Services are demonstrably accessible to Aboriginal people and people from culturally and linguistically diverse backgrounds	Examples <ul style="list-style-type: none"> • Access and equity policy • Profile of clients compared with the profile of the target group • Processes for identifying and addressing barriers to service access • Linkages built with Aboriginal and culturally and linguistically diverse communities and organisations 	
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 2.		

Standard 3: Decision-making and participation

Clients are actively supported to make choices and decisions about their service and to actively participate as a valued member of their chosen community.

Meeting this standard

Your service ensures people using its services are provided with:

- support to make informed decisions and set goals for their service outcomes
- opportunities to participate in formal or informal support networks, community or other activities.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Decision-making <ul style="list-style-type: none"><input type="checkbox"/> Services and programs are designed to support clients to achieve self-determination and autonomy<input type="checkbox"/> Service delivery respects client rights to make their own informed decisions and have their preferences considered<input type="checkbox"/> Decision-making processes are culturally appropriate, flexible and tailored for local need<input type="checkbox"/> Aboriginal clients and their families are actively supported to contribute to decisions	Examples <ul style="list-style-type: none">• Policy statements that support clients to achieve self-determination and autonomy• Case management procedures that indicate how clients are supported to make informed choices and decisions• Client feedback showing satisfaction with the way the service has:<ul style="list-style-type: none">– respected their rights and preferences– facilitated their autonomy and self-determination– supported their participation– responded to their concerns and changing needs	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Participation and social inclusion <input type="checkbox"/> Case management policies and procedures are in place to enable clients to actively participate in their service planning and make choices about engaging in other forms of social or community participation <input type="checkbox"/> Service practice reflects culturally supportive and inclusive methods for Aboriginal clients and families, and clients and families from culturally and linguistically diverse backgrounds	Examples <ul style="list-style-type: none"> • Social inclusion policy • Activities and programs designed to assist people to participate in community activities, education, employment, and other areas of life relevant to their circumstances 	
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 3.		

Standard 4: Service outcomes

Clients are assisted and supported to move out of homelessness or to avoid becoming homeless by the development, delivery and review of quality programs and services that meet individual client needs.

Meeting this standard

Your organisation ensures:

- services are based on evidence of successful outcomes
- services are designed around effective working practices
- necessary client data is effectively captured
- outcomes are monitored, evaluated and used to inform practice.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Service design <input type="checkbox"/> Service design meets the requirements of one or more of the four core service responses identified in the SHS Program Guidelines: <ul style="list-style-type: none">– prevention and early intervention– rapid re-housing– crisis and transition response– intensive responses for complex needs clients	Examples <ul style="list-style-type: none">• Service description or overview• Policies and procedures for relevant core service responses	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Service delivery <ul style="list-style-type: none"> <input type="checkbox"/> Services provided to clients are coordinated and integrated under a documented case management plan with defined goals <input type="checkbox"/> Case management planning demonstrates flexibility in response to changing client needs <input type="checkbox"/> Procedures are in place to document how case management is conducted <input type="checkbox"/> Delivery is reliable, with services delivered according to a planned schedule, appointment times kept, and requests responded to promptly <input type="checkbox"/> Transition (exit) plans are developed and documented for each client that receives a service other than assessment and/or referral 	Examples <ul style="list-style-type: none"> ● Case management procedures ● Template for individual service plans specifying the agreed objectives, activities and review schedule ● Examples of case management plans ● Policy and procedures that support service coordination and integration ● Policy and procedures for client exit or transition from the service ● Up-to-date manuals or guides for staff relating to practice approaches and service models ● Staff training records ● Client feedback showing their satisfaction that services and programs are coordinated and responsive 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Documentation <input type="checkbox"/> Data requirements concerning clients are defined and systems are in place to capture this data	Examples <ul style="list-style-type: none"> • Client data management system • Documented systems and procedures for maintaining client records • Audit reports of individual file records providing evidence that procedures for record maintenance are implemented 	
Evaluation and continuous improvement <input type="checkbox"/> Client outcomes are defined and monitored <input type="checkbox"/> The service uses evidence on the outcomes for clients to improve existing services	Examples <ul style="list-style-type: none"> • Procedures and schedule for monitoring and evaluating client outcomes • Percentage of clients who have had their risk of homelessness resolved or reduced • Service delivery logic diagrams or outcomes using Results Based Accountability for example 	
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 4.		

Standard 5: Service system

Outcomes for individuals and communities are improved by the provider working collaboratively with other providers and agencies.

Meeting this standard

Your service collaborates with other agencies to:

- provide clients with seamless and integrated services that maintain service continuity
- improve understanding and service delivery practice across the sector.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Interagency coordination and collaboration <input type="checkbox"/> Mutually agreed collaborative policies and procedures are in place with other organisations to coordinate services, make best use of resources and improve case management <input type="checkbox"/> The service effectively develops and utilises referral networks to meet the needs of Aboriginal clients and clients from culturally and linguistically diverse backgrounds <input type="checkbox"/> The service regularly reviews its collaborative policies and procedures <input type="checkbox"/> Staff are trained and supported in understanding the service system, referral networks and interagency arrangements	Examples <ul style="list-style-type: none">• Plan that identifies key partners in providing integrated services• Memorandum of understanding or protocols for collaboration with other services• Outcomes of interagency work, showing the impact on clients• Stakeholder and staff feedback on the effectiveness of interagency relationships• Staff training records	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Sector collaboration and development <input type="checkbox"/> The service participates in formal and informal networks and forums to improve professional practice, contribute to systemic improvements, and raise community awareness <input type="checkbox"/> The service initiates or participates in research or professional practice development projects with other organisations to contribute to the knowledge and practice in the field <input type="checkbox"/> The service actively partners with organisations that support Aboriginal clients and clients from culturally and linguistically diverse backgrounds	Examples <ul style="list-style-type: none"> • Records of participation in relevant networks • Number and type of joint projects/activities undertaken in collaboration with other services • Outcomes of collaborative projects/activities 	
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 5.		

Governance and management

Standard 6: Governance

The governing entity defines clear goals and purposes for the provider, adapts to and manages change, develops strategies to achieve and monitor the provider, and is accountable for all its activities.

Meeting this standard

The governing entity of your service ensures robust and effective:

- governance
- internal and external accountability
- strategic and business planning
- strategic risk management
- regulatory and legislative compliance
- continuous quality improvement.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Structure and accountability <ul style="list-style-type: none"> <input type="checkbox"/> The roles of, and relationship between the governing body/ management committee and the Chief Executive Officer/Manager are clearly defined <input type="checkbox"/> There is a clear process of selection, orientation and training for the governing body/management committee, and its performance is regularly evaluated <input type="checkbox"/> The composition of the governing body/ management committee reflects, as far as possible, the cultural diversity of the service area by having representation of people from diverse and disadvantaged backgrounds <input type="checkbox"/> Lines of authority and delegation of responsibility throughout the organisation are clearly defined and communicated 	Examples <ul style="list-style-type: none"> • Documentation of the lines of authority, delegation and communication • Procedures for the selection, orientation and training of members of the governing body/ management committee • Profile of the composition of the governing body/ management committee • Roles and responsibilities of governing body/ management committee, executive officer and managers • Records of governing body/management committee meeting minutes • Evaluation outcomes of the performance and capacity of the governing body/ management committee 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Strategic communication <ul style="list-style-type: none"> <input type="checkbox"/> The organisation's goals, plans and achievements are documented and clearly communicated to staff and stakeholders <input type="checkbox"/> There are plans and strategies for realising the organisation's goals and potential, and they are regularly reviewed and monitored 	Examples <ul style="list-style-type: none"> • Documents explaining the organisation's goals, plans and achievements such as the annual report, strategic plan and newsletters • Strategic/business plan setting out measurable short- to medium-term goals and performance indicators • Process for monitoring and reviewing the strategic and business plans • Achievement of the organisation's goals as set out in the strategic or business plans 	
Planning, evaluation and quality improvement <ul style="list-style-type: none"> <input type="checkbox"/> The organisation actively involves staff, clients and stakeholders, and responds to their input in the planning processes, including community needs assessment, setting goals and planning activities <input type="checkbox"/> The organisation conducts evaluations and uses the findings to modify and improve activities 	Examples <ul style="list-style-type: none"> • Documented systems and plans for organisational and service monitoring, review and improvement • Mechanisms for collecting and responding to staff and stakeholder feedback and suggestions • Service evaluation outcomes are reviewed against planned targets, goals and objectives 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Strategic risk management <input type="checkbox"/> Major risks such as financial viability are identified and managed to ensure the long-term success of the organisation	Examples <ul style="list-style-type: none"> • Policy and procedures for strategic risk management • Results of risk analysis and response plan • Strategic risk management plan 	
Regulation and policy <input type="checkbox"/> The organisation complies with all relevant laws and regulations	Examples <ul style="list-style-type: none"> • Policy and procedures manuals • Legal compliance register 	
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 6.		

Standard 7: Systems management

There are effective management systems and strategies to ensure the provider's goals are met.

Meeting this standard

The organisation ensures it has robust and effective systems for:

- management of finances, assets and resources
- data and information management
- workplace health and safety, and other operational risks
- facilities management, safety and security
- policy development, implementation and review
- administration.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Policy implementation <input type="checkbox"/> The organisation has clear, documented policies and procedures to deliver its services, which are implemented consistently <input type="checkbox"/> There are documented processes for policy development and review	Examples <ul style="list-style-type: none">• Policy and procedures manuals• Procedures for policy development and review• Staff feedback on implementation of key policies	
Information management <input type="checkbox"/> There is a systematic, ethical and secure way to collect, store and share data	Examples <ul style="list-style-type: none">• Policy and procedures for data collection and protection of privacy• An information management plan• Staff feedback on the efficiency of the data management and information systems	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Financial and asset management <input type="checkbox"/> There is a transparent financial management system that meets the organisation's information and compliance needs <input type="checkbox"/> A record is kept of assets, and an asset management plan is maintained and implemented	Examples <ul style="list-style-type: none"> • Documented accounting practices and systems that meet Australian accounting standards • Procedures to guard against fraud • Current budget • Independent financial audit reports • Asset management plan and register 	
Operational risk management <input type="checkbox"/> Risks (e.g. finance, insurance, staffing issues) are systematically identified, assessed and managed	Examples <ul style="list-style-type: none"> • A risk management plan that identifies, analyses, assesses, monitors and communicates risks • Certificates of currency for insurance policies • Critical incident reports and records 	
Workplace health and safety <input type="checkbox"/> Workplace health and safety issues are identified and addressed to reduce illness and injury	Examples <ul style="list-style-type: none"> • Documented policy covering workplace health and safety and meeting the relevant legislation • Fire audit reports • Number of workplace health and safety issues reported and handled 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Facilities management <input type="checkbox"/> The physical resources, including equipment and facilities are well organised, maintained and managed	Examples <ul style="list-style-type: none"> Facilities management plan describing the process of maintaining equipment and facilities, including budgets for repairs and maintenance of facilities Staff and volunteer feedback on the adequacy, appropriateness and safety of available equipment and facilities necessary for their work 	
Other (note any other ways your organisation/service currently meets this Standard)	Examples <ul style="list-style-type: none"> Systems are in place to monitor the Joint Working Agreement managed by the lead provider 	
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 7.		

Standard 8: Human resource management

The provider develops and supports its workforce, both paid and voluntary, to ensure the effectiveness of its services.

Meeting this standard

The organisation ensures effective systems are in place for:

- workforce planning
- pre-employment checks, screening and registration
- recruitment, selection and induction
- EEO, anti-discrimination and diversity
- performance review and management
- learning and professional development
- collaboration and teamwork.

There are processes in place for monitoring, reviewing and improving outcomes in this area.

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Human resource planning <ul style="list-style-type: none"> <input type="checkbox"/> A documented human resources plan is in place to support the existing and long-term goals of the organisation <input type="checkbox"/> The organisation employs a workforce that is reflective of the cultural and linguistic diversity within the broader community <input type="checkbox"/> The organisation's strategic workforce and service planning includes recruitment and retention of Aboriginal and culturally and linguistically diverse staff <input type="checkbox"/> All staff and volunteers have appropriate qualifications, skills and experience to deliver the services they are responsible for 	Examples <ul style="list-style-type: none"> ● Human resource plan with projected number of staff and skills mix required to meet the goals set out in the organisation's strategic or business plans ● Profile of the organisation's workforce ● Reviews of current organisational capacity in terms of appropriate qualifications, skills, attitudes and experience of staff 	
Recruitment, selection and induction <ul style="list-style-type: none"> <input type="checkbox"/> The organisation follows documented, consistent and fair recruitment and selection processes <input type="checkbox"/> Pre-employment checks and mandatory screening is conducted for all staff and volunteers <input type="checkbox"/> All staff and volunteers receive timely and appropriate orientation 	Examples <ul style="list-style-type: none"> ● Documented policy and procedures for recruitment, selection, appointment and termination of staff and volunteers ● Procedure for pre-employment checks ● Documented orientation program for all newly recruited staff and volunteers ● Proportion of staff and volunteers who receive timely orientation 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Management <ul style="list-style-type: none"> <input type="checkbox"/> Staff are employed in accordance with industrial awards and standards <input type="checkbox"/> The organisation has policies and procedures in place to remedy situations where staff and/or volunteers have acted inappropriately or provided poor or unacceptable services <input type="checkbox"/> Human resource systems (eg annual appraisals, payroll, acknowledgement of contribution) to enable the organisation to function effectively 	Examples <ul style="list-style-type: none"> ● Job contracts and conditions of employment ● Position description documents ● Staff disciplinary policy and procedures ● Level of job satisfaction of staff ● Levels of sick leave, stress leave and worker's compensation cases ● Exit interview procedures ● Code of ethics for staff and volunteers 	
Training and development <ul style="list-style-type: none"> <input type="checkbox"/> All staff and volunteers receive supervision, support and training that assist them to contribute to the goals of the organisation 	Examples <ul style="list-style-type: none"> ● Documented systems for supervision, performance appraisals, training and development ● Procedures for identifying and meeting staff development needs ● Staff development register or records 	

Practice requirements (✓ tick the practices your service can demonstrate)	Documentation Specify how your service demonstrates the practices you have ticked in the first column. (The examples provided should be edited for your service.)	Areas for improvement Are there any identified areas that need improvement or development?
Equal Employment Opportunity (EEO) and anti-discrimination <input type="checkbox"/> The organisation has in place EEO plans, policies and practices to ensure the workplace is free from all forms of unlawful discrimination and harassment <input type="checkbox"/> The organisation has in place affirmative measures to assist EEO groups (including women, Aboriginal people, members of racial, ethnic and ethno-religious minority groups, and people with a disability) to overcome past and present disadvantage	Examples <ul style="list-style-type: none"> • Documented Equal Employment Opportunity (EEO) policy or plan • Policy and procedures for anti-discrimination, harassment and bullying • Profile of the organisation's workforce 	
Other (note any other ways your service currently meets this Standard)		
Barriers and constraints List any environmental or system factors or issues not within the control of the service that have negatively impacted on its ability to meet Standard 8.		

TAB B Support tool: Client charter model

Are you currently homeless or at risk of becoming homeless?

We will work with you to make sure you receive the best possible assistance to avoid becoming homeless or, if you are homeless, to access safe, affordable and secure housing.

We are committed to working with you in a respectful way that protects your dignity, is fair, and does not discriminate.

- You will be treated in a professional, courteous and caring manner that respects and appreciates differences related to race, ethnicity, national origin, gender, sexual orientation, religion, personal values, age, disability, and economic status.
- Your personal privacy will be respected and confidentiality protected, except where we have a legal obligation, and we will explain to you what this means when you use our service.
- You have the right to use our service if it matches your needs and what we are funded to provide.
- We will work in partnership with you to identify your needs and develop a plan with you and other agencies to meet your needs.
- You have the right to put forward a complaint and we will respond in a confidential, respectful and timely way.
- We will inform you of your rights and responsibilities when you receive a service from us.
- You will be provided with opportunities to take an active role in the decision-making processes of our service.
- We will provide you with a range of suitable referral and support options so you can make a decision on which service you prefer to work with.
- We aim for you to feel safe and we will have systems in place to ensure protection from harm.
- You can expect our service to meet health and safety requirements.
- You will receive the same quality and level of service regardless of your gender, religious, cultural or linguistic background, sexual orientation, age, disability, or family status.
- We will regularly ask for your opinions, and seek suggestions on the services we offer.
- If you have a child under 16 years, you have the right to have their needs considered and linked to suitable responses.

As a client of a Specialist Homelessness Service you have a responsibility to:

- be respectful of others, including staff, volunteers and other clients
- be respectful of the organisation's property
- be an active participant in your service
- participate in the service in a fit state (not under the influence of drugs or alcohol)
- maintain confidentiality regarding information about other clients or participants in groups or programs
- provide accurate information about yourself in order to receive the best service.

TAB C Support tool: Tips for making sure the complaints and feedback system works well for clients²

Create a respectful and sensitive environment that welcomes feedback and complaints, to assist a client to make a complaint without fear of retribution or negative consequences. Elements of a supportive environment can include positive and encouraging staff, and providing a quick response to a person's needs.

Ensure clients can register complaints in ways that are comfortable and appropriate for them, for example, not having to give the complaint to a staff person they may be complaining about, and ensuring language or literacy is not a barrier.

Assure the person making the complaint that their concerns will be treated with respect, resolved in a timely manner, and that confidentiality will be maintained throughout the process.

Ensure the complaints process has been clearly communicated to the person making the complaint in a way that reflects their personal and cultural needs. This includes actively listening to the person and acknowledging their concerns.

Ensure the client is informed, supported and included at all stages of the complaints process. This may include the involvement of an advocate or support person for the client.

Work with a client to explore alternative resolution options such as mediation, conciliation, or referral to a third party in cases where every effort has been made to reach a local resolution.

Work with a client to identify alternative service delivery options in situations where a continuation of the service is not desired.

TAB D Support tool: Information for clients and stakeholders

All clients need to be informed of their rights and responsibilities at the earliest possible stage of their involvement with the service. This includes their right to make a complaint or appeal a decision.

One way of alerting clients to this is to have a sign on display (like the one below). Clients should be told about the policy and where they can find a copy of it when they become clients of the service.

What we can do if things go wrong

We aim to provide an efficient and effective service at all times. However, things do go wrong and when this happens we want to put them right quickly. We promise at all times to give you an explanation of our actions, and if we have done something wrong, to put it right and apologise.

If you have a complaint about any part of our service you should contact a staff member. If you are not happy with their response and would like to make a formal complaint, please use our complaints procedure by [...].

If you do make a complaint we will make sure you continue to receive quality services and safely access our service while your complaint is being investigated.

Clients need to understand how they can make a complaint or lodge an appeal, and also how it will be dealt with. They need to understand who can assist them (e.g. support person, advocate, interpreter), how the SHS provider will deal with the complaint or appeal, the steps involved, and the timelines.

The organisation needs to consider issues for clients such as literacy, and literacy in English, and have processes in place to ensure all clients understand their rights and the processes open to them.

When clients are informed about the complaints process they should be made aware that:

- their feedback is valued
- their concerns will be dealt with promptly, simply and confidentially
- they will not be penalised for making a complaint
- they can use an advocate or support person
- there are independent avenues if they are not satisfied by the internal process (e.g. NSW Ombudsman, NSW Privacy Commissioner).

An example of information for clients:

Our complaints procedure

Your feedback on our service is important to us. We welcome your comments on any aspect of our service.

You have the right to make a complaint if you are not happy with any aspect of the service. Your complaint will be taken seriously and dealt with fairly. Your complaint will be dealt with in a confidential manner.

If you would like to make a complaint you can go about it by:

- speaking to a member of staff or the manager of the service, or
- writing a letter or email to the manager of the service (saying simply what your complaint is about). If you need assistance with writing out your complaint, you can ask a member of staff or a friend to help you.

While the complaint is being investigated you will be kept informed of the process.

We will deal with your complaint in a prompt manner, usually not more than 14 days.

If you don't feel comfortable speaking with or writing to us about your complaint, you or a friend or support person can contact the NSW Ombudsman. The Ombudsman is an independent watchdog whose job it is to protect the rights of people using community services. You can discuss your complaint with them.

If you do make a complaint we will make sure you continue to receive quality services and safely access our service while your complaint is being investigated.

How to contact the NSW Ombudsman

Phone: 02 9286 1000

Toll free (outside Sydney metro): 1800 451 524

Website: www.ombo.nsw.gov.au Email: nswombo@ombo.nsw.gov.au

If your complaint is about the way we have dealt with your personal information or your privacy, you can also contact the NSW Privacy Commissioner.

How to contact the NSW Privacy Commissioner

Phone: 1800 472 679

Website: www.ipc.nsw.gov.au Email: ipcinfo@ipc.nsw.gov.au

TAB E Support tool: Information for staff and managers

The following flow chart outlines the various steps in the complaints process, from ensuring clients know their right to make a complaint or appeal a decision, through to the resolution stage of a complaint.

The flow chart can be adapted for your organisation to show who is responsible for dealing with a complaint, how it will be dealt with, and when. It explains the different methods of resolution – internal or external – and why and how a complaint would be investigated and resolved.

Ensure clients are aware of their rights, including the right to make a complaint or appeal a decision



Receiving the complaint

Identify which member of staff or management receives the formal complaint

Options include:

- case coordinator or service coordinator
- a nominated complaints 'officer' external to the organisation
- a member of the board or management committee.

Explain how the complaint will be registered or recorded, what procedure will be followed, what information will be asked for, and in what format

Consider:

- a standard form, a consistent format for statistical and case records
- the way clients will be advised about the type of information they are required to put in writing, and an alternative to a written complaint for clients who have limited literacy in English
- an explanation of the range of possible outcomes.

Indicate how long it will take to investigate and report back

- a reasonable time is 14 days.



Internal resolution

Explain the method for internal investigation and resolution of a complaint

Investigation must include the following steps:

- assessment of the complaint and whether it should be handled internally or dealt with by an agency that specialises in complaints and mediation
- gather all relevant information from the complainant. Listen to what they say and how they want the complaint resolved. This should be done in an open and consistent way, ensuring confidentiality and using an interview process.

If a complaint proceeds:

- document all the information gathered and talk to all parties involved in the situation
- analyse information using the principles that have been identified and any relevant policies, procedures, guidelines, or legislation
- decide how the complaint can be resolved and recommend appropriate action based on the above to all parties involved, in writing
- inform the complainant of any other avenues for further complaint if they are still not satisfied, for example, advising the complainant they can contact the NSW Ombudsman to seek resolution.



External resolution of the complaint

Explain the procedure for external investigation and resolution

This should include:

- if a complaint cannot be resolved internally, the matter may be referred to a qualified mediator who has been previously identified by the SHS
- failing resolution of complaint at a local level, the matter may be referred to an appropriate external body, for example, the NSW Ombudsman.

TAB F Support tool: Managing complaints policy template

[POLICY CODE OR NUMBER]	MANAGING COMPLAINTS
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Applies to:	Version:
Specific responsibility:	Date approved:
	Next review date:

Policy context: This policy relates to	
Standards or other external requirements	[insert standards or external requirements that apply]
Legislation or other requirements	[insert any other legislation that applies]
Contractual obligations	[insert any contractual obligations that apply]

POLICY STATEMENT

[Insert ORGANISATION NAME] is committed to ensuring that any person or organisation using [insert ORGANISATION NAME], our services or affected by our operations has the right to lodge a complaint or appeal a decision of the organisation and to have their concerns addressed in ways that ensure access and equity, fairness, accountability and transparency.

The organisation will provide a complaints and appeals management procedure that:

- is simple and easy to use
- is effectively communicated and promoted to all clients and stakeholders
- ensures complaints or appeals are fairly assessed and responded to promptly
- is procedurally fair and follows principles of natural justice
- complies with legislative requirements.

PRINCIPLES

[Insert ORGANISATION NAME] will:

- consider all complaints it receives
- treat all complainants with respect, recognising that the issue of complaint is important to the complainant
- maintain confidentiality of parties involved, keeping any information private to those directly involved in the complaint and its resolution
- ensure advocacy is available to clients who make a complaint and require support
- resolve complaints, where possible, to the satisfaction of the complainant
- deal with all complaints in a timely manner
- keep parties to the complaint informed of progress of the complaint
- ensure that [Board/Management Committee] members, staff, and [volunteers/others] are given information about the complaints procedure as part of their induction and are aware of procedures for managing client feedback and complaints
- ensure all service users, stakeholders and members are aware of the complaints policy and procedures
- ensure a complainant is not penalised in any way or denied the use of services during the progress of an issue
- ensure feedback data (both positive and negative) is considered in organisational reviews and in planning service improvements.

PROCEDURES

Information for clients and stakeholders

[Insert ORGANISATION NAME] complaints and appeals procedure will be documented for clients and stakeholders in [name of public document or statement] which is available [describe where and how it can be accessed].

All clients will be informed of their rights and responsibilities with regard to complaints and appeals at the earliest possible stage of their involvement with the organisation.

The [name of public document or statement] will contain information on the following:

- how to make a complaint or lodge an appeal
- contact person for lodging a complaint or appeal
- how the organisation will deal with the complaint or appeal, the steps involved, and the timelines
- the rights of the complainant to an advocate, support person or interpreter
- how the person will be informed about the outcome of their complaint or appeal
- how to make a complaint to an external body including contact details.

The information will also be made available to clients [describe how clients with limited access to written English will be made aware of this information].

Making a complaint

A client wishing to make a complaint may do so in writing or verbally to:

- the staff member they were dealing with at the time
- the [manager/supervisor] of that staff member
- the [senior staff position]
- the [Board/Management Committee], or
- [specify relevant external body].

If the complaint is about:

- a staff member, the complaint will normally be dealt with by [senior staff position]
- a [senior staff position], the complaint will normally be dealt with by [most senior staff position/Board Chair or President]
- [most senior staff position] the complaint will normally be dealt with by [Board Chair or President].

Written complaints may be sent to [postal/email address]. [Staff position] will be responsible for receiving this correspondence and directing it to the appropriate person.

Lodging an appeal

Clients or their advocates may lodge an appeal if they disagree with a decision made by the organisation or by a staff member, related to [list types of decisions that clients can appeal]. An appeal should be made in writing [specify form or format] and submitted to [staff position].

Procedure for complaints and appeals management

The person managing the complaint will be responsible for:

1. Processing the complaint or appeal:

- registering the complaint or appeal in [register or database]
- informing the complainant that their complaint has been received and providing them with information about the process and timeframe.

2. Investigating the complaint or appeal:

- examining the complaint within [timeframe] of the complaint being received
- investigating the complaint and deciding how to respond
- informing the complainant by letter within [timeframe] of the complaint being received of what is being done to investigate and resolve it, and the expected timeframe for resolution.

As far as possible, complaints or appeals will be investigated and resolved within [timeframe] of being received. If this timeframe cannot be met, the complainant will be informed of the reasons why and of the alternative timeframe for resolution.

3. Resolving the complaint:

- making a decision or referring to the appropriate people for a decision within [timeframe] of the complaint being received
- informing the complainant of the outcome:
 - ◆ upheld (and if so what will be done to resolve it)
 - ◆ resolved (and how this has been achieved)
 - ◆ if no further action can be taken, the reasons for this.
- informing the complainant of any options for further action if required.

4. Reviewing the complaint:

- If the complainant is not satisfied with the investigation and proposed resolution of their complaint or appeal they can seek a further review of the matter by [specify who handles this and the timeframe].

5. Referral to external procedure:

- A formal external complaints procedure may follow Step 4 if the complainant is still not satisfied with the outcome. The complainant will be referred to [specify external body].

6. Advising FACS of complaints:

- A summary of the number of complaints and compliments received in a financial year and their outcomes should be reported to FACS contract managers during the annual self-assessment process.

Record keeping

A register of complaints and appeals will be kept in [register or database and location]. The register will be maintained by [staff position] and will record the following for each complaint or appeal:

- details of the complainant and the nature of the complaint
- date lodged
- action taken
- date of resolution and reason for decision
- indication of complainant being notified of outcome
- complainant response and any further action.

Copies of all correspondence will be kept in [location].

The complaints register and files will be confidential and access is restricted to [staff positions].

A statistical summary of complaints and appeals will also be kept in [database/spreadsheet] and maintained by [staff position]. [Staff position] will be responsible for preparing a report on [type of information to be reported]³ [frequency or timing of report] to [staff position/staff group/Board or Management Committee].

Results from this report will be reviewed by [staff position/staff group/Board or Management Committee] and used to:

- inform service planning by including a review of complaints and appeals in all service planning, monitoring and evaluation activities
- inform decision-making by including a report on complaints and appeals as a standard item on staff and management meeting agendas
- [other].

Complaints involving specific staff members [or volunteers]

The [senior staff position] has delegated responsibility for resolving complaints or disputes involving staff members [or volunteers].

Where a staff member [or volunteer] makes a complaint concerning another staff member [or volunteer], this will be dealt with in accordance with the [organisation's grievance, complaints and disputes policy].

Complaints by clients or stakeholders made against a staff member [or volunteer] will be managed by the [senior staff position] who will:

- notify the staff member [or volunteer] of the complaint and its nature
- investigate the complaint and provide the staff member [or volunteer] with an opportunity to respond to any issues raised
- attempt to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party
- take any other action necessary to resolve the issue.

Any disciplinary action against a staff member [or volunteer] arising from a complaint will be taken in accordance with the procedures contained in [organisation's disciplinary procedures].

Complaints involving the [most senior staff position] will be managed by [Board Chair or President].

Complaints involving organisation members or [Board/Management Committee] members

Complaints made against a member or [Board/Management Committee] member will be referred to the [Chair/President]. The [Chair/President], or their delegate, will:

- notify the person about whom a complaint is being made of the complaint and its nature
- investigate the complaint and provide the member with an opportunity to respond to any issues raised
- attempt to mediate the dispute (if appropriate) and/or attempt to resolve the matter to the satisfaction of the outside party.

Where the [Chair/President] is the subject of a complaint, the complaint should be referred to [other office bearer/s].

If the matter remains unresolved, the [Chair/President or notified office bearer] will raise the matter at the next [Board/Management Committee] meeting. Depending on the seriousness of the complaint, the [Board/Management Committee] may:

- deal with the matter at its meeting
- refer the matter to the [process outlined in the organisation's constitution].

DOCUMENTATION

Documents related to this policy	
Related policies	[List any related policies]
Forms, record keeping or other organisational documents	[List related organisational documents or records]

Reviewing and approving this policy		
Frequency	Person responsible	Approval
[How often will this policy be reviewed?]	[Position of person responsible for reviewing policy]	[Position of person/group who approves this policy]

Policy review and version tracking			
Review	Date approved	Approved by	Next review due
1			
2			
3			

Source: Management Support Online (MSO) Tools, BNG NGO Services Online

TAB G Support tool: Summary of complaints procedures used by the NSW Ombudsman

The NSW Ombudsman

The Ombudsman is the independent and impartial watchdog for community services in NSW. The role of the Ombudsman is to:

- promote and protect the rights and best interests of consumers of community services in NSW, and
- assist providers to meet their obligations under the community welfare legislation.

The Office of the Ombudsman carries out its role under the *Community Services (Complaints, Reviews and Monitoring) Act 1993* and the *Ombudsman Act 1974*.

The Office of the Ombudsman has a range of responsibilities in relation to complaints about community and disability services:

- handling complaints, and helping service recipients to make complaints
- reviewing the causes and patterns of complaints and how they are managed by services; and looking at ways to improve the handling and outcome of complaints
- providing information, education, and training relating to the making, handling, and resolution of complaints
- helping services to improve their complaints procedures and systems.

The Ombudsman can deal with oral and written complaints about the conduct of a range of community service providers, including specialist homelessness services.

The complaint can be made by the individual or any person who is responsible for, or is a close friend of, the person who is receiving the service.

What can people complain about?

People can complain if they believe a provider has acted unreasonably in the way it provides or fails to provide a community service, or withdraws or varies a service, or in the way it administers a community service.

Both the conduct of the provider and/or the conduct of any employee of the service can be the subject of a complaint.

Complaints to the Ombudsman can be made via letter, online or in person.

What options does the Ombudsman have when dealing with complaints?

When handling community services complaints, the Ombudsman can:

- make enquiries: The Ombudsman may ask the agency or provider to provide them with information about what has happened and what they have done to resolve the complaint.
- refer the complaint to the provider for local resolution or investigation: The Ombudsman may ask the provider to sort out the problem with the complainant and to report back to them about the solution and the outcome. Complainants can contact the Ombudsman again if they are not satisfied with what the provider does as a result of their complaint.
- conciliate a complaint
- investigate a complaint, particularly if it raises serious questions about the current safety, care and/or treatment of a vulnerable service receiver, or issues of public interest or public safety
- take no further action about a complaint, for example, if the complaint is about events that happened more than 12 months ago and there are no current issues, or if the issues the subject of complaint have been, or can be, appealed to or reviewed by a Tribunal or Court.

In all cases, the Ombudsman will tell the complainant, in writing, what has been decided in relation to a complaint and the reasons for the decision.

Where complaints are not declined at the outset, the Ombudsman will usually notify the provider of the complaint and how it is to be dealt with.

How does the Ombudsman assess standards of services and conduct?

The primary criteria are:

- the best interests of the person receiving the service
- compliance with the objects, principles and provisions of the community welfare legislation.

The Ombudsman is not an advocate for individual consumers, but promotes improvements in the delivery of community services and the rights and best interests of consumers through its recommendations.

Contact details of the NSW Ombudsman

Phone: 02 9286 1000

Toll free (outside Sydney metro): 1800 451 524

Website: www.ombo.nsw.gov.au

Email: nswombo@ombo.nsw.gov.au

NSW complaints handling organisations, guidelines and resources for clients:

NSW Ombudsman. (2012) *Do you want to make a complaint? Who to contact and some tips for making your complaint.*

NSW Ombudsman. (2010) *Effective complaint handling guidelines – 2nd Edition.*

NSW Ombudsman. (2009) *Complaint Handling Kit.*

NSW Ombudsman. (2009) *The Rights Stuff: Tips for making complaints and solving problems – A toolkit for consumers of community services in NSW.*

NSW Ombudsman. (2009) *Community participation complaint handling review.*

NSW Ombudsman. (2009) *Managing unreasonable complainant conduct practice manual.*

NSW Ombudsman. (2009) *Know your rights as a consumer of community services.*

NSW Ombudsman. (2008) *Guidelines for dealing with youth complaints.*

To accommodate clients without internet access, service providers may wish to print some copies of these resources and place them in a prominent location, such as a central notice board or common area, so they are available for clients to read.

During client orientation or assessment, providers should explain the client charter and how clients can provide feedback and complaints, and ensure clients understand these processes.

Endnotes

1. The business as usual performance measurement cycle is outlined in Pillar 1, section 2 of the Contract Governance Framework.
2. Adapted from: Standards in Action © June 2012 Ageing, Disability and Home Care, Department of Family and Community Services NSW
3. Examples of items which could be included in the report are: number of complaints received within a period of time; number of complaints resolved; number of complaints that are current; whether complaints were handled internally or externally; number of complaints grouped by category or type (to assist with identifying similar complaints that may be caused by a particular policy, system, process or practice); average time taken to reach resolution; and changes made to policy/systems/processes/practices as a result of complaints resolution.

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Specialist Homelessness Services

Module 4: Brokerage Funding Guidelines

4.1 Introduction

Module 4 focuses on good practice guidance and consistency in the use of brokerage funds by services funded under the Specialist Homelessness Services (SHS) Program.

The purpose of brokerage funding is to:

- deliver responses that are flexible and tailored to client needs
- assist clients to address any problems or barriers that prevent them from accessing or maintaining housing in order to prevent or address homelessness.

All services with a brokerage component are expected to adhere to these guidelines. Services intending to adapt these guidelines to their own circumstances should discuss this with the NSW Department of Family and Community Services (FACS).

4.1.1 Scope

This document outlines the purpose, policy framework, principles, and operational procedures for the use of brokerage funds, and provides examples of good practice.

4.1.2 Definitions

- **Brokerage Funding:** the flexible use of designated SHS funding to purchase goods and services to enable eligible clients to achieve positive housing outcomes. Brokerage funds should always be provided as one of a range of strategies identified in a client's case management plan to address their identified needs.
- **Eligible Clients:** people assessed as meeting the eligibility criteria for the relevant SHS and who are clients of that service with a case management plan.
- **Case Management Plan¹:** a personal plan or support agreement that usually has a statement of the client's problems or needs, some goals for the client, and strategies to achieve those goals. It is usually developed between the client and service provider as a result of an assessment process. The plan or agreement can relate to services provided by one agency or a number of agencies.

4.2 Background

The provision of brokerage funds for SHS clients is based on the premise that their targeted use can assist people to access or maintain independent housing by addressing the issues that put them at risk of homelessness or prevent them from accessing housing.

Brokerage funding has been a key tool for many SHS Program funded services, providing additional flexibility to respond to SHS client needs. The importance of brokerage funding was confirmed through self-evaluations of SHS Program projects and extended evaluations of 15 projects as part of the Homelessness Action Plan 2009–14 (HAP) Evaluation Strategy, which was finalised in 2013. The evaluations consistently found that brokerage funding was a critical success factor for SHS projects and, in particular, provided additional flexibility to access services in regional areas. Brokerage funding served to extend existing service networks and access to goods and services, which were otherwise not available.

The evaluations found that brokerage funding was used to meet a wide variety of needs, including one-off crisis payments, managing debts, obtaining household items, whitegoods and furniture, relocations, case management, temporary accommodation, and employment and training costs (e.g. driving lessons).

The evaluations and feedback from project managers suggest that brokerage funding should be linked to an effective case management plan. The need for policy consistency on brokerage funding allocations and provision for client contributions or repayment plans were also identified as important. Such processes ensured that brokerage funds were used to achieve effective client outcomes, and to uphold accountability, transparency and value for money. Furthermore, the delivery of brokerage funds through a case coordination reference group (see section 4.5.1) across specific geographical areas was found to be successful in building on existing local knowledge, service networks and relationships, and provided better value for money.

4.3 Policy framework

The use of brokerage funds in SHS projects is governed by the following:

- **SHS Clients:** Brokerage funding is to assist SHS clients only.
- **Case management:** Brokerage funds can only be provided in the context of a written case management plan (see Tab A for the SHS Case Management Resource Kit – sample templates) and to provide for the purchase of goods and services considered essential to achieve client outcomes identified in the plan (except in the case of emergency). It ensures:
 - ◆ interventions purchased with brokerage funds have been assessed as necessary and timely
 - ◆ responses are tailored to the needs of clients and negotiated with client input
 - ◆ brokerage funding is not the first or only assistance provided to clients.
- **Emergency brokerage funding:** Requests for small amounts that are not linked to an individual's case management plan will be considered on a one-off basis only, if other emergency financial assistance cannot be sourced from another provider. Access to emergency brokerage should only be provided when the situation is urgent; there is no time to develop or adhere to an existing case management plan; and without immediate access to funds a person will be unable to meet essential needs such as food or will become homeless.
- **Accountability:** Advice on the accountability standards when using brokerage funding is found at section 4.11.
- **No client is to be given money directly:** The organisation supporting the client through brokerage funding must organise payment for goods or services directly with the relevant supplier.
- **Flexibility:** Brokerage funding can be used flexibly to purchase goods and services required by the client and can be applied at any time along the service delivery continuum to obtain or sustain housing and/or to prevent homelessness.

4.4 Principles

The use of brokerage funds is guided by the following principles:

- **Person-centred focus:** Brokerage funding is responsive to and driven by the needs of the client, as identified in the case management plan, and is respectful of their rights, dignity and confidentiality. Case management plans may need to be adjusted to address any changes in a client's needs.
- **Client responsibility:** Brokerage funding is used to support clients to take responsibility for their own needs and to develop their capacity to live independently. Clients are required to enter into and maintain a mandatory repayment plan for brokerage funding received, unless their case management plan specifies the reasons why a repayment plan is not appropriate for that client. More information on brokerage repayment plans is at section 4.9.
- **Good Judgement:** Brokerage funding is a finite resource that is public money. Care should be taken when deciding if a service or good should be purchased with brokerage funds. A list of inclusions and exclusions for brokerage is provided at section 4.6.
- **Value for Money:** Brokerage funding is paid for at a fair market rate. Care should be taken to ensure the price is in line with the market rate and not inflated. Consideration must also be given as to whether the intended expenditure is the best use of resources to meet the identified client outcomes. For example, if purchasing furniture for a client to establish a tenancy, it would be considered good practice to seek donations from businesses and charity shops to supply whitegoods, vouchers, etc., and/or source the items from discounted retailers.
- **Resourcefulness/only to be used if needed:** Brokerage funding is only to be used if all other service options, both internal and external, are exhausted or other avenues of funding are unable to supply the required goods or services in a timely manner. This could include considering options within direct service delivery, case coordination, referrals, advocacy, mainstream services, and/or other avenues of funding. Evidence of the need to use brokerage funding and the steps taken to exclude other options should be included in all requests for brokerage funding.
- **Client Repayment:** Brokerage funds must be repaid by the client unless full or partial repayment is identified in the case management plan as inappropriate for that client.

4.5 Administrative procedures

The preferred administrative arrangement for the delivery of brokerage funds is via a case coordination reference group. Case Coordination Reference Groups are comprised of a number of members from SHS, mainstream agencies and partner government agencies in the relevant local government area/s. Groups are often formed using existing service networks and partnerships. Some SHS projects already have these groups in place.

Case Coordination Reference Groups must be established with Terms of Reference to clearly define the roles and responsibilities of these groups. These terms should specify the number of group members, the frequency of group meetings, the minimum number of members required to provide a response via email or phone in between group meetings, and the timeliness of required responses.

Evidence from the evaluations of the HAP projects has shown that this approach has delivered the best results for clients, including:

- ensuring all existing services are exhausted before brokerage funding is used
- decision-making informed by a broader range of expertise
- funds are able to be used more cost effectively.

In some instances, the delivery of brokerage via a Case Coordination Reference Group may not be possible. In these instances, service providers may deliver brokerage funds under an 'individual service provider arrangement'. Operational procedures for both arrangements are described below.

4.5.1 Operational procedures for Case Coordination Reference Groups

Procedure	Responsibility
1. The Case Manager submits the client's case management plan, the client's expenditure plan (including cost effectiveness report), and other relevant documentation for approval to the Case Coordination Reference Group. Brokerage funds must not be expended on the client prior to the group's approval, except in the case of an emergency (see section 4.7). These requests must be consistent with the existing service specifications of each agency.	Case Manager Case Coordination Reference Group
2. The Case Coordination Reference Group will review all requests for brokerage funding within an agreed timeframe via email or face-to-face meetings.	Case Coordination Reference Group
3. The Case Manager will receive notification of acceptance, which will include a list of review dates. Further brokerage may be applied for each three month period if required. Case Managers will be required to submit to the Reference Group for approval any additional requests for brokerage funding over the set limits.	Case Manager

4.5.2 Operational procedures for individual service providers

Procedure	Responsibility
1. The Case Manager assesses the client's eligibility for brokerage funding, in line with their support needs. These requests must be consistent with the existing service specifications of each agency.	Case Manager
2. The Case Manager submits the client's case management plan, the client's expenditure plan (including cost effectiveness report), and other relevant documentation for approval to a senior authorising officer, consistent with the organisation's financial delegation policy. Brokerage funds must not be expended on the client prior to the approval, except in the case of an emergency (see section 4.7). Brokerage funds may then be made available for the client for an initial period of three months, subject to ongoing review by the senior authorising officer.	Case Manager Senior authorising officer
3. The Case Manager will receive notification of acceptance which will include a list of review dates. Further brokerage will be applied for each three month period, if required. Case Managers will be required to submit for approval any additional requests for brokerage funding over the set limits.	Case Manager

4.5.3 Case management

The use of brokerage funds to purchase case management services from other non-government organisation providers should only occur in circumstances where the existing service provider does not have the expertise to provide the services or is unable to provide these services (including through the Case Coordination Reference Group) to the client in a timely manner.

The maximum hourly rate for purchasing case management services is to be benchmarked against the relevant employee's Social, Community, Home Care and Disability Services Industry (SCHADS) Award. Case Managers in metropolitan and regional or rural areas (where possible) are to obtain at least two quotes for costing from service providers to ensure the most appropriate service is sourced.

If the cost of a purchased service is approved by the Case Coordination Reference Group or senior authorising officer (individual service provider arrangements only), the Case Manager will be required to establish a regular system of invoicing with the service provider, consistent with the organisation's existing financial delegations, to submit paperwork for each three month reporting period.

In the event that the approved service is no longer available, the Case Manager will be required to resubmit their request if the cost of the second quote exceeds the total cost of the approved service quote by 10 percent.



4.6 Brokerage funding – inclusions and exclusions (as part of the case management plan)

Consistent with outcomes identified in the client's case management plan, brokerage funds may be provided for expenses incurred on behalf of the client/family to address issues which impact on their capacity to access and/or sustain housing and therefore prevent homelessness.

The Brokerage expense categories are:

1. Establishing or moving a tenancy
2. Management of housing related debts
3. Employment and education related costs
4. Capacity building and living skills costs
5. Legal expenses
6. Medical and dental expenses
7. Childcare expenses
8. Other costs for children
9. Culturally specific expenses
10. Other.

The following table provides indicative inclusions and exclusions for each brokerage expense category. SHS providers should exercise the principles outlined in section 4.4 as this list is not exhaustive.

4.6.1 Indicative inclusions and exclusions for each brokerage expense category

Expense type	Inclusions	Exclusions
1. Establishing or moving a tenancy	<ul style="list-style-type: none"> Purchasing essential items such as furniture, whitegoods, equipment, and other household goods not available through a No Interest Loan Scheme (NILS) Clients already receiving NILS assistance may be eligible to receive brokerage funding in other categories Removal and storage costs 	<ul style="list-style-type: none"> Discretionary items not related to outcomes identified in the case management plan Non-essential items
2. Management of housing related debts	<ul style="list-style-type: none"> One-off assistance with utility debts (gas/electricity/telephone) where a strategy to prevent reoccurrence is part of the case management plan and hardship arrangements with suppliers and/or non-government organisations (through the Department of Social Services' Emergency Relief program) have been exhausted Maintenance and repairs for damage caused by domestic and family violence if the perpetrator has left family home 	<ul style="list-style-type: none"> Rental arrears for social housing, which can be addressed through a payment plan Ongoing assistance with debts Assistance with debts for clients not engaged with support through a case management plan Personal debts repayable through a Work Development Order (WDO)
3. Employment and education related costs	<ul style="list-style-type: none"> Clothing to attend interviews Transport to attend interviews Payment for short courses and resources to develop job ready or employment skills 	<ul style="list-style-type: none"> Clients receiving equivalent assistance from a Jobs Services Australia provider or the Department of Social Services' Emergency Relief program Any training or education that is not directly linked to the employment and/or education goals identified in the case management plan

Expense type	Inclusions	Exclusions
4. Capacity building and living skills costs to enable a client to increase their self-esteem, life skills and independence	<ul style="list-style-type: none"> • Independent living skills – shopping/cooking/personal care • Budgeting skills, financial literacy and/or financial counselling where these cannot be practically obtained through an existing service for free • Driver education • Transport costs to maintain links with family and community 	<ul style="list-style-type: none"> • Discretionary items not related to outcomes identified in the case management plan.
5. Legal expenses to assist clients with issues that are outside of their control	<ul style="list-style-type: none"> • Assistance with legal costs such as those arising from domestic and family violence (non-perpetrator only), family court expenses and document-related expenses • Other legal issues that are contributing to homelessness 	<ul style="list-style-type: none"> • Free local services that are available to the client through Legal Aid • Legal issues not related to outcomes identified in the case management plan and not linked to homelessness prevention
6. Medical and dental expenses	<ul style="list-style-type: none"> • Essential medical expenses where these cannot practically be met through Medicare covered services in a timely manner • Essential optical and dental expenses directly related to the risk of homelessness, e.g. in relation to accessing employment • Mental health expenses for issues that directly related to the risk of homelessness for the client and/or their children, including counsellors, psychologists, psychiatrists, and community treatment not covered by Medicare or where there is a gap from the Medicare reimbursement 	<ul style="list-style-type: none"> • Services that are locally and freely available to the client through Medicare or public dental health services • Non-essential services or elective services, or treatment such as cosmetic procedures

Expense type	Inclusions	Exclusions
7. Childcare expenses for gaps not covered by the Commonwealth Child Care Benefit, Special Child Care Benefit, or other financial support	<ul style="list-style-type: none"> Support for childcare identified as required as part of the case management plan including: <ul style="list-style-type: none"> family day care centre-based care respite care vacation care before and after school care pre-school occasional care 	<ul style="list-style-type: none"> Discretionary childcare that is not identified in the case management plan Gaps for services that charge more than is recognised in the community as being generally acceptable
8. Other costs for children as part of a whole-of-family approach to the case management plan	<ul style="list-style-type: none"> Activities that build the capacity of the family and are linked to the case management plan, e.g. parenting classes, family counselling 	<ul style="list-style-type: none"> Ongoing or one-off activities for children that are not directly linked to goals in the case management plan
9. Culturally specific expenses for Aboriginal or Torres Strait Islander clients	<ul style="list-style-type: none"> Specialist education Culturally significant programs 	<ul style="list-style-type: none"> Discretionary items not related to outcomes identified in the case management plan
10. Other	<ul style="list-style-type: none"> Any brokerage requests outside of these categories are to be reviewed by the Case Coordination Reference Group or a senior authorising officer (individual service providers), consistent with the principles in section 4.4 	<ul style="list-style-type: none"> Discretionary items not related to outcomes identified in the case management plan

4.7 Emergency brokerage funding – inclusions and exclusions

Emergency brokerage funding requests for small amounts that are not linked to an individual's case management plan may be considered on a one-off basis. However, most areas have services that provide emergency financial assistance. These should be the first point of call for funding to cover emergency situations.

Requests for emergency brokerage funding must be documented and reported on a monthly basis to the Case Coordination Reference Group or a senior authorising officer (permitted under individual provider arrangements only).

Examples of emergency brokerage funding requests are transport, food, clothing, medication, temporary accommodation, or other support crisis interventions. These requests may be granted under the following exceptional circumstances:

- the matter is unable to be considered within the context of an agreed case management plan because of its urgency, and the client cannot meet essential needs or will be homeless if brokerage funding is not provided
- funds are only made available if all other avenues of possible funding (i.e. funds available through non-government organisation providers under the Department of Social Services' Emergency Relief program or Housing NSW's temporary accommodation) have been investigated without success. Documented evidence of the steps undertaken to investigate other options is required
- funds are limited to a maximum amount of \$500 per client, per year
- funds are made available as a 'one-off', although the same client may be eligible for funding through other forms of brokerage funding such as case managed brokerage or group brokerage.

4.8 Amount of brokerage funding per individual

Services that have previously allocated brokerage funding to clients should consider the average amount of client expenditure on brokerage funding in each financial year as a starting point, and revise this amount in accordance with their current service package.

All services should consider the following issues in the finalisation of their brokerage budget:

- the target number of clients and the classification of these clients as low, medium or high needs. Given that not all clients will require access to brokerage funding, it is not expected that services will allocate an amount of brokerage for every client in the case mix
- the availability of goods and services in the local area which can be procured without the use of brokerage funding
- the availability of goods and services in the local area which have consistently required the use of brokerage funding to achieve sustainable client outcomes. For example, it may be appropriate for services to focus on providing specific categories of brokerage funding that are consistent with the needs of their clients
- the capacity of individual clients to repay part or all brokerage funding received, which will increase the total amount of brokerage funding available.

The Case Manager is responsible for ensuring the amount of brokerage funding available to a client is managed in accordance with the administrative procedures and brokerage inclusion and exclusion categories outlined in this document.

4.9 Brokerage repayment plans

The provision of brokerage repayment plans can assist clients to become independent and take control of their finances, where development of a repayment plan is consistent with the case management plan.

Clients should be asked to enter into and maintain a repayment plan for brokerage funding received as part of their case management plan unless the SHS Case Manager determines that this is not appropriate based on the client's circumstances and capacity, for example, they are in crisis or they have significant debt. The SHS case manager should record on the case management plan the reasons why a repayment plan is not appropriate for that client.

Brokerage funds that are repaid may be retained by the service provider for reallocation to other clients, but must be expended or returned by the end of the contract period. Agreement to retain funds beyond this period must be obtained from FACS in writing.

An example of good practice is the repayment plan process used by the Community Connections (former HAP Project) provided by Mission Australia:

1. A request for brokerage is made from the agency/staff for brokerage for a client that is consistent with outcomes identified in the client's case management plan.
2. The request goes before the Case Coordination Reference Group.
3. As part of this request, information is provided as to what bills a client has in order to work out their combined debt. This is then used to inform the repayment rate.
(For illustrative purposes, the table below provides guidance on how to determine a repayment amount for a client as part of their plan.)
4. If the group agrees to the request, the agency then utilises Centrepay. Centrepay is a free direct bill paying service provided by Centrelink, available to customers who receive a Centrelink payment. Centrepay deducts the amount from Centrelink payments and provides this back to the agency.
5. The agency and client submit the relevant forms to Centrelink with the date the repayment plan is to start. You can start, change, or cancel Centrepay deductions at any time, to suit a client's personal circumstances.
6. At the end of the repayment process the client receives a certificate of completion.

FORTNIGHTLY REPAYMENTS													
COMBINED DEBT	\$ 2,500.00	\$ 383.44	\$ 191.72	\$ 127.75	\$ 95.82	\$ 76.66	\$ 63.89	\$ 54.76	\$ 47.91	\$ 42.59	\$ 38.33	\$ 35.01	\$ 31.94
	\$ 2,250.00	\$ 345.09	\$ 172.55	\$ 114.97	\$ 86.24	\$ 69.00	\$ 57.50	\$ 49.29	\$ 43.12	\$ 38.33	\$ 34.50	\$ 31.51	\$ 28.75
	\$ 2,000.00	\$ 306.75	\$ 153.37	\$ 102.20	\$ 76.66	\$ 61.33	\$ 51.11	\$ 43.81	\$ 38.33	\$ 34.07	\$ 30.67	\$ 28.01	\$ 25.55
	\$ 1,750.00	\$ 268.40	\$ 134.20	\$ 89.42	\$ 67.08	\$ 53.66	\$ 44.72	\$ 38.34	\$ 33.54	\$ 29.81	\$ 26.83	\$ 24.51	\$ 22.36
	\$ 1,500.00	\$ 230.06	\$ 115.03	\$ 76.65	\$ 57.49	\$ 46.00	\$ 38.33	\$ 32.86	\$ 28.75	\$ 25.55	\$ 23.00	\$ 21.01	\$ 19.16
	\$ 1,250.00	\$ 191.72	\$ 95.86	\$ 63.87	\$ 47.91	\$ 38.33	\$ 31.94	\$ 27.38	\$ 23.96	\$ 21.29	\$ 19.17	\$ 17.50	\$ 15.97
	\$ 1,000.00	\$ 153.37	\$ 76.69	\$ 51.10	\$ 38.33	\$ 30.67	\$ 25.56	\$ 21.91	\$ 19.16	\$ 17.04	\$ 15.33	\$ 14.00	\$ 12.78
	\$ 750.00	\$ 115.03	\$ 57.52	\$ 38.32	\$ 28.75	\$ 23.00	\$ 19.17	\$ 16.43	\$ 14.37	\$ 12.78	\$ 11.50	\$ 10.50	\$ 9.58
	\$ 500.00	\$ 76.69	\$ 38.34	\$ 25.55	\$ 19.16	\$ 15.33	\$ 12.78	\$ 10.95	\$ 9.58				
\$ 250.00	\$ 38.34	\$ 19.17	\$ 12.77	\$ 9.58									
0 3 6 9 12 15 18 21 24 27 30 33 36													
MONTHS													

*CONVERSION CHART		
Months	=	Fortnights
3	=	6.52
6	=	13.04
*9	=	19.57
12	=	26.09
15	=	32.61
18	=	39.13
21	=	45.65
24	=	52.18
27	=	58.7
30	=	65.22
33	=	71.74
36	=	78.27

To determine a repayment amount, divide combined debt \$ by fortnights (see conversion chart*).

Example: To repay \$600 over 9 months: $\$600/19.57 \text{ fortnights} (= 9 \text{ months}^*) = \30.66

4.10 Documentation

4.10.1 Case management plan and expenditure plan

Expenditure of brokerage funds must be linked to the client's needs, goals, and mitigation strategies identified in a client's case management plan.

These outcomes should be reviewed on a quarterly basis by the Case Coordination Reference Group or a senior authorising officer (as per the agreed administrative procedures – see section 4.5).

The service provider is required to document the brokerage expenditure for each client in an appropriate format, and include details on the process to assure cost effectiveness. An example of how this could be documented is provided in the attached 'SHS expenditure plan and cost effectiveness report' (see TAB B).

4.10.2 Financial records

Up-to-date records of all brokerage provided to each client, including invoices/ receipts for all goods and services must be maintained and available for audit by FACS. Full financial records of brokerage repayments must also be maintained for acquittal to FACS.

4.11 Accountability

Service providers are required to adhere to the following standards:

- Ensure that SHS brokerage funds provided through SHS are used in accordance with these guidelines.
- Provide an itemised expenditure statement of Brokerage Expenditure in accordance with section 7 – Financial Reporting – of the Funding Deed.
- Ensure the amount of brokerage expended in a financial year is reported as part of acquittal reporting through the FACS Contract Governance Framework.
- Develop policies and procedures for managing demand for brokerage funding, including clear eligibility requirements, assessment processes, and approval processes based on the principles outlined in these guidelines. These policies and procedures must be provided to the funding body upon request.
- Provide a repayment plan scheme under which clients will repay brokerage funds as part of their case management plan, or document in the case management plan the reasons why a repayment plan is not appropriate for that client.
- Ensure any repayment of brokerage funds are returned to the brokerage pool and used in accordance with these guidelines.
- Agreement to retain funds beyond the funding period must be obtained from the FACS in writing.
- Brokerage funds are to be fully acquitted at the end of every financial year.

TAB A SHS Case Management Resource Kit – sample templates²

Template 1

Client name:

Date of birth:

Program:

Referral date:

Case worker:

Case coordinator:

Client file number:

1. Housing

Goal	Detailed strategies	Who	Timeframe	Evaluation

2. Health

Goal	Detailed strategies	Who	Timeframe	Evaluation

3. Education/employment skills

Goal	Detailed strategies	Who	Timeframe	Evaluation

4. Income

Goal	Detailed strategies	Who	Timeframe	Evaluation

5. Emotional and behavioural functioning (including counselling needs, mental health, etc)

Goal	Detailed strategies	Who	Timeframe	Evaluation

6. Social living skills and peer relationships (including life skills, recreation, interpersonal skills, etc)

Goal	Detailed strategies	Who	Timeframe	Evaluation

7. Family/interpersonal relationships and identity (including timeframe for support, family issues and relationship repair)

Goal	Detailed strategies	Who	Timeframe	Evaluation

8. Legal and justice issues

Goal	Detailed strategies	Who	Timeframe	Evaluation

9. Transition planning

Goal	Detailed strategies	Who	Timeframe	Evaluation

10. Any other issues/actions

(including recreation, religious or cultural needs and any immediate needs)

Goal	Detailed strategies	Who	Timeframe	Evaluation

Next planned meeting

Date:	Time:	Place:

Signature of client:

Signature of case worker:

Template 2

Issue/s facing the client	Action	Person/Agency responsible	Timeframe for involvement	Frequency of contact with client to address issue

TAB B SHS expenditure plan and cost effectiveness report

Goods or Services Required (2 quotes must be submitted)	Name of Provider	Service Dates	Cost
		Start Date: End Date:	\$
		Start Date: End Date:	\$
		Start Date: End Date:	\$
		Start Date: End Date:	\$
Total Cost of Goods and Services			\$

Assistance required:

How will this assistance support the individual/family to reduce the risk of homelessness?

What attempts have been made to obtain this assistance through other means?

What assistance has been provided through your service?

What assistance has been provided through other services?

OFFICE USE ONLY

Name of client:

Client's Case Manager and Organisation:

Review date:

Previous review date *(please specify if this is a new application)*:

Comments on application *(please attach a separate document if required)*:

APPROVED/NOT APPROVED *(please circle)*

Signature of authorising officer:

Endnotes

1. Australian Institute of Health and Welfare (2012) Specialist Homelessness Services Collection Manual
2. SHS Case Management Resource Kit (2012) NSW Department of Community Services, p.159

Module 5: Unaccompanied Children under 16 Years Accessing Specialist Homelessness Services Policy

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This policy was approved by:

Mike Allen

Chief Executive, Housing NSW

and

Maree Walk

Chief Executive, Community Services

May 2014

Specialist Homelessness Services

Module 5: Unaccompanied Children under 16 Years Accessing Specialist Homelessness Services Policy

5.1 Purpose of policy

The purpose of this policy is to provide guidance to and outline the responsibilities of Specialist Homelessness Services (SHS) and the Department of Family and Community Services (FACS) in responding to unaccompanied children under 16 years who are homeless or at risk of homelessness.¹

SHS providers are a vital part of the broader service system that supports people who are experiencing or who are at risk of homelessness. SHS provide prevention and early intervention support and assistance; they also help to rapidly re-house people who are homeless, and provide crisis and medium-term accommodation. They provide general support (advice, advocacy and living skills), basic support (meals, showers, transport), personal and emotional support, and financial and employment support, as well work in partnership with other services to provide intensive support for clients with complex needs.

While the primary focus of the policy is to guide SHS in responding to this client group when they require crisis accommodation, it also extends to the new context of Going Home Staying Home (see section 4), where youth focused SHS may be providing a range of prevention and early intervention support and assistance to prevent unaccompanied children under 16 years from experiencing homelessness.

This policy is intended to provide parameters within which SHS, FACS and the broader service system for youth can work collaboratively to meet the needs of children under 16 years who are homeless or at risk of homelessness.

The policy will be supplemented by District level protocols between SHS, FACS and key community-based youth services reflecting the demand, capacity and nature of the local service system.

5.2 Definitions

The table below is a list of terms, keywords and/or abbreviations used throughout this document.

Term	Definition
Unaccompanied children	'Unaccompanied children' refers to all children under 16 years who request assistance from SHS on their own. The definition is not to be confused with 'Unaccompanied Humanitarian Minors' (UHM), which refers to young people under 18 years who have arrived in Australia without a parent and are being resettled under the Australia's Humanitarian Program. However, unaccompanied humanitarian minors under 16 years of age who present at SHS are included in the target group of this policy. The policy excludes children under 16 years who accompany adults in seeking SHS services, e.g. a women's refuge.
SHS	Specialist Homelessness Services
FACS	Department of Family and Community Services
ROSH	Risk of Significant Harm
OOHC	Out-Of-Home Care – that can be provided by either government or non-government service providers.
Parental Responsibility	Under the <i>Children and Young Persons (Care and Protection) Act 1998</i> , parental responsibility refers to the broad range of decision making and planning duties that a parent normally exercises for a child.

5.3 Objectives

This policy is based on the following objectives:

1. that a child who is homeless or at risk of homelessness is safe
2. that where possible and safe, the child should be returned home as soon as possible
3. that where a return home is not possible in the short term, a coordinated case plan be developed as early as possible in the support period with the aim of achieving a sustainable transition for the child out of SHS. A coordinated case plan may involve either the SHS providing direct support or referrals to other youth services to ensure the child's needs are met.

5.4 Policy direction/strategic commitments

Homeless people and those who are at risk of homelessness are among the key priority groups for FACS. Goal 13 of *NSW 2021: A Plan to Make NSW Number One* includes targets to better protect the most vulnerable members of our community and break the cycle of disadvantage.

Going Home Staying Home

Going Home Staying Home (GHSH) is a reform that aims to make SHS easier to access and delivers a better balance between intervening early to prevent homelessness whilst improving crisis responses and post-crisis support. It will ensure that resources are allocated based on need and strengthen the focus on the quality of services delivered. The reform will also improve the structure and contracting of services and help to develop the industry and its workforce.

The GHSH Reform Plan, released in February 2013, outlines five reform strategies. The table below identifies the objectives of the reform strategies in responding to the needs of unaccompanied children under 16 years.

Strategy	Objective (all SHS clients)	Objective (under 16s)
Service delivery design	Ensure the right service design for clients	SHS targeting young people have the facilities and staff to provide a safe environment for unaccompanied children under 16 years and assist their transition from SHS
Streamlined access for clients	Help clients access the services they need	Unaccompanied children under 16 years receive an appropriate assessment (including for risk of significant harm) and have their cultural heritage taken into consideration, to either receive a service from SHS or be referred to appropriate support services
Better planning and resource allocation	Locate services where they are needed the most	FACS Districts provide flexible, local responses on the basis of local needs
Industry and workforce development	Enable organisations and staff to deliver the reforms	Staff receive appropriate training and have access to relevant service protocols and procedures as well as community protocols and procedures
Quality, contracting and continuous improvement	Ensure ongoing improvement in quality and outcomes	Youth SHS provide quality services for clients to end and prevent homelessness, ensuring they are compliant with relevant legislation and responsive to feedback and evaluation outcomes

The NSW Government is committed to the National Framework for Protecting Australia's Children 2009-2020 endorsed by the Australian Government and all States and Territories. This policy aligns with the six outcomes of the framework, namely:

- children live in safe and supportive families and communities
- children and families access adequate support to promote safety and intervene early
- risk factors for child abuse and neglect are addressed
- children who have been abused or neglected receive the support and care they need for their safety and wellbeing
- Indigenous children are supported and safe in their families and communities
- child sexual abuse and exploitation is prevented and survivors receive adequate support.

5.5 Child safety

The safety and wellbeing of a child seeking assistance from SHS should be the paramount consideration. No unaccompanied child under 12 years should remain overnight in an SHS. Where a parent cannot be contacted or it is unsafe for the child to return home, the local protocols should set how FACS lead the responsibility for the child once a report of Risk of Significant Harm² has been made.

For all children under 16 years of age who present alone at a SHS, the Mandatory Reporter Guide (MRG) must be followed and the child reported to the Child Protection Helpline as soon as possible.³ SHS should keep a copy of their MRG record and document their actions and decisions regarding the child. Where appropriate, the reporter should advise the child about the making of a child protection report and explain the process to them in age appropriate language. This will ensure they are included in decision making about their care.

It is important that any information about a child's vulnerable status is conveyed in the course of making a report to the Child Protection Helpline, including their age, disability, prior child protection history or care status, known missing person status,⁴ or residency.

Not all reports made to the Child Protection Helpline get allocated for a response by FACS. Also, competing priorities, such as case complexity and vulnerability, may mean that a report will not be allocated for a period of time, or be closed. It is therefore critical that the report provide comprehensive information on the child's vulnerabilities to obtain the best possible chance of being allocated.

Where it appears the SHS will be required to accommodate the child either overnight or in the short term, the SHS must be confident that it has the facilities and staff to provide a safe shelter. This includes a consideration of risk of harm from other persons as well as possible self-harm. A child should not remain in an unsafe environment and, if safety cannot be achieved, the SHS must make this information known to the Child Protection Helpline in its report.

Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* allows agencies who work with at risk children to exchange information related to their safety, welfare or well-being to facilitate better coordination of service provision.⁵

SHS should utilise these provisions to exchange information with agencies that may be able to offer services.

5.6 Duty of care

Duty of care is the legal and ethical obligation of a person to take reasonable steps against risk of harm to another, whom it can be reasonably foreseen may be injured by that person's act or omission.

To provide services to an unaccompanied child under 16, the SHS must determine if it has facilities that are safe and appropriate. This requires consideration of safety, security and the availability of skilled and competent staff with access to relevant service protocols and procedures.

All relevant SHS providers in a district should work together to provide the safest and most appropriate response to an under 16 year old seeking assistance in line with the Going Home Staying Home No Wrong Door approach and within the broader spectrum of services as agreed in district protocols.

Where a child is referred by another agency, including FACS and the SHS does not have capacity to meet the child's needs (as outlined above and elsewhere in this policy), the referring organisation is responsible for coordinating an alternative placement for the child.

The SHS will also need to consider how it can meet the child's other needs, including reconnecting with family, relatives or friends, addressing immediate health or therapeutic concerns, providing other supports and services and assisting the child to meet obligations such as being enrolled and attending school.

In order to meet their duty of care responsibilities, the SHS will also need to:

- respect and be sensitive to the cultural preferences and customs of children from Aboriginal and Torres Strait Islander backgrounds
- respect and be sensitive to the gender and sexual preferences of children seeking accommodation and support
- respect and be sensitive to ensuring sibling relationships are maintained
- respect and be sensitive to the cultural preferences and customs of children from culturally and linguistically diverse backgrounds and access interpreter or other support services as appropriate
- be sensitive to refugee backgrounds of violence and trauma and those escaping forced marriage
- access relevant support services for children with a disability.

5.7 Child safe organisation

The SHS must strive towards being a child safe organisation and have a strong interest in developing an environment that can ensure children's safety. The Office of the Children's Guardian is an independent statutory authority that has the responsibility for encouraging and assisting organisations to develop their capacity to become child safe.⁶

For an organisation to be 'child safe', it must value, respect and welcome children and protect them from the risk of harm. Child safe policies and practice should be developed that reduce potential risks, including risk of loss of identity for Aboriginal and Torres Strait Islander children, include preventative measures and create a safe and positive environment for children.

Child safe policies demonstrate the serious approach that a SHS takes toward their duty of care for children and provide the foundation for how interactions and dealings with children should take place.

Becoming a child safe organisation takes commitment from those at the top and requires a whole-of-organisation approach. Necessary record checks⁷ are just one aspect of an organisation becoming 'child safe'. Education and supervision must be provided to both paid and volunteer staff about appropriate and acceptable behaviours.



5.8 Child welfare and wellbeing

The rights and wishes of both the child and the parent/guardian must be considered in order to meet a child's best interests. This must be done on a case by case basis and consider safety, risk, age of the child, their cognitive and emotional development and the degree to which they understand the choices and implications of the decisions being made. All processes, presented options, opportunities and outcomes must be clearly documented.

A parent retains legal responsibility for a child under 16 who has sought assistance from an SHS unless a court order has been made allocating Parental Responsibility to the Minister for Family and Community Services or another person.

When an SHS is making decisions about a child's welfare and wellbeing, the child should be provided with an opportunity to express their views and have these considered. Decisions should be explained in a way that is sensitive to the child's age, maturity and development, mental health, and physical or intellectual disability.

The child's views about disclosure of information to their parents, other persons or agencies (whether through a ROSH report or an exchange of information under Chapter 16 of the *Children and Young Persons (Care and Protection) Act 1998*) cannot override the obligation to consider their safety, welfare and wellbeing.

An SHS is not an appropriate place for a child to remain long term. A child's safety, welfare and wellbeing are generally best served by reconciling or re-establishing contact with their parent/guardian, siblings and/or extended family.⁸ Where this is not safe or possible in the short term, other age appropriate community connections and supports should be established to assist the child to transition out of SHS.

Sibling groups should remain together where it is assessed as safe and appropriate. Where siblings are unable to remain together, efforts to maintain contact between them should be made in the context of case planning.

5.9 Case management and transition planning

Case management is the process of assessment, planning, implementation, monitoring and review of services to meet the needs of vulnerable families and individuals. Case management aims to strengthen outcomes for families, children and young people through integrated and coordinated service delivery.

FACS or the relevant non-government service provider will have case management responsibility for the following children:

- unaccompanied children aged 12–15 who are in the Parental Responsibility of the Minister
- unaccompanied children aged 12–15 who have an open and allocated child protection case plan
- unaccompanied children under 12 years of age who are homeless or at risk of homelessness
- all unaccompanied humanitarian minors aged 12–15.

For children under 16 not case managed by FACS or a non-government service provider, it will be important for the SHS to consider, in the context of their local protocol, which agency is best placed to lead case management so that the child remains safe and is reconnected with the mainstream youth service system in a sustainable way.

It is generally in a child's best interest to transition out of SHS as soon as possible and re-establish contact with family and/or link with appropriate mainstream youth services. The SHS should commence case planning as early as possible in the support period to assist the child to return home or transition to other sustainable accommodation.

To be effective, transition planning should:

- engage with the child
- engage with their family (where appropriate) or extended family
- integrate mainstream family and youth services to address factors contributing to homelessness and meet the child's needs
- be sensitive to gender, Aboriginal or Torres Strait Islander or culturally or linguistically diverse backgrounds, religious preference, sexual preference, and disability.

Transition plans and pathways should be flexible and child-centred, reflecting the age, development, independence, maturity and decision-making capacity of the child. For example, a child on the cusp of turning 16 years and who displays a level of independence and maturity should be considered for referral into suitable programs and initiatives targeted to young people aged 16 years and above.

Involving parents in case planning

Unless removed by a Court, a parent retains legal responsibility for a homeless child and should continue to have access to information and involvement in key decisions about their child. An SHS should consider and discuss with the child how to involve their parent/s in planning next steps. Supporting a child to reconcile and strengthen their relationships with family will be an important step in their safe return home.

However, a child's concerns about parental involvement should be explored before any contact is made. There may be occasions where concerns about safety rule out any immediate contact, including the provision of information about the child's whereabouts. Contact may only be able to be established over time and through the provision of services to the child and/or their family.

SHS are encouraged to develop good practice policies on contact with parents.

5.10 Roles and responsibilities

Roles and responsibilities of SHS, FACS and the broader service system in preventing or resolving homelessness for children under 16 years are dependent on the age and legal status of the child, their level of need and the available services. In recognition of the limits of both government and non-government services, it is important that local protocols are developed that make the most of the locally available resources and pool efforts to protect vulnerable homeless under 16s.

Children under 12 years of age

Where a child under 12 years of age presents at an SHS, the SHS provider must report this to the Child Protection Helpline. FACS will take the lead in addressing the child's homelessness and other issues which may include their safe return home or locating an alternative emergency placement.

Unaccompanied children aged 12–15 in the Parental Responsibility of the Minister

FACS is responsible for children who are under the Parental Responsibility of the Minister for Family and Community Services.

When a child between 12–15 years of age presents at an SHS, the SHS provider must report this to the Child Protection Helpline. Where the Helpline indicates that the child's placement is being managed by a non-government service provider, the Helpline or Child and Family District Units (CFDUs) can provide relevant contact details for the non-government service provider or Caseworker. FACS or the non-government service provider is responsible for ensuring the child's return to their placement or alternatively finding another placement. Local protocols should provide guidance on the timeframes within which a service provider of OOHC is expected to respond.

The provision of statutory OOHC⁹ or supported OOHC¹⁰ by a person other than a duly authorised person is an offence under the *Children and Young Persons (Care and Protection) Act 1998*.

Unaccompanied children aged 12–15 years with an open and allocated FACS plan

When a child between 12–15 years of age presents at an SHS, the SHS provider must report this to the Child Protection Helpline. Where the Helpline indicates that FACS has case management through an open and allocated child protection plan,¹¹ the SHS provider should inform them of the child's whereabouts. FACS will take the lead in addressing the child's homelessness and other related issues and will be responsible for development and coordination of the child's case plan. If the SHS is required to provide interim accommodation, local protocols should provide guidance on the timeframes within which FACS is expected to respond. While the child continues to receive a service from SHS (support services and/or accommodation), FACS must have regular communication with the SHS and keep them involved in case planning discussions.

Unaccompanied children aged 12–15 who present to SHS and have no FACS involvement

When a child between 12–15 years of age presents at an SHS, the provider must report this to the Child Protection Helpline. Where the Helpline indicates that the child is not connected with a non-government service provider and does not have an open and allocated child protection plan, the provider should establish the child's immediate needs, whether it is safe for them to return home or another place of safety (such as the home of a relative) and how they can best be supported for the time that they remain a client of the SHS.

In some cases, a Child Protection Adolescent caseworker may be available to work with the child, their family and other services. Their work will either assist the child to return home, stay with extended family or, in high needs challenging cases, commence court action to determine appropriate arrangements to address safety and risk concerns.

Not all unaccompanied children seeking assistance from SHS have complex needs; sometimes an incident of child/parental conflict and/or risk taking behaviours may lead to incidental homelessness or risk of homelessness. However, in all cases, the vulnerability of children under 16 years must be responded to by SHS providers in a timely, flexible and integrated manner.

Principles of respect and least intrusive intervention consistent with the paramount concern to protect the child from harm should guide interactions with the child. A child who is homeless or at risk of homelessness may be transient between services and may require assertive case management skills to ensure they remain engaged with the service. Strong skills in conducting needs assessments and knowledge of a good working relationship with the local service system are essential to calibrating an effective response to the needs of vulnerable under 16s.

Where it is safe for a child to return home, a referral to a specialist youth service that works to achieve reunification may be appropriate to facilitate the child's return. Family reconciliation may take time and the child will need other services and support to re-engage with or regularly attend school, maintain their cultural identity, attend to their health care or address issues such as alcohol or substance abuse.

For others, including those with significant trauma, drug and alcohol abuse or anti-social behaviours, a greater intensity of service may be required, such as intensive case management or 'wraparound' services. Each district will have a different service mix and a spectrum of services that need to be reflected in the local protocols.

Medical needs

The SHS should assist the child to access medical services as required. Where possible, the parent should be engaged to assist in making decisions about treatment, as they have information about the child's medical history. The competency of children to make decisions regarding their medical treatment is judged by the law on a case by case basis and considers the child's ability to understand the issue, their maturity, age and the nature of the proposed treatment. However, medical practitioners can refuse treatment in the absence of parental consent, except in emergencies, where they are able to act without consent. Where medical treatment is refused, the SHS should seek legal advice.



5.11 Service system integration and innovation – district level protocols

This policy seeks to provide an overarching framework for guiding SHS providers in responding to vulnerable unaccompanied children in a consistent and child-centred way, whilst enabling solutions to be developed at the local level that can leverage local partnerships and service system integration.

Local level collaboration between SHS providers, government and non-government service providers should be seen as the cornerstone of good professional practice and central to achieving sustainable outcomes for unaccompanied children who are experiencing or who are at risk of homelessness. Awareness of local demand for services and the diversity of culturally relevant supports available, as well as the capability and capacity of the service system to respond to this demand is critical in building sustainable solutions for vulnerable children.

District level protocols to support this policy will be developed to provide guidance on a range of service issues including:

- response timeframes and agreed processes for protocol partners, including after-hours arrangements, for the different cohorts of under-16 homeless children accessing SHS services
- local service system capability and referral pathways
- avenues of financial support
- conflict resolution and escalation pathways.

5.12 Appendix 1 – Evidence and research

The pathways into homelessness are complex and varied, homelessness is rarely if ever an isolated need. The younger someone is when they first experience homelessness the more likely they are to experience homelessness in later life. A large proportion of people who become chronically homeless had their first experience of homelessness before the age of 18 years.¹² It is critical that the broader contributing factors to a child's homelessness or risk of homelessness are recognised and addressed alongside their accommodation needs.

In NSW there is a cohort of vulnerable children at risk of becoming disconnected, or who are already disconnected, from their families and wider support networks. Children who are homeless or at risk of homelessness are more likely than their peers to have experienced trauma, family breakdown and physical and/or mental health issues. They are more likely to have interacted with the justice system, be disengaged from education and/or misuse drugs and alcohol.

Research indicates that disconnection from family support networks is a key factor in leading to youth homelessness. Some 40 percent of adults who are homeless have been shown through studies to have been involved with child protection authorities as youth and experienced time in OOHC.¹³ Children in care transitioning to independence have an increased risk of becoming homeless compared with their peers and therefore a greater risk of transitioning from youth to adult homelessness.

Facilitating reconnections to family or working alongside families are both important strategies for increasing stability and structure to a child's life, whilst also providing emotional and social support. Research indicates that positive contact with family members and a competent formal support service can help to facilitate pathways out of homelessness.¹⁴

Experience of homelessness and the risk of homelessness both impact negatively upon a child's participation in education, which in turn has future impacts upon their ability to continue in higher education, training and employment. Studies have shown children who are homeless to have a high rate of disengaging from education.¹⁵ Low participation rates can also impact negatively on the formation of friendships and identity development, and increase the likelihood of the emergence of mental health issues.

Aboriginal children are more likely to experience homelessness or be at risk of homelessness than the general population. While Aboriginal youth will often leave home for similar reasons to other young people, they are more likely to have experienced a greater level of disadvantage, combined with the experiences of grief, loss and trauma.

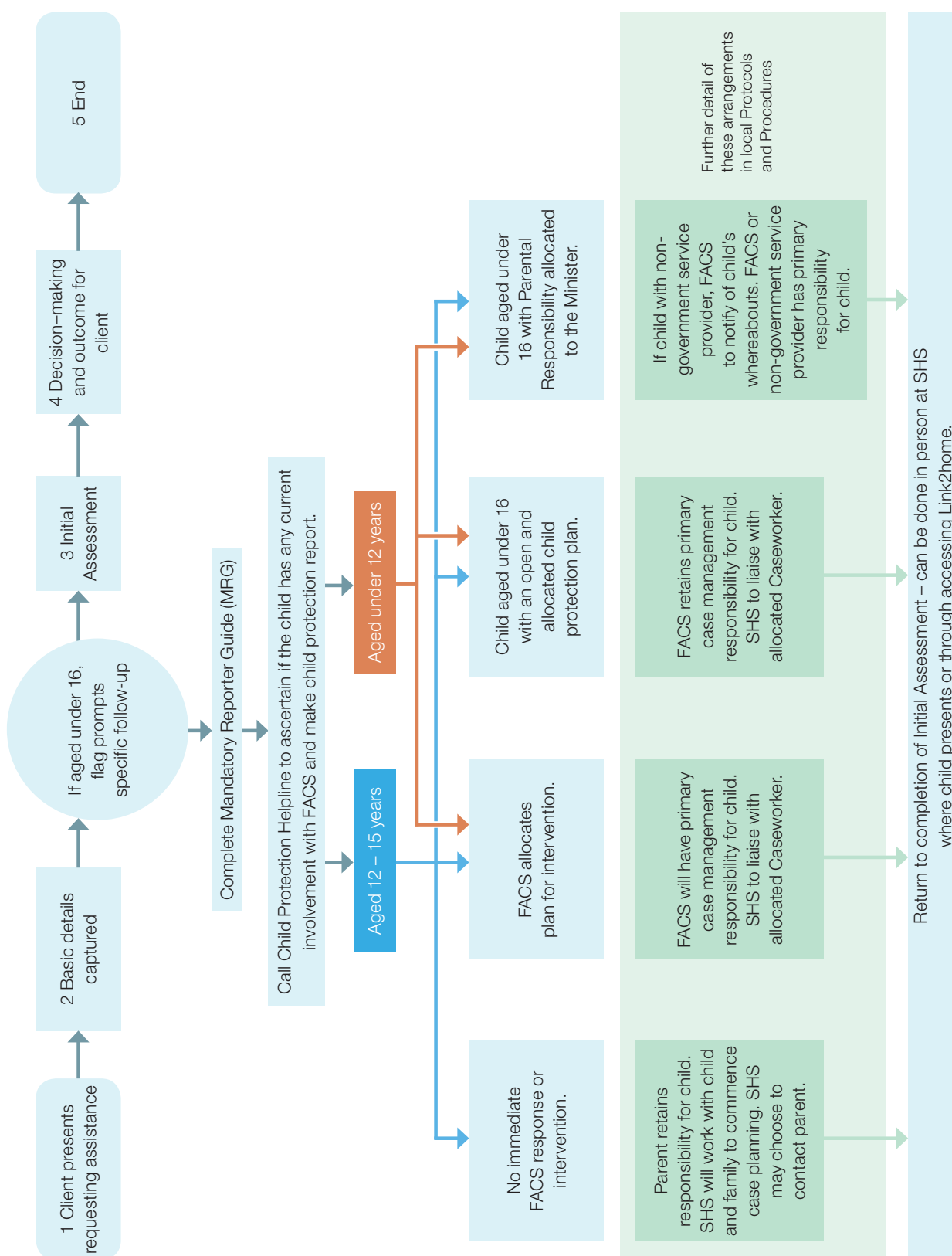
Extended family and kin often have a significant role to play in an Aboriginal context and should be a key consideration in work relating to homeless Aboriginal children. However, research has also shown that family relationships can often be complex and contain chronic and intergenerational issues affecting youth.¹⁶ This should be taken into consideration when working with Aboriginal children. Services that have capacity to provide long term support should be referred to and part of a case plan.

Research demonstrates that people who have experienced homelessness are more likely to have experienced trauma and that homelessness itself can be considered a traumatic experience. Using a model of trauma-informed care allows service providers to develop a service model that seeks to recognise and address the traumatic stress that clients have experienced or are currently facing.¹⁷ A service model based on trauma-informed care is a strengths based model and, when used with children and young people, has been shown to increase positive self-identity, develop an ability to build healthy relationships and improve safety.¹⁸

Children can present at homelessness services exhibiting complex mental health needs that are intertwined with experiences of complex trauma. It is essential that a response to these children includes thorough intake and assessment processes and the use of a trauma-informed lens to plan for care and case management.¹⁹

Traumatic experiences of abuse and neglect, instability in OOHC placements and volatile relationships with family all contribute to the onset of mental health problems. Depression, anxiety, self-harm and suicide are all found to be major health issues for children who are homeless and research indicates that these will have harmful consequences on their long term health and wellbeing.²⁰

5.13 Appendix 2 – Responsibilities map



Endnotes

1. 'Unaccompanied children' refers to all children under 16 years who request assistance from SHS on their own. See Definitions table.
2. Under Section 24 of the *Children and Young Persons (Care and Protection) Act 1998*.
3. Under the *Children and Young Persons (Care and Protection) Act 1998*, an SHS providing assistance to unaccompanied children has a duty to report to FACS any child under 16 years of age whom they consider to be at risk of significant harm (ROSH). Under section 122 of the Act, SHS also have a duty to report to FACS any child whom they reasonably suspect:
 - (a) is a child (i.e. under 16 years of age), and
 - (b) is living away from home without parental permission.
4. The purpose of section 122 of the *Children and Young Persons (Care and Protection) Act 1998* is among other things to enable FACS to alert police as to a child's safety where they have been reported missing. The provision does not require the child's whereabouts to be revealed.
5. Commonwealth agencies are not included in these provisions and Sections 245A-245I of the *Children and Young Persons (Care and Protection) Act 1998* should be referred to for further detail of these provisions.
6. Further information that relates to becoming a child safe organisation can be found on the Office of the Children's Guardian website, www.kids.nsw.gov.au/Working-with-children/Become-a-Childsafe-Organisation
7. A Working With Children Check (WWCC) is a prerequisite for anyone in child-related work. It involves a national criminal history check and review of findings of workplace misconduct. The Children's Guardian website provides relevant information on the application process.
8. Where the child is in the parental responsibility of the Minister, this may include a foster or relative carer supported by an authorised OOHC provider.
9. Section 135A defines "**Statutory out-of-home care**" as out-of-home care that is provided in respect of a child or young person for a period of more than 14 days:
 - (a) pursuant to a care order of the Children's Court, or
 - (b) by virtue of the child or young person being a protected person.
10. Section 135B defines "**Supported out-of-home care**" as out-of-home care in respect of a child or young person that is, as a result of the Secretary forming the opinion that the child or young person is in need of care and protection, arranged, provided or otherwise supported by the Secretary.

11. Children who are in the care of relatives, with or without an order of the Children's Court or the Family Court, will have an open plan with FACS for supported care payment purposes, but are unlikely to be receiving ongoing casework services. Following a report from an SHS, the Helpline will refer the case to a Community Services Centre for review. The most appropriate response will be determined on the individual circumstances of the child, however, general guidance should be provided in the local protocols.
12. Chamberlain and Johnson (2011) Pathways into adult homelessness, *Journal of Sociology*, March 2013, 49: 60–77, first published on November 7, 2011.
13. Johnson and Chamberlain (2012), Evaluation of the Melbourne Street to Home program: Baseline Report and Johnson, G. and Chamberlain, C. (2008) From Youth to Adult Homelessness, *Australian Journal of Social Issues* Vol. 43 No. 4.
14. Lindsey, et al (2000) How runaway and homeless youth navigate troubled waters: Personal Strengths and resources, *Child and Adolescent Social Work Journal*, 17(2), pp115 –141.
15. Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) Living Well? Homeless young people in Melbourne, Melbourne: Australian Research Centre in Sex, Health and Society.
16. Department of Human Services (2001) Moving Yarns, Aboriginal Youth Homelessness in Metropolitan Adelaide.
17. Hopper, E., Bassuk, E. and Olivet, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.
18. Hopper, E., Bassuk, E. and Olivet, J. (2010) Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings.
19. Gonzalez, R. and McLoughlin, Dr P. (2014) Youth Homelessness, Mental Health and Complex Trauma: Implications for Policy and Practice.
20. Rossiter, B., Mallett, S., Myers, P. and Rosenthal, D. (2003) Living Well? Homeless young people in Melbourne, Melbourne: Australian Research Centre in Sex, Health and Society.

